

# Washington Health Alliance

## Quality Improvement Committee Charter

### Purpose

The purpose of the Quality Improvement Committee (QIC) is to:

- Assist in developing the Alliance's quality and value improvement initiatives and recommend to the Alliance Board of Directors strategies related to promoting greater use of evidence-based health care, reduction of inappropriate or wasteful use of resources, and aligning improvement with financial incentives and/or improvements in health benefits coverage.
- Monitor national and regional developments in performance measurement, and recommend areas and/or measures for inclusion in the Community Checkup.
- Provide clinical expertise and advice to the Board on quality and value improvement issues.
- Coordinate closely with the Board and other relevant committees, to assure consistent direction of Alliance efforts. Oversee the work of Alliance subcommittees (e.g., clinical improvement teams and/or new measure teams) as needed.
- Monitor national and regional developments in quality and value improvement, including opportunities to collaborate with other organizations and agencies, and help the Alliance identify and pursue grant possibilities.
- Maintain adherence to the overall vision and direction of the Alliance.

### Functions

The QIC shall:

- Meet with the Board as needed and report regularly to the Board via meeting summaries and/or written reports and recommendations
- Prepare recommendations on quality and value improvement initiatives and strategies for the Board
- Recommend nominees for clinical improvement teams and/or new measure teams to the Board for approval; oversee the progress of each Team, review their final report and recommendations and recommend approval or modification to the Board of Directors
- Periodically review the set of performance measures included in the Community Checkup and prepare recommendations on the measure set for the Board. In recommending modifications or new measures, the QIC will:
  - Give preference to measures that:
    - describe performance of the health care system across care settings
    - produce data that is actionable for participating Alliance stakeholder organizations
    - address areas where there is known to be high variation in care delivery or areas known to drive costs
    - harmonize with national measures and/or national priorities
  - Give consideration to:
    - measures that relate to quality improvement *and* eliminating waste
    - the overall size of the measure set

**Structure**

The QIC will consist of individuals appointed by the Alliance Board of Directors who have clinical knowledge and expertise of the health care system, are very accomplished in their fields, and are experienced in cost control and quality improvement strategies.

The Chair of the QIC will be appointed by the Alliance Board and, whenever possible, will be a member of the Alliance Board of Directors. The Chair will be a non-voting member of the QIC, and may designate an Acting Chair for any meeting or portion of a meeting, as he/she deems necessary.

QIC members shall serve two-year terms, except that any member appointed to fill a vacancy shall be appointed for the remainder of such term. Members will be appointed on a staggered basis so that in any given year, approximately one-half of the members will be considered for re-appointment or replacement. In order to be considered for re-appointment, committee members must demonstrate an ongoing commitment to the work of the QIC via regular attendance at and preparation for meetings and active participation in the work of the QIC.

The Alliance executive director will provide management and support services for the QIC.

Less than the full QIC may convene to: gather and discuss information; conduct research; analyze relevant issues and facts or draft position papers for the deliberation by the full QIC. A quorum shall be a simple majority and shall be required to accept and approve recommendations to the Board.

All QIC members are required to uphold the Alliance's Conflict of Interest policy.

**Meetings**

The QIC will hold regular meetings at least six times per year, and may need to meet more frequently as determined by committee chair. A quorum shall be required for any meeting at which recommendations to the Board are adopted. A simple majority of those members appointed to the QIC as of the date of the meeting shall constitute a quorum.

The Chair of the QIC will conduct meetings and arrange for the recording of each meeting, and will distribute meeting agendas and other materials prior to each meeting.

**Approved by the Washington Health Alliance Board of Directors, September 2009**