

BHI Quality Improvement Plan Fiscal Year 2007-2008

Element	Goals	Actions	Responsible Department	Target dates
Practice Guideline Development and Monitoring				
Expand implementation of evidence based practices in the psychosocial treatment of bipolar disorder.	Determine Effectiveness of BEST program In Dual diagnosis Setting.	Gather and report outcomes on BEST program pilot at Dual Diagnosis program-Aquarius	QI	01/01/07
	Implement the revised BEST program in the Adult outpatient setting	Train facilitators. Initiate at least three groups in FY08		
	Educate and provide support to parents of youth with Bipolar disorder in strategies for successfully managing their children's' illness	Reimburse Empower for Medicaid Consumers attending the Diagnostic journey classes	QI-	FY08
Evidence Based Practice	Develop or Adopt practice guidelines on based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field; Consider the needs of the Contractor's Members; Be adopted in consultation with contracting health care professionals	Conduct Delegation oversight of Practice Guideline adoption and dissemination by subcontractors	QI- SOP	2/2008
Performance Improvement Project, Clinical Focus-				
Improve Screening for Bipolar Disorder in Individuals presenting with Mood Disorder	Implement desktop training on screening for bipolar disorder at three MHCs.	Train Clinicians on Protocol to refer all consumers with positive screen for med evals. Train all clinicians and prescribers on documentation requirements relative to screening results	BHI QI	
	Measure performance using objective quality indicators. Evaluation of the effectiveness of the interventions	Remeasure for evidence of screening and follow up med eval through retrospective chart review. Conduct analysis of results.	QI	
	Planning and initiation of activities for increasing or sustaining improvement.	Identify barriers to follow up med evals for positive screens for Bipolar disorder. Assist MHCs with identifying needed improvement activities.	QI/ PEO committee	

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	Report status of project to HCPF	Meet all PIP submission requirements and timelines.	QI	2/08
Improve Access to Initial, Routine Medication Evaluations	Implement MHC level interventions.	Implement corrective action plans developed by each MHC based on recommended interventions from Nurse Task force.	QI	9/1/06
	Measure performance using objective quality indicators.	Ongoing Remeasurement of access at 14 and 30 days quarterly by MHC and age group (adult/youth). Remeasure clinician satisfaction post interventions.	QI- MHCs	Quarterly Spring 2008
	Evaluate effectiveness of intervention	Evaluate effectiveness by analyzing effectiveness of improvements by MHC teams.	QI	Quarterly Spring 2008
	Report status of project to HCPF	Meet all PIP submission requirements and timelines.	QI	2/08
Performance Measures				
Consumer Satisfaction	Conduct Annual Internal Satisfaction Survey	Conduct Annual MHCA satisfaction survey Active consumers at our MHCs.	QI- MHCs	March 08
Increase the Number of BHI consumers receiving care through BHI providers	Improve penetration rates for adults and children by age, aid category, ethnic group, and service category	Corrective action plans of each MHC		
Detect Over and Under-Utilization	Monitor for patterns of over utilization of emergency services.	Track and analyze use of emergency department per 1000 members quarterly-	UM-QI	Ongoing, quarterly
	Monitor for over utilization of inpatient services	Report, review and analyze Inpatient Discharges, Length of Stay and Recidivism monthly to the R&R committees and quarterly to the UM report Card. Examine utilization patterns for individuals with Bipolar disorder and other selected populations.	UM- QI	August 08

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Continuity of Care: Improve Follow-up after Hospitalization	Ongoing measurement and Evaluation and corrective action to improve access	Continue quarterly measurement and reporting. Request MHC corrective actions based on findings.	QI – InNET/ MHC QI	Quarterly
Timely CCAR Submission???				
Additional Clinical Quality Improvement Activities				
Consumer Input into QI program	Provide consumer input into Satisfaction	Present the MHCA survey to Consumer advisory Board	QI- CAB	Sept 08
	Increase number of Consumer Trainers for BEST program	Identify Consumers who have completed BEST program to co facilitate the appropriate module	QI- OCFA- MHCs	Ongoing
Improve Access to Initial, Routine Medication Evaluations	Ongoing measurement and Evaluation and corrective action to improve access	Ongoing Remeasurement of access at 14 and 30 days quarterly by MHC and age group (adult/youth). Remeasure clinician satisfaction post interventions.		
Continuity of Care: Coordinating Care with Medical Provider	Improve Coordination of care with medical providers	Aggregate and report MHC medical record review data on evidence of PCP notification of mental health treatment. Work with the SOP committee to Identify high risk consumers in need of MD to MD communication.	MHC QI/ BHI QI	Quarterly

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Audit Accuracy and Completeness of Documentation of Services	Review and document at least one statistically valid sample of encounter claims submitted to the Department.	<p>BHI will pull a random sample of 411 of encounter and claims submitted to HCPF for Fiscal Year 08</p> <p><i>These claims and encounters will be evaluated for:</i></p> <ul style="list-style-type: none"> Accuracy of all required fields; Completeness of Encounter Claims Data submitted; Presence of Medical Record documentation for each encounter claim Submitted data include paid and denied claims identified in this section of the Contract (paid only for Pharmacy encounter claims); Submitted data excludes interim, serial, duplicate and late billings or claims in appeal status; and Submitted data include the most current version of adjusted claims. 	QI- InNET	9/1/08
	Ensure that providers accurately document the services provided and use accurate codes on the encounters they submit.	Based on results of the medical record audit described above, BHI will require Core Providers to submit a corrective action plan to address any elements that fall below a 90% threshold of accuracy.	QI	9/1/08
Accessibility and adequacy of services	Measure Access to Routine, Urgent and Emergency Services	Continue to require corrective action plans and quarterly data reporting from each MHC whose performance falls below 100%. Increase data reporting to <u>monthly</u> when an individual Center's performance falls below 90%	QI-MHC	Ongoing, quarterly
Compliance Monitoring				
Quarterly Access to care monitoring and oversight	Continue to conduct quarterly measurement and report to HCPF	Through Delegation oversight/ performance report card follow up process, oversee remedial action plans of providers	QI- MHCs	Quarterly

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Network Adequacy	Continue to prepare quarterly measurement and report to HCPF	Implement quarterly reporting process per HCPF protocol	QI	Quarterly
Delegation Oversight Activities	Evaluate and insure compliance with Delegated QI and UM functions	Conduct Oversight Audits	QI- UM	Oct 07
		Monitor corrective action plan implementation and completion as applicable	QI- UM	1/1/08-6/30/08
Program Impact Analysis	Annual evaluation of the overall impact and effectiveness of the quality assessment and improvement program	Submit an annual report to the Department and/or designee, detailing the findings of the program impact analysis. .	QI	09/30/07
External Quality Review	Participate in annual, external independent reviews of the quality outcomes, timeliness of and access to, the services covered under the Contract.		QI	Spring 08