

Behavioral HealthCare, Inc.

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Quality Improvement

Subject: Quality Improvement Program Description		Effective Date: 11/5/2004
Authorized by: Samatha Kommana Director of Quality Improvement	Page: 1 of 9	Review Date: 9/15/05, 11/24/06, 12/31/07, 1/19/10

The scope of BHI's internal quality assurance program is comprehensive and complies with 42 C.F.R. Section 438.200 for all of covered services. The QI Program is responsible for development, implementation, coordination and monitoring of clinical and service quality improvement indicators for the BHI program areas of Utilization Management, Provider and Facility Credentialing, Provider Relations, and Member and Family Affairs.

The goals of the Quality Improvement Program are:

- To ensure the development, implementation, maintenance, and improvement of programs and services through effective monitoring, evaluation, and improvement activities.
- To ensure the coordination, collaboration, and effective integration of all BHI quality improvement activities.
- To identify and pursue opportunities for improvement in clinical and service outcomes.
- To continuously evaluate performance against identified program and service goals to ensure continued improvement.
- To ensure effective communication and meaningful reporting of quality improvement activities by all functional areas of BHI to key stakeholders.
- To involve clients in the BHI Quality Improvement process through substantive participation in problem identification, study development, best practice identification, and evaluation.

BHI establishes quality standards or guidelines in the following areas:

- Clinical Practice Guidelines for high volume groups including
 - Adults and Children with Bipolar Disorder
 - Children with Attention Deficit/Hyperactive Disorder
 - Adults with Depression
 - Adults with Psychosis
 - New intakes: Assessment of risk to self or others
- Documentation standards for mental health medical records
 - Notification of services to PCPs
- Monitoring and reporting provider and other service related quality of care concerns
- Accessibility, and availability of services for Members;
 - Quarterly Network Adequacy
 - Client satisfaction with Access
 - Access to routine, urgent and emergent care
 - Access to initial medication evaluation with a prescriber

- After hours phone access
- Monitoring and evaluating important aspects of care and services which includes the maintenance of the highest level of functioning and normal daily activity.
- Client satisfaction;
 - Annual surveys of satisfaction survey annually using the Mental Health Corporation of America (MHCA) client satisfaction survey. The MHCA survey allows BHI to compare client satisfaction against national norms and standards. The Colorado Division of Mental Health also conducts an annual satisfaction survey using the Mental Health Statistics Improvement Program (MHSIP) survey tool.
 - BHI is also using the MHCA survey to assess effectiveness of the Bipolar Education and Skills training program
- Client outcomes data is based on statistics maintained on individual clients
 - Change in problem severity, change in employment and change in strengths (recovery measures) using aggregate level data across age groups, centers and ethnicity at least annually. CCAR data is reviewed directly by the UM Program Manager for individuals served by contracted providers.
 - Perceived change in function as measured by the MHCA and MHSIP client satisfaction surveys
- Total client populations served;
 - Members enrolled, members served and penetration rates are trended quarterly by age group, ethnicity, Medicaid type and CMHC.
- Client utilization of services
 - BHI aggregates and reports utilization management measures quarterly, including inpatient statistics by Mental Health Center and age group such as length of stay, re-hospitalization rates, follow-up after hospitalization, and emergency room visits.
 - Under and Over Utilization measures including emergency department visits and outpatient utilization are also monitored. Performance measurement findings and conclusions used in recredentialing of contracted providers and facilities:
 - BHI incorporates performance measurement findings such as concern and complaint data as well as completeness of CCAR data, client treatment plans and other required clinical forms in its recredentialing decisions for contracted providers.
- Systematic measurement and improvement:
 - Performance Improvement Projects. BHI is involved in at least two formal performance improvement projects annually.
 - BHI Quarterly Performance Report Card
The BHI Report Card systematically communicates a comprehensive and current snapshot of BHI core provider programs and key BHI departments including Quality Improvement, Utilization Management and Member and Family Affairs. The report card links and helps coordinate multiple management functions, and supports the evolution of increasingly sophisticated

data-driven decision making of numerous management teams at BHI as well as its core providers. The report card provides a formal mechanism for identification of quality issues.

The report card includes, but is not limited to quarterly performance data on key indicators of BHI enrollment, penetration rates, client satisfaction, resolution of client complaints and appeals, peer review of treatment records, outcome measures, utilization of inpatient and outpatient services such as days per thousand members, admissions per thousand members, clinical outcomes, and performance improvement project measures such as access to initial medication evaluations and screening for bipolar disorder.

Performance data is trended across time, identifies normal and special cause variation, and provides detailed comparative data against local and national benchmarks, previous performance, and overall BHI performance to assist with analysis and problem identification. Aggregate provider performance is evaluated by mental health center and client age group. Report card graphics provide management and staff with the ability to quickly analyze information at the program level, and compare their team's performance to not only comparative teams at other mental health centers, but to other age groups, points in time and other measures of performance.

Frequent re-measurement of core performance indicators supports use of the Shewhart Cycle, or the PLAN-DO-CHECK-ACT Total Quality Management (TQM) process. Interventions can be quickly evaluated for effectiveness. Trended data provides further context in understanding variations in performance as well as catching problems early through periodic re-measurement. An Executive Summary accompanies each report card providing quantitative and qualitative analysis of significant changes in performance or outliers.

- Corrective action and follow-up by the BHO, its participating providers, and its subcontractors.
 - The Executive Summary of the report card targets outliers for each core provider that would require a written response and action plan to address under-performing areas within 30 days of receiving the report card.
 - Elements of the report card are reviewed in the following committees: the BHI Standards of Practice/Program Evaluation and Outcomes Committees, the BHI Risk & Resource Committees, the BHI Board of Directors, the BHI Provider Advisory Council, and the BHI Member and Family Advisory Board or Client QI committee.
- Oversight of Delegated Activities: BHI annually subjects its subcontractors to a formal review of the subcontractors' performance of delegated

functions. BHI performs a desktop review of subcontractor's policies and procedures for delegated referral and triage, utilization management, client rights and information and quality improvement functions. BHI requests and reviews copies of the subcontractors program descriptions for Utilization Management and Quality Improvement programs. Additionally BHI requires evidence of implementation and monitoring by the subcontractor of their own performance of the delegated functions.

- Organizational Credentialing: BHI subjects all mental health centers in its statewide network to a full NCQA facility credentialing and recredentialing process.

Quality Management Coordination

The implementation of the quality improvement efforts is both an individual and organizational effort. The Quality Improvement Program is implemented organizationally through the multiple committee review, input and response to the BHI Quality Performance Report Card, the QI Annual Program Impact Analysis and Evaluation, client satisfaction and annual network adequacy reports. As a result, quality improvement activities are incorporated in virtually all management activities, including provider network expansion, change in service sites, locations or personnel, data collection and reporting and utilization management functions.

Opportunity Identification and Resolution

The BHI Standards of Practice and Risk and Resource (R&R) Committees identify priorities for investigation taking into account the severity and urgency of the problems and the resources of BHI. The Program Evaluation and Outcomes/Standards of Practice Committee will design and/or conduct the opportunity identification process, or delegate it to an appropriate individual or group. A summary of opportunities identified and their resolution will be reported to the BHI Provider Advisory Council. Committees strive to address improvement opportunities that are within their scope of responsibility. Opportunities not easily resolved are forwarded to the BHI Provider Advisory Council for further assessment

Quality Performance Information Available to Stakeholders

BHI will provide clients, client advocates, advocacy organizations and the Department of Health Care Policy and Financing (HCPF) information about its internal quality assurance program upon request and at no cost. Notification of the availability of this information is made through the New and Annual Member Letters, the Provider Manual, and the bhicares.org website.

Integration of Clients and Family Members in the QI Program

BHI seeks and incorporate client feedback and perspective into the QI program through:

- BHI client satisfaction surveys as described above
- Participation in client focus groups,
- Client participation in practice guideline development and implementation including:
 - Training clinicians and clients in best practices,
 - Evaluation of Bipolar Education programs for parents, adults and youth

- Contributing chapters to our Bipolar manual,
- Contributing modules to Bipolar Education and Skills Training on building peer and community support and teaching in this module to adult clients.
- Collaboration with the BHI client run programs in seeking to understand and measure the effectiveness of and satisfaction with client run services.

BHI QI Program Structure:

The communications structure of the BHI Quality Improvement Program illustrating reporting relationships and the chain of supervisory authority is displayed in Addendum A.

Administration

The ultimate authority for the Quality Improvement Program rests with the Board of Directors. The Board delegates this authority to the Chief Executive Officer (CEO). The Director of Quality Improvement is accountable to the CEO for all operations of the Quality Improvement Program. The CEO is advised via the Quality Performance Report Card, as to the progress of the Quality Improvement Program, which is reviewed quarterly at the BHI Provider Advisory Council. The Director of Quality Improvement is the designated behavioral healthcare practitioner that oversees the implementation of the QI program. The Medical Director has significant involvement in the Provider Advisory Council, Risk and Resource and Program Evaluation and Outcomes/Standards of Practice committees, and is an active consultant to the BHI Director of Quality Improvement.

Committees and Sub-committees:

A. The Program Evaluation and Outcomes Committee

The Program Evaluation and Outcomes Committee is facilitated by the BHI Medical Director and meets every two months. Membership includes:

- BHI Medical Director
- BHI Director of Quality Improvement
- BHI CEO
- BHI Director of Utilization Management
- Arapahoe/Douglas Mental Health Network (ADMHN) Medical Director
- Community Reach Center Medical Director
- ADMHN QI Manager
- Community Reach Center QI Director
- Aurora Mental Health Center Director of Research and Evaluation
- Data systems expert staff, statistical support staff, research support staff

The Program Evaluation and Outcomes Design Committee is responsible for ensuring robust study design, implementation and evaluation. In doing so, the committee:

- Plans and prioritizes program evaluation and clinical outcome studies.
- Reviews the design, implementation, results, and recommendations of BHI performance indicators
- Establishes minimum thresholds of performance
- Reviews and analyzes the data collected for each study

- ❑ Identifies opportunities for improvement based on monitoring reports provided in the areas of clinical chart review, utilization trends, evaluation of clinical programs, outcome measures, satisfaction survey results, client complaints and grievances, compliance with standards of practice, provider performance profiles, and Medicaid Capitation and Managed Care Program evaluation and makes recommendations to the R&R committee
- ❑ Documents deliberations and recommendations
- ❑ Reviews the quarterly report card responses and corrective action plans
- ❑ Provides input into the executive summary of the BHI performance report card to be reviewed by the BHI Provider Advisory Council and the BHI Board of Directors

B. The Standards of Practice Committee

The Standards of Practice Committee meets under the direction of the BHI Medical Director, and is facilitated by the Director of Quality Improvement and meets every two months. Membership includes:

- BHI Director of Quality Improvement
- BHI Medical Director
- BHI CEO
- BHI Director of Utilization Management
- Arapahoe/Douglas Mental Health Network (ADMHN) Medical Director
- Community Reach Center Medical Director
- ADMHN QI Manager
- Community Reach Center QI Director
- Aurora Mental Health Center Director of Research and Evaluation
- Clinicians from clinical expert teams on an ad hoc basis

The Standard of Practice Committee oversees the development, implementation, monitoring and evaluation of BHI Clinical Practice Guidelines and Medication algorithms.

In doing so, it:

- ❑ Reviews guidelines submitted by BHI clinical expert teams for approval.
- ❑ Contributes criteria to the formulation of clinical practice guidelines.
- ❑ Establishes minimum levels of guideline compliance.
- ❑ Provides input into guideline compliance evaluation studies.
- ❑ Reviews data regarding guideline compliance, identifies education opportunities and makes recommendations for performance improvement.
- ❑ Requests corrective action plans from providers who fail to meet minimum standards of guideline performance.
- ❑ Reviews new technology submissions for adoption or inclusion in mental health service delivery.

C. Provider Advisory Committee

The Provider Advisory Committee meets monthly. Membership includes:

Title

BHI Chief Executive Officer
BHI Director of Member and Family Affairs
BHI Director of Quality Improvement
BHI Director of Utilization Management
BHI Medical Director
AUMHC Director of Adult Intensive Services
AUMHC Director of Child and Family Services
AUMHC Director of Outpatient Services
ADMHN Chief Operating Officer
Community Reach Center Chief Operating Officer

Membership may also include:

- Medical Directors from the provider network
- Quality Improvement Directors from the provider network
- Clinicians from the expert teams ad hoc

The Provider Advisory Committee responsibilities may include, but are not limited to:

- ❑ Ongoing monitoring effectiveness of the quality improvement program through quarterly review of the BHI Performance Report Card.
- ❑ Examining identified quality improvement, utilization and risk management opportunities and issues. Developing strategies to enhance the quality, appropriateness, efficiency, efficacy, and cost effectiveness of client care.
- ❑ Ensuring that the overall quality improvement goals of BHI are carried out.
- ❑ Making policy and procedure decisions based on the review of the quarterly performance report card.
- ❑ Identifying gaps in service continuum, and making recommendations for improvement.
- ❑ Acting as the approval body for credentialing and recredentialing of practitioners and facilities.
- ❑ Ensuring implementation of approved corrective action plans.
- ❑ Reporting on appropriate follow-up activities.
- ❑ Keeping a record of its deliberations and recommendations.
- ❑ Identifying and addressing clinical risk issues that are inherent in the delivery of mental health services. To this end, the Risk and Resources Committees reviews quality performance, utilization management, provider and client issues to ensure total quality care with an emphasis on day-to-day operations, specific cases, and specific incidents related to the care of children and adults.

D. Client Input into the QI Program

In order to ensure client feedback and guidance into the QI program, the Director of Quality Improvement and the Director of Member and Family Affairs review the BHI Quality and UM Report Cards and identify selected indicators of interest to clients. This data is presented in a client friendly format through several venues, including the BHI Member and Family Advisory Board, the Rainbow Center morning meetings and client focus groups. Additionally, the annual QI plan is presented to the BHI Member and

Family Advisory Board and the results of the Annual Program Impact Analysis and Evaluation are offered to clients at no cost through the Member Letter and the bhicares.org website.

E. QI Department Staffing

QI Director – 1 FTE

QI Research Coordinator – 1 FTE

Data Analyst – 1 FTE

Data Specialist – .6FTE

Program Evaluator and Disease Management Specialist – 1 FTE

QI Project Support Coordinator – .5 FTE

BHI also contracts with InNET, Inc. to provide data reporting from the Authorization, Claims and Encounter systems.

ADDENDUM A
QUALITY IMPROVEMENT PROGRAM REPORTING STRUCTURE

