

Sandhills Center

Quality Management Program Evaluation

FY 2016-2017

Respectfully submitted:



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**Sandhills Center for Mental Health, Developmental Disabilities
and Substance Abuse Services
Quality Management Program Evaluation
FY 2016-2017**

Mission Statement

The mission of Sandhills Center, a Local Management Entity-Managed Care Organization is to develop, manage and assure that persons in need have access to quality mental health, intellectual/developmental disabilities and substance abuse services.

Quality Management Program

Sandhills Center established a Quality Management (QM) program to ensure quality services to Sandhills Center's members (consumers) and its clients (the Division of Medical Assistance and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services). As such, the QM Program Plan addresses the needs of members, its clients and the organization's various internal departments.

The Quality Management Program is a comprehensive, proactive program that provides the structure, process, resources and expertise necessary to systematically define, evaluate, monitor and ensure that high quality, cost-effective care and services are provided to members. The Program has a commitment to continuous quality improvement principles and requires participation from the Board of Directors, providers, staff, members and their families. Primary responsibilities of the QM Program include:

- Ensure mechanisms are in place to measure and monitor Sandhills Center's compliance to its own policies/procedures and key processes. (See Addendum A)
- Ensure all performance measures for the State contract are met and reported as required. (See Addendum B)
- Establish performance standards for internal/external processes including, but not limited to, access to services, satisfaction and complaints.
- Implement performance monitoring mechanisms, as well as quality improvement activities based on findings.
- Monitor and evaluate findings of evidence-based practice reviews completed by Network Monitoring.
- Act upon data findings
 - Identify needed areas of improvement; develop process for action to correct deficiencies, and sustain performance
 - Establish mechanisms to receive and use stakeholder (client, member, provider, community) feedback on a continuous basis to improve the overall system
 - Institute quality studies, including formal ongoing Quality Improvement Projects (QIPS) for each URAC accredited program, including the studies that

are approved by the Division of Medical Assistance, as required by the contract

- Ensure data-driven decision making is used in determining action and developing strategies.

The purpose of the QM Program is to promote objective monitoring and evaluation of internal/external processes, services, and outcomes. Quality improvement activities are implemented based upon the findings. The scope of the QM Program includes all Sandhills Center programs and departments, clients, members, families, community stakeholders, and contracted network providers. This is done through the following structure and activities:

- Establishment of a data-driven culture;
- Connection that brings an entire organization together through interdepartmental representation on teams and committees;
- Consistent method of communication and information-sharing within the organization, with the provider network and with members/enrollees;
- Forum to review, evaluate and analyze patterns and trends through the use of data;
- Mechanism for problem solving;
- Method for persons served to express satisfaction or lack thereof;
- Mechanism for analysis of service delivery and a method of systematically addressing processes for improvement by changing reporting structure to include analysis, interventions and outcomes.

Goals for 2016-2017

1. Continue to ensure involvement of Sandhills Center Committees (Network Leadership Council [NLC], Global Continuous Quality Improvement Committee [GCQIC], Clinical Advisory Committee [CAC] and Consumer and Family Advisory Committee [CFAC]) in the development of topics for QIPs.
 - To work collaboratively with the Project Manager/Business Analyst in Regulatory Affairs to ensure QIPS are data-driven with clear analyses. (See Addendum C)
2. Ensure involvement of stakeholders and enrollees in development of new policies.
3. Continue to work with Alpha to incorporate Quality of Care concerns in that database to mirror the grievance section.
4. Promote use of Evidence-Based Best Practices (EBP) throughout the service delivery system by:
 - Incorporating information about EBPs in the QM report at quarterly provider forums;
 - Maintaining a library of evidence-best practices on the Sandhills Center website as a resource for providers;
 - Analyzing data from monitoring reviews on a monthly and quarterly basis to identify areas where providers need training or technical assistance; and
 - Reporting result of findings to QMC, GCQIC, NLC on a quarterly basis. (See Addendum D)
5. Educate providers about selected disease states to ensure integration of behavioral and physical health care by:
 - Presenting training at Provider Forums;

- Monitoring internal documentation quarterly for use of scripts, written by Medical Director/Chief Clinical Officer, to prompt providers; (See Addendum E)
- Analyzing data from provider monitoring reviews to ensure coordination of care is occurring and report to QMC quarterly.

Evaluation Process

Sandhills Center, on an annual basis, conducts a comprehensive evaluation of overall effectiveness of the Quality Management Program. The Program Evaluation report summarizes the completed and ongoing quality management activities. Sandhills Center is dedicated to quality improvement and compliance, guided by URAC standards and Federal and State regulations. Sandhills Center has established formal mechanisms that encompass quality improvement and quality assurance. High priority is placed on achievement of positive outcomes for individuals served.

Sandhills Center evaluates the FY 2016-2017 Quality Management Program/Plan to identify the status of performance indicators outlined in the Plan. The evaluation occurs through the use of minutes from the Quality Management Committee and the Program Quality Management Committee. The Quality Management Program evaluation process, implemented in FY 2016 - 2017, included active participation of program/department directors. Their valuable input and feedback on specific performance indicators, actions, outcomes, barriers and recommendations for FY 2016-2017 is essential for a valid, complete Quality Management evaluation. The evaluation analyzes, identifies and makes recommendations for improvement.

This QM Program evaluation contains analysis of QM objectives met, partially met or not met.

The evaluation of the Quality Management Program includes topics related to:

- Committee structure, description and process
- Care Management/Utilization Management (CM/UM), Customer Services (HCC) and Health Network
- Performance indicators
- Member safety
- Complaints and appeals
- Satisfaction
- Policies and procedures
- Staff training and annual performance appraisal
- Monitoring of providers
- Access and availability
- Clinical criteria and scripts

The Quality Management Program Evaluation for FY 2016-2017 was presented in an overview, with the completed Effectiveness of Program/Conclusions. Key initiatives were addressed in the Effectiveness of Program/Conclusions.

Summary

Early in January 2009, Sandhills Center implemented work to revise the Quality Management Program to meet URAC Standards and to better fit the needs of the LME. After review of feedback received from stakeholders, Sandhills Center presented a revised Quality Management Program/Plan for Board of Directors approval. The revised Quality Management Program/Plan was approved by the Board of Directors for implementation on July 1, 2009 for FY 2009-2010. The Quality Management Program has been evaluated annually since that time and found to be effective. The Quality Management Program/Plan for FY 2017-2018 has approval of the Board of Directors.

The Quality Management Program is overseen by the Quality Management Committee, as delegated by the CEO and Board of Directors. The Quality Management Committee is co-chaired by the Chief Clinical Officer/Medical Director and the Quality Management director. Membership is inter-departmental, and includes representation from licensed clinical staff, management and administrative staff, and CFAC. The committee meets monthly, or at a minimum quarterly, to review the reports from the Program Quality Management Committees.

The Quality Management Committee also provides final review/approval of all policies, procedures and correspondence with providers. Program Quality Management Committees (Health Network, Care Management/Utilization Management and Customer Services, which includes Health Call Center) present quarterly executive summaries to the Quality Management Committee, reflecting ongoing monitoring of key performance indicators. The Quality Management Committee submits quarterly summaries of quality management activities to the Network Leadership Team, Global CQI Committee, and the Board of Directors. Recommendations are presented to the Quality Management Committee for incorporation into the Quality Management Program.

Quality Management staff report results of incident reporting and complaints to the Consumer and Family Advisory Committee and to the Client Rights Committee on a quarterly basis.

Findings

Completed and ongoing Quality Improvement Goals and Objectives – The evaluation indicated that the goals and objectives listed in the FY 2016-2017 Plan were classified as met or partially met and are ongoing.

Quality Improvement Projects

Utilization Management

To Increase the number of members authorized for psychosocial rehabilitation services (PSR) with correct diagnosis or sufficient clinical information – Approved by QMC in January 2015. This QIP was developed to monitor and decrease the number of members approved for PSR with an incorrect diagnosis or insufficient clinical information. The goal is to increase appropriate authorizations to 85%. The goal has been met for two consecutive quarters and remains open.

Maximize the benefit of Child Mental Health Level III (DMA) – DMA approved April 2016. This QIP was developed to decrease the number of providers billing unmanaged outpatient visits for children in Level III to 15% (or less) of children receiving Level III care for the period being measured. Goal has not been met for consecutive quarters; however, it is noteworthy that the number of children receiving outpatient services separate from Level III continues to decrease from previous quarters.

Assure consistent connection to community services following Facility Based Crisis Services (DMH) was approved August 2016. The timeline is April 2017; however, the April–June overall measurement shows 60% successfully connected to community providers (79% is goal) and the lowest performing provider had a total of 55, which is 11 or 20%, 15 below the goal of 35%. Technical assistance continues to have positive impact.

Health Network

To decrease the length of time it takes for providers to return their signed contracts and/or contract amendments to the Network Department – Goals were met for this project February 2016 but will continue to be monitored until February 2017. CLOSED

Enhance Provider Directory - Improve the accuracy of provider information in the Network Provider Directory – Goals are being met for this QIP. This QIP is recommended for closure once a replacement QIP has been approved.

Shaping the network to improve and increase provider choice and ensure members access to quality services (DMA) – Approved 4/19/2016 by DMA. The goal is to decrease the number of Medicaid providers not billing services by 15% to 57 per quarter. April-June review shows the average number of Medicaid contracted providers who did not bill during the quarter was 65. The goal is to decrease to 57; we were over by eight this quarter, but have been trending in the right direction.

New QIP to be presented to QMC in July: Increase Evidence-Based Best Practices employed by our provider network and to increase documentation supporting the use of those practices.

Customer Services (Health Call Center)

To improve member access to care by ensuring follow-through with routine and urgent scheduled appointments – The goals for this QIP have been met and QIP is being monitored for the next 12 months. However, QIP was revised to only focus on urgent appointments and amended to align with the State Performance Measure of 82%. Met measurable goals and approved for closure again April 2017. Will continue to monitor for one year.

Improving access to behavioral health information and services for Hispanic members by improving content available to members of this population seeking such services – This goal has been met; the end date was June 2016. This QIP will be monitored for another year.

Increase number and percentage of members with routine appointments who keep their appointment within 14 calendar days of contacting the Call Center. During the 1st six quarters Sandhills Center has failed to meet the state standard (75%) for kept routine appointments. Failure to attend an initial appointment may result in the member's problem worsening, symptoms increasing, and the loss of opportunity for early lower intensity intervention. Increased use of emergency department, mobile crisis and other intensive services is also a possibility.

Care Coordination

Increase timely completion and submission of Quality of Life Surveys. The QIP timeline is December 2017 or meeting the stated goal for three consecutive quarters. This is the first quarter that our measurable goal of 80% has been met.

Appeals

The Utilization Management Program received 190 appeals from July 2016 through June 2017.

Effectiveness of Program/Conclusions

FY 2016-2017 Quality Management Program Goals and Objectives

Objective	Rating Met, Partially Met, Not Met	Positive Outcomes	Barriers/ Recommendations
Complete an annual evaluation of the Quality Management Program.	Met	The evaluation supports an effective Quality Management Program.	
Continue to ensure involvement of Sandhills Center committees (Network Leadership Council, Global Continuous Quality Improvement Committee, Clinical Advisory Committee, and Consumer and Family Advisory Council) in the development of topics for QIPs <ul style="list-style-type: none"> • To work collaboratively with Business Intelligence (BI) staff as they ensure QIPs are data driven with clear analysis. 		Met and ongoing	The Business Analyst in Regulatory Affairs is responsible for the QIP analysis and reporting. Reports are made quarterly to QMC and several times a year to Global CQI (who meets bi-monthly, not quarterly).

<p>Ensure involvement of stakeholders and enrollees in development of policies and procedure.</p>	<p>Partially Met</p>	<p>Policies are presented to the various committees, which have provider and consumer representatives included.</p>	<p>Timelines prevent procedures from being presented consistently.</p>
<p>Continue to work with ALPHA to incorporate Quality of Care Concerns in that database to mirror the grievance section.</p>	<p>Not met</p>		<p>Building new processes in ALPHA is very slow and must meet needs of other LME-MCOs. Therefore this goal/objective has been abandoned and, instead, a new QM database has been created and released to provide better reporting functions for all QM areas.</p>
<p>Promote use of Evidence-Based Best Practices (EBP) throughout the service delivery system by:</p> <ul style="list-style-type: none"> • Incorporating information about EPBs in the QM report at quarterly provider forums; • Maintaining a library of EBPs on the Sandhills Center website as a resource for providers; • Analyzing data from monitoring reviews on a monthly and quarterly basis, to identify areas where providers need training or technical assistance; and • Reporting results of findings to QMC, GCQIC, and NLC on a quarterly basis. 	<p>Partially met</p>		<p>Network Provider Monitoring and EBP Monitoring now reside in our Network Department. Monthly reports are made to the Network Committee about monitoring results and EBP results, and subsequently reported to QMC via Network Executive Summaries. Overall training needs are discussed in GCQIC, not just those relating to EBPs, and the annual training plan is reviewed by GCQIC. Network Monitoring functions at provider forums are now done by Network staff and not QM staff.</p>
<p>Educate providers about selected disease states to ensure integration of behavioral and physical health care by:</p>	<p>Partially met</p>		<p>Integrated care training was provided at provider forums early in 2016, as did training on the use of scripts by care</p>

- Presenting training at provider forums;
- Monitoring internal documentation quarterly for the use of scripts, written by the Medical Director/Chief Clinical Officer, to prompt providers;
- Analyzing data from provider monitoring reviews to ensure coordination of care is occurring and reporting to QMC quarterly.

coordination. Integrated Care newsletters are approved by QMC and sent to providers, as well as shared at provider forums. Use of scripts are monitored by QM quarterly and results shared with supervisors. An overview is presented to QMC quarterly. Provider monitoring data is now compiled by Network and shared in Network Committee meetings.

An Integrated Care Outreach Clinician was hired in November 2016 to work closely with our eight integrated care pilot sites and provide technical assistance, using CMT reports to show progress.

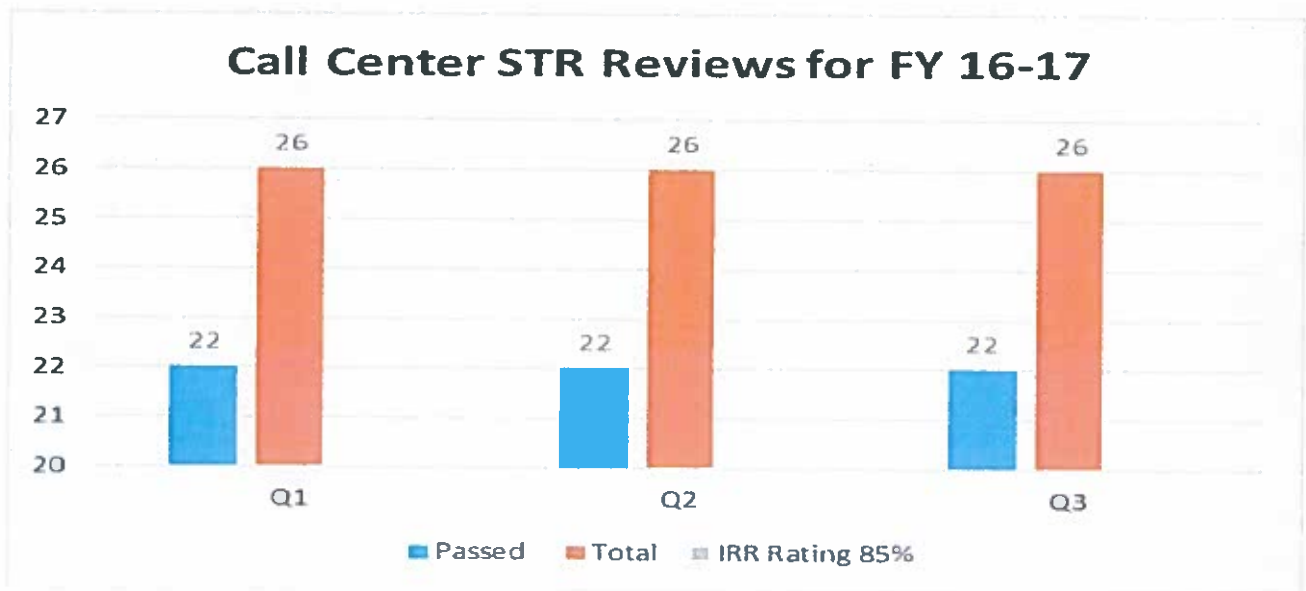
The Quality Management Program is ongoing and an integral part of the entire organization. The Quality Management Committee remained focused on achievement of the priorities outlined in the FY 2016-2017 Quality Management Plan. Several significant events took place over the past year:

- A successful External Quality Review.
- Block Grant training webinars took place for providers who were out of compliance with NC TOPPS and documentation.
- An Integrated Care Outreach Clinician was hired in November 2016 to provide hands-on assistance to our eight integrated care partners in the utilization of data obtained from CMT about prescribing patterns, treatment adherence and disease management.
- Newsletters about asthma and opioid use in pregnancy were emailed to providers and discussed at provider forums.
- The QM database was rebuilt and reporting mechanisms were improved to eliminate manual components of reporting performance measures to the State and for all reports used in QMC meetings.
- An overview of Block Grant requirements and documentation training was provided at a provider forum.
- NC TOPPS tracking, via emails and phone calls, is occurring every two weeks to ensure compliance with timelines.
- Plans of Correction are sent to providers who submit late incident reports.
- A QIP, specifically for QM to monitor metabolic screening for children and adolescents on two or more antipsychotics, was developed.

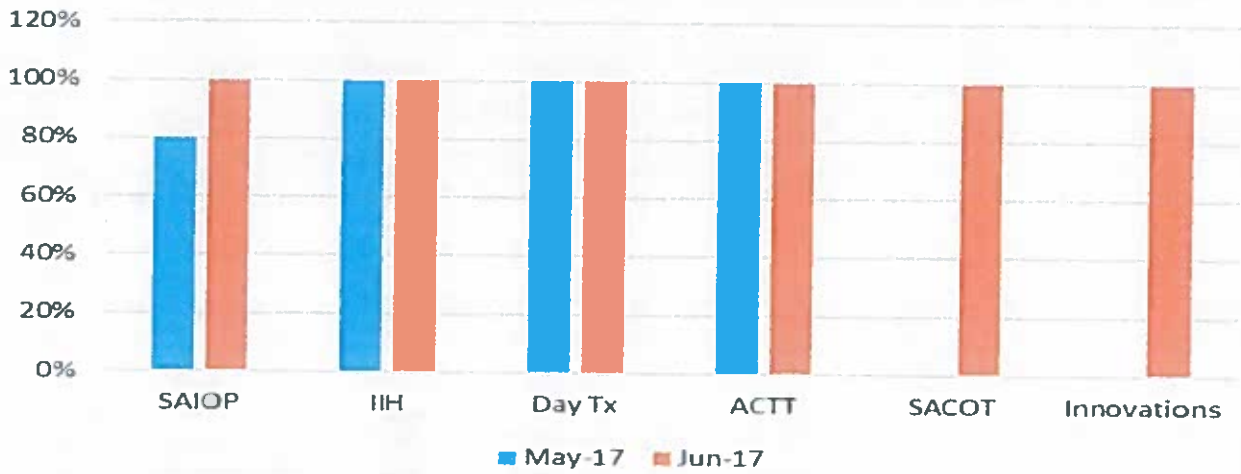
The Quality Management Program continues to emphasize continuous quality improvement through Design, Discovery, Remediation and Improvement. The Quality Management Program includes internal as well as external monitoring mechanisms and the increased use of data analysis to help manage the system. Integrated care activities include publishing newsletters and the use of integrated care scripts by our care coordination staff. Basic scripts were first used and later more focused ones, such as metabolic syndrome and opioid use in pregnancy, were implemented.

ADDENDUMS

Addendum A: Compliance Mechanisms

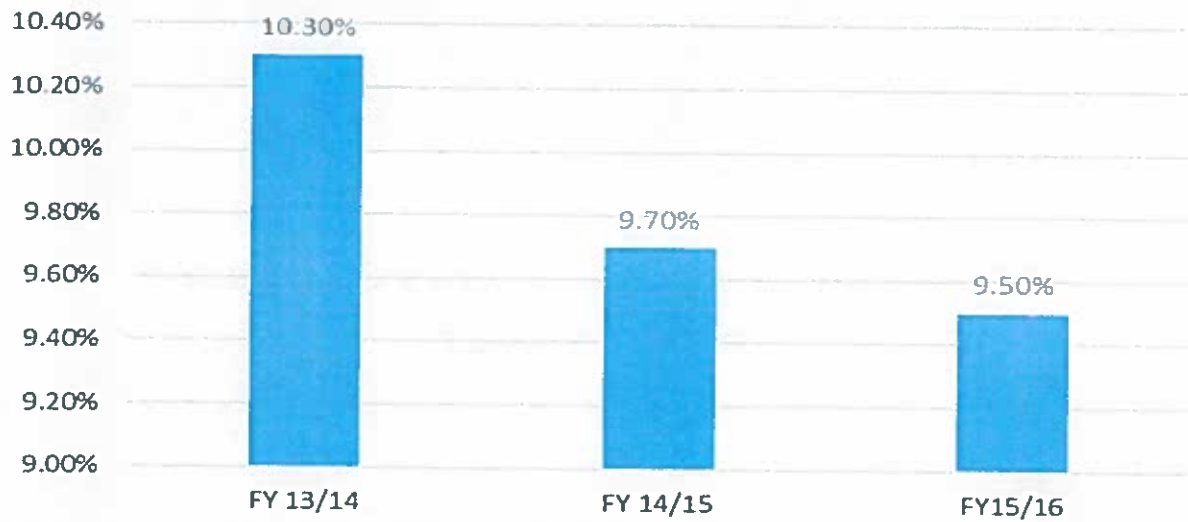


Inter-Rater Reliability for CM/UM Reviews

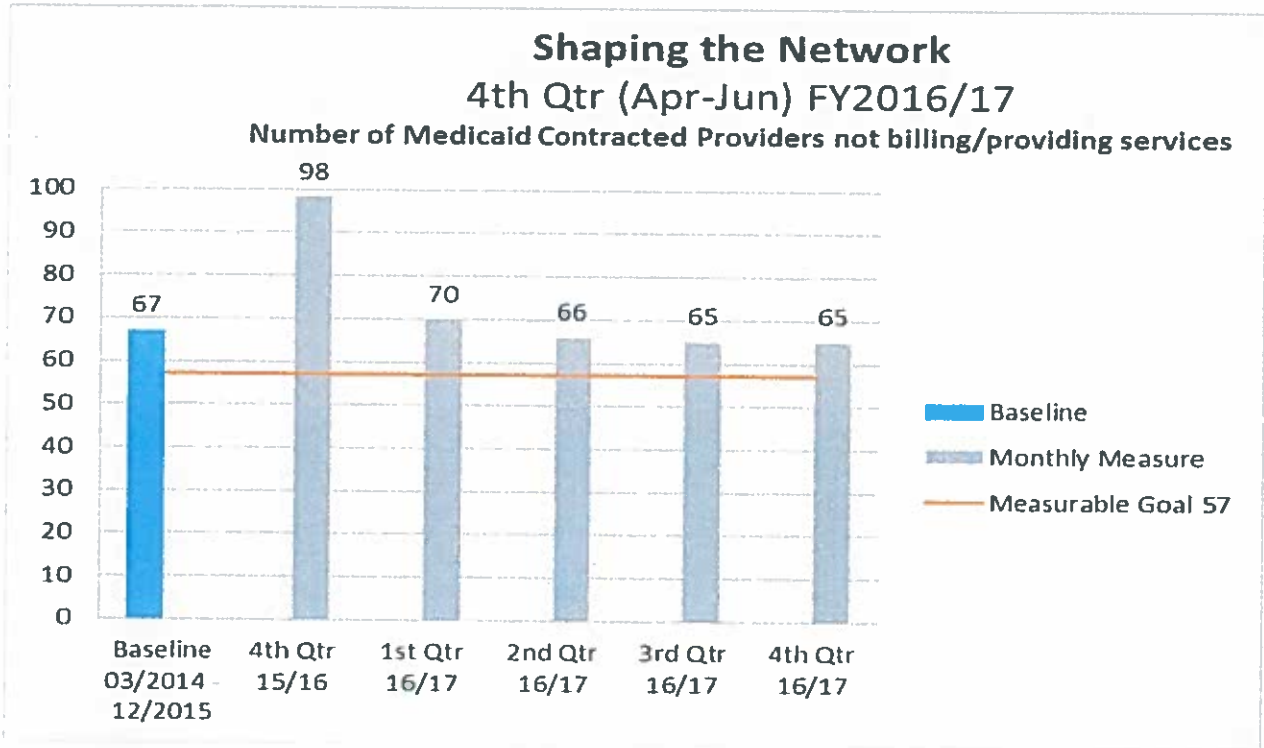


Addendum B: Performance Measures

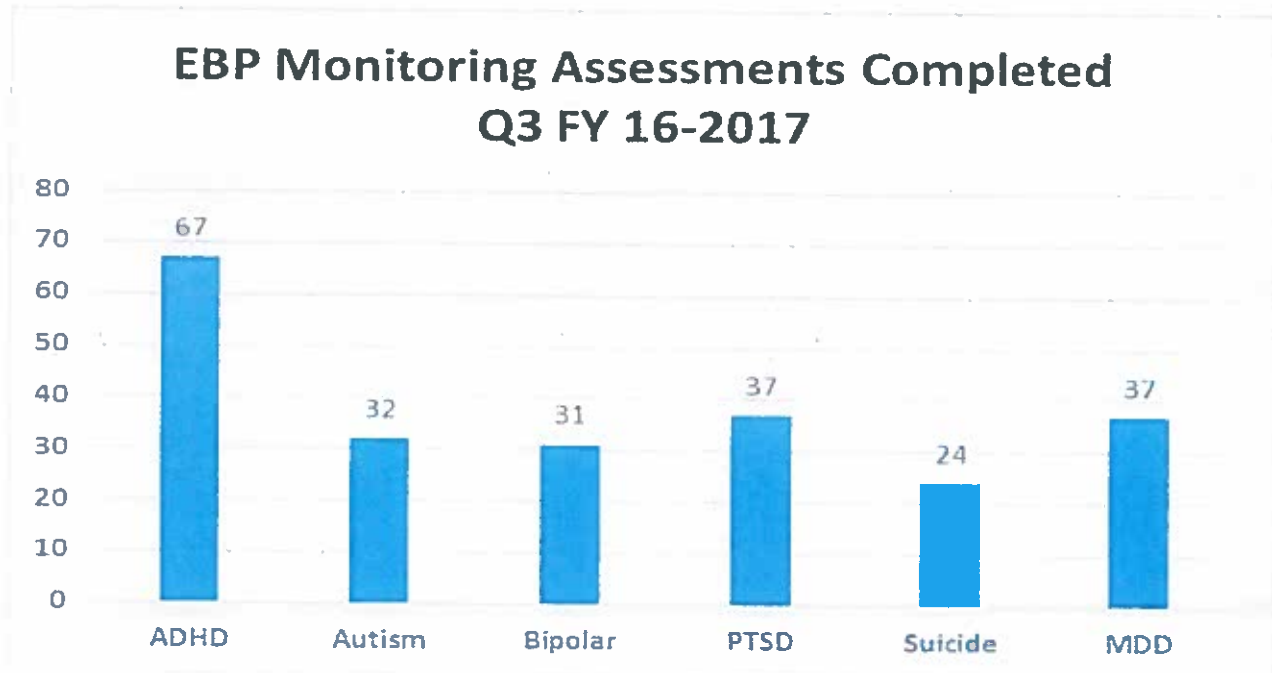
DMA Measure A1: MH Readmission Rates



Addendum C: Quality Improvement Projects



Addendum D: Evidence Based Practices



Addendum E: Integrated Care

