Sandhills Center

Quality Management Program Evaluation

FY 2017-2018

Sandhills Center LME-MCO
Quality Management Program Evaluation
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

The Quality Management (QM) 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 is a commitment to continuous quality improvement principles and requires participation of the Board of Directors, Providers, Staff and Members and their Families.

Sandhills Center established a QM Program to ensure quality services to Sandhills Center’s members (consumers) and its clients (the Divisions of Medical Assistance and the Division of Mental Health, Intellectual/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. Primary responsibilities of the QM Program include:

• Ensure mechanisms are in place to measure and monitor Sandhills Center’s compliance with its own policies/procedures and key processes;
• Ensure all performance measures for the State contract are met and reported as required;
• 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 by:
  ▪ Identifying needed areas of improvement; developing processes for action to correct deficiencies, and sustaining performance;
  ▪ Establishing mechanisms to receive and using stakeholder (client, member, provider, community) feedback on a continuous basis to improve the overall system;
  ▪ Instituting 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; and
  ▪ Ensuring data driven decision-making 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;
• Establish a process to review, evaluate and analyze patterns and trends through the use of data;
• Establish a mechanism for problem solving;
• Establish a method for persons served to express satisfaction or lack thereof; and
• Establish a 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 2017-2018

1. **Continue to ensure involvement of Sandhills Center committees, (Network Leadership Council [NLC], Global Continuous Quality Improvement Committee [GCQI], Clinical Advisory Committee [CAC] and Consumer and Family Advisory Committee [CFAC]) in the development of topics for Quality Improvement Projects (QIPs).**
   - Work collaboratively with the Project Manager/Business Analyst in Regulatory Affairs to ensure QIPS are data driven with clear analysis;

2. **Ensure involvement of stakeholders and enrollees in development of new policies.**

3. **Revise reporting structure to focus primarily on data analysis, interventions planned and outcomes results.** Data will be provided upon request to any committee member or group and will be posted on our shared drive.

4. **Promote use of Evidence-Based Best Practices (EBP) throughout the service delivery system by:**
   - Maintaining a library of evidence-based best practices (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
   - Collaborating with Network Monitoring staff to further promote the use of EBPs through the addition of EBPs to both the library and monitoring processes; and
   - Reporting results of findings to QMC, GCQI, and NLC on a quarterly basis.

5. **Integration of behavioral and physical health care by working with the Integrated Clinician to ensure:**
   - Presentations related to EBP and integrated care at Provider Forums
   - Monitoring of internal documentation quarterly for use of scripts developed by the Chief Clinical Officer/Medical Director (CCO/MD) to prompt providers
   - Analyze data from provider monitoring reviews for coordination of care evidence and reported to Quality Management Committee (QMC) quarterly.

6. **Develop and implement a QIP to monitor the increase in percentage of children prescribed two or more antipsychotics and who did not receive a metabolic screening at least annually.**
Evaluation Process

Sandhills Center, on an annual basis, conducts a comprehensive evaluation of overall effectiveness of the QM Program. The Program Evaluation report summarizes the completed and ongoing QM 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 2017-2018 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 QMC and the Program QM Committees. The Quality Management Program Evaluation process, implemented in FY 2017-2018 included active participation of Program/Department Directors. Their valuable input and feedback on specific performance indicators, actions, outcomes, barriers and recommendations for FY 2017-2018 is essential for a valid, complete QM 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 QM Program includes topics related to:
- Committee Structure, Description and Process;
- Program QM Committees: 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; and
- Clinical Criteria and Scripts.

The QM Program Evaluation for FY 2017-2018 is presented in an overview, with the completed Effectiveness of Program/Conclusions. Key initiatives are addressed in the FY 2017-2018 QM Program Goals and Objectives Findings

Overview Summary

Early in January 2009, Sandhills Center implemented work to revise the QM Program to meet URAC Standards and to better fit the needs of the LME than the previous QM Program. 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 QM Program has been evaluated annually since that time and found to be effective. The Quality Management Program/Plan has been approved by the Board of Directors for FY 2018-2019 and sent to DHHS Division of MH/DD/SAS and Division of Medical Assistance per Contract requirements.
The QM Program is overseen by the QMC, as delegated by the CEO and Board of Directors. The QMC 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, administrative staff and CFAC. The Committee meets monthly, or at a minimum quarterly, to review the reports from the Program QM Committees and other related QM Program information.

The QMC also provides review/approval of all policies, procedures and correspondence with providers. Program QM Committees (Health Network, Care Management/Utilization Management and Customer Services, which includes Health Call Center) present quarterly Executive Summaries to the QMC, reflecting ongoing monitoring of key performance indicators. The QMC submits quarterly and annually reports of QM activities to the Board of Directors for review and/or approval. The QM Executive Summary is presented to the NLC and GCQI committees. Recommendations are presented to the QMC for incorporation into the QM Program.

Customer Services staff report results of incident reporting and complaints to the Quality Management Committee, CFAC and to the Client Rights Committee on a quarterly basis.

**Quality Improvement Projects**

Sandhills Center has at least two active quality improvement projects (QIPs) in each URAC accredited program (Health Call Center; Health Utilization Management and Health Network). The current QIPs are:

- Maximize the benefit of Child Mental Health Level III - HUM
- Assure consistent connection to community services following Facility Based Crisis Services - HUM
- Shaping the Network to improve and increase provider choice and ensure members access to quality services. - HN
- Increase number and percentage of members with routine appointments who keep their appointment within 14 calendar days of contacting the Call Center. - HCC
- Decrease the number of days from when a housing slot is issued to the actual transition date. - TCL
- Increase Evidence Based Practices employed by the Sandhills Center Provider Network and increase the documentation supporting the use of those practices. - HN
- Increase and maintain a minimum number of ten (10) participants in the Project SEARCH program so it can be self-sustaining - HN
- Ensure members have access to routine behavioral health assessments in a timely and appropriate manner. - HCC
- Assure Providers are screening for metabolic syndrome in children and adolescents (1-17 years of age) who have been prescribed two or more antipsychotics within the past 12 months. - QM

The following QIPs met the objectives approved by the Quality Management Committee and have been officially closed as a Quality Improvement Project:

- Increase the number of members authorized for Psychosocial Rehabilitation Services with correct diagnosis or sufficient clinical information  Closed November 2017 - HUM
• Enhance Network Provider Directory. Improve the accuracy of provider information in the Network Provider Directory. Closed December 2017 - HN
• Improving access to behavioral health information and services for Hispanic members by improving content available to members of this population seeking such services. Closed November 2017 - HCC
• Improve member’s access to care by ensuring follow through with routine and urgent scheduled appointments. Closed April 2018 - HCC
• Increase timely completion and submission of Quality of Life Surveys. Closed March 2018 - TCL
• Increased Percentage of Authorized Services used by Providers. Closed August 2017 – HUM

Appeals

The Utilization Management Program received 148 appeals from July 1, 2017 until May 2018. Out of the 148 appeals received, 143 appeals were upheld. Five (5) appeals were overturned during the reconsideration review process.

Satisfaction Survey Results

2017 ECHO Survey:
The purpose of the annual Survey is to access consumers’ perception of care received through the Sandhills Center Provider Network. The results help DHHS determine the LME-MCO’s ability to manage and monitor quality MH/SA/IDD Services. The Survey is conducted by an independent review organization (CCME) commissioned by DHHS. The 2017 Survey was conducted during the period of August 21, 2017 through November 15, 2017. Overall, Sandhills Center scored well in both the Adult and Child Survey. In the Adult Survey, Sandhills Center scored 67% (22 out of 33 questions) with above State Average Scores. Thirty six percent (12 out of 33 questions) Sandhills Center scored highest/5% or more above the overall State Average. In the Child Survey, Sandhills Center scored 47% (14 out of 30 questions) with above State average scores. Seventeen percent (5 out of 30 questions) Sandhills Center scored highest/5% or more above the overall State average.

2017 NC DHHS Provider Satisfaction Survey
The annual Survey was conducted in November 2017 by CCME, the State commissioned independent review organization. The Survey measures the performance of Sandhills Center in meeting community providers’ needs and expectations as a LME/MCO. Sandhills Center scored 91.8% for the question that rates overall LME-MCO satisfaction. This was the highest score of our peer organizations across NC. It was also statistically higher than the overall average score across LME-MCO’s in 2017.

Any Survey result that is less than 5% or more below the State average has a plan of improvement initiated.
### FY 2017-2018 QM Program Goals and Objectives Findings

The FY 2017-2018 QM Program Plan contained seven (7) goals. Five (5) of the goals were met and two (2) of the goals were partially met.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Rating (Met, Partially Met, Not Met)</th>
<th>Positive Outcomes</th>
<th>Barriers/Recommendations</th>
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<tbody>
<tr>
<td>Goal 1: Complete an annual evaluation of the Quality Management (QM) Program.</td>
<td>Met</td>
<td>The evaluation supports an effective QM Program.</td>
<td><strong>Recommendation:</strong> Continue to monitor the effectiveness of the QM Program goals. Update QM Program goals as needed.</td>
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<td>Goal 2: Continue to ensure the involvement of Sandhills Center committees, (Network Leadership Council (NLC), Global Continuous Quality Improvement Committee (GCQI), Clinical Advisory Committee (CAC), and Consumer and Family Advisory Council (CFAC)) in the development of topics for Quality Improvement Programs (QIPs).</td>
<td>Met and ongoing</td>
<td>Reports are made quarterly to QMC and several times a year to Global CQI (The GCQI meets bi-monthly, not quarterly.)</td>
<td><strong>Recommendation:</strong> Continue to present QIPs in committees and ask committee members for QIPs topics. <strong>Barrier:</strong> The GCQI committee has faced barriers with attendance, therefore, meeting minutes nor recommendations from the committee were not voted on due to not have a quorum.</td>
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| Goal 2 continued: To work collaboratively with the Project Manager/Business Analyst in Regulatory Affairs to ensure QIPS are data driven with clear analysis. | Ongoing | The Sandhills Center Project Manager/Business Analyst prepares the QIPs Report for the Committees showing status of improvement or achievement of the objectives. The Sandhills Center Project | **Recommendation:** The QM Director and the Project Manager/Business Analyst will continue work together to ensure QIPs are data driven.  
**Barrier:** The QM Director retired June 1, 2018.  
**Recommendation:** Appoint a new QM Director. The Project Manager/Business Analyst will work with the new QM Director to ensure a smooth transition from the previous QM Director. |
|---|---|---|---|
| Goal 3: Ensure involvement of stakeholders and enrollees in development of new policies. | Met and ongoing | Policies are presented to various committees Client Rights, CFAC, GCQI, and NCL which have provider and consumer representatives included. | **Recommendation:** Policies will continue to be presented to stakeholders and enrollees during Client Rights, CFAC, GCQI, and NCL meetings.  
**Barrier:** The GCQI committee is identified as a barrier due to low attendance for meeting and not having a quorum.  
**Recommendation:** The QM Director will work with the GCQI committee to address the barrier of low attendance. |
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<th>Goal 4: Revise reporting structure to focus primarily on data analysis, interventions planned and outcome results. Data will be provided upon request to any committee member or group and will be posted on our shared drive</th>
<th>Met and ongoing</th>
<th>QM executive summaries have been shortened to give key point and use of graphs and grids has increased</th>
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<td>Recommendation: Continue to focus on data, interventions, and outcomes in reports. Add trending of data to the reports. Continue to work SHC Departments to ensure department reports are submitted for Quality Management Committee (QMC)</td>
<td></td>
<td>Barrier: QMC approval of quarterly data from all of the SHC departments before the QM executive summary is due.</td>
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<td>Goal 5: Promote use of Evidence- Based Best Practices (EBP) throughout the service delivery system by: (a) Incorporating information about EPB’s in the QM report at quarterly Provider Forums; (b) Maintaining a library of evidence-based best practices on the Sandhills Center website as a resource for providers; (c) Analyzing data from monitoring reviews on a monthly and quarterly basis to identify areas where providers need training or technical assistance; (d) Reporting results of findings to QMC, GCQI and NLC on a quarterly basis.</td>
<td>Partially met and ongoing</td>
<td>EBP reports are made at committee meetings and provider forums, use of data helps guide provider trainings and library has been maintained to remain current</td>
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<td>Recommendation: Continue to monitor, track, and trend the data from SHC Network EBP reporting quarterly.</td>
<td></td>
<td>Barrier: All reporting for EBPs is a manual process. SHC Network Monitoring is working with SHC Information Technology (IT) Department to design a documenting program that will allow for saving and reporting of the EBP data for providers.</td>
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<td>Goal 6: Integration of behavioral and physical health care by working with the Integrated Care Clinician to ensure: (a) Present EBP and Integrated Care at Provider Forums; (b) Monitor internal care coordination documentation quarterly for use of scripts written by the Medical Director/Chief Clinical Officer to prompt providers; and (c) Analyze data from provider monitoring reviews to ensure coordination of care is occurring and report to QMC quarterly.</td>
<td>Currently 8 integrated care providers participating on pilot project, Integrated Care Clinician makes reports to QMC, at provider forums and provides technical assistance when needed.</td>
<td>Recommendations: Continue to work with the SHC Integrated Care Clinician to track, trend, and report on the Integrated Care pilot project. Continue to work with SHC Network Monitoring to identify providers that have not incorporated integrated care through a Quality of Care (QOC) referral process. Barriers: The internal monitoring of care coordination documentation is a timely manual task. Recommendation: Review the process of internal monitoring of care coordination documentation to determine a process to improve the method of review.</td>
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| Partially met and ongoing |  |  |
Goal 7: Develop and Implement a QIP to monitor the increase in percentage of children prescribed two or more antipsychotics and who did not receive a metabolic screening at least annually

- Met and ongoing
- The QIP has been developed.

**Recommendation:** Continue to collect the data and analyze to determine the prescribers not meeting the goal for the QIP. Continue to send letters to the identified prescribers. Change the timeframe of data collection to quarterly and letters quarterly on the QIP and have the changes approved through QMC.

**Barriers:** The process was completed by the QM Director. QM Director retired on June 1, 2018.

**Recommendation:** Change the data collection to quarterly, work with data warehouse to change the QI 940 report from monthly to quarterly. Change the letters to the identified prescribers to quarterly.

**Additional Accomplishments:**

- Pilot providers for our integrated care project will be expanded to include 2 PRTFs and 3 Suboxone providers
- Network Operations is working with the Medical Director and UNCG to provide academic assistance with development of EPBs and collaboration with the School of Nursing for providing internships for NPs
- Pursuing further collaboration with other LMEs in discussion of clinical practice guidelines, data analytics and Integrated Care initiatives
- A second Associate Medical Director has been hired to review TCLI cases prior to placement in the community for medical concerns, therefore preventing inappropriate placements.
- New learning library has been established with RELIAS for use by both Sandhills Center clinical staff and providers (free of charge) for additional training. CEUs are available.
- All TCLI incidents and disruptions are now automatically QOCs (Quality of Care Concern) and reviewed by independent psychiatric consultants with a second review by the new Associate Medical Director
- All suicide attempts are now converted into QOCs and reviewed by independent psychiatric reviewer and 2nd psychiatrist. Letters or phone calls are being made to MD’s/Agencies
- For any QOC that involves clinical concerns, The Associate Medical will contact the MD at the agency after the review but prior to a letter being mailed. The letter will be drafted to include information gleaned from phone conversation and mailed to the MD. If the agency
does not have an MD, there will not be a phone call but the letter will go to the Clinical Director or the owner of the agency.

- Collaborations with RELIAS Clinical Effectiveness Consultant to work with various SHC staff on integrated care, EBPs, acute care, care coordination and QM on various projects.
- NC TOPPS tracking, via emails and phone calls, is continuing to occur every two weeks to ensure compliance with timelines. Additionally monthly NC TOPPS information is added to the QM concerns for re-credentialing of providers and reviewed by the Clinical Advisory Credentialing subcommittee.
- Innovations Quarterly Performance Measure G.2 “What was the proportion of the level 2/3 incidents were reported within the required time frames” is being monitored monthly and plans of correction are requested from providers not in compliance with the reporting timelines. Compliance has improved to 84.5%; continuing to strive for over 85%.

Effectiveness of Program/Conclusions

The QM Program is ongoing and an integrative part of the entire organization. The Quality Management Committee remained focused on achievement of the priorities outlined in the FY 2017-2018 QM Plan. All goals and objectives were met or partially met. The QM Program continues to emphasize continuous quality improvement through Design, Discovery, Remediation and Improvement. The QM Program includes internal as well as external monitoring mechanisms and the increased use of data analysis to help manage the system. The Quality Management Program Plan has been revised for FY18-19. It has been approved by the Sandhills Center Board of Directors for implementation July 1, 2018.