Quality Assessment and Performance Improvement Program Work Plan

Access Behavioral Care
FY 2014

SUMMARY

The Access Behavioral Care (ABC) Quality Assessment and Performance Improvement (QAPI) Work Plan is a comprehensive guide to quality activities planned for FY 2014. The ABC QAPI Work Plan targets key quality activities and sets goals to promote continuous service system enhancements and to improve health outcomes for members and families.

Key initiatives targeted for FY 2014

The primary focus in FY 2014 will be the promotion of integrated care efforts. There will be increased collaboration between lines of business within Colorado Access (COA), and between COA and external primary care providers, behavioral health care providers, and community agencies to fully support integration and coordination of care activities. There will be increased emphasis on coordination of care for ABC members in RCCO, Medicare Access Advantage, and the Single Entry Point (SEP) Program.

Specific integrated care initiatives are ongoing, and others are at various stages of development.

Ongoing integrated care activities

- Development of Behavioral Health Integrated Services (DIBS): Integrated care in Eastside Foster Care Clinic
- Promoting Resources for Integrated Care and Recovery (PRICARe): Medical providers are co-located at MHCD to serve adult members including lab and pharmacy services. The clinic serves as the member's medical home
- Rocky Mountain Youth Clinic: Integrated care in pediatric practice. MHCD behavioral health staff are co-located in clinic
- South Federal Family Practice: Integrated care in adult clinic. MHCD behavioral health staff are co-located in clinic
- Inner City Health, Sheridan Health Center and Denver Indian Health & Family Services offer integrated care to adult and pediatric ABC/RCCO 5 members
- Children's Medical Center: integrated care to ABC/RCCO 5 members
- Kaiser Clinics: A Behavioral Medicine Specialist (BMS) provides screening, consultation, referral and coordination of care to Kaiser primary care teams serving ABC/RCCO 5 members at Denver Pediatric, OB/GYN, Family Medicine and Internal Medicine Clinics
- Denver Health FQHCs: Denver Health has 4 clinics that provide integrated care to ABC members

- Colorado Psychiatric Access and Consultation for Kids (CPACK): Two year grant pilot program designed to provide training and consultation to targeted primary care offices and providers in metro Denver and Southern Colorado
- Perinatal depression initiative: Metro Denver Collaborative that promotes screening tools and training for primary care providers for early detection of perinatal depression
- Metro Crisis Services (MCS): Collaboration between ABC, RCCO 5, and Metro Crisis Services to provide high volume medical practices with a mechanism to refer and link members with behavioral health services.
- Monthly Integrated Care meetings between ABC, RCCO 5 and MHCD to discuss coordination of care issues for common members

Planned integrated care activities:

- Identify members who are common across lines of business and meet quarterly or as needed to develop integrated care plans
- Identify program and system issues that can be created or enhanced to better coordinate care planning for members who are common across lines of business
- Identify common ABC and AA members who have sub-optimal physical health encounters and determine attribution status including the need for a medical home
- Telehealth: Deploy telehealth capabilities to RCCO practices for common members
- ABC is participating in a national learning collaborative focused on substance abuse through the Association for Community Affiliated Plans (ACAP). The goal is to identify and implement evidence-based best practices for substance abuse identification and treatment, including integration between physical and behavioral health.
- Development of Integrated Care Innovations Program

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Quality Improvement Activities	Program or Activity	Metric	Goal	Owner(s)	Target Completion Date to QIC
Integrated Care Programs To develop and implement programs to improve coordination of care between physical and behavioral health providers	Colorado Psychiatric Access and Consultation for Kids (CPACK); Support CPACK efforts for select Pediatric Practices	• Utilization of psychiatric consultation line • Training for participating physician practices	• Meet Year 1 Project Deliverables • Track number of consultation calls • Track number of practices enrolled	Kiekhaefer	7/2014
	Promoting Resources for Integrated Care and Recovery (Enhanced PRICARe)	• Number of members served • Health status and medical co-morbidities identified	• Increase number of members served • Track co-morbid medical conditions	Waxmonsky	7/2014
	Integrated Care Innovations Program	• Identify performance monitors	• Form Advisory Group and Learning Collaborative • Define program structure • Develop and Implement program in FY14	Waxmonsky	7/2014
	Integrated Care Innovations Program: Develop an assessment tool for SAMHSA levels of integration	TBD	• Conduct pre and post survey of RCCO Practices to assess level of integration • Identify areas of development for RCCO Practices based on survey results	Waxmonsky	7/2014

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	ACAP Substance Abuse Learning Collaborative: Goal is to improve the quality of SUD care	A minimum of 2 SUD measures will be chosen	• Develop an evidence- based improvement project • Create a 2014 action plan	Bandell; Bacon	12/2013
Health Promotions Provide educational information to members and families to enhance and promote prevention and early treatment for mental health and physical health needs	Provide educational information to members and family members about health resources including vaccinations, exercise, nutrition and other health topics • Health Resource Fair • Member Focus Groups	• Health Promotion articles in partnership newsletter	• 3 per year • Conduct resource fair annually • Solicit feedback from members about specific topics	McDonald	Ongoing
ED Care Coordination Program (EDCC)	Engaging ED facilities in triage and assessment of ABC members to facilitate coordination of care and timely disposition	• Track number of ED calls to COA • Follow up outpatient mental health visits post ED visit	• Monitor number of calls to COA • Increase number of members who have a 7 and 30 follow up visit from baseline FY13	Kiekhaefer Bock	7/2014
Care Management To facilitate continuity and coordination of care for members transitioning from inpatient to community-based treatment settings	Follow-Up After Hospitalization by ABC Care Managers to increase follow -up visits and to reduce readmission rates	• # of discharged members who are engaged with ABC Care Managers • 7 and 30 day follow- up appointments post discharge • Reduce 60 and 90 day readmission rates	• Gather baseline data • Gather baseline data • Gather baseline data	Coleman Bock	7/2014

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Performance Measures	HCPF Annual Performance Measures	#1: Hospital readmissions within 7, 30 and 90 days post-discharge	• ≤ 5% at 7 days • ≤ 13% at 30 days • ≤ 20% at 90 days	Bandell; Kinney; Jensen; Bayerl; Salazar	12/2014
		#2: % of Members prescribed redundant or duplicated atypical antipsychotic medication			
		#3: % of Members diagnosed with a new episode of major depression, treated with antidepressant medication, and maintained on antidepressants for at least 84 days (12 weeks)			
		#4: Engagement in Behavioral Health Services: % of new members with MH Dx who received at least 4 engagement services within 45 days of initial visit	TBD (New measure)		
		#6: Maintaining Independent Living Status for Members with Severe Mental Illness (SMI)			
		#7: Progress toward Independent Living for Members with Severe Mental Illness (SMI)			

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		#8-11: Penetration Rates by HEDIS Age Groups • Overall Penetration Rates by Medicaid Eligibility category	• >12%		
		#12: Adherence to antipsychotics for individuals with schizophrenia			
		#13: Follow-up appointments within seven (7) and thirty (30) days after hospital discharge	• *7 day: 10% increase from prior year* • *30 day: 10% increase from prior year*		
		#14: Percent of Members with SMI with a focal point of behavioral health care			
		#15: Improving physical healthcare access			
		#16: Inpatient Utilization (per 1000 members)	• <6 per 1000		
		#17: Hospital length of stay	• <9 days		
		#18: Emergency Department Utilization (per 1000 members)	• ≤12 per 1000		

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		#19: MHSIP, YSS, YSS-F Satisfaction Surveys

#20: Antidepressant Medication Management – Optimal Practitioner Contacts

Inpatient: Total Days per 1000 members (ABC metric) |

<60 | | |
| **Clinical Practice Guidelines** | • Adopt and disseminate evidenced-based nationally recognized guidelines that promote prevention and/or recommended treatment.
• Promote access to and increase usage of recommended guidelines through provider and member education/outreach | • Guideline review and approval/adoption by MBQIC as needed

• Guidelines disseminated to providers and made available to members | Guidelines are reviewed and updated as necessary and approved/adopted

Guidelines are disseminated through the Colorado Access website | Kinney; Fitzgerald | As needed for review |
| **Adult Evidence-Based Practices**

To measure and report performance in evidence-based and promising practices for the adult population | Assertive Community Treatment (ACT) | • Number of members served

• Fidelity using the Dartmouth ACT scale (DACTS)

• MHCD Recovery Inventory in the first 12 months of treatment | • 200

• Score $\geq$ 75%

• Markers: 70% of members will demonstrate progress towards recovery goals | Kinney; Kiekhaefer | Annually |
| | Illness Management and Recovery/Wellness Recovery Action Plans | • Number of members served | • 100 | Kinney Kiekhaefer | Annually |

Quality Improvement Activities	Program or Activity	Metric	Goal	Owner(s)	Target Completion Date to QIC
		• Illness Management & Recovery Fidelity scale score • MHCD Recovery Inventory in the first 12 months of treatment	• 45 or better • Markers: 70% of members will demonstrate progress towards recovery goals		
	Integrated Treatment for Individuals with Co-Occurring Mental Illness and Substance Abuse: SURGE - Integrated Dual Disorders Treatment Model (Provided by MHCD)	• Number of members served • Integrated Dual Disorders Treatment Fidelity Scale score • Recovery Markers in the first 12 months of treatment	• 150 • 52 or better • 70% of members will demonstrate progress	Kinney Kiekhaefer	Annually
	Psycho-Education for Families: Individual and group psycho-education programs – family to family model (NAMI)	• Number of members served	Track number of ABC members in program	Kinney Kiekhaefer	Annually
	Supported Employment: 2 SUCCEED in Employment	• Number of members served • Recovery Markers in the first 12 months of treatment • Consumer Supported Employment Fidelity Scale score • Number and percentage of members placed in competitive employment	• 30 • 70% of members will demonstrate progress • 100 or better • 25% of members placed in competitive employment	Kinney Kiekhaefer	Annually

Quality Improvement Activities	Program or Activity	Metric	Goal	Owner(s)	Target Completion Date to QIC
	Perinatal Mental Health Initiative: Provide resources and perinatal depression screening tools to detect and treat perinatal depression	Number of trainings provided to Pediatricians, PCP practices and OB/GYN practices	Perinatal Collaborative will provide annual training	Waxmonsky;	Annually
Pediatric Evidence-Based Practices To measure and report performance in evidence-based and promising practices for the pediatric population	Intensive Case Management (ICM): (MHCD) Youth are maintained in the community and do not require out of home placement.	• Number of members served • Percent with legal involvement • Percent with out of home placement	• 250 • Reduction in legal involvement from prior year • Reduction in out of home placement from prior year	Kinney; Kiekhaefer	Annually
	Psychotherapy: Trauma-focused Cognitive Behavioral Therapy (TF-CBT) (Provided by MHCD)	• Number of members served after program implementation (9/2011) • Fidelity Measure	• 8 • 80% fidelity to the TF-CBT model as evidenced by the TF-CBT fidelity tool.	Kinney; Kiekhaefer	Annually
	School based services (CBITS)	• Number of members served after implementation 8/2011 • Fidelity Score	• 30 • 80% fidelity to the CBITS model as evidenced by the CBITS fidelity tool	Kinney; Kiekhaefer	Annually
	Family-based Cognitive Behavioral Therapy: Functional Family Therapy (Savio House)	• Number of members served	• 6	Kinney	8/2013

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		• Functional Family Therapy Fidelity Measurement • Home & school retention, juvenile justice recidivism rates, school success, family functioning	• Score of 4 on adherence to FFT model • Score of 3 for model fidelity • 70% success rate 1 year post discharge		
	Multi-systemic Therapy (MST) (Savio House and UCH)	• Number of members served • Supervisory Adherence Measure • Therapist Adherence Measure (TAM = Savio House only) • Home & school retention, juvenile justice recidivism rates, school success, family functioning	• Track ABC members served • 80% completion rate (UCH) • 75% capture rate (Savio) • 70% success rate 1 year post discharge	Kinney; Kiekhaefer	8/2013
	Child Behavioral Health Promotion: Development of Behavioral Health Integrated Services (DIBS) Foster Care Clinic	• Screening rate for children seen in Foster Care Clinic for behavioral health problems	• % of children seen in clinic who are screened for behavioral health problems • Number and % of children with MH follow-up visits within 7, 30 and 90 days after screening	Kiekhaefer	7/2014
Network Adequacy and Availability -To evaluate	• Assess network patterns and structure to identify gaps and opportunities for network expansion	• Types and numbers of practitioners by credential in service region	• Maintain adequate network	Smith	10/2013 1/2013 4/2014 7/2014

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network adequacy based on established standards and goals and ensure sufficient numbers of providers and facilities to accommodate the plan membership -Identify by monitoring trends and prioritize opportunities for network expansion or reconfiguration.	• Maintain a provider network in geographic proximity to members to optimize choice and convenience	• Types and numbers of facilities • Out-of-network activity/ SCAs • Number of providers not accepting new referrals • Distance from consumer locations to provider locations	• 100% w/in 30 miles		
Network Adequacy – Accessibility To ensure network accessibility in terms of timeliness of response to routine, urgent, and emergent requests for mental health services	• Evaluate adherence to access to care standards • Identify ongoing opportunities for improvement in access, timeliness, procedures and/or data capture systems.	• Routine Care within 7 business days • Urgent Care within 24 hours • Emergent Care within 1 hour after medical clearance or via telephone within 15 minutes of call.	• 100% • 100% • 100%	Kinney	10/2013 1/2014 4/2014 7/2014
Telephone Accessibility (Customer Service and Clinical)	• Ensure standards for access are established and evaluate accessibility to Plan services.	• % answered within 30 seconds • Abandonment Rate • Overflow Rate • Call reasons	• 80% • <5% • <5% • N/A	Garcia Bock	10/2013 1/2014 4/2014 7/2014

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Quality Improvement Activities	Program or Activity	Metric	Goal	Owner(s)	Target Completion Date to QIC
Member and Family Affairs This key COA department supports the recovery and resiliency of members	• Actively seek member and family member input on ways to improve health plan functions • Review all the cultural competency sections from contract exhibits	• Report quality projects to members and receive feedback • Report consumer issues to MBQIC in collaboration with CFAB Consumer Chair	Document issues discussed in the MBQIC minutes and any actions taken.	McDonald; Kinney	9/2013 12/2013 3/2014 6/2014
Member Satisfaction Monitor member satisfaction with care and services provided by Colorado Access and contracted providers	Conduct an annual member satisfaction survey representative of members receiving care through the entire network of providers. Identify improvement opportunities and develop intervention strategies as indicated	• Measure member satisfaction with health care using the ECHO Survey or other satisfaction survey tool	• Improve member response rate and satisfaction with plan and providers	Kinney	7/2014
Member Grievances (Complaints) Timeliness	• Investigate and respond to consumer and family member complaints a in timely manner • Monitor and trend for content and/or provider patterns and take action as needed	• Normal: % resolved within 15 business days or within 29 total days with a 14 calendar day extension • Number, types, and pattern of member complaints • Complaint rate per 1000 members	• 100% • Remedy issues identified; track and trend • <2/1000	Garcia Dohrman	11/2013 2/2014 5/2014 8/2014

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UM Authorizations, Denials, and Clinical Appeals	• Ensure timely determination and notification of benefit coverage • Ensure timely review and determination • Track and trend volumes and reasons to identify process improvement opportunities	• Denial Timeliness • Appeal Timeliness • Appeal Trends (by level and type)	• 100% w/in timeframe (14 calendar days from date of request) • Level 1: 100% in 10 working days of receipt of appeal • Expedited: 100% in 3 working days of receipt of appeal	Gillaspie Jones	11/2013 2/2014 5/2014 8/2014
Credentialing	• Ensure performance of timely and accurate credentialing	• Credentialing turn-around time • Re-credentialed within 36 months • % of files with complete and accurate information	• < 60 calendar days • 100% • 95%	McKitterick Rogers	11/2013 2/2014 5/2014 8/2014
FY14 UM Program	To define UM Program structure, content, scope and accountability	• Annual UM Program Description • UM criteria including respite services	• MBQIC and QIC minutes document review and annual approval	Coleman	7/2014
2013 Inter-rater Reliability	Ensure consistent and appropriate determination of coverage	• Inter-rater reliability correlation factor	>85% correlation	Coleman; Jones	11/2013
Performance Improvement Project Development	Participate with BHOs in selection of a shared PIP for FY14; *PIP: Increasing Access to Mental Health Services for Youth*	• Selection of shared PIP • Demonstrate increase in penetration rate for youth ages 5-17	• TBD • Statistically significant improvement from baseline	Bremer; Bandell; Kinney	12/2013 4/2014

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2013 QM Program Description	To establish a document that defines scope, content and accountability for the QM Program	MBQIC minutes reflect feedback; QIC minutes reflect approval; BOD minutes reflect approval	Feedback, revision and approval by accountable committees and BOD	Bandell	1/2014
FY13 Work Plan	To provide a systematic process to improve care and service; To establish goals, methodologies, and accountability for specific activities along with time frames for meeting goals; Determine and incorporate mandated Federal and State QI Regulations	MBQIC minutes reflect feedback; QIC minutes reflect approval;	Feedback, revision and approval by accountable committees	Kinney; Bandell; Bremer	9/2013
FY13 Access to Care Plan	To provide access to care standards by which access is monitored by all LOBs	QIC minutes reflect approval	• Approval by QIC	Reagan	9/2013
FY14 Communications Plans • **Member** • **Provider**	To establish documents that define scope, content and plans for communication with both members and providers	QIC minutes reflect approval	• Feedback, revision and approval by QIC	**Member:** Garcia McDonald Coleman **Provider:** Perkins Smith	7/2013

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FY13 QAPI Program Impact Analysis	To evaluate the effectiveness of the QAPI Program and the extent to which goals were met, and to identify QAPI Program improvements and follow-up activities for the coming year	• As defined by initiative requirements • MBQIC, QIC, and BOD minutes reflect review and approval	• Approval by MBQIC, QIC and BOD • Submission to HCPF	Kinney Bandell Bremer	9/2013
EQRO Contract Compliance Audit and Follow-Up	To ensure that BHO activities comply with State requirements and expectations	• Audit completed • Any needed corrective actions completed	• Overall compliance score ≥ prior year	Bremer Kiekhaefer	2/2014
EQRO Performance Improvement Project Validation	To ensure that performance improvement projects meet standards and requirements as defined by BBA protocols	• Validation completed • Any needed corrective actions completed	• No critical element deficiencies	Bandell Kinney	2/2014

The FY 2014 ABC Quality Assessment and Performance Improvement Work Plan has been reviewed and approved by:

Access Behavioral Care

_____   _____
Robert W Bremer, MA, LPC, PhD   Date
Executive Director, Access Behavioral Care

Medical Behavioral Quality Improvement Committee (MBQIC):

_____   _____
Genie Pritchett, MD, Sr. Vice President of Medical Services   Date
Chair of MBQIC

Quality Improvement Committee (QIC):

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Gretchen McGinnis, Sr. Vice President of Public Policy and   Date
Performance Improvement
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