



Quality Assessment and Performance Improvement Work Plan

***Access Behavioral Care - Denver
FY16***



FY16 ABC Quality Assessment and Performance Improvement Work Plan

Project	Goals/Objective	Targeted Action	Completion Dates
Membership and Penetration			
Penetration Rates	Maintain or increase overall penetration rate from previous fiscal year (14.0% or higher)	Coordinate efforts with DHS and Eastside Foster Care Clinic to improve foster care penetration rates	09/30/16
Access to Care			
Access to Care Standards	<ul style="list-style-type: none"> 100% Routine Care available within 7 business days 100% Urgent Care available within 24 hours 100% Emergency face-to-face available within 1 hour (urban/suburban) 100% Emergency face-to-face available within 2 hours (rural/frontier) 100% Emergency phone services available within 15 minutes 	<ul style="list-style-type: none"> Continue educating provider on ATC standards Continue to monitor ATC data on quarterly basis Collaborate with Community Crisis Connections to obtain addition data around emergency services 	Quarterly
Telephone Accessibility	<ul style="list-style-type: none"> > 80% of calls answered within 30 seconds < 5% abandonment rate < 5% overflow to voicemail 	<ul style="list-style-type: none"> Continue tracking call results on quarterly basis Monitor call reasons and identify areas needing service improvement 	Quarterly
Network Adequacy			
Network Composition	Meet the geographical needs of members by assuring provider availability (100% of members have access to a provider within 30 miles)	<ul style="list-style-type: none"> Continue monitoring network composition and identify any gaps in specialty services. Focus recruitment efforts on providers who serve foster children, who specialize in trauma-informed care, prescribers, and/or who provide SUD services 	Quarterly
Cultural and Linguistic Needs	Continue to meet the cultural, ethnic, and linguistic needs of members by assuring a diverse provider network	<ul style="list-style-type: none"> Recruitment and retention of providers with cultural, linguistic, or special needs expertise; focus on providers fluent in Spanish Cultural Competency training for staff and providers 	Ongoing
Telemedicine	Provide increased access to services in non-traditional settings	<ul style="list-style-type: none"> Launch telepsychiatry curbside consults in a minimum of 5 provider sites 	6/30/16
Member and Family Experience			
ECHO Survey	Monitor member satisfaction with services – meet or exceed ECHO performance in each category from previous year.	Collaborate with HCPF and HSAG in order to facilitate optimal survey response rates.	Annually
Grievances	<ul style="list-style-type: none"> 100% of grievances resolved within contractual timeframes < 2.0 grievances per 100 members 	<ul style="list-style-type: none"> Refine and improve documentation for grievance processing and reporting Close monitoring of grievance processing to ensure compliance with standards Education and outreach to members, families, and providers about the grievance procedure 	Ongoing
Quality of Care Concerns	< 2.0 quality of care concerns per 1000 members	<ul style="list-style-type: none"> Investigate and resolve QOCs as warranted Collaborate with customer service staff to ensure that QOCs are correctly identified and forwarded for investigation 	Ongoing

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Utilization Management			
UM Decisions	<ul style="list-style-type: none"> Improve UM decision error rate to 1% (or lower) Improve TAT compliance to 97% or higher 	<ul style="list-style-type: none"> Significant training with UM staff regarding data entry mistakes System updates to Altruista to improve data entry Monthly UM reporting by staff member (both TAT and errors) to guide training efforts 	6/30/16
Clinical Appeals	<ul style="list-style-type: none"> Resolve 100% of appeals within contractual timeframes Maintain consistency in appeal patterns 	Continue to track and report quarterly	Quarterly
Inter-Rater Reliability	90% agreement for both intake and clinical staff in each area of pediatric and adult services	<ul style="list-style-type: none"> Focused training with CCS clinical staff to improve agreement CCS and quality staff to collaborate to improve IRR testing process 	6/30/16
Performance Measures			
Reducing Over- and Under-Utilization of Services	Continue to provide the appropriate level of services for members: <ul style="list-style-type: none"> Hospital Readmissions (7 day < 5%; 30 day < 13%; 90 day < 20%) Inpatient Utilization per 1000 (< 6.0) Average Length of Stay (< 9.0) ED Utilization (< 12.0) 	<ul style="list-style-type: none"> Imbedded COA care manager in Denver Health Psychiatric ED Peer Specialist Team expansion Care manager attendance at CMHI-FL discharge planning meetings Collaboration with Community Crisis Connections 	Ongoing
Improving Member Health and Safety	Continue to perform at or above BHO average for each measure: <ul style="list-style-type: none"> Percentage of members on duplicate antipsychotic Antidepressant medication management Adherence to antipsychotics for individuals with schizophrenia 	Continue to monitor for any patterns or opportunities for improvement	Annually
	Establish baseline for the following new measures: <ul style="list-style-type: none"> Psychotropic utilization in children Diabetes screening for individuals with schizophrenia or bipolar disorder using antipsychotics Cardiovascular monitoring for people with diabetes and schizophrenia Diabetes monitoring for people with diabetes and schizophrenia 	Collaborate with HCPF and HSAG in the calculation and validation of these measures	
Access to and Coordination of Care	Improve Follow up after hospital discharge rates: <ul style="list-style-type: none"> 7 day: 60% 30 day: 75% 	Continue care management efforts with discharge planning and provider outreach to confirm attendance at follow up appointments	Annually
	Continue to perform at or above BHO average for the Mental Health Engagement measure	Educate providers about calculation of this measure	
	Establish baseline for the following new measures: <ul style="list-style-type: none"> Initiation and Engagement of SUD Treatment Members with physical health well-care visits 	Collaborate with HCPF and HSAG in the calculation and validation of these measures	
Performance Measure Validation (ISCAT audit)	100% compliance score for performance measure validation	Continue to collaborate with HCPF, HSAG, and the other BHOs to improve the performance measure validation process	Annually

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Best Practices			
Clinical Practice Guidelines	<ul style="list-style-type: none"> Adopt and disseminate evidence-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 and outreach 	Undergo process improvement efforts to increase the dissemination of the approved guidelines to providers	6/30/16
Evidence-Based Practices – Adult	Measure and report performance in evidence-based and promising practices for the adult population	<ul style="list-style-type: none"> Continue to support high-volume providers utilizing EBPs and improving various metrics selected for monitoring Streamline the process by which providers can submit metrics associated with their EBPs 	Ongoing
Evidence-Based Practices – Child	Measure and report performance in evidence-based and promising practices for the Child and adolescent population	<ul style="list-style-type: none"> Continue to support high-volume providers utilizing EBPs and improving various metrics selected for monitoring Streamline the process by which providers can submit metrics associated with their EBPs 	Ongoing
Integrated Care Projects and Activities			
Adolescent Depression Screening and Transition to BH	<ul style="list-style-type: none"> Improve rates of adolescent depression screening Improve rates of transition from primary care to behavioral healthcare when clinically appropriate 	<ul style="list-style-type: none"> Secure pilot sites in the ABC and ABC-NE BHO regions Obtain supplemental data from high volume providers about the administration of depression screenings Submit baseline data to HCPF and HSAG as contractually required 	6/30/16
Other Integrated Care Activities	Coordinated system of care for integrated primary and behavioral health care	<ul style="list-style-type: none"> Leverage Care Management to support integration Implement tele-behavioral health services for youth Co-location of behavioral health and primary care services 	Ongoing
Other Compliance Monitoring Activities			
EQRO Audit	Achieve a compliance score of 95% or above on the EQRO site visit (desktop and record review)	Coordinate with HSAG to comply with review activities	Annually
Encounter Date Validation	<ul style="list-style-type: none"> Improve provider scores to 90% overall compliance Maintain over-read score of 90% or higher with HSAG 	<ul style="list-style-type: none"> Educate and train providers on proper medical record documentation Follow up with providers to ensure corrective actions have been implemented 	Annually
Medical Record Reviews	<ul style="list-style-type: none"> Ensure that medical record documentation standards are met Provide network practitioners with feedback and implement corrective action as needed 	Redesign medical record review process in order to improve meaningful feedback for providers and to improve provider scores in annual encounter data validation audit	12/30/15