

Quality Improvement Annual Report, FY '13
Foothills Behavioral Health Partners

Report Submitted to:
Colorado Department of Health Care Policy and Financing
QI Section

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Description and Organizational Chart of Quality Committees

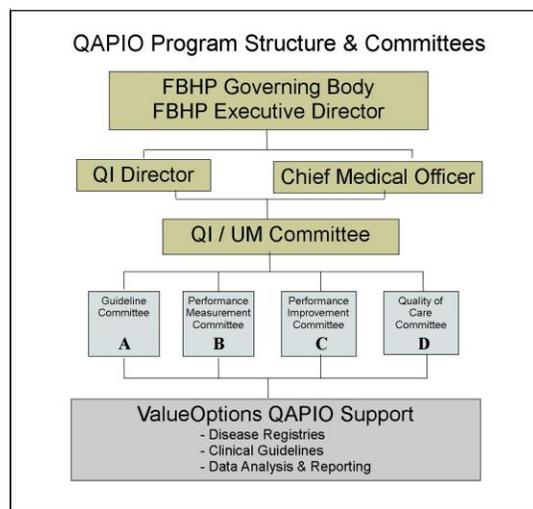
QAPI Program Structure

FBHP's QAPI program promotes excellence through a quality culture that is purposely integrated into all of FBHP's structure and operations. This approach enables evaluation of the quality, appropriateness and outcomes of care, the ability to pursue challenging care improvement and the meaningful involvement of clients and family members served. The figure and committee descriptions below provide detailed information on this program structure and reporting lines.

Quality Improvement/Utilization Management (QI/UM) Committee

The QI/UM Committee is the central body providing program oversight for both the QAPI and UM Programs. The Quality Improvement (QI)

Director and Chief Medical Officer co-chair the QI/UM Committee, which meets monthly to conduct its responsibilities. The integration of the QI and UM Committees enhances the quality management functions at FBHP. QI/UM Committee membership represents all FBHP stakeholders and includes, at a minimum, the following representatives:



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| <ul style="list-style-type: none"> • FBHP member and family member • UM & QI Coordinators, from partner mental health centers • Clinical Director, ValueOptions • Executive Director, FBHP • QI Director, FBHP (Co-Chair) | <ul style="list-style-type: none"> • Member & Family Affairs Director, FBHP • IPN Provider • Quality Management Director, ValueOptions • Medical Directors from partner mental health centers • Chief Medical Officer, FBHP (Co-Chair) |
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The QI/UM Committee ensures that FBHP meets the needs of its members, overall and by population groups, in relation to access and availability, quality and appropriateness, outcomes of care, coordination of care, recovery and resiliency, and member satisfaction. In addition, the QI/UM Committee monitors the UM program to ensure member access to and appropriate utilization of services. The QI/UM Committee accomplishes these responsibilities through the following major tasks:

- Review, revision and approval of the QI program description and work plan;
- Review and approval of the QI/UM Annual and Quarterly Reports;

- Prioritizing, supporting and monitoring Performance Improvement Projects;
- Ensuring successful implementation of the QI Work Plan and UM program; and
- Monitoring and reviewing QI and UM activities within designated committees.

QI/UM Subcommittee Responsibilities

A) Performance Measurement – accomplishing all QAPI program goals specific to performance and outcomes measurement, including all required Department performance indicators and all UM Program measurement goals.

B) Performance Improvement – reviewing and monitoring performance data, recommending Performance Improvement Projects (PIPs) and ensuring implementation and satisfactory completion of all PIPs and Focused Studies.

C) Clinical Guidelines – designing and implementing FBHP’s clinical practice guidelines.

D) Quality of Care – reviewing and determining disposition for provider quality of care concerns.

Summary: QI Program Evaluation

Access to Care:

Successes

- Maintained close to a 18% (non-validated Q3 FY '13) overall penetration rate through most of the fiscal year and met goals for penetration by age group and eligibility category, even with an significant increase 9.2% in the AFDC-A and 10.7% increase in the AFDC-C eligibility category from FY '12
- Developed criteria to measure length of time from intake to first follow-up appt, at the partner mental health centers
- Percent of members with a residential discharge provided a follow-up appt within 7 business days, at 75.5%, increased significantly from FY '12, and now close to goal of 80%

Areas for Improvement

- Percent of members with a MI Waiver that received one or more behavioral health visit, at 86.4%, was still below goal of $\geq 90\%$; plan to review with QI Team in FY '13 for improvement

Customer Service and Satisfaction:

Successes

- Met goal for YSS-F and YSS on domain percent agreement on four of the five domains, FY '13
- Developed and implemented a new FBHP internal Family and Adult survey with initial results indicating useful quantitative and qualitative information for potential improvements
- ACF/NCF Survey, FY '13, indicate improvement in concerns from facilities from the FY '12 survey and few issues with the new surveys completed

Areas for Improvement

- Return rates for new FBHP internal Family and Adult survey did not meet goal of 20%
- MHSIP survey domain percent was below the $p=.05$ confidence interval for overall BHO percent agreement on four of the five domains. Will review with QI Team for possible improvement plan in FY '14

Care Quality, Appropriateness:

Successes

- Reversed, in FY '13, the FY '12 downward trend in the percent of members with a 7 day ambulatory follow-up visit
- Maintained a much lower percent of Members on two or more Atypical Antipsychotic medications for 120 Days or more, compared to BHO overall percent
- Completed implementation of the final four EBPs of the 17 total EBPs FBHP indicated would be implementation in FBHP's 2009 proposal.

Areas for Improvement

- Low percent, to date at 38.8% and 26.5% of members with acute phase depression that, respectively, were maintained on antidepressant for 84 days and received

- optimal practitioner contacts; plan to review with QI Team in FY '14 to investigate accuracy of data and possible improvement project
- Did not meet goal of 60% and 70% of members that, respectively received a prescriber visit and three services within 30 days of hospital discharge; FBHP already working on improving this follow-up measure as part of the 90 Day Recidivism PIP

Care Coordination and Integration

Successes

- Completed the Focus Study: Improving Healthcare Coordination/Care Management for members with SMI. Study evaluation underway but anecdotal improvement in adherence to Healthcare Management Guideline and in percent of members enrolled in CCHA
- Close to meeting goal of 90%, now at 80.4%, of Members with an identified PCP and receiving prescriber services with an annual coordination of care letter sent to the PCP
- Began work on a pediatric office referral process, in collaboration with Jefferson Center, with significant increase in Pediatric Practice referrals in 1st qtr FY '14
- Began work with CCHA to implement depression screening and referral for adults in PCP practices

Areas for Improvement:

- Continue to work with CCHA in expanding collaborative opportunities for improving care coordination and the health of our members with severe mental illness

Outcomes and Effectiveness of Care

Successes

- Recidivism percent all hospital 7, 30, and 90 days, decreased through Q3 FY '13 . The 90 Day recidivism rate, at 19.8% for FY '12, was at 16.2% to date FY '13. Reducing 90 day recidivism was a PIP for FBHP beginning FY '13.

Areas for Improvement

- Continued trend of increasing ED visit rates although a slight decrease in quarter 3 – will continue informal efforts to reduce ED visits until FY '13 quarter 4 available to assess for PIP
- Decreasing percent of members gaining in independent living status, which continues below the overall BHO percent. Review with QI Team and investigate accuracy of data in FY '14

Introduction

The FY'13 Quality Improvement Plan, for FBHPartners, included five major dimensions by which to monitor performance and to identify improvement opportunities. Below is FBHPartners' year-end performance analysis of each of the QI Plan performance indicators, the status of FBHPartners' QI Plan developmental indicators, as well as a summary and status of its performance improvement projects, evidence-based practice implementation, internal satisfaction survey report, and other QI activities.

I. Analyses of Performance Indicators

Quality Dimension #1: ACCESS TO CARE

A. Response time for emergency (standard – 100% by phone within 15 minutes; 100% face-to-face within one hour)

Response time for urgent requests (100% within 24 hours):

FBHP's goal was to consistently meet the standard for these two Access to Care indicators.

FBHP Performance: For emergency phone contacts 100% (n=9169) were answered within 15 minutes; for emergency face-to-face requests, 100% (n=955) of clients were seen in 1 hour (Figure 1 Appendix A). For urgent requests, all (100%) or 83 clients were seen within 24 hours.

Assessment of Performance: FBHP met the goal for urgent and emergent performance indicators through FY '13 (Figure 1 Appendix A).

B. Time to first offered routine intake (100% offered appointment in seven business days):

FBHP's goal was to consistently meet the standard for this access to care indicator.

FBHP Performance: There were 4231 requests for a routine intake appointment during FY '13; 100% of those requesting an intake were offered an appointment in seven business days (Figure 2 Appendix A).

Assessment of Performance: FBHP met the goal for this Access indicator (Figure 2).

C. Overall Member Access

Penetration rate overall and by age group & eligibility category

FBHP's goal was to be above the overall BHO penetration rates for all categories, as calculated by the Department, FY '12.

FBHP Performance: FBHP's overall penetration rates, non-validated, end of FY '13, at 16.8% continues to be well above the FY '12 overall BHO rate, which was 13% (Table 1 Appendix A). FBHP's penetration rates, for all age categories, end of FY '13, were

above the BHO FY '12 rates, although there was a trend downward in all of these age groups. In addition, FBHP's penetration rates for all of the eligibility categories, end of FY '13, were above the BHO rates for FY '12, but again there was a slight trend downward, particularly in the AFDC-A and C eligibility groups (Table 1 Appendix A). A new eligibility group, Adults without dependent Children (AwDC) was added in the 4th quarter, FY '12. Penetration for this category is high, at 44.%, for FY '13.

Assessment of Performance: FBHP met the goal of maintaining a penetration rate, in all categories, that was above the BHO penetration rate, FY '12. On the other hand there has been a decrease from the FBHP FY '13 rate of about 1%. The overall penetration rate is draft so will await final calculation by the Department before determining a need for any improvement plan.

D. Phone response:

FBHPs goal was that monthly call abandonment rates would be below the benchmark of 3%. Total calls include all three BHOs who partner with ValueOptions.

FBHP Performance: FBHP call abandonment rates were below the 3% benchmark through June, 2012. There were a total of 20,862 calls through the ValueOptions call center with an overall abandonment rate of 0.79%.

Assessment of Performance: FBHP/ValueOptions call abandonment rates were consistently below the 3% benchmark; FBHP met its goal for this access indicator.

E. Access for Members with a HCBS Waiver for Community Mental Health Supports:

FBHPs goal was that the percent of members with an HCBS Waiver with one or more behavioral health service will be at or above 90%. FBHP performance, on this indicator, is measured quarterly.

FBHP Performance: The percent of members with an HCBS Waiver for Community Mental Health Supports, with one or more behavioral health service, was at 86.4% (n=352) at the end of FY '13 (Figure 3 Appendix A).

Assessment of Performance: FBHP did not meet the goal for this performance indicator. Although JCMH sees about 91% of members with this waiver, MHP percent remains in the high 70%. FBHP will follow up with MHP to request a plan to improve their percent.

F. Follow-up after residential treatment

FBHPs goal was that 80% of members discharged from a residential facility were provided a follow-up appointment of 7 business days after residential discharge. FBHP performance, on this indicator, is measured quarterly.

FBHP Performance: The percent of members with a residential discharge with a 7 day appointment provided, end of FY '13, was at 75.5% (Figure 4 Appendix A).

Assessment of Performance: There was a steady increase through the fiscal year but FBHP did not meet the goal for this access indicator. There continue to be some problems in the data collection process for this indicator. FBHP will continue to assess this measure for accuracy through the first quarter of FY '14 and consider an improvement project if the goal is not met.

G. Behavioral Health Focal Point of Care

FBHP's goal was that, for members with a diagnosis of schizophrenia, schizo-affective, and bipolar illness (Severe Mental Illness), the percent with three or more behavioral health services or two or more prescriber service in a 12 month period, is at or above the previous fiscal year BHO overall percent. FBHP performance, on this indicator, is measured quarterly.

FBHP Performance: Percent of members with a severe mental illness diagnosis, with a focal point of care, was at 83.3% (n=959) 4th Qtr FY '13, compared to the FY '12 BHO percent of 89.9% (Figure 5 Appendix A).

Assessment of Performance: FBHP did not meet the goal for this measure. The fiscal year data will be re-calculated for FY 13 results. If results continue to be low will analyze results and consider an improvement project.

H. Length of time to first appointment after intake (development measure)

FBHP's goal was to develop procedures to measure mean number of days to second appointment specific to the partner mental health centers.

Assessment of Performance: FBHP developed criteria for this measure and will be monitoring through FY '14. FBHP met the goal for this development indicator.

Quality Dimension #2: Customer Service and Satisfaction

A. 1. Client and family perception of access to service (BHO survey):

FBHP's goal, for this MHSIP, YSS and YSS-F domain indicator, was that FBHP's state percent agreement results would be above the lower limit of the $p=.05$ confidence interval of the overall BHO percent agreement. FBHP performance on this indicator is measured annually.

FBHP Performance: FBHP results, for the Access domain percent agreement for the FY '13 MHSIP, YSS-F and YSS BHO state survey, were 79.3% (n=367), 81.5% (n=188) and 81.8% (n=55) respectively. The BHO overall percent agreement, for the MHSIP domain, was 84.3%, for the YSS-F was 76.3%, and for the YSS was 75.5%. FBHP MHSIP results were below and the YSS and YSS-F results were above the percent agreement for the overall BHO (Figure 6, 7 & 8 Appendix A).

Assessment of Performance: FBHP met its goal for percent agreement for the YSS and YSS-F Access domain but did not meet its goal for the MHSIP Access domain. FBHP

will assess results from FY '14, which should be available 2nd Qtr FY '14 and determine need for improvement project.

2. Client and family perception of access to service (FBHP internal survey)

FBHP's goal, for this indicator, was that FBHP's internal survey percent agreement results, for items #1,4, & 6, on the adult and family survey, would be above 80%.

FBHP Performance: Adult survey results indicated that percent agreement on all three access items were above 80%. Item #1 was at 86% agreement, Item 4 at 93.8% agreement, and Item 6 at 86.7% agreement. Access items on the family survey were also above 80%; with Item #1 at 90.2%, Item #4 at 95.6%, and Item #6 at 90%. Please see FBHP's Internal Survey Report FY '13 for details of results.

Assessment of Performance: FBHP met its goal for this indicator for both the adult and family survey but because of the low return rates caution should be used in the reliability and validity of these results. For the adult survey MHP had the highest percent agreement for items #1 & 6 and IPN had highest agreement for item #4. For the family survey MHP had the highest percent agreement for Item #1, IPN and Jefferson Center had the highest percent agreement for Item #4, and IPN for Item #6.

B. 1. Client perception of overall service (BHO Survey)

FBHP's goal is the same as for section A, but specific to the MHSIP, as there is not an overall service domain on the YSS and YSS-F.

FBHP Performance: FBHP results, for the Overall Satisfaction domain percent agreement for the FY '13 MHSIP BHO state survey, was 88.8% (n=367). The BHO overall percent agreement, for the MHSIP domain, was 90%. FBHP MHSIP results, for this domain, were above the lower confidence level of the BHO percent agreement (Figure 6 Appendix A).

Assessment of Performance: FBHP met its goal for percent agreement for this MHSIP domain.

C. 1. Client/Family perception of outcomes (BHO Survey):

FBHP's goal is the same as for section A.

FBHP Performance: FBHP results, for the Outcomes domain percent agreement for the FY '13 MHSIP, YSS-F and YSS BHO state survey, were 60.1%, 60.1% and 65.5% respectively. The BHO overall percent agreement, for this domain, was 62.9%, 57.5%, and 65.4%; FBHP results were above the lower confidence level of the BHO percent agreement on all three surveys. (Figure 6, 7 & 8 Appendix A).

Assessment of Performance: FBHP met the goal for the YSS, and YSS-F for the outcome domain but did not meet the goal on the MHSIP outcome domain.

2. Client/Family perception of outcomes (FBHP internal survey)

FBHP's goal, for this indicator, was that FBHP's internal survey percent agreement results, for item #8 & 10 on the adult and item #9 on family survey would be above 80%.

FBHP Performance: Adult survey percent agreement indicated that both items on the outcome domain were above 80% with Item #8 at 85.6% and Item #10 at 83.6%. Family survey percent agreement was also above 80% on Item #9, at 86.2%. Please see FBHP's Internal Survey Report FY '13 for details of results.

Assessment of Performance: Outcome items on both the adult and family survey were above 80%. FBHP met the goal for these survey items but because of the low return rates caution should be used in the reliability and validity of these results. MHP had the highest percent agreement on the adult survey outcome items and IPN had the highest percent agreement on the family outcome item.

D. 1. Client perception of care quality and appropriateness (BHO State Survey)

FBHP's goal is the same as for section A.

FBHP Performance: FBHP results, for the Care Quality and Appropriateness domain percent agreement for the FY '13 MHSIP, YSS-F and YSS BHO state survey, were 86.7%, 82.2% and 83.6% respectively. The BHO overall percent agreement, for this MHSIP domain, was 89.5%; FBHP MHSIP results were below the lower confidence interval for the overall FY '13 BHO percent agreement. The BHO overall percent agreement, for the YSS-F and YSS domain, were 81.8% and 84.2% respectively; FBHP YSS-F and YSS results were above lower confidence interval for the BHO percent agreement for FY '13 (Figure 6, 7 & 8 Appendix A).

Assessment of Performance: FBHP met the goal for the YSS-F and YSS surveys for this domain but did not meet the goal for the MHSIP survey

2. Client/Family perception of care quality and appropriateness (FBHP internal survey)

FBHP's goal, for the internal survey for this domain was that items #3, 5, 9, 12, & 13 would be above 80%.

FBHP Performance: Adult survey percent agreement for these domain items were all above 80%, with Item #3 at 96.7%, #5 at 83.5%, #9 at 91.3%, #12 at 84%, and #13 at 85.1%. Also, family survey percent agreement for these domain items were all above 80%, with item #3 at 99.1%, #5 at 89%, #10 at 85.6%, #12 at 95.7%, and #13 at 95.5%. Please see FBHP's Internal Survey Report FY '13 for details of performance.

Assessment of Performance: Care quality and appropriateness items on both the adult and family internal survey were above 80% satisfaction. FBHP met the goal for this survey but because of the low return rates caution should be used in the reliability and validity of these results. On the adult survey IPN had the highest percent agreement for item #3; MHP had the highest percent agreement on the remaining four items. On the family survey Jefferson Center and MHP had the highest percent agreement for item #3;

Jefferson Center had highest agreement for items #5, 12, and 13 and IPN had the highest percent agreement for item # 10.

E. 1. Client perception of participation in treatment (BHO State Survey)

FBHP's goal is the same as for section A.

FBHP Performance: FBHP results, for the Participation domain percent agreement for the FY '13 MHSIP, YSS-F and YSS BHO state survey, were 75.6%, 88.6% and 88.9% respectively. The BHO overall percent agreement, for this MHSIP domain, was 80.4%; FBHP MHSIP results were below the lower confidence interval of the BHO percent agreement. The BHO overall percent agreement, for the YSS-F and YSS domain, were 90.9% and 86.7% respectively; FBHP YSS-F and YSS results were above the lower confidence interval for this domain. (Figure 6, 7 & 8 Appendix A).

Assessment of Performance: FBHP met the goal the YSS-F and YSS participation in treatment domain but did not meet the goal for the MHSIP. Will monitor the MHSIP results in FY '14 and will consider implementation of an improvement project if results are not improved.

2. Client perception of participation in treatment (FBHP internal survey)

FBHP's goal, for this indicator, was that items #2, 7, and 11 (adult survey) and #2, #7, #8, and #11 (family survey) on FBHP's internal survey would be above 80%.

FBHP Performance: Adult survey respondents indicated a percent agreement above 80% on all three Participation items. Percent agreement by participation item was at 89.1% for item #2, 88.7% for item #7, and 86.1% for item #11. Family survey respondents indicated a percent agreement above 80% for all four Participation items. Percent agreement by participation item was at 96.5%, 94.6%, 97.3%, and 94.3%. Please see FBHP's Internal Survey Report FY '12 for details of performance.

Assessment of Performance: All three items on the adult survey and all four items on the family survey were above 80% satisfaction. FBHP met the goal for these domain items but because of the low return rates caution should be used in the reliability and validity of these results. On the adult survey IPN had the highest percent agreement for item #2 and MHP for the remaining two items. On the family survey MHP had the highest percent agreement on item #2, 7, and #11. IPN had the highest percent agreement on item #8.

F. 1. Family perception of cultural sensitivity (BHO State Survey)

FBHP's goal is the same as for section A.

FBHP Performance: FBHP results, for the Cultural Sensitivity domain percent agreement for the FY '13 YSS-F and YSS BHO state survey were 89.2% and 90.6%. The BHO overall percent agreement, for the YSS-F and YSS domain, was 92.5% and 93.9% respectively; FBHP YSS-F and YSS results were below the lower confidence interval (Figure 7 & 8 Appendix A).

Assessment of Performance: FBHP did not meet the goal for this YSS-F and YSS for this domain. Will monitor the YSS-F and YSS results in FY '14 and will consider implementation of an improvement project if results are not improved.

Quality Dimension #3: CARE QUALITY and APPROPRIATENESS

A. Coordination/Timeliness of Hospital Follow-up:

FBHPs goal was to be at or above the FY '12 overall BHO 7 and 30 day follow-up rates, suggesting appropriate hospital follow-up for clients. FBHP's performance, on this indicator, is monitored quarterly.

FBHP Performance: In FY '13 FBHP's rate of follow-up at 7 days after discharge, end of 3rd Qtr., was 52.3% (n=266), which was above the overall BHO rate of 48.9%; FBHP 30 day follow-up was at 71.1 %, which was above the overall BHO rate of 67.2% (Figure 9 & 10 Appendix A). FBHP performance, on this indicator, is measured quarterly. Because of the 30 day lag for this indicator FBHP performance, FY '13, is through 3rd Qtr.

Assessment of Performance: FBHP's 7 and 30 day follow-up rate were above the overall BHO rate in FY '12. FBHP met its goal for this indicator but there was a sharp decrease for FBHP in 7 day follow-up in the third qtr. This may simply be a lag in claims/encounters so will reassess with 4th qtr results.

B. Percent clients taking duplicative antipsychotic medication

FBHPs' goal, for this indicator, is the percent of members, prescribed an atypical antipsychotic medication, that are prescribed two or more atypical antipsychotic medications for 120 days or more, is below the overall BHO percent for the previous fiscal year. Reporting this indicator is quarterly and is always a quarter behind due to lag in claims (Figure 11 Appendix A).

FBHP Performance: In FY '13 FBHP had 5.9% (n=2391) of clients taking duplicative atypical antipsychotics. This result is well below the BHO percent of FY '12.

Assessment of Performance: FBHP met the goal for this indicator.

C. 1. Effective Acute Phase antidepressant medication management

FBHPs' goal was that the percent of newly diagnosed and treated members with major depression who remain on an antidepressant medication for at least 84 days (12 weeks) be above the overall BHO percent.

FBHP Performance: In FY '13 Q3 FBHP was at 38.8% (n=219) for the percent of clients maintained on an antidepressant for 84 days. This is below the FY '12 overall BHO results of 41.6%.

Assessment of Performance: FBHP did not meet the goal for this indicator. FBHP will continue to monitor this measure through the first two quarters of FY '14 and consider improvement project if significantly below BHO percent.

2. Effective Acute Phase antidepressant Optimal Practitioner Contacts

FBHPs' goal was that the percent of newly diagnosed members with major depression who are prescribed an antidepressant and who had three follow-up contacts, one of which with a prescriber, within a 12-week period be above the overall BHO percent.

FBHP Performance: In FY '13 Q3 FBHP was at 26.5% (n=219) for the percent of clients on an antidepressant who also had three follow-up contacts. There is no current benchmark for this measure due to errors in BHO calculation for last fiscal year.

Assessment of Performance: There is no benchmark for this measure due to an incorrect analysis in FY '12. Will monitor and investigate in FY '14 first 2 quarters as this percent appears very low for this indicator

D. Under-utilization of service post hospital discharge:

FBHP's goal, for this indicator, was that there would be a minimum of 60% of clients with one or more prescriber visit and 70% of clients with three or more clinical visits within 30 days of hospital discharge. This indicator is reported quarterly and is always a quarter behind because of the study period.

FBHP Performance: For FY '13, there was a decrease in percent clients with one or more prescriber visit and three or more clinical visits within 30 days of hospital discharge, with third quarter results at, respectively, 48.6% (n=220) and 55.9% (Figure 11 & 12 Appendix A).

Assessment of Performance: FBHP did not meet the goal for this indicator. This may be due to a lag in claims/encounters and will reassess with 4th qtr data.

Quality Dimension #4: CARE COORDINATION AND INTEGRATION

A. Percent members with an identified PCP in the PMHC's client medical record

FBHP's goal was that there would a minimum of 80% of clients, through the fiscal year, with a documented PCP in their medical record at the PMHCs. FBHP performance, on this indicator, is measured quarterly.

FBHP performance: At the end of FY '13 61.3% (n=5238) of members, in treatment at a partner mental health center, had an identified PCP documented in the medical record (Figure 16 Appendix A). This was an increase from the third quarter percent.

Assessment of Performance: There was a trend of increasing percent of members in treatment at the partner mental health centers with an identified PCP through the fiscal year but FBHP did not achieve its goal. Investigation into the low percent of members with an identified PCP in the PMHC record indicated a problem at one MHC in

identifying members with a PCP but who are unwilling to sign a release. This measure was moving to the development level to improve the accuracy of the reporting.

B. Member Access to PCP

FBHP's goal was that the percent of members who received one or more outpatient behavioral health service and also received one or more qualifying physical healthcare visit would be above the BHO overall percent previous FY. This indicator is always one quarter behind due to claims lag. FBHP performance, on this indicator, is measured quarterly.

FBHP performance: FBHP was unable to get the same data set from the Department that is used in the annual calculation on a quarterly basis. FBHP has stopped monitoring this measure quarterly.

Assessment of Performance: FBHP will monitor results from FY '13 upon receipt and evaluate/report progress in the QI/UM committee

C. Percent clients with an identified PCP and receiving prescriber service with a coordination of care letter to the PCP

FBHP's goal was to have a minimum of 80% of clients with an identified PCP and receiving prescriber service with an annual coordination of care letter. FBHP performance, on this indicator, is measured quarterly.

FBHP Performance: At the end of FY '13 89.4% (n=2124) of members with one or more prescriber visit and with an identified PCP had an annual coordination of care letter sent to their PCP (Figure 17 Appendix A). This was a slight increase from the third quarter percent and a significant increase from FY '12 results.

Assessment of Performance: FBHP met the goal for this measure.

Quality Dimension #5: OUTCOMES AND EFFECTIVENESS OF CARE

A. Hospital Recidivism

FBHP's goal was to be below the overall BHO 7, 30, and 90 recidivism rates for the previous fiscal year. FBHP performance, on this indicator, is monitored quarterly.

FBHP Performance: FBHP's FY '13 seven day recidivism rate all hospital, end of the third quarter, was 2.6% (n=470), compared to the BHO FY '12 rate of 3% (Figure 21). FBHP FY '13 30 day recidivism rate, at the end of the third quarter, was 10%, compared to the BHO FY '12 rate of 9.1 % (Figure 22). Last, FBHP FY '13 90 day recidivism rate, end of the third quarter, was 16.4% compared to the BHO FY '12 rate of 16.3% (Figure 18, 19, 20 Appendix A).

Assessment of Performance: As of 3rd Qtr FY '13, FBHP met the goal for the 7 and 90 days recidivism rates but did not meet the goal for the all hospital 30 day recidivism rate. FBHP recidivism rates have decreased through FY '13 for all three indicators. FBHP

implemented, with the partner mental health centers a performance improvement project, FY '13, to address increasing recidivism rates.

B. Member Outpatient/Crisis Care Effectiveness

FBHP's goal was to be below the overall BHO ED visits/1,000 Members for the previous fiscal year, suggesting that ED services are not being over-utilized and outpatient and crisis services are not under-utilized. FBHPs' performance, on this indicator, is monitored quarterly.

FBHP Performance: In FY '13, end of the 3rd quarter, FBHP had 10.8 ED visits/1,000 Members that did not result in a hospitalization. This was above the overall FY '12 BHO rate of 10.3/1,000 Members but a slight decrease from quarter 2 (Figure 21 Appendix A). There has been a steady increase through FY '13 in ED visit utilization, as noted particular for adolescent ED visits, again with a slight decrease in quarter 3 (Figure 22 Appendix A)

Assessment of Performance: As of 3rd Qtr FBHP did not achieve its goal for FY '13, as ED visits/1,000 were above the overall BHO rate for FY '12. At the same time there was a slight decrease in ED visits/1,000 in quarter 3. FBHP will monitor this data closely in the last quarter of FY '13, considering a performance improvement project depending on final results.

C. 1. Maintenance in independent living for members with severe mental illness

FBHPs' goal was that the percent of members with a severe mental illness that maintained independent living would be at or above the previous fiscal year Overall BHO percent. This performance indicator is measured quarterly.

FBHP Performance: FBHP FY '13 results indicate 91.9% (n=1068) of members with a severe mental illness maintained independent living status. This was slightly lower than the overall BHO percent for FY '12, at 94.7% (Figure 23 Appendix A).

Assessment of Performance: FBHP did not meet the goal for this indicator but was close. FBHP will continue to monitor this indicator quarterly in FY '14.

2. Improvement in independent living for members with severe mental illness

FBHP's goal was that the percent of members improving in independent living would be at or above the previous fiscal year overall BHO percent. This performance indicator is measured quarterly.

FBHP Performance: FBHP results, end of FY '13, indicated that 10.6% (n=546) of members with a severe mental illness made progress toward independent living, which was lower than the overall FY '12 BHO percent of 12.4% (Figure 24 Appendix A).

Assessment of Performance: FBHP did not meet the goal for this indicator in FY '13. FBHP will monitor the first two quarters of FY '14 and consider improvement project if still not meeting goal

II. Performance Improvement Projects/Focus Study: Summary and Update

A. PIP: Reducing Overall 90 Day Hospital Recidivism

Began: July 2012

Description of Problem: FBHPartners noted a steady increase in all hospital 90 day recidivism rates from FY '10 through FY '12. FBHPartners' 90 day recidivism rate went from 12.9%, three standard deviations below the Overall BHO recidivism percent, in FY '10, to 19.5%, more than three standard deviations above the BHO weighted average percent in FY '12. The persistence of psychiatric hospital readmissions is troubling as it is well known that readmissions, in particular within 90 days of discharge, are highly disruptive to a patient's recovery, creating significant problems in establishing basic living arrangements and community supports, as well as indicating a chronic high level of acute symptoms and a worsening prognosis. Reducing and sustaining a lower percent of psychiatric hospital readmissions will reduce disruption of members efforts toward recovery, both in terms of reducing mental illness symptoms as well as increasing opportunity for the member to develop a stable lifestyle and the opportunity to improve overall functioning. In addition to recovery objectives, fewer readmissions lead to improved outcomes of care for members with mental illness, i.e. fewer acute illness episodes and a reduction in symptom severity.

Study Question: Do focused interventions, to provide timely and best practice behavioral health transition care, after hospital discharge, for members with an all hospital discharge, for treatment of a covered mental health disorder, significantly reduce the percent of hospital readmissions, 90 days after discharge for another hospitalization of a covered mental health disorder?

Interventions:

1. Implementation of same day or next day prescriber appointments for clients discharged from the hospital (Urgent care model at MHP and Real Time clinic at Jefferson Center)
2. Development of Hospital Discharge Follow Up Guidelines to standardize follow up procedures at Jefferson Center, Mental Health Partners and IPN:
 - a. All members with a psychiatric hospitalization, for a covered mental health diagnosis, will have a hospital liaison who will work with the hospital treatment team, the member, and family to plan hospital follow-up. At discharge clients, in particular youth and adults with a history of hospital re-admission, should have a crisis plan in place that is communicated with the follow-up provider.
 - b. At discharge the hospital liaison will ensure the member, at a minimum, has a 7-day (calendar day) face-to-face follow-up appointment and a prescriber follow-up appointment within 10 calendar days (unless determined by appropriate Medical Director as not needed). A follow-up contact with the provider will be initiated to ensure the client attended the 7-day and 10-day prescriber appointment. If the client no-shows another appointment is scheduled as soon as possible.
 - c. FBHPartners expects that, within 30 days of hospital discharge, that the client receives at least 3 clinical visits and 1 prescriber visit. If the client no-shows for

- any clinical visits within 30 days of hospital discharge a follow-up with the client will be initiated to ensure another appointment is scheduled as soon as possible.
- d. The hospital liaison/care coordinator checks in with the client weekly, throughout the first 30 days, to assess effectiveness of the discharge plan and that follow-up appointments are in place.
 - e. If the client is discharged from a hospital to residential there should be a follow-up appointment scheduled within 7 days of the residential discharge. If the residential discharge is within 30 days of the hospital discharge then all follow-up requirements described above are relevant.
3. FBHP worked with Value Options to hire care coordinators to provide transition care or intensive care management (ICM) for IPN clients and clients in out of area hospitals.

Measure: The percent of all hospital Member discharges, for treatment of a covered mental health diagnosis, which does not result in a re-hospitalization within 24 hours, with a readmission for another hospital episode for treatment of a covered mental health diagnosis, within 90 days after the date of discharge.

Re-measurement Status: The first re-measurement will occur in FY'13. Data will be available in December, 2013 to assess progress towards improving recidivism rates. The 2nd re-measurement will occur in FY'14 (see Table 1).

Table 1: Baseline to 1st and 2nd Re-measurement

Days to Readmit	FY '12 (n=379)	FY '13	FY '14
90 days	19.5%		

B. Focused Study: Improving Healthcare Coordination/Care Management for Members with Severe Mental Illness

Focus Study Start Date: October, 2012

Description of Problem: The intent of this focus study is to continue efforts to establish a best practice for care coordination/care management for individuals with severe mental illness, specifically those with schizophrenia, schizoaffective, or bipolar disorder. Results of the previous focus study completed in FY '12, "Design of a Healthcare Management Program," indicated that gaps exist in the documentation of basic screening, health risk assessment, care coordination and health education for this population.

The FY '12 focus study results highlight the importance of implementing and supporting a best practice care coordination/care management guideline for this at risk study population. In particular, findings indicated a significant gap in documentation of physical health risk factors and related care coordination (see table 1.) FBHPartners, based on recent data indicating that only 23.2% of the at risk study population are enrolled to the Regional Colorado Care Organization (RCCO) (see table 1), has begun collaborative efforts with the Colorado Community Health Alliance (CCHA), the RCCO for our area, to increase this percent in order to expand access to care coordination. Collaborative efforts with the CCHA are working towards improved access to physical health and utilization information and increased access to care coordination for at risk clients.

Study Questions:

1. Do focused interventions, including the pilot of the Healthcare Management Program and enhanced care coordination efforts with the Regional Colorado Care Organization (RCCO) significantly improve adherence to the Healthcare Management best practice guideline?
2. Does expanding information and education, to members diagnosed with schizophrenia, schizoaffective and bipolar disorder, about the benefits of contacting and self-attributing their physical health care, with the RCCO, significantly increase the percent of this population attributed to the RCCO and a PCMP?
3. What are the chronic physical health issues and/or health risk factors and overall healthcare utilization of the study population, specific to cardiovascular and type 2 diabetes, identified through a collaborative process of health information sharing with the RCCO?

Measures:

1. The percent of a statistically significant sample of the study population (n=411) with documentation of key components of the Healthcare Management Program, defined as $\geq 80\%$ of items on the Healthcare Management Audit Tool receiving a "met" status

2. The percent of the study population attributed to the RCCO and with an attributed PCMP

In addition, descriptive information regarding percent of the study population with type 2 diabetes or cardiovascular disease and/or risk factors for these diseases, e.g. overweight, hyperlipidemia, prediabetes glucose/A1c, or hypertension and information on specific healthcare utilization, e.g. physical health hospitalizations and ED visits

Study Timeline: 10/1/12-9/30/13

Results and Detail of Study:

Table 1: Baseline to re-measurement

Measure	FY '12 (baseline)	FY '13
HCM audit (80% with met status)	6.3%	
CCHA enrollment	23.2%	

III. Other Improvement Projects and Quality of Care Monitors

A. Appointment provided 7 business days after residential discharge

FBHP, in collaboration with FBHP's delegate for UM, investigated and improved problems with data collection for the 7 day appointment provided at residential discharge. Results indicate almost a 27% increase from the end of FY '12, with 75.5% of members receiving a 7 day follow-up appointment at residential discharge. Although improved FBHP's goal of 80% was not met. FBHP will continue work on this project in FY '14.

B. Improvement in FBHPartners Internal Survey Return Rates

FBHP, developed and implemented, in FY '13, a new internal survey, with the goal of improving return rates from FY '12 and providing member satisfaction information that was more actionable than prior survey information. Strategies used included reducing the number of survey items to one page, copying the survey on light colored paper, surveying monthly for members with a service in the prior month, and sending the survey in Spanish for appropriately identified members. There was a slight improvement in the Adult survey return rate, from 14% to 16.1% but little change in the family survey, from 12% to 12.4%. Although return rates were not improved significantly, the QI/UM Committee agreed that the survey provided more useful information. FBHP will use this same survey in FY '14, with continued efforts to improve return rates.

C. Improvement in Hospital Follow-up within 7 Days

FBHP, at the end of FY '12, noted a trend of decreasing percent of Members, discharged from a psychiatric hospitalization, with a 7 day follow-up visit. Although still above the FY '11 BHO overall rate, at 56.5%, FBHP, because of performance concerns regarding 90 day Hospital Recidivism, informally worked with the Partner Mental Health Centers on strategies to improve performance on this follow-up indicator. Strategies implemented were tied to the 90 day Hospital Recidivism PIP strategies, including improvements in Transition Care. As of Q2 FY '13 there was a steady improvement in follow-up percent. This performance measure continues to be followed quarterly.

D. Quality of care concerns.

Foothills Behavioral Health Partners (FBHPartners)
Quality of Care (QOC) Concern Report
FY '13

There were five QOC concerns reported to FBHPartners' Medical Director and Quality Improvement Director that met the threshold for further action and were followed up through the Quality of Care Committee (Table 1). Below is the detail on these QOC concerns, including the specific issue, type of facility/provider, and committee actions.

Three of the QOC concerns involved a psychiatric hospital. Two issues had to do with appropriateness of treatment. One issue was not substantiated after a review of records. In the case of the second QOC issue regarding appropriateness of care, the provider initiated a corrective action after an internal formal review. The corrective action, including revisions to specific care policies, was reviewed by committee and approved. The third QOC concern, involving a psychiatric hospital, involved missing a psychotropic medication injection. A CAP was requested, received, and approved.

One QOC concern occurred in a child residential facility. The issue had to do with a lack of clear procedures for screening medical issues that the facility was not prepared to treat. A corrective action plan was requested, received and approved.

The last QOC concern occurred in a MHC outpatient facility, where a psychotropic medication injection was missed. The MHC had already investigated and implemented a corrective action plan prior to a formal request. The plan was reviewed and approved.

Table 1

QOC issue	Date Completed	Facility/IPN	Action Taken/Follow-up
Appropriateness of treatment	9/21/12	Psychiatric hospital in-pt	No QOC issue substantiated with review of records
Appropriateness of treatment	5/17/13	Psychiatric hospital in-pt	Provider initiated corrective action plan prior to a CAP request; plan reviewed by committee and approved; changes reflected in policy revisions
Other – admission policies unclear	6/21/13	Children's residential	Corrective Action plan requested and accepted to prevent issues occurring in the future
Med error	6/21/13	Psychiatric hospital in-pt	Corrective Action plan requested and accepted; requested copy of new procedures implemented to prevent error
Med error	3/15/13	MHC OP	Provider initiated corrective action plan prior to a CAP request; plan reviewed by committee and approved

E. Practice Guideline Development Three Year Plan Update

Per the FBHP Practice Guideline Policy and Procedure, FBHP establishes and completes a three year plan to develop and revise practice guidelines. In FY '11 the practice guideline committee expanded to include collaboration with Northeast Behavioral Health Partners (NBHP) and ValueOptions, as FBHP's Utilization Management Delegate. Below is an update of completed/revise practice guidelines required in the third year of the plan:

FY '13:

- Revised Reactive Attachment Disorder (RAD) Guideline (completed)
- Revised Oppositional Defiant Disorder (ODD) Guideline (completed)
- New Eating Disorders Guidelines developed (completed)

F. Grievances

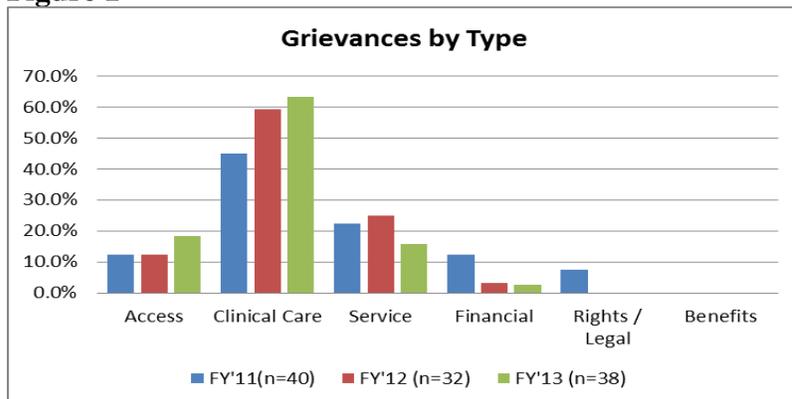
Per FBHP's QAPI Policy and Procedure, the QAPI Department evaluates the type and number of grievances biannually to assess for any quality of care concerns or opportunities for improvement. Below is the final report for FY '13.

There were 38 grievances filed during FY '13. Almost three-fourths (71%) of the grievances were regarding an adult member. All grievances were investigated by FBHP's Member and Family Affairs Department with the following outcomes: almost two-thirds (60.5%) of Members agreed with FBHP's decision, a little more than one third (34.2%) disagreed with FBHP's decision, and two Members withdrew the grievance.

Type of grievance is provided in Figure 1. In FY '13 almost two-thirds (63.2%) of the grievances had to do with the members' clinical care, 18.4% were access grievances and 15.8% were grievances related to customer service. There were no grievances, in FY '13, regarding rights/legal issues or benefits.

Because of the increasing trend in the clinical care and access grievance type further information on these grievances is provided. One fourth (25%) of the clinical care grievances had to do with issues of professional conduct or competence, one fourth (25%) were related to medication issues and another 25% had to do with service delivery issues. None of these grievances were at the level of a "quality of care concern" report. The most common type of access grievance had to do with appointment delay. Again, none of these grievances were at the level of a "quality of care concern" report. Details of all grievances are provided on a quarterly basis to Healthcare Policy and Financing.

Figure 1



G. ACF/NCF Survey

See Attachment 1 for results of survey and recommendations

H. Referral Process Pediatric Medical Homes

FBHP, in collaboration with other BHO QI Directors and Healthcare Policy and Financing, developed a Referral Form and Instructions for Pediatric Offices to facilitate behavioral health referrals, including procedures for follow-up to improve the flow of information between pediatric and behavioral health providers. This project began in the Spring of 2012 with a final “Referral form” and “Instructions for Pediatric Offices” completed in August 2012.

Although there was wide distribution of the above forms only a few referrals were received by FBHP through April, 2013, which was consistent with other BHOs. The BHO QI Directors and HCPF agreed to focus on three key Pediatric practices in their area, in order to determine barriers and refine the process. The three FBHP practices, provided by HCPF, were in the Jefferson Center area. FBHP, in May, worked with Jefferson Center to develop a team to work on the referral process between these three Pediatric practices. As of the end of FY '13 those meetings have been arranged, with one meeting occurring in June, 2013. A number of strategies were developed in early July, 2013, including: a focused instruction sheet for Jefferson Center referral, revisions to the “Referral Form” adding the families contact phone numbers and correction of the fax phone number for Jefferson Center on the “Instructions for Pediatric Offices form,” and meeting one on one with the practices to go over the process with the office managers. Data provided, on referrals received from August-September include 13 referrals, from five Pediatric offices.

I. Evidence Based/Promising Practice Program Report

Attachment 2

J. Adult Quality Grant

Purpose:

An Adult Medicaid Quality Grant was awarded to Colorado Community Health Alliance (CCHA) with intent to increase the incidence of depression screening and referral for adult Medicaid clients.

Summary:

CCHA, in collaboration with FBHP, proposed to develop and implement a standardized depression screening tool and referral process within regional primary care practices. Creating standardized referral processes between PCMPs and the area Mental Health Centers (MHC's) is intended to strengthen collaboration and ease access to services once depression is identified.

In the first phase of the project, which began in the last quarter of FY '13 FBHP assisted CCHA in the development of standardized depression screening tools, instructions for administration, best practices in depression care referral and treatment, educational materials for providers and

patients about depression and treatment options, and design of a referral process. Implementation will initially include one PCP office in Jefferson County and will eventually expand to several PCP offices. CCHA will provide IT and coaching assistance to create standard practices for screening and referrals. Phase two expands efforts to a total of 6 PCMPs with the regional counties, with an emphasis on embedding the screening tool into the medical record.

FBHP's key tasks:

Completed:

- Researched and developed materials related to best practices in depression screening, referral, and treatment recommendations
- Developed educational materials for medical providers and PCMP staff on depression screening, how to assess for and talk with patients about depression and suicide, depression treatment options and follow up care recommendations
- Developed educational materials for patients on depression, treatment options and self-management tips

In progress:

- Work with the mental health centers to develop a referral process, including a system for tracking and follow up on referrals
- Assist in providing training to the PCMPs related to depression care

Appendix A

Access Figures and Tables

Figure 1. Percent Consumers with Emergency Request Seen within Standard of One Hour, FY '12 and FY '13, by FBHP and the Partner MHCs

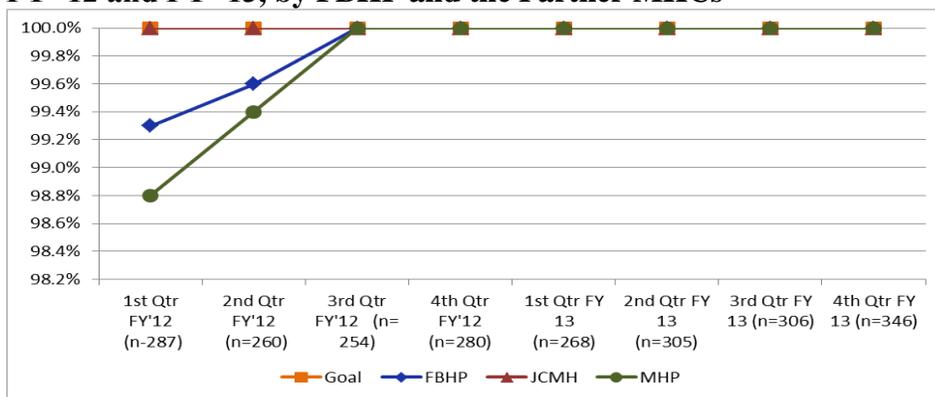


Figure 2. Percent Routine Intake Requests with Offered Appointment within 7 Business Days, FY '12 and FY '13, by FBHP and the Partner MHCs

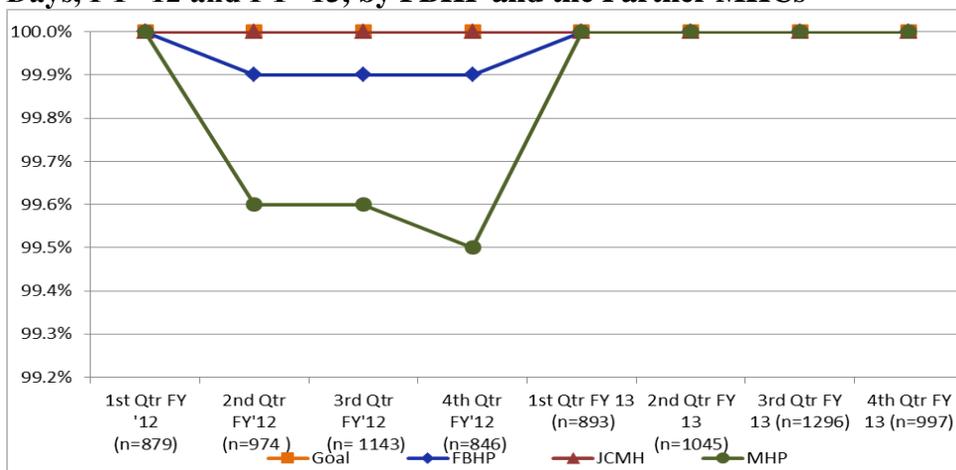


Table 1. Penetration, Age Group and Eligibility Category, FY '13

Age Group	BHO FY '12	FBHP FY '12 (HCPF)	1st Qtr FY'13	2nd Qtr FY'13	3rd Qtr FY'13	4th Qtr FY'13
0-12 yr	7.4%	12.9% (4128/32030)	13.1% (4152/31746)	13.3% (4342/32577)	13.4% (4500/33553)	12.1% (4084/34562)
13-17 yr	18.7%	26.3% (2075/7904)	25.1% (2153/8578)	24.2% (2096/8661)	24.2% (2160/8942)	22.6% (2090/9259)
18-64 yr	19.9%	24.4% (6444/26437)	22.6% (6565/29017)	22.7% (6623/29204)	22.8% (6731/29577)	22.3% (6671/29954)
65+	6.3%	7.3% (396/5423)	7.6% (434/5744)	7.3% (417/5744)	7.5% (429/5753)	7.6% (433/5705)
All	13%	18.2% (13043/71795)	17.7% (13304/75086)	17.7% (13478/76187)	17.8% (13820/77826)	16.8% (13378/79480)

Eligibility Group	BHO FY'12	FBHP FY '12 (HCPF)	1st Qtr FY'13	2nd Qtr FY'13	3rd Qtr FY'13	4th Qtr FY'13
AND, OB, OAP-B	30.6%	34.8% (3143/9043)	33.6% (3112/9263)	33.8% (3157/9328)	33.9% (3198/9425)	33.4% (3168/9494)
AwDC	N/A	N/A	33.5% (362/1081)	38.5% (440/1143)	42.2% (494/1170)	44.2% (580/1313)
BC-A, AFDC-A	14.1%	17.4% (2967/17089)	16.3% (2851/17515)	16.2% (2893/17814)	15.8% (2881/18244)	15.2% (2831/18661)
BC-C, AFCD-C	8.1%	13.9% (5247/37717)	14.4% (5660/39255)	14.2% (5667/39834)	14.4% (5874/40789)	13% (5423/41753)
Foster Care	35.9%	38.8% (997/2569)	38.1% (897/2354)	37.7% (911/2413)	37.9% (948/2503)	36.7% (945/2577)
OAP-A	6.2%	7.2% (388/5376)	7.5% (422/5602)	7.2% (408/5629)	7.4% (421/5658)	7.6% (427/5627)

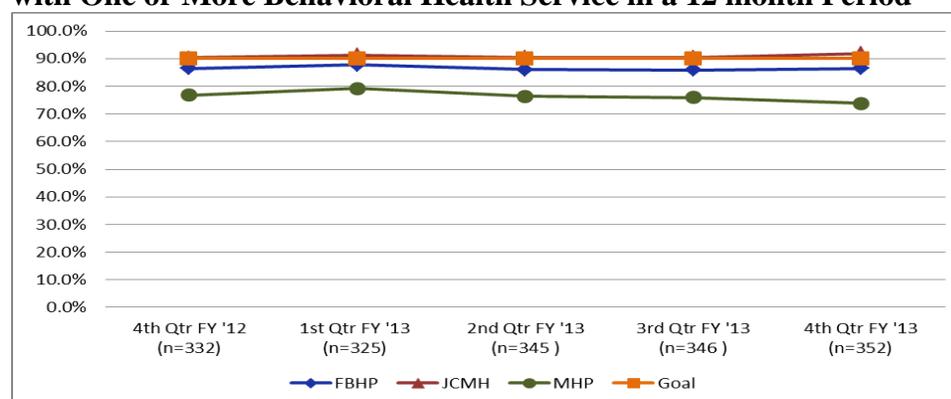
Figure 3. Percent Members with a HCBS Waiver for Community Mental Health Supports with One or More Behavioral Health Service in a 12 month Period

Figure 4. Percent of Residential Discharges Provided a 7-Day Follow-up Appointment

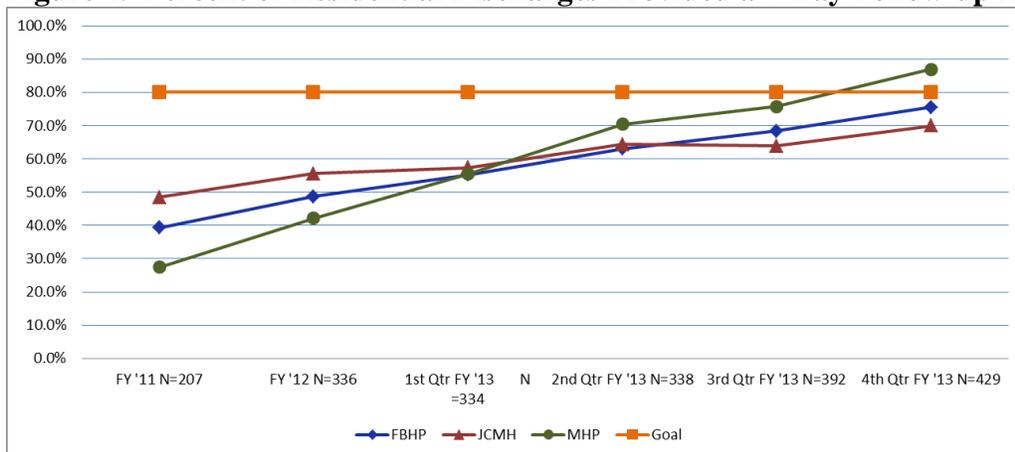
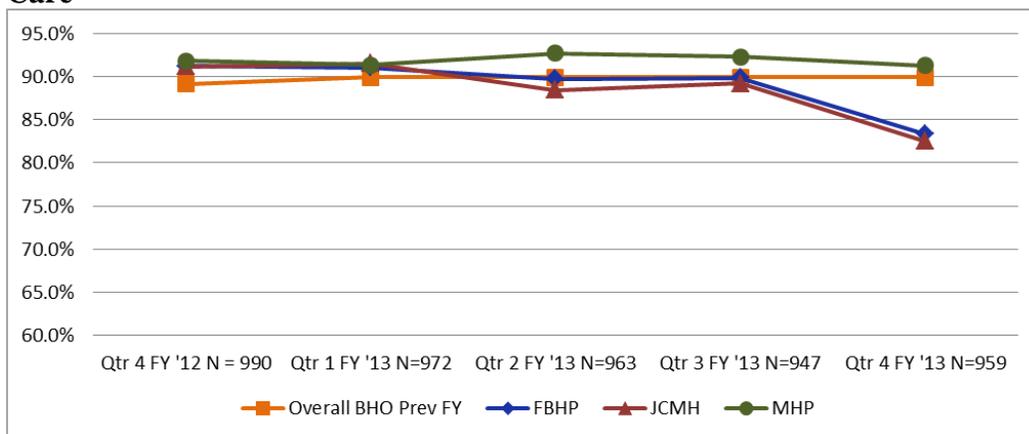


Figure 5. Percent of Members with a Severe Mental Illness Diagnosis with a Focal Point of Care



Member and Family Service and Satisfaction Figures

Figure 6

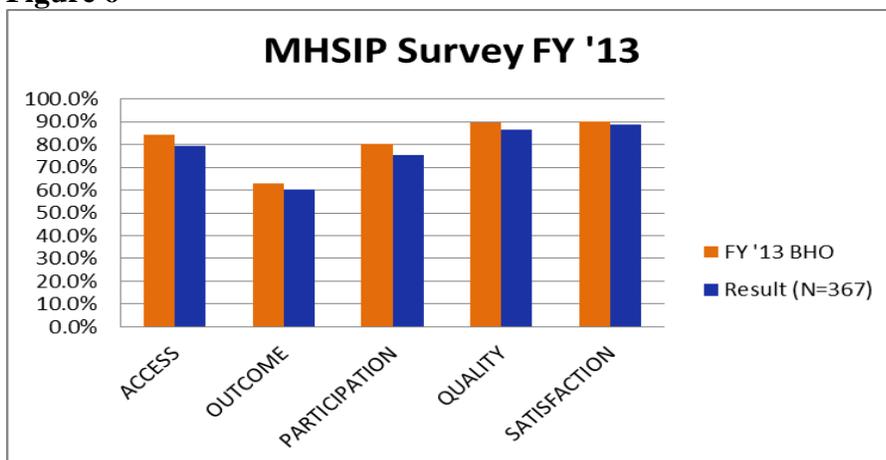


Figure 7

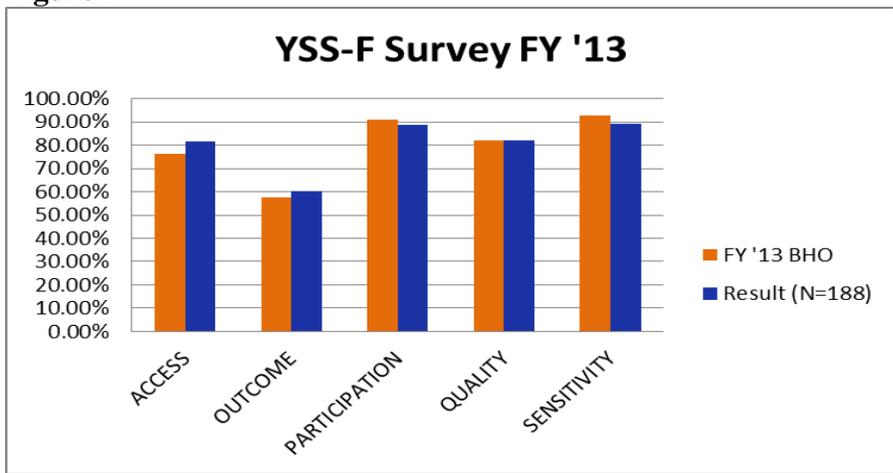
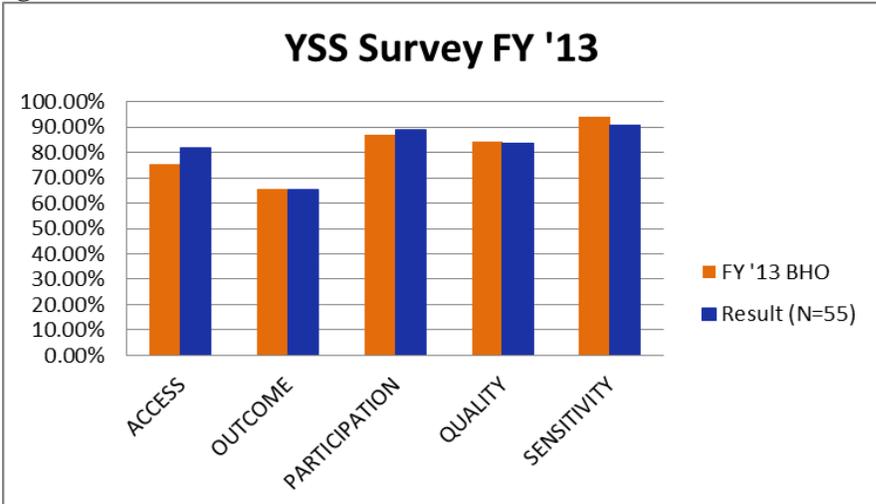


Figure 8



Care Quality and Appropriateness Figures

Figure 9. Percent Hospital Follow-up Appointment 7 Days after Discharge

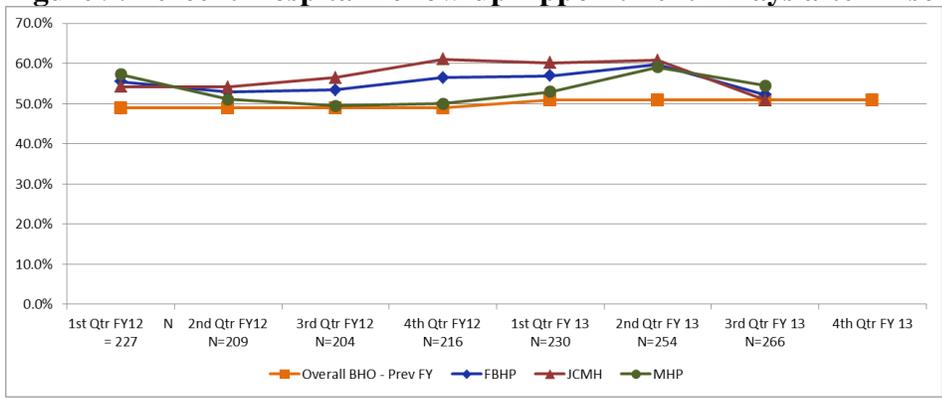


Figure 10. Percent Hospital Follow-up Appointment 30 Days After Discharge

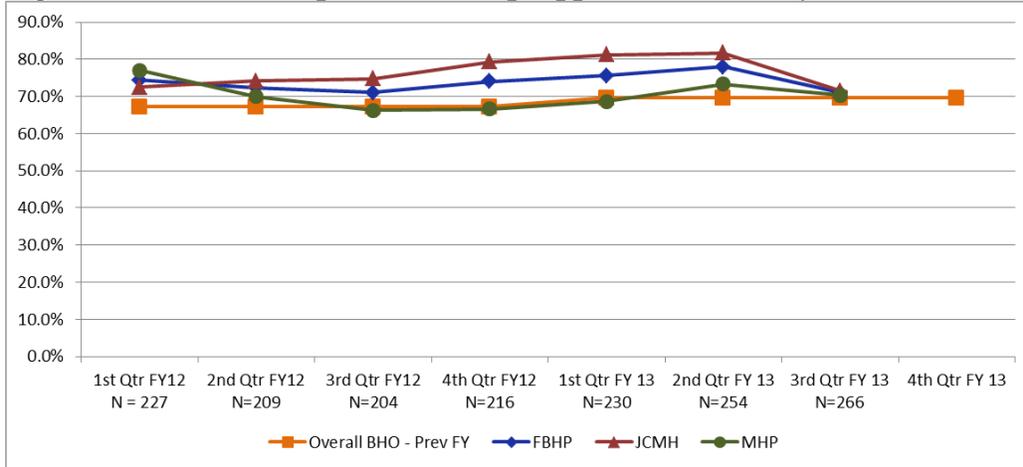


Figure 11. Percent of Members Rx Duplicative Antipsychotic Medication

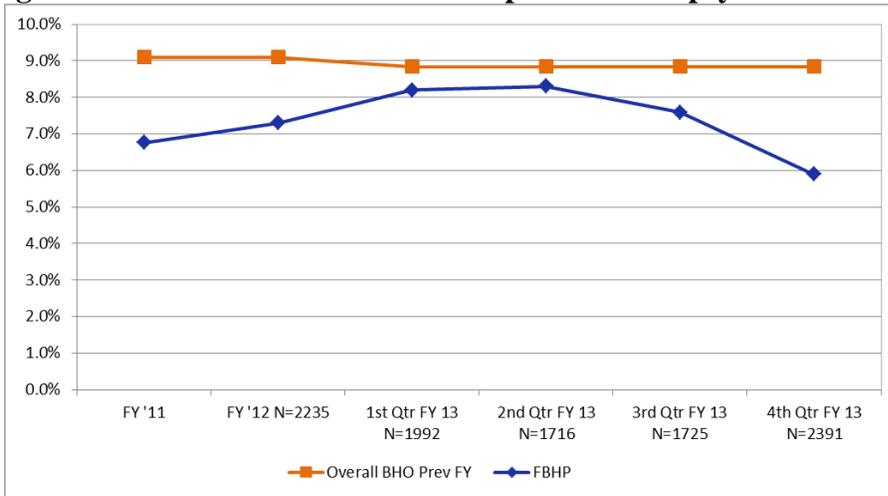


Figure 12. Percent of clients with one or more prescriber visits within 30 days after Hospital Discharge 12 month period ending with the quarter

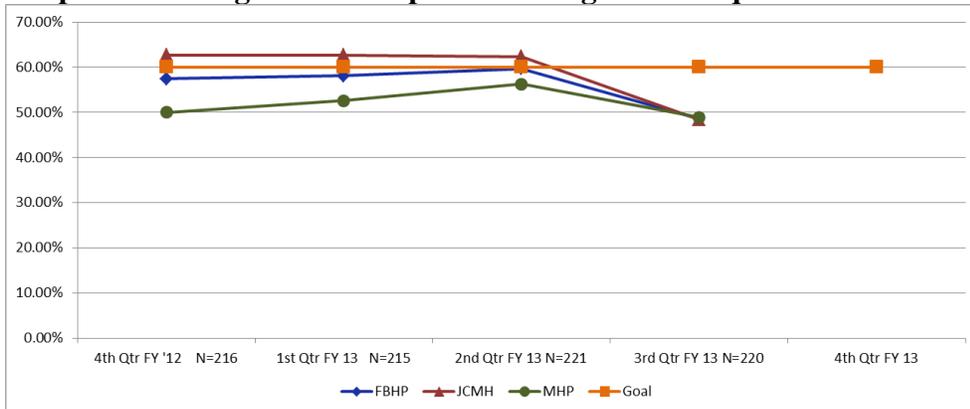


Figure 13. Percent of clients with three or more clinical visits within 30 days after hospital discharge

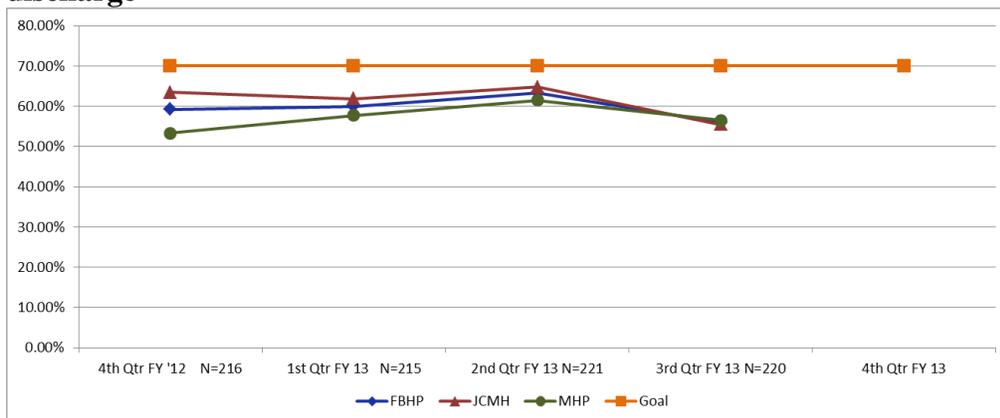


Figure 14. Effective Acute Phase Antidepressant Medication Management

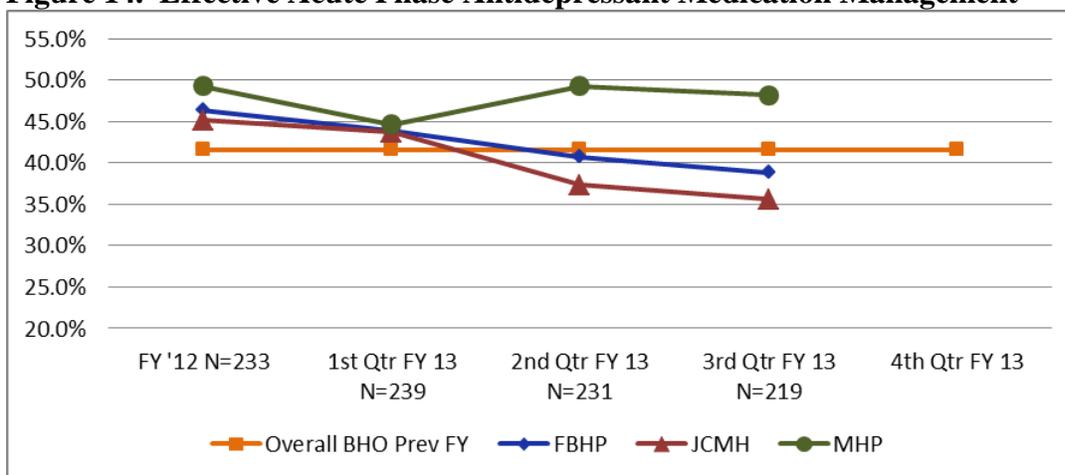
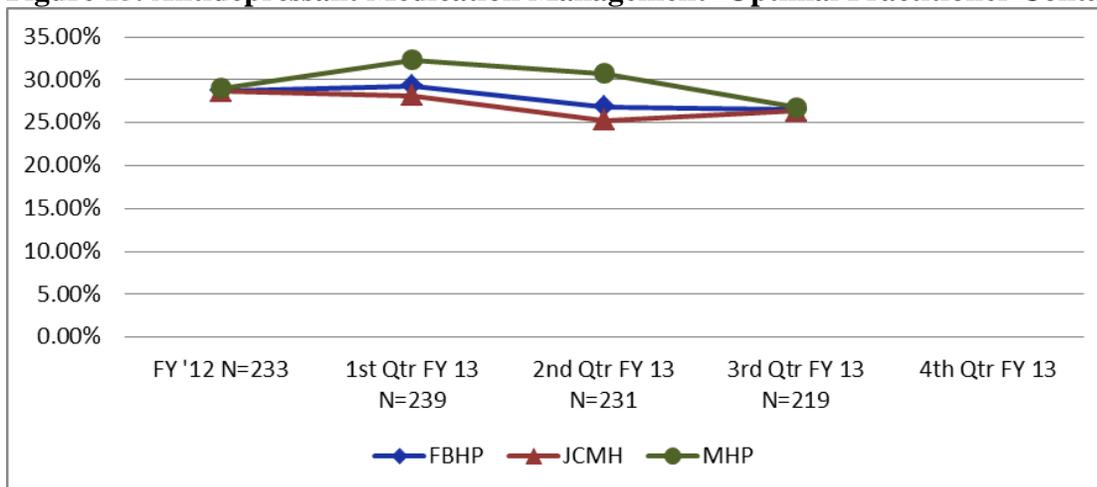


Figure 15. Antidepressant Medication Management- Optimal Practitioner Contact



Care Coordination and Integration Figures

Figure 16. Percent Members with a Documented PCP in the Medical Record

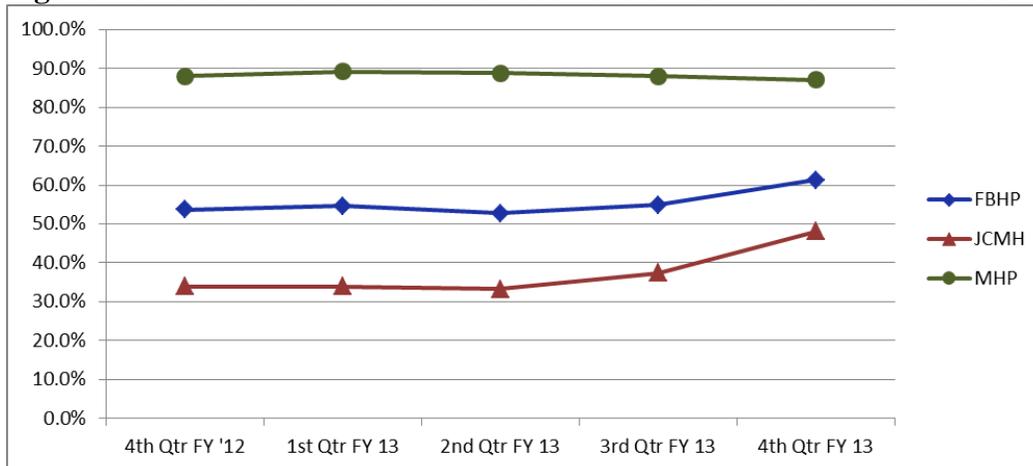
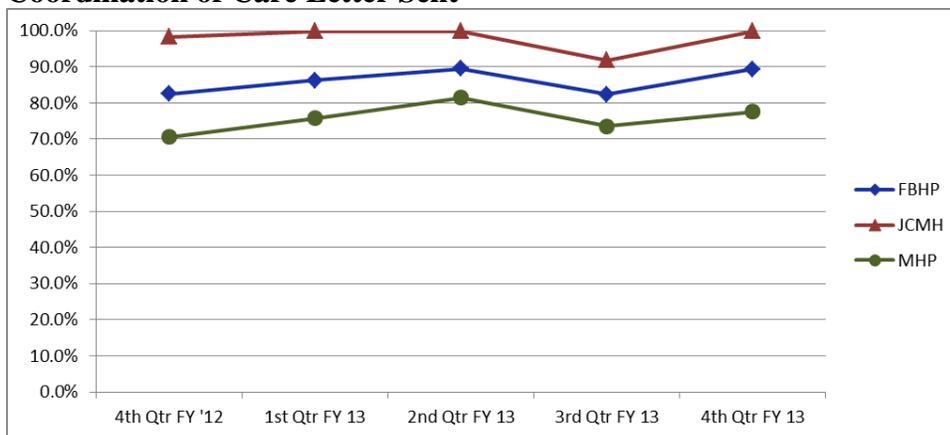


Figure 17. Percent Members with a Documented PCP in Medical Record with an Annual Coordination of Care Letter Sent



Outcomes and Effectiveness of Care Figures

Figure 18. 7 Day Recidivism Rates, 12 Month Period Ending with the Quarter

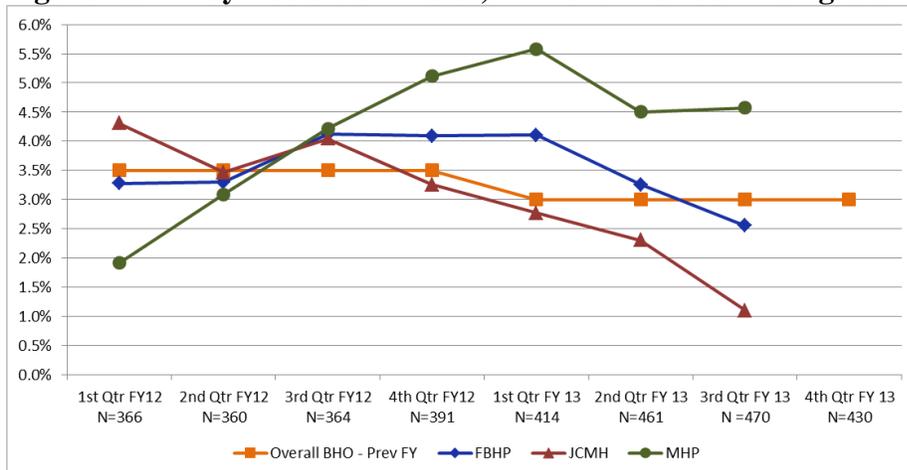


Figure 19. 30 Day Recidivism Rates, 12 Month Period Ending with the Quarter

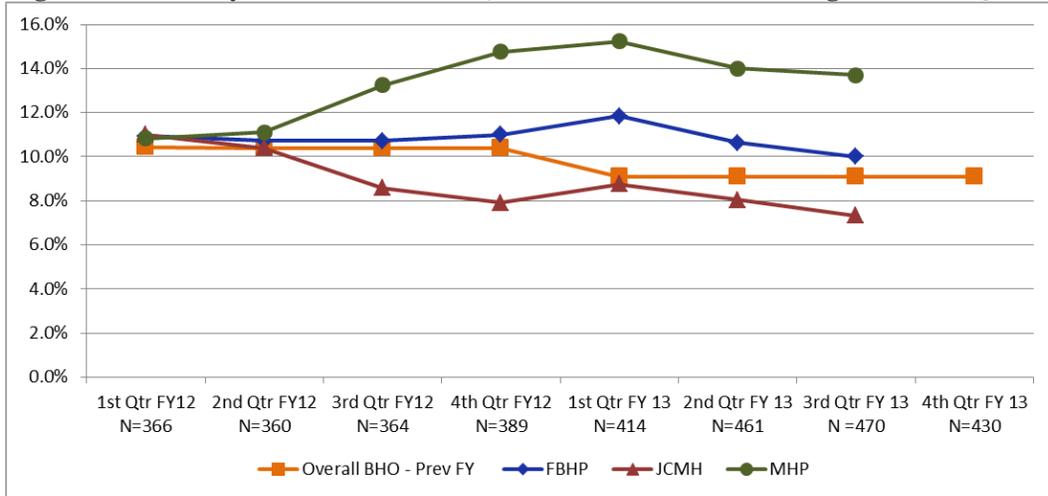


Figure 20. 90 Day Recidivism Rates, 12 Month Period Ending with the Quarter

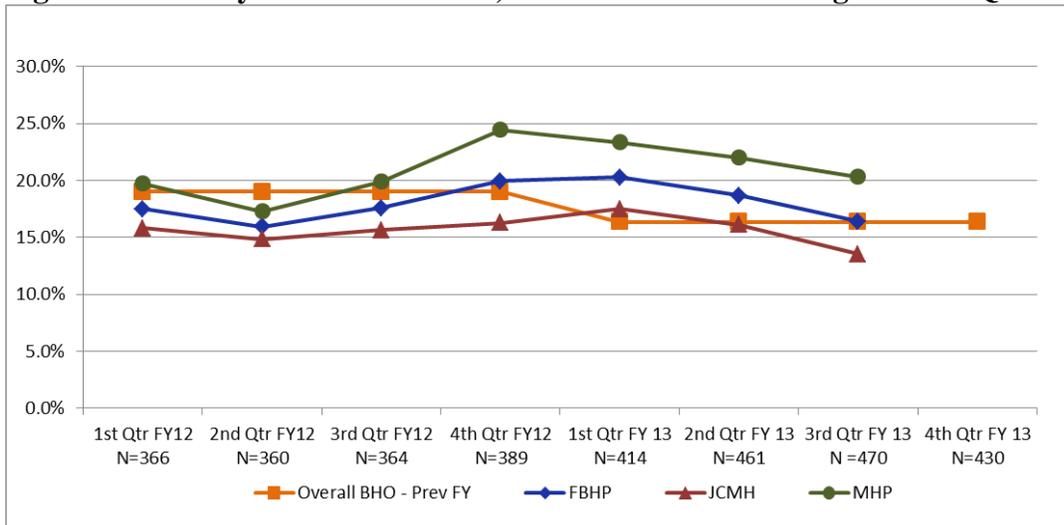


Figure 21. ED Visits/1,000 Members, 12 Month Period Ending with the Qtr

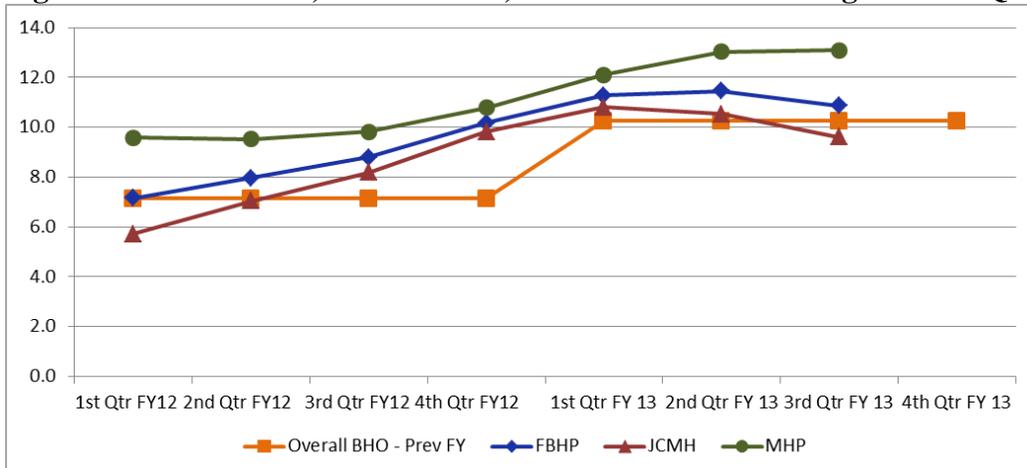


Figure 22. Adolescent ED Visits/1,000 Members, 12 Month Period Ending with the Qtr

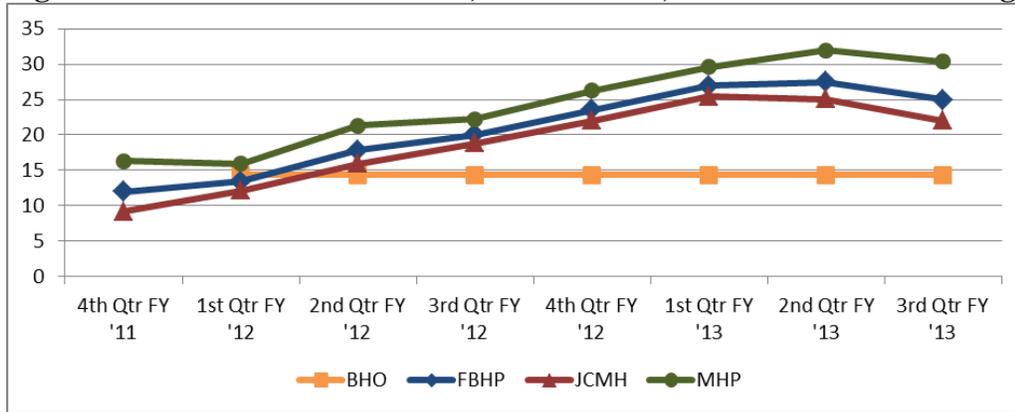


Figure 23. Percent Members Maintaining Independent Living Status

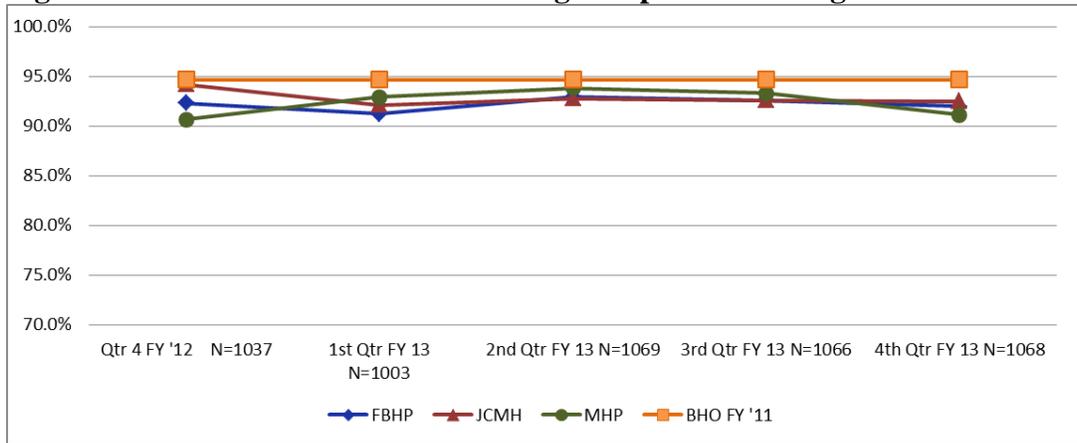


Figure 24. Percent Members Progressing Toward Independent Living

