

Executive Summary

The Quality Improvement / Utilization Management (QI/UM) Program of CBHNP systematically monitors and evaluates the quality and safety of clinical care and the quality of service by CBHNP and network providers. Quality of care is defined as the degree to which health care services are consistent with current professional knowledge. This approach looks both *outward* to the provider network and *inward* to the provision of services by CBHNP to Members and providers.

The CBHNP QI Program has been organized around ten Strategic Clinical Quality Improvement (CQI) Initiatives. These are listed below with highlights of the activities from the Calendar Year 2009:

1. Access
 - Expanded capacity in BHRS; D & A Inpatient Detoxification and Rehabilitation; Methadone Maintenance; and Community Treatment Teams.
 - Focused on the development of additional school based outpatient clinic sites, including substance abuse sites.
 - Requested and obtained permission to discontinue the “Specialized” Evaluator program and adjust evaluation terminology and processing expectations.
 - Implemented Peer Support as an in plan service across the CBHNP network.
 - Encouraged the development of Mobile Mental Health treatment services.
 - Assisted in the development of alternative BHRS models in schools across the CBHNP network.
2. Appropriateness
 - Closely monitored service denial and grievance trends, implementing a number of network-wide systemic changes to promote active care management and promote sustainable, downward trends in both areas.
 - Discussed appropriateness of service individually with high-volume BHRS providers on a quarterly basis during face-to-face meetings. Monitored children’s BHR service delivery in comparison to service authorizations. Focused on improving communication between providers and evaluators to match prescriptions to historical service delivery by providers.
3. Competency
 - Moved Evaluator profiling to address high volume evaluators - specialized or not and modified quarterly report cards to give progressive feedback to evaluators, incorporating a live peer consultation component.
 - Quality Treatment Record Reviews expanded to include a self-audit feature for MH & SA Inpatient, Partial Hospitalization, SA Outpatient and Halfway House services. Treatment Record Reviews are principal tools for provider performance monitoring and identification of potential compliance issues.
 - Notable improvement was seen in the treatment record documentation by providers and additional areas of focus were recommended.
 - Continuation of the Enhanced Care Management (ECM) initiative for high-risk and high-utilizing Members.

- Clinical documentation audits were completely revised to incorporate quality of care resolution and support of recovery and resiliency principles.
 - Continued an Autism Competency assessment of BHRS providers who treat Members affected by Autism. Summary results have enabled us to identify additional support providers need for progressive development in this area.
4. Consumer and Family Involvement
- Developed and/or refined CFST processes in each contract to accommodate the local needs of each county.
 - Reviewed regular reports of Consumer Family Satisfaction Teams as available by contract addressing areas of required action and identification of steps for improvement. As applicable, trend summaries are presented at QI/UM Committees and Credentialing Committee.
 - ECHO Member Satisfaction Surveys continue to be administered annually and results incorporated into the QI/UM Program.
 - Initiated Best Practice Guideline development in key areas and incorporated family/Member participation on both groups.
 - Initiated focus groups to consider changes with evaluators and BHR services in general and incorporated family/Member participation on each group.
 - Participated in a host of local community outreach initiatives across contracts.
5. Continuity and Care Coordination
- Monitored inpatient readmission rates and conducted annual Barrier Analysis to identify potential areas for improvement.
 - Maintained compliance with quarterly reporting requirements, as applicable and ongoing measurement of ambulatory follow-up rates after hospitalization, as well as conducting annual Barrier Analysis.
 - Maintained compliance with revised quarterly reporting requirements, as applicable and ongoing measurement of youth receiving substance abuse services, as well as conducting annual Barrier Analysis.
 - Continued efforts to support statewide initiatives related to Domestic Violence, Childhood Obesity and Smoking Cessation.
 - Reviewed clinical indicators in reporting to identify Special Populations.
6. Diversity and Cultural Competency
- Monitored penetration rates and treatment denials by race and county in order to identify health disparities.
 - Continued focus on network capacity of Spanish-speaking providers, particularly in Lebanon, Lancaster and Dauphin counties where Member need exists.
 - Reviewed provider cultural competency assessments completed during credentialing site visits.
 - Focused on adherence to CASSP principles in psychological evaluations to ensure culturally competent service delivery.
7. Outcomes and Efficacy
- Completed new technology assessment of Dialectical Behavioral Therapy.
 - Reviewed BHRS outcomes through CBHNP claims and authorization data to obtain a more consistent basis for Barrier Analysis and eliminated exclusive identification of Members participating in the CBHNP Children's Outcome Project.

8. Prevention and Community Outreach
 - Continued two preventive behavioral health programs – Early Identification of ADHD and Improving Treatment Compliance for Adults with Depression
 - Continued outreach to individuals who use mental health crisis services
9. Safety
 - Continued to encourage providers to comply with Critical Incident reporting requirements, inclusive of all seclusion and restraint incidents through continued support of alternate reporting methods to include paper reporting, adoption of HCSIS and/or provider initiated report formats, and e-Cura® ProviderConnect.
 - Incorporated an RTF Restraint Analysis by facility into 2009 Quality Treatment Record review on-site visits.
 - Quality of Care issues are reviewed under the direction of the Medical Director, identified and investigated 676 issues up from 205 in the previous year, including initiating a focused Member Mortality record review.
 - Improve the process of follow up from providers on Members receiving restraints above the benchmark and offered educational resources in the area of restraint reduction.
 - Monitored critical incidents through contract specific and network-wide quarterly trend reporting for critical incidents.
 - Monitored critical incidents through contract specific and network-wide restraint reporting.
 - Completed quarterly Complaint Analyses and included monthly complaint updates for ongoing complaint monitoring by contract and network-wide through Credentialing Committee.
10. Service Excellence
 - Telephone service access continued to exceed stringent performance goals.
 - Continued to exceed the performance goal for timeliness of administrative appeal decision-making and notification.
 - Consolidated the Member Handbook to incorporate all CBHNP HealthChoices business areas, updating the Spanish version and making available Braille, large print, and/or audiotape versions while reminding Members of interpretive / assistive services as needed when they are deaf or hard of hearing.
 - Continued to support the functionality of e-Cura® ProviderConnect (a provider self-service interface) affording providers the opportunity to view authorizations and claims status, submit critical incident reports, capacity and FTE reporting on-line 24 hours a day, seven days a week.

All stakeholders, including Members, providers, counties, the Pa. Department of Public Welfare, and CBHNP employees are encouraged to reference this QI/UM Program Annual Evaluation. CBHNP strives for transparency in its HealthChoices managed care operations. All Quality Improvement documents including this evaluation and the QI/UM Program Description are available upon request to any stakeholder.

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