

Gateway Health Plan *Medicare Assured*[®] Provider Manual 2010

Chapter VII Quality Improvement

Gateway Health Plan *Medicare Assured*[®] has delegated certain Quality Improvement (QI) activities to CBHNP, but retains the ultimate accountability for all activities and functions performed by CBHNP. Gateway Health Plan[®] has assessed and approved the Quality Improvement Program that CBHNP has in place to oversee the Behavioral Health Managed Care services it provides. Some of the major areas delegated to CBHNP include, but are not limited to the following: Behavioral Health Practitioner and Provider Contracting; Access and Availability of Behavioral Health Practitioners and Behavioral Health Services; Clinical Practice Guidelines for Behavioral Health Conditions; and Investigation and Resolution of Quality of Care Concerns. Activities of the Gateway Health Plan *Medicare Assured*[®] Quality Improvement Program are summarized below.

Purpose of the Quality Improvement/Utilization Management Program

The Quality Improvement /Utilization Management (QI/UM) Program's purpose is to ensure the quality, appropriateness, timeliness, availability and accessibility of care and service provided to Gateway Health Plan *Medicare Assured*[®] Members. A complete review and assessment of care, demographic/household, and community data, along with current scientific evidence is key in understanding Members and developing programs to meet the Member's needs. The development of behavioral health programs must be done with the aid of partners including Members, practitioners, community agencies, regulators, CBHNP and Gateway Health Plan *Medicare Assured*[®] staff, not only to meet the current needs of the Members, but also to begin to address the future needs of the Members. Necessary to the success of these programs is the development of meaningful data and measurement to assess the improvements in the quality of care and to identify where opportunities may exist.

Goal of the Quality Improvement/Utilization Management Program

The QI/UM Program will focus on reviewing mental health and substance abuse services and improving the quality of care and service by monitoring and evaluating the correctness of care provided by Gateway Health Plan *Medicare Assured*[®] providers. Quality Improvement methods will be used to measure and improve care and service, Member satisfaction, and performance. The Program will attempt to improve Members' compliance with behavioral health guidelines and those interventions and treatments that are important to the success of managing behavioral health conditions and substance abuse behaviors. Also, the QI/UM Program will aim to improve patient safety by educating Members and practitioners in regard to safe practices, and by assessing and identifying opportunities to improve patient safety throughout the practitioner/provider network.

Objective of the Quality Improvement/Utilization Management Program

The objectives of the QI/UM Program are similar to Gateway Health Plan *Medicare Assured*[®] mission; committing to effective use of health care resources, and to continuous quality improvement. To ensure that the current needs of the population are being reviewed, changes noted, programs implemented to address the needs of Members, and to ensure continuous quality improvement, an annual QI/UM Work Plan is developed. The QI/UM Program will be assessed on an annual basis to determine the status of all activities and identify opportunities that meet the QI/UM Program objectives.

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Objectives are as follows:

- Implement a QI/UM Work Plan that identifies and assures completion of planned activities for each year:
- Ensure processes are in place using Total Quality Management values to assess, monitor, and implement actions when opportunities are identified regarding the utilization of behavioral health care resources, quality of care, and access to services;
- Based on assessment of the population, develop and update guidelines that address key behavioral health care needs, which are based on scientific evidence and recommendations from expert and professional organizations and associations;
- Conduct studies to measure the quality of care provided, including established guideline studies, evaluate improvements made, barriers, opportunities and develop actions to address those opportunities;
- Evaluate the utilization and quality performance of behavioral health providers to assure Gateway Health Plan *Medicare Assured*[®] standards are met and to identify both opportunities and best practices. In a group effort with practitioners, identify barriers, opportunities and implement interventions as needed;
- Conduct satisfaction surveys to determine Member and provider satisfaction with behavioral health services, organizational policies, and the provision of care. Review results for barriers, opportunities and implement interventions to increase satisfaction and to improve the quality of care and services provided.

Scope of the Quality Improvement/Utilization Management Program

Implementation and evaluation of the QI/UM program is embedded into Gateway Health Plan *Medicare Assured*[®] daily operations. The QI/UM Program has available and will use appropriate internal information, systems, practitioners, and community resources to monitor and evaluate use of behavioral health care services, the continuous improvement process and to assure implementation of positive change.

The scope of the Program includes:

- Marketing and Enrollment
- Members' Rights and Responsibilities
- Network Accessibility and Availability
- Network Credentialing /Re-credentialing
- Medical Record Standards
- Confidentiality
- Member, Provider and Employee Education
- Member and Provider Services and Satisfaction
- Claims Administration
- Fair, Impartial and Consistent Utilization Review
- Evaluating the Health Care Needs of Members
- Behavioral Health Services
- Clinical Outcomes
- Oversight of Delegated Activities
- Patient Safety
- Continuous Quality Improvement using Total Quality Management Principles

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To request a copy of the Quality Improvement Program, Work Plan or Annual Evaluation, please contact the Gateway Health Plan[®] Provider Services Department at 1-800-685-5205.

Quality Improvement Manual

The Quality Improvement Manual is designed as a resource to assist practitioners in caring for Gateway Health Plan *Medicare Assured*[®] Members. The manual consists of guidelines that are developed using evidence-based clinical guidelines from recognized sources or through involvement of board-certified practitioners from appropriate specialties when the guidelines are not from recognized sources. The guidelines are evaluated on an ongoing basis and are developed based on the prevalent diseases or conditions of Gateway Health Plan *Medicare Assured*[®] Members. The use of guidelines permits Gateway Health Plan[®] to measure the impact of the guidelines on outcomes of care and may reduce inter-practitioner variation in diagnosis and treatment.

Clinical guidelines are not meant to replace individual practitioner judgment based upon direct patient contact. The manual consists of an introductory page, along with behavioral health guidelines approved by Gateway Health Plan *Medicare Assured*[®]'s QI/UM Committee. To facilitate distribution of the most current version of these guidelines, they have been added to Gateway Health Plan *Medicare Assured*[®] web site at www.gatewayhealthplan.com. A paper copy of the Quality Improvement Manual and individual guidelines are available upon request. For a paper copy, please contact the Quality Improvement Department at 412-255-1144.

Patient Safety

Patient safety is the responsibility of every healthcare professional. Health care errors can occur at any point in the health care delivery system and can be costly in terms of human life, function, and health care dollars. There is also a price in terms of lost trust and dissatisfaction experienced by both patients and health care practitioners.

There are ways practitioners can develop a Patient Safety Culture in their practice. Clear communication is key to safe care. Working in collaboration with Members of the multidisciplinary care team, hospitals, other patient care facilities and including the patient as an important Member of the care team are critical. Examples of safe practices include providing instructions to patients in terms they can easily understand, writing legibly when documenting orders or prescribing, and avoiding abbreviations that can be misinterpreted. Read all communications from other practitioners and send documentation to other providers, as necessary, to assure continuity and coordination of care. When calling in orders over the telephone, have the person on the other end repeat the information back to you.

Collaborate with hospitals and treatment facilities, and support their safety culture. Bring patient safety issues to the committees you attend. Report errors or "close calls" to your practice or facility's risk management department. Offer to participate in multidisciplinary work groups dedicated to error reduction. Ask Gateway Health Plan *Medicare Assured*[®] Quality Improvement Department how you can support compliance with their safety initiatives.

Gateway Health Plan *Medicare Assured*[®] also works to ensure patient safety by monitoring and addressing quality of care issues identified through pharmacy utilization data, continuity and coordination of care standards, sentinel/adverse event data, Behavioral Health Program follow-up, and Member complaints.

If you would like to learn more about patient safety visit these web sites:

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Institute of Medicine report: To Err is Human-Building a Safer Health Care System

<http://www.nap.edu/books/0309068371/html/>

JCAHO National Patient Safety Goals

<http://www.jcaho.com/accredited+organizations/patient+safety/npsg.asp> National Patient Safety

Foundation

<http://www.npsf.org/>

The Leapfrog Group for Patient Safety

<http://www.leapfroggroup.org>

Agency for Healthcare Research and Quality

<http://www.ahrq.gov>