



*Creating solutions, **One** person at a time*

**CONTINUOUS QUALITY  
IMPROVEMENT (CQI) PROGRAM**

**DESCRIPTION**

**2009-2010**

## **Introduction**

Partnerships with recipients with mental health, developmental, and substance abuse conditions and their families, stakeholders, and provider network are essential to meet the changing needs and choices with service provision. This important aspect of recipient empowerment and choice drives Piedmont Behavioral Healthcare's (PBH) Continuous Quality Improvement (CQI) program. PBH is committed to providing quality services to recipients in the five county areas: Cabarrus, Davidson, Rowan, Stanly, and Union. This commitment mandates an interactive system that involves recipients and their families, providers in the network, LME staff, and stakeholders. This quality system must work collaboratively to set quality standards, identify system problems, require corrective action, and recommend solutions.

## **Purpose**

PBH is a system manager of services for consumers with mental health, developmental, and substance abuse conditions over a five county region. PBH directly manages multiple funding streams that include state, federal block grant, county, and Medicaid funding. Under a contract to the North Carolina Department of Health and Human Services, PBH operates two sub state Medicaid waivers. PBH is a prepaid health insurance program (PHIP) that operates a 1915b/c waiver, called the Cardinal Health Plan. The Cardinal Plan covers mental health and substance abuse services (State Plan for Mental Health Services). The Innovations, a 1915 C Home and Community based waiver covers developmental disabilities services. PBH aims for continuous improvements in the quality of health care services and the health status of the population served. A comprehensive continuous quality improvement (CQI) program directs PBH's efforts.

The scope of the CQI program is designed to ensure the accessibility of services, availability of the network, quality and appropriateness of behavioral health services. Input and feedback into the CQI process from various stakeholders are valuable components of the quality improvement program.

The CQI program encompasses all aspects of care delivered by providers. This includes mental health, substance abuse, and developmental disabilities services which are provided in outpatient, inpatient hospital, and community based settings. In addition to continuous assessment of the clinical elements of health care, the CQI program looks at administrative and service issues that affect the delivery of care.

The CQI program outlines the scope of activities in the following functional areas:

- Continuous Quality Improvement (CQI) focused on improving the care and service enrollees receive from the health plan and its providers.
- Utilization Review (UR) structured to both manage the appropriateness and the effectiveness of care and services provided to enrollees.
- Care Management (CM) designed to coordinate and ensure access to health care services resulting in optimal, cost effective outcomes for enrollees identified as high-risk, high-cost, and special needs.

- Disease Management (DM) is a multi-disciplinary, continuum-based approach to health care delivery that proactively identifies populations with, or at risk for, chronic medical conditions. Disease management supports the practitioner-consumer relationship and plan of care, emphasizes the prevention of exacerbation and complications using cost-effective, evidence-based practice guidelines and consumer empowerment strategies such as self-management. It continuously evaluates clinical, humanistic and economic outcomes with the goal of improving overall behavioral health.

The CQI Program description is designed to describe the efforts of PBH to meet state and federal regulations, and national accreditation standards.

### **Goals**

- To develop a comprehensive, meaningful, and soundly executed quality improvement, utilization, and care/case management strategy.
- To integrate a quality improvement approach in all aspects of the behavioral health plan management.
- To implement a standardized and comprehensive CQI program which will address and be responsive to the behavioral health needs of the enrollee population.
- To create an effective and responsive CQI program that allows for early detection and resolution of issues that affect the plan's enrollees, families, practitioners or providers.
- To measure, monitor, and improve performance of behavioral health care in key aspects of clinical and service quality for enrollees, providers, and practitioners.
- To demonstrate improved outcomes in behavioral health care and services to its enrollees.
- To foster a supportive environment to assist practitioners and providers to improve the safety and outcome of their clinical practice.
- To continually monitor, evaluate and optimize behavioral health care resource utilization in collaboration with contracted practitioners and providers.
- To ensure that state and federal regulatory requirements are met and that policies and procedures support the requirements.

### **Objectives**

The following objectives were designed to assist the plan in meeting its goals:

- Develop an annual CQI work plan that outlines activities, objectives, responsible person(s), and timeframes. Monitor the work plan on a quarterly basis.
- Develop, implement, and monitor action plans to improve behavioral health care. Integrate mechanisms for evaluating consumer safety into existing CQI activities.
- Initiate clinical and service performance improvement projects (PIPs) that are relevant to the populations served by PBH Cardinal Health Plan and Innovations waivers.

- Identify and implement disease management programs relevant to the chronic populations served by PBH.
- Identify enrollees who would benefit from care/case management or disease management programs.
- Develop and distribute enrollee information that improves knowledge regarding consumer safety as it relates to self-care and clinical practice guidelines.
- Include network practitioners and providers in the development, monitoring, and evaluation of performance improvement projects, practice guidelines, standards, and interventions to improve outcomes.
- Facilitate continuity of care between providers and state hospitals to promote exchange of information, appropriate diagnosis, treatment, and referral for services for behavioral health disorders.
- Complete a comprehensive analysis of all CQI studies or monitoring results against performance goals, benchmarks when available, and previous performance.
- Identify barriers to improvement, opportunities to pursue and take action when performance goals are not met.
- Monitor and improve compliance with accreditation standards and regulatory requirements governing managed care organizations.

## **CQI Structure and Accountability**

### ***Governing Body***

Ultimate accountability for the management and improvement of the quality of clinical care and service provided to enrollees rests with PBH Board of Directors. The PBH Board is comprised representatives from all five counties. Membership is established in state law and includes elected officials, consumer and families, professionals, and other community stakeholders. The Executive staff is responsible for ensuring the implementation of all aspects of the CQI program. The PBH Board delegates day-to-day operational responsibilities for the CQI program to the Medical Director.

On an annual basis, the PBH Board at a minimum reviews and approves the CQI Program Description, Work Plan, and Program Evaluation. CQI updates are presented quarterly to the Executive Cabinet. The Executive Cabinet makes recommendations that are operationalized by the CQI committee.

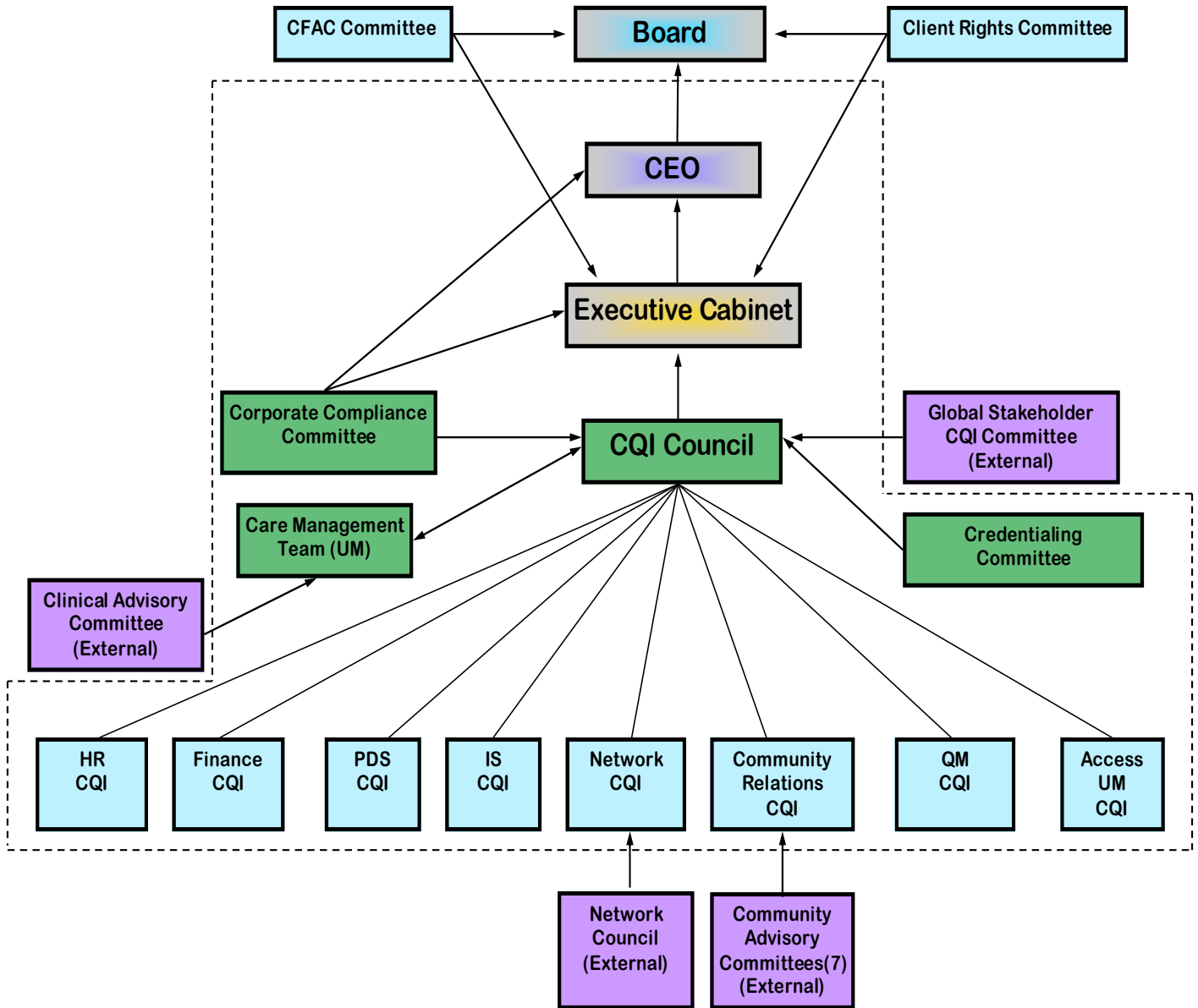
### ***Designated Health Care Practitioner***

The day-to-day implementation of the continuous quality improvement program is under the direction and leadership of the Medical Director. The PBH Medical Director, a board certified psychiatrist provides direction and support for the behavioral health and substance abuse, and developmental disabilities aspects of the CQI program through participation on the CQI Committee. The Medical Director's primary responsibilities include:

- Working with the Quality Management (QM) Director and staff to monitor the implementation and progress of the CQI Work plan.

- Chairing the Continuous Quality Improvement Committee and Credentialing committee.
- Supporting CQI committee(s) in developing and conducting activities and achieving their objectives.
- Ensuring that quality of care and services activity results have been thoroughly analyzed by appropriate staff/ committees; that opportunities for improvement have been identified and prioritized, and approved interventions have been implemented.
- Conducting or facilitating peer review of potential clinical quality of care issues and ensuring that validated quality issues have been addressed.
- Working with the Quality Management Director to ensure compliance with Federal and State standards/requirements.

# Organizational Chart



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