

CQI Annual Report for 2008 -2009

Executive Summary

President Obama's challenge of reforming the nation's health care system and moving towards accessibility for all citizens has both enthralled and petrified tax payers as stressful economic times influence all aspects of health care across the nation and in the state of North Carolina. The gaps between quality assurance and service delivery continue to be a high priority and as well as scrutinized by all stakeholders, especially with the unknown outcome of the current recession.

Within the state of North Carolina, with behavioral health care reform continues to be on an ever evolving journey with many transitional phases. These transitional phases are suspect because of the expected economic shortfall and the unknown impact on the service continuum and consumer care. Despite these challenges, the State and PBH continue to move the service system towards best practice, consumer driven services, and choice.

The partnerships between PBH, consumers and their families, network providers and stakeholders continue to be constant as we share common concerns about our service delivery system and quality of care for recipients in our five county areas. High quality consumer driven services must be offered and maintained. Thus, collaboration with consumers and family members, network providers, and stakeholders continue to guide and drive our continuous quality improvement processes. These initiatives create solutions as well as ongoing dialogue at the consumer, service delivery, and stakeholder levels.

To evaluate PBH Continuous Quality Improvement (CQI) Program and monitoring activities for the fiscal year 2008-2009, this annual summary includes accomplishments, lessons learned, and recommendations for future improvement projects. These annual results are shared with all new and existing consumers, the public, stakeholders, and network providers. This evaluation can also be accessed at pbhsolutions.org.

Achievements for 2008-2009

PBH Overall Achievements for 2008 – 2009

Consumer Satisfaction Survey 2009 yielded the following results:

- Consumers and their families indicated that services received helped them to be as independent as possible
- Consumers and their families feel free to grieve
- 86% of consumers and their families indicated that services improved the quality of their lives
- Consumers and their families continue to be satisfied with services within the PBH catchment areas.

Additional Achievements for 2008-2009

- ✚ Cardinal Plan B Waiver renewal in April 2009
- ✚ Successful Person Centered Planning Conference for Consumers and Families in October 2008
- ✚ Successful Pre Conference Institute on Recovery in October 2008; attended by 32 adults with mental health conditions
- ✚ Network Provider Cultural Competency Initiative with the ultimate goal of improving the quality of care for consumers from all racial and ethnic backgrounds
- ✚ Significant improvement in managing reports on key performance indicators, improving the ability of Management to monitor both agency performance and quality of care
- ✚ Significant increase in the utilization of respite for children and adolescents with mental health conditions, contributing to our initiative to serve children in their home environment (rather than out of home placements)
- ✚ Significant decrease in the utilization of child residential treatment services Level III
- ✚ Completed a well attended five county family information and feedback series focused on the new utilization management criteria for developmental disabilities services;
- ✚ Offered a series of intensive training for Providers of Developmental Disabilities services focused on the implementation of the new utilization management criteria for individuals with developmental disabilities
- ✚ Intensive training for all PBH staff in customer service and effective communication with customers

Community Relations:

- Improved process to assure current information is distributed to all enrollees
- Implemented process to improve communication with stakeholders via the newsletter “Community Connections”
- Consumer Lunch and Learn sessions and newsletters improved community education.
- Community Outreach Lunch and Learn sessions
- Trained police officers and 911 operators in Crisis Intervention Training (CIT)
- PBH newsletter for employees began July 2008 to improve communication
- LME sponsored training with the Child and Family teams
Child System of Care Conference

Consumer Affairs:

- Continued to assist enrollees with the grievance process and resolve their grievances within 30 days
- Added a parent advocate whose experience is with developmental disabilities, thus improving our ability to respond to the advocacy needs of this constituency group
- Improved enrollees knowing their rights based on the annual consumer satisfaction survey
- A successful Person Centered Planning Conference was held this year.
- Sponsored Peer Support training and certification for 31 consumers that want to work as Peer Specialists in PBH Provider agencies

Clinical Operations: Utilization Management/Access/Outreach/ Eligibility and Enrollment

- Effectively managed utilization of Community Support Services, ensuring that consumers received the appropriate array of services and supports
- Decreased length of stay for children in child residential treatment facilities level III through focused Care Management activities, tracking of high risk children, supported by the implementation of a child residential utilization review and care management team
- Developed and implemented new utilization management criteria for services for individuals with developmental disabilities that are targeted at ensuring that consumers receive the appropriate amount and intensity of services and support
- Access team managed after hours calls for two LMEs: Smoky and CenterPoint
- Meetings in all five counties with community stakeholders related to the Denial and Appeal process
- Improved process to track and monitor consumers under outpatient commitment
- Managed State Hospital Bed Day utilization to remain below our State allocated bed day rate for the year.
- Reduced hospital admissions to State Hospitals through increased care management and follow up post hospitalization through PBH Access Outreach Department.
- Significantly improved the compliance rate of NC TOPPS outcomes system through training, and monitoring of the provider network

Finance:

- Customer service response time with network providers continue to improve
- Claims processing, with denials remains below outlined goal

Information System:

- Feedback on external training sessions indicate stated goals were met.
- Internal goal for overall satisfaction with the helpdesk process was met this year

Network Operation:

- Initiated Cultural Competency Provider Subcommittee
- Supported the addition of services for adolescents with substance abuse conditions
- Expanded access to psychiatry services by adding an additional provider in a very rural county
- Added two Intensive In Home teams that have the capacity to serve adolescents with substance abuse conditions
- Sponsored a provider project that established a team of experts in developmental disabilities that are available to provide consultation to providers serving consumers with both mental health and developmental disabilities service needs.
- Added a second high management home for adults with severe and persistent mental illness that were deinstitutionalized from the state psychiatric hospital

PDS:

- Began assessment of Consumer Personal Outcome Measures
- Goal of retention of support coordinators was met this year which allows continuity of care for consumers

Human Resources:

- Coordinated Customer Focused Training for agency staff
- Revised performance evaluation process for staff
- Coordinated Cultural Competence Workshop for Executive Cabinet and Matrix Management Team
- Conducted Supervisory and Leadership Training

Quality Management (QM):

- Improved resolution of grievances from 63% to 71%
- Licensed Independent Practitioners rated QM staff at 100% for technical assistance being helpful and informative and request for corrective action plans are fair

- Use of physical restraints continue to decrease this fiscal year
- Global CQI committee added a new performance indicator “retention of staff” this fiscal year
- Data collection, analysis, and reporting training was provided to GCQI committee to enhance their preparation for state mandated accreditation and LME reporting
- Technical assistance to network providers have impacted on improved performance with medical records reviews
- Development of the Cultural Competency Monitoring tool in collaboration with network providers; monitoring begins September 2009
- Gold Star profile report has been developed, implemented, and results will be posted on the QM website in 2010 for consumer and families to access and review
- GCQI committee reviewed DMA North Carolina 2009 Quality Strategy and provided feedback
- QM website has been developed and is operational
- Mystery Shopping results are reported and shared with PBH Directors to improve customer service

Lessons Learned:

- Transportation continues to be the number barrier for consumers seeking initial and on going services
- Consumers with spend downs have different issues with access to service and cost of medication
- Consumers and families want to be more involved in service development phase of new initiatives
- Consumers and families value community forums sponsored by PBH that provide the opportunity for face to face communication

Barrier Analysis of Overall CQI Program:

At the Consumer and family level transportation continues to be the number one barrier for consumers across all five counties according to the 2009 Consumer Satisfaction Survey. PBH will continue to advocate with Department of Social Services in all counties to address the transportation issues through their county plan. Consumers with spend downs have additional barriers that impact their ability to access service and medications. PBH is addressing this issue with the Division of Medical Assistance. Consumers and families are concerned about how budgetary changes will impact the service continuum. PBH has made every effort to keep consumers and families informed as policy and service changes are mandated by the State.

The lack of state funding has a major impact on our ability to implement a continuum of care for substance abuse treatment. Most adults with substance abuse conditions do not have Medicaid, and PBH relies on state funding to support services to this population.

Our initiative to increase the level of clinical documentation and service planning for individuals with developmental disabilities has revealed deficits in provider competencies related to service delivery. Additionally, PBH case managers for consumers with developmental disabilities required additional support in managing service planning meetings for individuals with complex needs. Communication problems between case managers and care managers on the Utilization

Management Team have resulted in confusion in addressing questions on Care Plans submitted for approval. We have also identified inconsistencies in the administration and documentation of the Supports Intensity Scale, a need based assessment for individuals with developmental disabilities.

At the Provider level the economic and budgetary issues are impacting the number and quality of our network providers. Proposed changes by the State of North Carolina with service definitions and benefit plan has produced an environment of uncertainty for many network providers. Many providers are concerned that budgetary constraints will impact the quality of their service to consumers. The PBH Network Council has worked diligently to keep providers abreast of pending changes as well as advocated to have input with PBH's implementation plans.

At the system level, PBH has worked to create a continuous quality improvement system with the network providers that include technical assistance, corrective action, and collaboration on defining and measuring quality as well as offering training on data collection, analysis, and management. The network providers and PBH recognize the importance of the improvement phase of the continuous quality assurance cycle and each has made a commitment to quality service provision.

With the uncertain economic times, PBH has worked hard to keep providers abreast of changes and pending changes to keep our partnership on a level playing field.

As our on site survey approaches with NCQA, PBH continues to focus on accessibility, availability, and quality of care for all consumers. These areas are monitored at multiple levels: Utilization Management/Access Department tracks and monitors accessibility issues at the consumer, provider, and system levels, Quality Management monitors and provides oversight, Continuous Quality Improvement Committee provides oversight and recommendations for system issues, and Executive Cabinet monitors and implements policy changes that improve care to consumers.

Overall Effectiveness of PBH CQI Program for 2008 -2009:

PBH has strived to coordinate the data collection, analysis, and reporting of key performance indicators, performance improvement projects, benchmarking against Quality Compass national standards and other state mandated initiatives to monitor areas of improvement as well as identified targets. These efforts have improved the overall effectiveness of the CQI program and plan. This is evident with improvement on targeted areas such as grievance resolutions with consumers, reduction of the use of prone restraints by providers, provider survey results that indicate that PBH staff treats my agency and staff with respect, education and outreach information and materials are readily available for consumers, improved access to service for consumers, overall satisfaction with PBH and its service continuum as indicated by the 2009 consumer satisfaction survey, and continued partnerships with CFAC, Network Providers and key stakeholders.

Some of the areas that require targeted intervention or monitoring are:

Service gaps in the substance service continuum

Continued collaboration with the local Departments of Social Services on the transportation issues

Continue to improve consumer safety by assisting network provider with alternative strategies and/or curriculums to replace prone restraints

Annual review of the CQI plan and program description indicates that CQI committee structure, practitioner involvement with Global CQI, Clinical Advisory, Credentialing Committee, and Network Council have not demonstrated the need to change or restructure the CQI program for the next year.

Recommendations for Future Improvements Projects:

- ✚ Continue consumer safety initiative with network provider participation in the reduction of the use of prone restraints
- ✚ Collaboration and partner with DSS to address transportation issues
- ✚ Continue to decrease the use of the state hospitals
- ✚ Increase access to psychiatric care through the addition of a second primary care location model and additional resource with an outpatient site in Davidson County
- ✚ Expand and focus training for providers serving individuals with developmental disabilities that will address competency deficits in service delivery
- ✚ Add three Plan Developers to the case management department that will serve as team facilitators and support to case managers in addressing the needs of consumers with developmental disabilities that have complex service needs
- ✚ Add a psychology consultant with experience in developmental disabilities to the DD Utilization Management team
- ✚ Expand training of DD utilization management staff to focus on improving documentation and communication questions about service plans, as well as reasons for denial or reduction in services
- ✚ Work with the DD/MI consultation team to increase the percentage of clinical consultation for consumers with dual diagnosis.
- ✚ Increase referrals for assistance from the DD/MI consultation team
- ✚ Open a second Crisis/Detox center in our most populated county to increase access to crisis services and substance abuse treatment
- ✚ Add two SA-IOP programs to the continuum of substance abuse services
- ✚ Increase the frequency of community forums to offer face to face communication with consumers and families

- ✚ Bridger team, comprised of Peer Specialists will become operational to assist consumers in transitioning from psychiatric hospital care to community services
- ✚ Expand our primary care co-location program to additional physician practices in order to increase access to care for consumers
- ✚ Improve administration, inter-rater reliability as well as data collection and data analysis of the Supports Intensity Scale assessment tool for individuals with developmental disabilities
- ✚ Identify dedicated PBH staff who are certified in the administration of the Supports Intensity Scale (previously we used consultants). A team leader has been hired that will oversee the work of these staff, and assume responsibility for inter-rater reliability, consistency in measurement and documentation of results.
- ✚ Complete evaluations needed for the development of a new three year Cultural Competency Plan that includes goals for provider, stakeholder and PBH internal staff activities. Continue cultural competency initiative with PBH leadership and transition to the new Cultural Competency Plan.
- ✚ Increase consistency in operation of the PBH Cross Functional Teams through standardization and efficiency of documentation, communication, and resolution of issues at appropriate levels of the organization. The Administrative Project Manager will oversee this improvement initiative.