

# 2010 JEFFERSON BEHAVIORAL HEALTH'S QUALITY IMPROVEMENT WORKPLAN

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DOMAIN: ACCESS TO SERVICES DOMAIN				
Goal: Standardize Access to services measures and increase access to services where needed.				
Objective	Interventions	Performance Indicators	Measurement	Timeline
<p>1. Standardization of Access Process and Measurement.</p>	<p>QA committee will formalize process of intakes/access to provider clinics.</p> <p>JBH will develop a policy and procedure to ensure standardization access measurements.</p> <p>Contractors will be trained in billing procedures and expectations of access measures.</p>	<p>PH Tech will provide quarterly reports on access indicators on the two data points:</p> <ol style="list-style-type: none"> <li>1. MH Screening</li> <li>2. MH assessment</li> </ol> <p>Contractors will report on a quarterly basis their access measurements. Reports will be due 30 days after end of quarter.</p> <p>Verifiable baseline will be determined from both data sets.</p>	<p>JBH will analyze access data within 15 days of contractor reporting using encounter data submitted by providers and PH Tech Data.</p> <p>Contractors will be asked for explanations on member access that exceeds required timelines within 14 days of quarterly reports.</p> <p>JBH staff will compare the annual and quarterly penetrations rates at the end of 2010</p>	<p>QA committee formalize process by April 30, 2009</p> <p>JBH Policy by May 31, 2009</p> <p>Contractor trainings by July 30, 2009</p> <p>Results will be shared quarterly with the QMC, JBH Administrators, and County Program Directors.</p>
<p>2. Work with individual contractors to assist in reducing barriers to access</p>	<p>JBH will identify quarterly through PH Tech and Contractor reports access that exceeds required timelines.</p>	<p>Conduct Root Cause Analysis with individual contractor.</p> <ol style="list-style-type: none"> <li>1. Define the problem.</li> <li>2. Gather data/evidence.</li> </ol>	<p>JBH quarterly will monitor both PH Tech Reports and Contractor Reports for variations outside of the access</p>	<p>QMC to review quarterly reports to identify trends within contractors.</p> <p>Results will be shared quarterly</p>

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	<p>JBH will develop work plans as needed with individual contractor and provide technical assistance.</p>	<ol style="list-style-type: none"> <li>3. Ask why and identify the causal relationships associated with the defined problem.</li> <li>4. Identify which causes if removed or changed will prevent recurrence.</li> <li>5. Identify effective solutions that prevent recurrence, are within your control, meet your goals and objectives and do not cause other problems.</li> <li>6. Implement the recommendations.</li> <li>7. Observe the recommended solutions to ensure effectiveness.</li> <li>8. Variability Reduction methodology for problem solving and problem avoidance.</li> </ol>	<p>requirements.</p> <p>Contractors will be asked for explanations on member access that exceeds required timelines within 14 days of quarterly reports.</p> <p>If member access continues to exceed contract requirements than root cause analysis will be conducted.</p> <p>Root Cause analysis will identify effective solutions and recommendations will be implemented. JBH will monitor the progress of those recommendations through a Corrective Action Plan.</p>	<p>with the QMC, JBH Administrators, and County Program Directors.</p>
<p>3. Increase in % of Access measures that meet JBH standards</p>	<p>QA committee will formalize process of intakes/access to provider clinics</p> <p>JBH will provide policy and procedures for</p>	<p>1. Goal will be an increase in 10% from baseline measure in every access category.</p>	<p>JBH will analyze access data within 15 days of contractor reporting using encounter data submitted by providers and PH</p>	<p>QA committee formalize process by April 30, 2009</p> <p>JBH Policy by May 31, 2009</p>

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	<p>expectations for access standard measurements and process.</p> <p>JBH will train providers on access standard measurements and tracking</p>		<p>Tech Data.</p> <p>Contractors will be asked for explanations on member access that exceeds required timelines within 14 days of quarterly reports.</p> <p>JBH staff will compare the annual and quarterly penetrations rates at the end of 2010</p>	<p>Contractor trainings by July 30, 2009</p> <p>Results will be shared quarterly with the QMC, JBH Administrators, and County Program Directors.</p>
<p>4. Increase Access to underserved populations, specifically Hispanic and Older Adults</p>	<p>JBH will promote the availability of training opportunities provided in working with identified specialized populations.</p> <p>JBH will monitor current resources within providers by requesting provider updates every June and January to ensure provider capacity to work with identified specialized populations.</p>	<ol style="list-style-type: none"> <li>Increase .01% of older adults (ages 60+) served from baseline. <ul style="list-style-type: none"> <li>Baseline is 1.36% according to PH Tech Data from 1/2009 to 10/2009.</li> <li>Maintenance of Geriatric Specialist List.</li> </ul> </li> <li>Increase 0.11% of Hispanic Members served from the baseline. <ul style="list-style-type: none"> <li>Baseline is 1.11% according to PH Tech Data from 1/2006 to 10/2009.</li> <li>Maintenance of</li> </ul> </li> </ol>	<p>JBH will analyze access data within 15 days of PH Tech's quarterly reports</p> <p>QA committee will review underserved population data quarterly and make recommendations</p> <p>JBH staff will compare the annual and quarterly penetrations rates at the end of 2010</p>	<p>QMC to review twice a year in February and July and make recommendations.</p> <p>Results will be shared quarterly with the QMC, JBH Administrators, and County Program Directors.</p>

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		<b>Hispanic Provider Capability List</b>		
<p>5. Develop baseline measure and increase access for Dual Diagnosis populations, i.e.</p> <ul style="list-style-type: none"> <li>• Mental Health and A&amp;D</li> <li>• Mental Health and DD</li> </ul>	<p>JBH will promote the availability of training opportunities provided in working with identified specialized populations.</p> <p>JBH will facilitate relationship development between providers.</p>	<ul style="list-style-type: none"> <li>• Develop accurate baseline measures</li> <li>• Increase communication between providers by facilitating relationship development</li> </ul>	<p>JBH will analyze access data within 15 days of PH Tech's quarterly reports</p> <p>QA committee will review underserved population data quarterly and make recommendations</p> <p>JBH staff will compare the annual and quarterly penetrations rates at the end of 2010</p>	<p>QMC to review twice a year in February and July and make recommendations.</p> <p>Results will be shared quarterly with the QMC, JBH Administrators, and County Program Directors.</p>
<b>DOMAIN: QUALITY OF SERVICES DOMAIN</b>				
<b>Goal: Goal: Improve clinical acuity in documentation, clinical quality and outcome measures</b>				
<b>Objective</b>	<b>Interventions</b>	<b>Performance Indicators</b>	<b>Measurement</b>	<b>Timeline</b>
<p>1. Improve clinical documentation scores by 10% in every county</p>	<p>JBH will provide trainings on documentation standards</p> <p>JBH will provide documentation guide to all provider clinics to be used as an onsite training tool.</p>	<p>Clinical Integrity Audit tool will be used to measure progress</p> <p>2009 CIA audit=56.5% compliance rating</p>	<p>Review charts at each contractor based on schedule listed in Corrective Action Plans.</p> <p>Contractors will submit to JBH their reviews of subcontractors' charts.</p>	<p>JBH documentation trainings will be in Spring of 2010 and continue quarterly.</p> <p>Track and review quarterly in QMC.</p> <p>Information will be shared with JBH administrators and county program</p>

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				directors after every CIA review.
2. Improve Clinical Quality scores by 10% in every county	<p>JBH will provide trainings on documentation standards</p> <p>JBH will provide documentation guide to all provider clinics to be used as an onsite training tool.</p> <p>QMC committee will review all necessary documents to ensure they are in place at each contractor</p>	<p>Clinical Integrity Audit tool will be used to measure progress</p> <p>2009 CIA audit=59.9% compliance rating</p>	<p>Review charts at each contractor based on schedule listed in Corrective Action Plans.</p> <p>Contractors will submit to JBH their reviews of subcontractors' charts.</p>	<p>JBH documentation trainings will be in Spring of 2010 and continue quarterly.</p> <p>Track and review quarterly in QMC.</p> <p>Information will be shared with JBH administrators and county program directors after every CIA review.</p>
3. Standardize Clinical Outcomes measurements in Adult and Children's charting and increase outcome scores by .5	<p>QMC committee will determine outcome measures to be used across region</p> <p>QMC committee will develop a timeline for implementation and report on progress</p>	<p>Clinical Integrity Audit tool will be used to measure progress</p> <p>2009 CIA audit= +.122 Range is -.2 to +1</p>	<p>Review charts at each contractor based on schedule listed in Corrective Action Plans.</p> <p>Contractors will submit to JBH their reviews of subcontractors' charts.</p>	<p>QMC will develop outcome measures by May 30, 2010.</p> <p>Track and review quarterly in QMC.</p> <p>Information will be shared with JBH administrators and county program directors after every CIA review.</p>

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<p>4. Standardization of and improvement of ICTS process and charting requirements to improve by least 10% in every provider.</p>	<p>JBH Children's System Coordinator and Children's Utilization Manager will provide training to all Children's providers</p>	<p>Clinical Integrity Audit tool will be used to measure progress</p> <p>2009 CIA audit Overall Compliance is 11.5%</p>	<p>Review charts at each contractor based on schedule listed in Corrective Action Plans.</p> <p>Contractors will submit to JBH their reviews of subcontractors' charts.</p>	<p>Track and review quarterly in QMC.</p> <p>Information will be shared with JBH administrators and county program directors after every CIA review.</p>
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<b>DOMAIN: INTEGRATION AND COORDINATION</b>				
<b>Goal: Promote integration and coordination of care</b>				
<b>Objective</b>	<b>Interventions</b>	<b>Performance Indicators</b>	<b>Measurement</b>	<b>Timeline</b>
<p>1. Improve treatment coordination with Primary Care Providers (Collaborative Performance Improvement Project)</p>	<p>JBH will meet quarterly with Fully Capitated Health plans in the JBH region who are participating in the Mind Body Connection Project.</p> <p>JBH will work with the Fully-Capitated Health Plans in the JBH region to accomplish Steps 7 through 10 of the CMS "Conducting Performance</p>	<p>Collect and monitor standardized referral data and process.</p> <p>Complete PIP report and submit to AMH.</p>	<p>JBH will monitor all referrals from physicians in the region.</p> <p>JBH will conduct chart reviews on a sample of charts to determine whether information is being shared between primary care and mental health.</p>	<p>Track and review quarterly in MBC and QMC.</p> <p>Information will be shared quarterly with QMC, JBH administrators and county program directors.</p>

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	<p><b>Improvement Projects" Protocol.</b></p> <p>JBH in collaboration with the FCHP partners will compile, and analyze the results.</p>		MBC meetings quarterly.	
<p>2. Increase percentage of members who are screened for smoking cessation to 80% at time of intake.</p> <p>3. Increase the number of members who report smoking and are referred to smoking cessation interventions to 80%</p>	<p>JBH will work with consumer run drop in centers to establish a consumer lead smoking cessation group.</p> <p>JBH will work with the contractors to establish protocol to screen for smoking cessation and refer to PCP and drop in centers.</p>	<p>Current Baseline is 0 consumer run drop in centers offer a smoking cessation program.</p> <p>According to baseline chart abstraction members are only being screened for smoking 19% of the time.</p> <p>In Southern Oregon the smoking rate is 23%, However in a 2007 study the rate of Adults with Medicaid who smoke is 35%.</p>	<p>Increase number of consumer lead smoking cessation groups to 1 in each county.</p> <p>Chart Abstraction to measure screening results after training from JBH.</p>	<p>Baseline established in 2009.</p> <p>Drop in Center trainings by March , 2010.</p> <p>Chart Abstraction by November 30, 2010.</p> <p>Track and review quarterly in MBC and QMC.</p> <p>Information will be shared with JBH administrators and county program directors 2x per year in June and January</p>
<p><b>DOMAIN: PREVENTION, EDUCATION and OUTREACH (PEO)</b></p> <p><b>Goal: Standardize current PEO tracking and increase PEO groups in under-utilized areas.</b></p>				
<b>Objective</b>	<b>Interventions</b>	<b>Performance Indicators</b>	<b>Measurement</b>	<b>Timeline</b>

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<p>1. Standardization of tracking for PEO activities</p>	<p>a. JBH will clarify what PEO tracking is required quarterly and clarify PEO requirements.  b. JBH will train all contractors on PEO requirements  c. JBH will work with individual contractors who are incorrectly reporting PEO activities.</p>	<p>a. Development of regional list of current PEO activities, including topics, schedules and staff reporting requirements.  b. JBH oversight of procedures based off training.</p>	<p>Quarterly reports to JBH on PEO activities   Regional list of PEO activities measured against what is reported by contractors.</p>	<p>Regional list by March .   JBH training by June .   Track and review quarterly in MBC and QMC.   Information will be shared with QMC, JBH administrators and county program directors.</p>
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DOMAIN: OUTCOMES				
Goal: Development and implementation of standardized outcome measures for Adult and Children				
Objective	Interventions	Performance Indicators	Measurement	Timeline
<p>1. Standardize Clinical Outcomes measurements in Adult and Children's charting and increase outcome scores by .5</p>	<p>QMC committee will determine outcome measures to be used across region   QMC committee will develop a timeline for implementation and report on progress</p>	<p>Clinical Integrity Audit tool will be used to measure progress   2009 CIA audit= +.122  Range is -.2 to +1</p>	<p>Review charts at each contractor based on schedule listed in Corrective Action Plans.   Contractors will submit to JBH their reviews of subcontractors' charts.</p>	<p>QMC will develop outcome measures by May 30, 2010.   Track and review quarterly in QMC.   Information will be shared with JBH administrators and county program</p>

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