



Quality Assessment and Performance Improvement Program FY20 Report and FY21 Plan Executive Summary

Mid-State Health Network (MSHN) as the Prepaid Inpatient Health Plan (PIHP) is responsible for monitoring quality improvement through the Quality Assessment and Performance Improvement Program (QAPIP). The scope of MSHN's QAPIP program is inclusive of all CMHSP Participants, the Substance Use Disorder Providers and their respective provider networks. The QAPIP is reviewed annually for effectiveness. The review includes the components of the QAPIP, the performance measures, and improvement initiatives, as required based on the MDHHS PIHP contract and the BBA standards. In addition to the ensuring the components continue to meet the requirements, each strategic initiative priority relevant to the QAPIP is reviewed to determine if the expected outcome has been achieved. Following the review of the Annual QAPIP Report, recommendations are made for the Annual QAPIP Plan. The Board of Directors receives the Annual QAPIP Report and approves the Annual QAPIP Plan for the following year. The QAPIP is reviewed and approved by the Quality Improvement Council (QIC), Leadership, Operations Council and MSHN's Board of Directors. A new requirement this year includes the submission of the QAPIP Report and Plan to MDHHS by January 31. Due to timing, the Board of Directors will be reviewing the QAPIP Report and Plan in March. The following changes have been recommended based on the QAPIP review. The measurement period for this annual QAPIP Report is October 1, 2019 through September 30, 2020. Once reviewed and approved by the Board of Directors the plan and report must be submitted to MDHHS by January 31, each year.

Annual QAPIP Report

The QAPIP Report is the annual effectiveness review of the QAPIP Plan. The QAPIP components as required by MDHHS are reviewed in addition to, strategic task and activities as it relates to the QAPIP, and performance measures. Areas that have not met the standard include a goal. Recommendations are developed for areas that may benefit from additional interventions to improve the performance or the quality of a process.

Annual review of the QAPIP Components: Sixteen areas are reviewed. MSHN developed goals for those areas that have not yet demonstrated compliance or those areas that did not meet the standard through the external review process. Seven areas were identified by external reviews as not meeting the standard. Additional recommendations were made in areas to ensure continued compliance and optimal performance.

Goals/Recommendations:

Organizational Structure and Leadership (pg. 75)

Recommendations:

- Development of a process to monitor progress of the quality workplan and performance measures, inclusive of other MSHN departments. (UM, PNM, CC, Clinical-SUD and CMHSP).
- Utilization of the quarterly Compliance, Quality and Customer Service Departmental Report for periodic progress review to the Board of Directors.
- Evaluate and modify time frames for the quality workplan to ensure Board approval is received before 1.31.2022.

Stakeholder Feedback (pg. 76)

Goals:

- MSHN will distribute satisfaction surveys for each representative population served (SUD, MI, SED, IDD inclusive of LTSS) with development of action plan to address areas of dissatisfaction (below 80%) annually.
- MSHN will demonstrate an 80% rate of satisfaction for each representative population.

Safety and Risk Monitoring (pg. 77)

Goal:

- Will demonstrate a 100% completion rate of Critical Incident/Event Performance Summaries each quarter for CMHSP Participants and SUD Providers.

Recommendation:

- Develop electronic process for sentinel event submissions to MSHN by the Provider Network.

Utilization Management (pg. 78)

Goal:

- MSHN will demonstrate an increase in compliance with the Adverse Benefit Determination notice requirements.
- MSHN 's Provider Network will demonstrate an increase in the compliance rate with the required timeframes for service authorizations.

Practice Guidelines (pg.78)

Goal:

- MSHN will demonstrate full compliance with communication of practice guidelines.

Behavior Treatment (pg. 80)

Recommendation:

- Develop a goal to address improved compliance with the MDHHS Standards for Behavioral Treatment Committee.
- Performance goals to address restrictive and intrusive interventions in individual plans of service.

Credentialing and Provider Qualifications (pg. 80)

Goal:

- MSHN's Provider Network will demonstrate an increase compliance with the MDHHS/MSHN staff qualification, credentialing and recredentialing requirements.

External Review/Monitoring (pg. 81)

Recommendations:

- Include corrective action/improvement plans resulting from partial compliance to the QAPIP Work Plan.
- Include recommendations in the quality workplan.

Annual Strategic Plan Priorities Review (pg. 82)

Nineteen areas were reviewed. Three were completed and will be discontinued. Nine areas were completed and will continue. Seven areas are in progress and are continuing to be developed across the region. The following recommendations are being made and will be incorporated into the Quality Work Plan:

Strategic Tasks/Activities: MSHN will improve and standardize processes for exchange of data between MSHN and MHPs, MSHN and CMHSPs, and MSHN and SAPT Providers. Additionally, MSHN will facilitate CMHSP-to-CMHSP data exchange in order to reduce duplication when gathering necessary information for reporting.

- Recommendation: Provider Portal implementation (Sentinel Event Reporting, Credentialing; etc); Member Experience Surveys/ Assessments (RAS, MHSIP, YSS); BTPR data collection and aggregation.

Strategic Tasks/Activities: MSHN will strengthen regional performance improvement systems in the SAPT provider network.

- Recommendation: MSHN to continue development of quarterly performance measures report for providers and a process for collaboration and accountability for providers.

Performance Measures Review

The performance measures include required measures that are reported to MDHHS and optional measures that MSHN has identified as key priority areas. A status of “met” indicates that performance was met all four quarters of the FY, or annually dependent on the measure. Thirty-six performance measures were reviewed. Twenty-six met the standard. Of the ten that did not meet the standard two were required by MDHHS. The remaining eight are track and trend data with internal standards and/or priority measures as agreed upon by Operations Council. Each measure that has not met the standard will include improvement efforts towards improvement. Those measures that did not meet the standard are below:

- Indicator 3: (Discontinued March 31, 2020) Start of Service within 14 Days ($\geq 95\%$)
- Indicator 10: Re-admission to Psychiatric Unit within 30 Days ($\leq 15\%$)
- The percentage of individual 25 to 64 years of age with schizophrenia or bipolar who were prescribed any antipsychotic medication and who received cardiovascular health screening during the measurement year. Cardiovascular Screening (Increase from previous measurement period)
- The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. FU Children ADHD Med Continuation & Monitoring (C&M) Phase
- The rate of arrests, per 1000 persons, served will demonstrate a decrease from previous year.
- The rate, per 1000 persons served, of Non-Suicide Death will demonstrate a decrease from previous year.
- The rate, per 1000 persons served, of Suicide Deaths will demonstrate a decrease from previous year.
- The rate, per 1000 persons served, of Sentinel Events will demonstrate a decrease from previous from previous year.
- The percent of individuals who have an approved Behavior Treatment Plan which includes restrictive and intrusive techniques will decrease from previous year.
- Percent of individuals eligible for autism benefit enrolled within 90 days with a current active IPOS. (standard-95%)

Annual QAPIP Plan

Summary of Changes

General Changes: Separated the QAPIP Plan from the QAPI Report (evaluation of effectiveness). The references were updated to reflect current MDHHS contract requirements and MSHN policy and procedures were included as footnotes throughout the document. Substituted the language from “corrective action plan” to “quality improvement plan” throughout document.

I. **Overview:** No changes.

II. **Organizational Structure and Leadership:**

- a) Components-Moved roles of recipients, and communication of process and outcomes from section IV to be consistent with the QAPIP Technical Requirement (pg. 5-7). Added additional language identifying clear linkages, and communication of practice guidelines (pg. 7).
- b) Governance- Added the inclusion of the list of Board of Directors to the QAPIP Report (pg. 7). Medical Director-Removed redundant language pg. 9-10 SUD-Provider Advisory Council (PAC) added language to include quality improvement initiatives

III. **Performance Measurement:**

- a) Establishing Performance Measures-Included language for identification and initiation of a quality improvement process; clarified how measures are chosen (pg. 10-12).
- b) Performance Improvement Action Steps- Included elements consistent with the Plan Do Study Act. (pg. 14, 15).
- c) Moved communication process and outcome to Section III b.

IV. **Stakeholder Experience/Engagement:** No substantive changes

V. **Safety and Risk Monitoring:** No substantive changes

VI. **Clinical Quality Standards:**

- a) Practice Guidelines- Included additional language of adoption, development, implementation, evaluation and communication (pg. 19, 20).

VII. **Provider Standards:**

- a) Financial Oversight-Added a section for financial oversight/improvement process (pg. 23).

VIII. **Program Priorities FY21 Performance Measures** (pg. 25-28)

Additional measures are related to the external review results.

- MSHN will demonstrate an improvement with the quality of data for the BH-TEDS data.
- The QAPIP Plan and Report will be provided to network providers and members upon request.
- MSHN will be in full compliance with the Adverse Benefit Determination notice requirements.
- MSHN will communicate practice guidelines to the providers annually.
- MSHN providers will increase compliance with the MDHHS/MSHN credentialing, recredentialing and non-licensed provider staff qualification requirements.
- The rate of critical incidents for SUD Providers will demonstrate a decrease from previous reporting period.

IX. **Definitions/Acronyms: (pg. 30-31)**

Additional definitions and acronyms added to support the QAPIP description.

Attachment 1. The Quality Work Plan: Specific activities of the QAPIP for FY21 with assigned responsibilities. (pg. 31-42).