

# Quality Assessment and Performance Improvement Program

Mid-State Health Network

March 18, 2021

## Overview

- ▶ 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.
- ▶ 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 following year.
- ▶ The QAPIP is reviewed and approved by the Quality Improvement Council (QIC), Leadership, Operations Council and MSHN's Board of Directors.
- ▶ The QAPIP Report and Plan is submitted to MDHHS.

# Required Components of the QAPIP

- ▶ Organization Structure and leadership
- ▶ Roles of Recipients
- ▶ Performance Measurement
- ▶ Communication of Process and Outcome Improvements
- ▶ Qualitative and Quantitative Assessment of Member Experiences
- ▶ Event Reporting and Monitoring (Critical Incidents/Sentinel Events)
- ▶ Medicaid Event Verification
- ▶ Utilization Management Plan
- ▶ Clinical Practice Guidelines
- ▶ Oversight of Vulnerable People
- ▶ Credentialing, Provider Qualifications
- ▶ Provider Monitoring
- ▶ External Reviews and Monitoring

## **Organizational Structure and Leadership**

- ▶ The structure of the QAPIP allows each contracted behavioral health provider to establish and maintain its own unique arrangement for monitoring, evaluating, and improving quality.
- ▶ The MSHN Quality Improvement Council, under the direction of the Operations Council, is responsible for ensuring the effectiveness of the QAPIP.
- ▶ Process improvements will be assigned under the auspices of MSHN to an active PIHP council, committee, workgroup or task specific Process Improvement Team.

## **SUD Councils and Committees**

- ▶ Regional Medical Directors
- ▶ SUD Oversight Policy Board
- ▶ SUD-Provider Advisory Council (PAC)
- ▶ Regional Consumer Advisory Council (RCAC)

## Recipients:

- ▶ Participate in the QAPIP through involvement on workgroups, process improvement teams, advisory boards and Quality Improvement (QI) Councils at the local and regional level.
- ▶ Provide input into policy and program development, performance indicator monitoring, affiliation activities/direction, self-determination efforts, QI projects, satisfaction findings, consumer advocacy, local access and service delivery, and consumer/family education, etc.

## Other Stakeholders:

- ▶ Input is utilized in the planning, program development, and evaluation of services, policy development, and improvement in service delivery processes.
- ▶ Providers, family members, community members, and other service agencies whenever possible and appropriate.
- ▶ Opportunities for stakeholder participation include
  - PIHP governing body membership
  - Consumer Advisory activities at the local, regional and state levels
  - Completion of satisfaction surveys
  - Participation on quality improvement work teams or monitoring committees
  - Focus group participation

## Performance Measurement – Establishing Performance Measures

Measures widely used by MSHN for the ongoing evaluation of processes, and to identify how the region can improve the safety and quality of its operations, are as follows:

- ▶ A variety of qualitative and quantitative methods are used to collect data about performance.
- ▶ Well-established measures supported by national or statewide databases are used where feasible and appropriate to benchmark desired performance levels; if external benchmark is not available, then local benchmarks are established.
- ▶ Statistically reliable and valid sampling, data collection and data analysis principles are followed as much as possible; and
- ▶ The measures established reflect the organizational priorities
- ▶ Measures can be clinical and non-clinical.
- ▶ Identification of performance measures include but are not limited to the following:
  - growth areas identified from performance summaries and reports.
  - stakeholder feedback from provider and member experiences.
  - oversight and monitoring reviews from external and internal processes.
  - appeals/grievance, customer service complaints.

## Communication of Process and Outcome Improvements

### Goal

- ▶ The QAPIP Plan and Report will be provided to network providers and members upon request.  
The QAPIP Evaluation /Report and periodic reports are posted to the MSHN website, distributed through committees and councils, email distribution, and through the weekly provider update (constant contact).

## Michigan Mission Based Performance Indicators (MMBPIS)

### Goals

MSHN will meet or exceed the MDHHS standard for the MMBPIS.

- ▶ Indicator 2 b. Effective April 16, 2020, the percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders.(No Standard)
- ▶ Indicator 4 b. Follow-Up within 7 Days of Discharge from a Detox Unit (>=95%)

## Performance Improvement Projects (PIHP must engage in 2 projects)

### Recovery Self Assessment- Providers/Administrators

#### Goals

- ▶ The degree to which programs implement recovery-oriented practices will demonstrate a 3.50 or above annually. ( $\geq 3.50$ )
- ▶ I am involved in my community and organization (RSA-Involvement) ( $\geq 3.5$ )
- ▶ Services I receive are tailored to my wants and needs (RSA-Individually Tailored Services) ( $\geq 3.5$ )
- ▶ I am given opportunities to discuss or be connected to my diverse treatment needs (RSA Diversity of Treatment) ( $\geq 3.5$ )
- ▶ I am given choices about my treatment and care that I receive (RSA-Choice) ( $\geq 3.5$ )
- ▶ Staff support and encourage me in various ways to fulfill my life goals (RSA-Life Goals) ( $\geq 3.5$ )



## Qualitative and Quantitative Assessment on Member Experiences

- ▶ Must address population needs, quality , availability, and accessibility of care
- ▶ Aggregated results are collected, analyzed, and reported (when applicable) to MSHN
- ▶ Data is used to identify Best Practice, improvements, growth areas
- ▶ Findings are incorporated into program improvement action plans
- ▶ MSHN Survey results are available on the MSHN Website

### Goals

- ▶ MSHN will demonstrate a 100% completion rate of assessments for each representative population served (SUD, MI/SED, IDD inclusive of LTSS) with development of action plan to address findings annually.
- ▶ The rate of satisfaction with SUD services and treatment received will meet or exceed 80%.

## Event Monitoring and Reporting

- ▶ MSHN also ensures that each CMHSP Participant/SUD Provider has a system in place to monitor these events, utilizing staff with appropriate credentials for the scope of care, and within the required timeframes.
- ▶ MSHN submits and/or reports required events to MDHHS including events requiring immediate notification as specified in the Medicaid Managed Specialty Supports Services contract within the timelines required by MDHHS.
- ▶ MSHN delegates the responsibility of the process for review and follow-up of sentinel events, critical incidents, and other events that put people at risk of harm to its CMHSP Participants and SUD Providers.
- ▶ MSHN will ensure that the CMHSP and SUD Providers have taken appropriate action to ensure that any immediate safety issues have been addressed including:
  - The identification of a sentinel event within three business days in which the critical incident occurred
  - The commencement of a root cause analysis within two business days of the identification of the sentinel event. Following completion of a root cause analysis, or investigation,
  - The provider will develop and implement either a plan of action or an intervention to prevent further occurrence or recurrence of the adverse event, or documentation of the rationale for not pursuing an intervention.
  - The plan shall address the staff and/or program/committee responsible for implementation and oversight, timelines, and strategies for measuring the effectiveness of the action.

## **Event Monitoring and Reporting**

### Goals

- ▶ MSHN will demonstrate a 100% completion rate of Critical Incident/Event performance summary quarterly.
- ▶ The rate of critical incidents per 1000 persons served will demonstrate a decrease from previous reporting period.

### **Medicaid Event Verification**

- ▶ MSHN will verify delivery of services billed to Medicaid/Healthy Michigan/Block Grant
- ▶ MSHN will annually identify trends, patterns, strengths and opportunities for improvement
- ▶ MSHN will submit report annually to MDHHS as required.

### Goal

- ▶ Medicaid Event Verification review demonstrates improvement of previous year results such as the documentation of the service date and time matching the claim date and time of the service.

## Other Performance Measures

- ▶ Increase access and service utilization for Veterans and Military Members.
- ▶ Follow up after Emergency Department Visit for Alcohol and Other Drug Dependence.
- ▶ MSHN will demonstrate an increase over previous reporting period of Initiation, Engagement and Treatment (IET) of Alcohol and Other Drug Dependence.
- ▶ SUD Detox Re-Admission
  - Percentage of SUD Detox discharges with a subsequent SUD Detox Admission within 30 days of the previous SUD Detox Discharge
  - Percentage of SUD Detox discharges with a subsequent SUD Detox Admission within 60 days of the previous SUD Detox Discharge
  - Percentage of SUD Detox discharges with a subsequent SUD Detox Admission within 90 days of the previous SUD Detox Discharge

## **Practice Guidelines**

- ▶ MSHN will demonstrate full compliance with communication of practice guidelines.
- ▶ Providers will implement clinical practice guidelines

### Goal

- ▶ MSHN will communicate practices guidelines to the provider annually

Practice Guidelines and/or links to MDHHS Practice Guidelines are located on the MSHN website.

## **Oversight of Vulnerable People**

- ▶ MSHN will monitor health, safety and welfare of individuals served

## Credentialing/Provider Qualifications

- ▶ MSHN will develop process to ensure Providers adhere to the MSHN credentialing policy
- ▶ Providers will adhere to MSHN's credentialing policy

### Goal

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

## Provider Monitoring/External Reviews - *Health Services Advisory Group (HSAG), MDHHS*

- ▶ Annual monitoring of providers and provider subcontractors *Delegated Managed Care Reviews*
- ▶ Will coordinate external review with providers
- ▶ Will develop an improvement plan to address the findings and incorporate into the QAPIP Work Plan



MSHN Quality Assessment and Performance  
Improvement Program Report and Plan

Sandy Gettel MSHN Quality Manager

517-220-2422

[sandy.gettel@midstatehealthnetwork.org](mailto:sandy.gettel@midstatehealthnetwork.org)