THE COORDINATED SYSTEM OF CARE
QUALITY ASSURANCE & IMPROVEMENT STRATEGY

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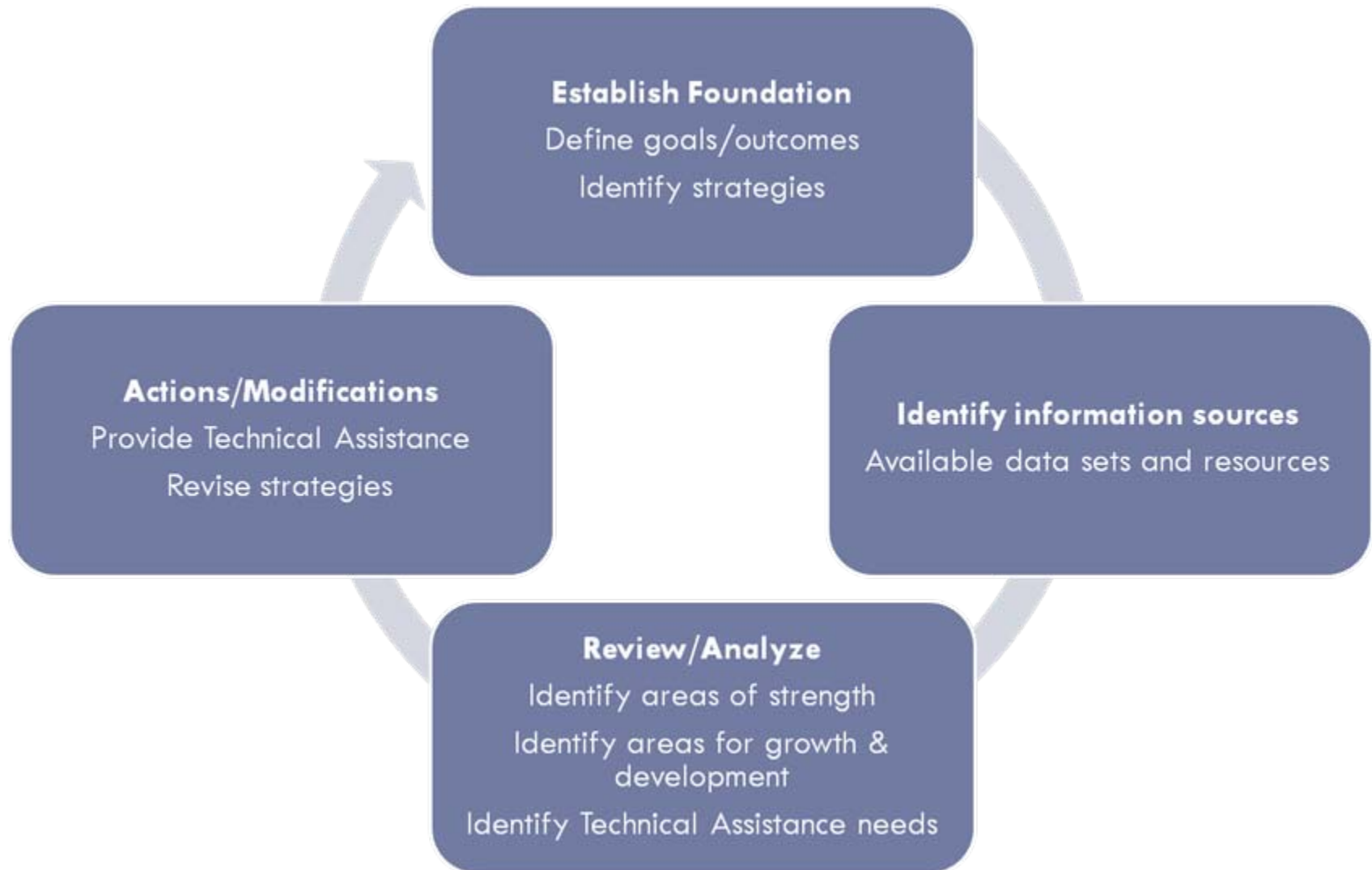
What we'll cover…

- SOC Quality Assurance/Improvement processes
- The Louisiana CSoC QA Overview
- Some basics on monitoring the quality of care
- More specifics on the Quality Management Strategy for CSoC
  - Structures, roles and responsibilities
  - Areas of focus
- Implications for the future

3 SOC QA/QI Processes

System of Care CQI

The Perfect Storm

- ☐ Convergence of:
  - ◻ Data
  - ◻ Process
  - ◻ Dialogue

➡ Effective SOC Development

Some things to consider…

- Committing to quality means committing to:
  - Collecting what you need (and <u>not</u> everything under the sun)
  - Creating transparent and collaborative processes to review what is collected
  - Dedicating resources to respond and follow-up
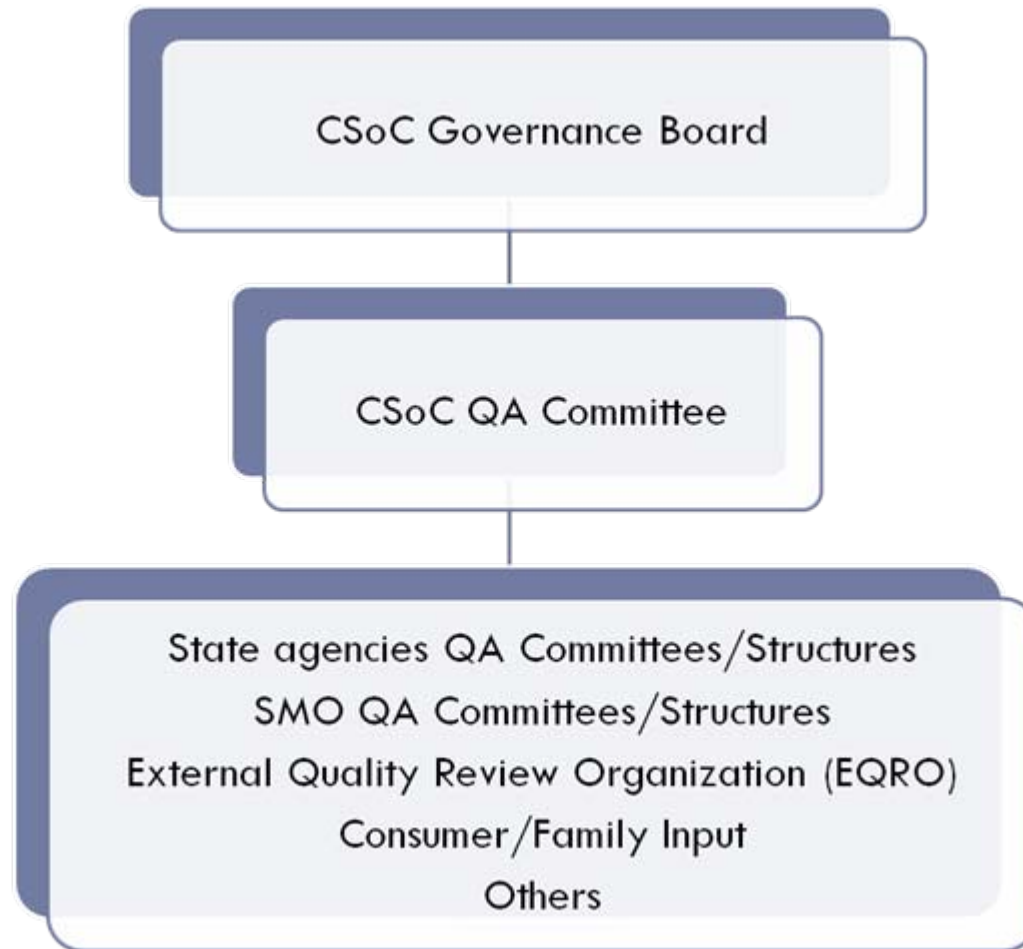
Louisiana's CSoC QA Overview

The CSoC

The CSoC, through the 1915 waivers, will serve children and youth who are at-risk of being placed in more restrictive out-of-home settings because of behavior challenges and/or co-occurring disorders.

CSoC QA/QM Structure

CSoC Quality of Care

- The Louisiana Quality Management Strategy is concerned with assessing and assuring the provision of quality care
- The Institute of Medicine (1990) defined quality of care as the degree to which health services are consistent with current professional knowledge and increase the likelihood of desired health outcomes

Monitoring Quality of Care

Traditional Quality of Care Categories

- SAMHSA (TAP #22) lists three components of a quality management strategy (purchasers usually focus on one of these):
  - Structural measures
  - Process measures
  - Outcome measures

Some examples of measures…

□ Structural
  ▪ Quality of physical plan
  ▪ Number and quality of staff

□ Process
  ▪ Customer service practices
  ▪ Claims payment proficiency

□ Outcome
  ▪ % demonstrating improved functioning
  ▪ Number of clients receiving less intensive and less restrictive services

Source: IOM, Managing Managed Care: Quality Improvement in Behavioral Health, 1997

Federal Requirements Exist

- DHH-OBH is required to report additional information to the federal government (NOMS: National Outcome Measurement System), such as:
  - Employment/Education
  - Social Connectedness
  - Perception of Care

- We <u>must</u> also use evidence-based practices and adhere to practice standards as assessed by measures of fidelity

- In addition, each department have requirements which will need to be understood and integrated into our approach

Our Quality Management Strategy

Four broad performance outcomes that address waiver goals:

1) Cost effectiveness of services (increased use of home resources, community services, and natural supports while decreasing use of inpatient or specialized services)

2) Quality of services (competent providers, evidence-based practices, fidelity, level of care matched to need)

3) Timeliness of access to care (routine, urgent, emergent)

4) Resolution of complaints, grievances, appeals

The Quality Management Strategy

Structures, Roles & Responsibilities

What is an IMT?

- Intra-departmental Monitoring Team
- The IMT is the central forum for quality management strategies and activities
- Quarterly reports includes root cause analysis, analysis of barriers & improvement interventions
- The IMT is composed of representatives from the (HHS) Bureau of Health Services Financing (BHSF), OBH, DCFS, OJJ, and DOE. Also has members from consumers and advocate groups.
- Although OBH has primary oversight of the IMT, the IMT is a collaboration among various groups such as the Governance Board, agencies, committees, family members, youth, and advocates.

More about the IMT…

☐ Each agency represented on the IMT has quality staff responsible for oversight of quality of care issues specific to that agency.   The IMT members are the link to respective agency QM staff.

☐ The IMT prioritizes goals and identifies issues, performance measures (PMs) that are approved by the GB, & performance improvement projects (PIPs)

☐ SMO funds the annual PIPs, which are reviewed by EQRO (in year one there will be one clinical (e.g., triaging, medications, screening for depression) and one non-clinical PIP (e.g., data processing, grievances, background checks).

☐ PIPs are implemented by the contractors.

What does IMT monitoring include?

- Assessing SMO compliance with state contract
- Reviewing findings from other monitoring activities
- Reviewing SMO corrective action plan, focusing on recommendations from independent assessment, EQRO and IMT annual review
- Reviewing service utilization measures
- Making recommendations and offering technical assistance to SMO/PIHPs
- Assessing compliance with Medicaid waivers (timeliness, LOC treatment planning, access to care, least restrictive treatment, annual re-evaluation)

What is an EQRO?

☐ An External Quality Review Organization

☐ Is a federal requirement

☐ OBH will issue an RFP for this function

What are the SMO's responsibilities?

- SMO reviews quality of providers' services
- Develops & tracks Performance Measures (PMs) (input from IMT, OBH, Governance Board)
- Administers consumer satisfaction survey
- Responds to feedback from consumers, providers, and other stakeholders
- Tracks complaints
- Engages in outreach efforts (also for missed apts)
- Seeks to use community resources when possible
- Responds to reports from EQRO and IMT
- Reports quality activities in quarterly meetings
- Drafts a Clinical Advisory Committee (CAC)

What are DHH-OBH's responsibilities?

- ☐ Oversight of Quality Management Strategy
- ☐ Guidance of the IMT
- ☐ Development of reporting requirements of SMO to IMT & OBH
- ☐ Arrangements for quarterly IMT and SMO meetings
- ☐ Contracting with the External Quality Review Organization (EQRO) and coordination of the annual EQRO on-site review
- ☐ Coordination of monitoring activities and receipt of required reports

The Quality Management Strategy

Areas of Focus

Six Major Waiver Assurances

- Access, eligibility, and level of care
  - One example: % meeting level of care requirements prior to receiving Waiver services
- Service Plan addresses assessed needs
  - One example: Service plans updated/revised at least annually or when needed
- Qualified providers
  - One example: % meeting qualifications
- Participant safeguards
  - One example: % of grievances resolved in a timely fashion
- Medicaid agency retains authority over the Waiver program
  - One example: Review of SMO Performance Reports
- Financial Accountability
  - One example: % of verified claims for a specific service plan

CSoC Goal #1

- Reduce the current and future admissions of children and youth to restrictive settings.

- Objectives:
  - Increase access to appropriate care
  - Provide wraparound planning that is family driven
  - Utilize natural supports (family, peer, community)
  - Promote early ID & intervention of at-risk children

Performance Measures for Goal #1

- Appointment access

- Utilization of family, wraparound and peer support services

- Emergency department utilization

- Crisis services utilization

- Number of children placed in restrictive settings

- Utilization of in-home and community services

Performance Measures for Goal #1

- % of persons served in EBPs that have been implemented with fidelity

- Client surveys indicate client/family involvement and choice in treatment planning

- Number of peer specialists engaged in service to clients served

- Number of wraparound plans developed per youth served

- Crisis plans developed and implemented as part of individualized service plan

CSoC Goal #2

☐ Manage costs by using resources efficiently

☐ Objectives:

- Match care to level of need
- Reduce duplication of services among agencies
- Maximize use of natural supports
- Increase use of home and community based services
- Decrease use of restrictive settings
- Increase use of lower intensity services

Performance Measures for Goal #2

- Appointment access
- Utilization of family and peer support services
- Emergency department utilization
- Utilization of HCBS
- Youth screened, identified as at-risk and referred to wraparound agency
- Readmissions
- Utilization of natural supports and claims paid services
- Cost per person served, per month

CSoC Goal #3

- Improve the overall outcomes of children served by the coordinated system of care.
- Objectives:
  - Decrease contact with the juvenile justice system
  - Decrease placements in alternative schools
  - Decrease suspensions and expulsions from schools
  - Decrease contacts with foster care
  - Improve child & family satisfaction
  - Improve functioning
  - Acquisition of daily living skills and social skills in community

Performance Measures for Goal #3

- School attendance, conduct & performance
- Emergency department utilization
- Crisis services utilization
- # of children placed in restrictive settings, including psychiatric inpatient settings
- Utilization of in-home & community services
- Satisfaction survey results
- Juvenile justice involvement

Implementation assessment

- Process evaluation for the implementation of Wraparound Agencies and Family Support Organizations will need to be developed

- This assessment should identify areas of strength, opportunities for growth and development and inform implementation strategy for Phase II

So what does this all mean for us?

Implications

Things will be different…

☐ Our requirements for measurement are more stringent

☐ The scope of what must be measured has increased

☐ We must ensure we have the skills and resources to undertake this increased level of rigor

Some recommendations to consider:

- The Governance Board should dedicate time at a future meeting for discussion regarding other areas of importance
- The Governance Board Quality Assurance Committee (QAC) can be the Intra-Departmental Monitoring Team (IMT)
  - The group will meet federal requirements and can define any additional CSoC requirements
  - This can reduce redundancy and duplication
- The Governance Board QAC/IMT should be Chaired by staff from the Office of Behavioral Health
  - Maximizes efficiencies
  - Meets mandate that OBH implement the IMT and guide it's processes as outlined in the Quality Management Strategy submitted to CMS

Qualifications for State Department IMT representatives…

- Familiar with Quality Assurance and Improvement activities within respective department

- Understanding of the measures and data sources currently being used/available for quality monitoring

- Some familiarity with evaluation, quality assurance, continuous quality improvement, data, etc.

Proposed Next Steps…

- ☐ Facilitate discussion with Governance Board to ensure outcomes of importance are identified and incorporated into the QA/QI process

- ☐ Identify members for the IMT/QAC (including Chair(s) and staff) by July 8th including name, role and a brief summary of qualifications/experience

- ☐ Convene the IMT/QAC for orientation and training

- ☐ Conduct follow-up with each participating department to understand federal requirements and other specific areas of interest

- ☐ Develop more comprehensive QA/QI approach that specifies:
  - ☐ Indicators
  - ☐ Data Sources
  - ☐ Process for review, summarization, dissemination and decision-making

- ☐ Once SMO is selected, work with the vendor to solidify QA/QI approach and reporting requirements

Thoughts & Questions