

# **Macomb County Community Mental Health**

## **Quality Assessment and Performance Improvement Program**

Fiscal Year 2013-2014

**MACOMB COUNTY COMMUNITY MENTAL HEALTH  
QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM  
ANNUAL PLAN: Fiscal Year 2013-2014**

**Our Mission:**

*Macomb County Community Mental Health,  
Guided by the values, strengths, and informed choices of the people we served, provides  
quality services, which promote recovery, self-sufficiency, and independence.*

**I. Introduction**

The MCCMH Quality Assessment and Performance Improvement Program (QAPIP) meets the quality standards based on the Guidelines for Internal Quality Assurance Programs as distributed by the Health Care Financing Administration's (HCFA) Medicaid Bureau in its guide to states in July 1993; The Balance Budget Act of 1997 (BBA), Public Law 105-33; and the 42 Code of Federal Regulations (CFR) 438.358 OF 2002, including the concepts and standards more appropriate to the population of persons served under Michigan current 1915 (b) specialty services and supports waiver. Michigan state law; and existing requirements, processes and procedures implemented in Michigan.

The QAPIP activities are identified throughout MCCMH Policies (See Exhibit A 8-001), and adhere to the contract provision of its Managed Specialty Support and Services Contract with MDCH (section 6.4.3, Attachment P6.7.1.1). The QAPIP outlines the scope of both quality of clinical care, support services and the administrative/operational aspects of the organization which support services provided to consumers and their families of the MCCMH Board.

**II. Purpose and Scope**

The Quality Assessment and Performance Improvement Program serves as MCCMH strategic road map for quality improvement, it guides all the quality activities; both operational and clinical and it's the product of the evaluation of previous year's quality assurance activities, organizational priorities and organizational program requirements.

Quality Assessment and Performance Improvement Program (QAPIP) includes the development of an Annual Plan. The QAPIP is developed with consumer and stakeholder input, is presented to the MCCMH Quality Council and to the MCCMH Board.

The Annual Plan includes the identification of those Key Performance Indicators (Attachments A and B), to be monitored for the period, the thresholds to be met, and the time frames for monitoring outcomes. Key Performance Indicators (KPI) includes those required to be monitored through the contract with the Michigan Department of Community Health (MDCH) as well as those indicators identified by consumers and other MCCMH stakeholders.

The present QAPIP has the following characteristics:

- A systematic process with identify leadership, accountability, and dedicated resources
- Use of data and measurable outcomes to determine progress towards relevant, evidence-based benchmarks
- Focus on linkages, efficiencies, consumers, families and stakeholders expectations in addressing outcome improvement
- Continuous process that is adaptive to change and that fits within the framework of other programmatic quality assurance and quality improvement activities
- Data collected is used to feedback into the process to assure that goals are accomplished and they are concurrent with improved outcomes.

The quality assessment and performance improvement plan serves as an ongoing monitoring and evaluation tool. The plan outlines the priority area, time frames, annual goals, and include related performance measures.

The QAPIP is intended to address several functions, including but not limited to:

- Improved consumer health (clinical) outcomes that involved both process outcomes e.g. recommendation for screening and assessments and health outcomes, e.g. decreased morbidity and mortality, integration of behavioral and physical health (Attachment D).
- Improved efficiencies of managerial and clinical process.
- Improve processes and outcomes relevant to high-priority health needs
- Reduced waste and cost associated with system failures and redundancy
- Avoid costs associated with process failures, errors and poor outcomes
- Proactive processes that recognized and solve problems before they occur
- Ensure that system of care is reliable and predictable.
- Promote a culture of improvement of care
- Improve communication with resources that are internal and external to MCCMH, such as funders, community organizations, direct operated programs, provider agencies, stressing the value of cooperation , collaboration and partnerships between the PIHP, CMHSPs, providers, advocacy groups and other human services agencies within a continuous quality improvement environment
- Monitoring and evaluation of Performance Improvement Projects including collecting, tracking, analyzing, interpreting and acting on data for specific measures such as the clinical measures.

- The QAPIP measures the MCCMH system’s inputs, processes, and outcomes in a proactive, systematic approach to influence practice-level decisions for consumer care (Attachment C).
- Coordinates with the Compliance Officers and the committee overseeing the verification of Medicaid claims/ encounters submitted (See Exhibit B 3-001

### **III. Quality Improvement Authority and Structure:**

The MCCMH Board has overall responsibilities for monitoring, evaluating and making improvements to care. The MCCMH Executive Staff, sitting as Quality Council, oversees the various sub-committees and functions of the QAPIP, and addresses specific issues in need of remediation. Necessary actions related to the QAPIP are taken to the MCCMH Board regularly through the Executive Director, and annually through the QAPIP report.

#### **A. Accountability and Responsibility:**

##### **1. MCCMH Board**

To fulfill the oversight and evaluation of the QAPIP the Board will:

- Review and approve the QAPIP of MCCMH
- Review and approved the Annual QAPIP plan, including the identification and prioritization of the Key Performance Indicators (KPIs)
- Receive periodic written reports of the activities of the QAPIP, including performance improvement projects undertaken, the actions taken, and the results of those actions
- Annually review a written report describing the operation of the QAPIP
- Submit the written annual report to MDCH following its review (the submission will include a list of the members of the Governing Body)

##### **2. Quality Council**

The QAPIP is managed by MCCMH Quality Council, which is chaired by the MCCMH Deputy Director, and includes the Executive Director, the Medical Director, and the Directors of all MCCMH Division: Access and Engagement; Business Management; Clinical Management, Finance and Budget; Recipient Rights; and Substance Use.

The Quality Council oversees the various sub committees and functions of the MCCMH QAPIP. It addresses specific issues in need of remediation and reviews on-going activities of the various sub-committees. The Council also reviews input from consumer satisfaction questionnaires and other stakeholder input. Necessary actions related to the QAPIP are taken to the Board regularly through the Executive Director, and annually through the QAPIP report.

##### **3. Stakeholders and Consumers**

Consumer and advocate involvement in the Quality Improvement process is actively sought through the two advisory bodies to the Board; The Citizens Advisory Council (CAC) and the Substance Abuse Advisory Council (SAAC). Input is sought from CAC and SAAC during the development of Annual Quality Assessment and Improvement Plan (See Exhibit C 8-006).

## **B. Committee Councils and Workgroup Structure**

The QAPIP is implemented using various groups and teams including but not limited to the following:

- Improving Practices Leadership Team (IPLT)
- Change Agent Workgroup
- Behavior Treatment Plan Review Committee (BTPRC)
- Clinical Risk Management Committee (CRMC)
- Utilization Management Committee (UM)
- Integration of Health Care (IHC)
- The Trauma Informed Workgroup
- Citizen's Advisory Council (CAC)
- Substance Abuse Advisory Council (SAAC)
- Provider Network and Development Committee

## **Key Performance Indicators**

MCCMH has adopted the Key Performance Indicators for Behavioral Health as established by MDCH. These KPIs include indicators in the domains of Access, Adequacy/Appropriateness, Efficiency, and Outcomes. As data is received for statewide performance, MCCMH performance against statewide norms is provided to the Quality Council for review and recommended actions. Specific actions may be taken when Macomb County is revealed to be a negative statistical outlier for performance in a quality improvement or monitoring measure or is below the MDCH standard/threshold for contract compliance indicators. Should MCCMH fail to meet a compliance indicator, additional recommendations for actions, monitoring and follow up may be made by the Quality Council or the MCCMH Board.

## **III. Performance Improvement Projects**

MCCMH conducts two Performance Improvement Projects per year. The state-directed project based on the Michigan's Quality Improvement Council not yet been determined by MDCH for FY 2014. The two current performance improvement projects in process include; Increasing Utilization of Peer Directed Services and Supports and Reducing Inpatient Hospital Recidivism. Additional process improvements are completed based on outcome data provided throughout the fiscal year.

#### **IV. Clinical Risk Management**

The Clinical Risk Management Committee (CRMC) continues to review areas of clinical risk within the MCCMH provider network. These include incident reports, sentinel events, findings of mortality reviews and Root Cause Analyses (See Exhibit D 8-003). Key findings and recommendations will be provided to the Quality Council or Executive Staff for action, as necessary. The CRMC will continue to monitor process improvements in care to reduce morbidity and mortality in the CMH system.

#### **V. Utilization Management**

The Utilization Management function is part of the overall QAPIP and has operated as a main leadership group with periodic sub-groups (e.g., financial / insurance identification, integration of care, co-occurring workgroup). The current members of the main group include the executive director, deputy director, PIHP clinical director, medical director, finance director, business management director, and access / engagement director. Use of physical and behavioral health utilization data continues to be examined for improved health outcomes.

#### **VI. Corporate Compliance and Medicaid Services Monitoring**

Activities related to the monitoring of Medicaid services delivery are reported to the Executive Staff, as required, through the Corporate Compliance Office. Corporate Compliance activities which impact issues of quality of care for consumers may result in the development of additional performance indicators and/or monitoring activities.

In addition to the activities of the Corporate Compliance Office, MCCMH is required to ensure that services to Medicaid consumers, for which it has paid, have been delivered as claimed. These annual reviews have been conducted for the past four years by Experis, with ongoing monitoring and evaluation by MCCMH. Activities occurring under this category are reported to the Michigan Department of Community Health and Executive Staff. Required repayments are monitored by the Business Management and Finance and Budget Divisions (See Exhibit B 3-001).

#### **VII. Satisfaction of Individuals Served by the PIHP**

Input may be sought from consumers and the community through the use of focus groups and ongoing community-wide forums. The Citizens' Advisory Council (CAC) has been asked to participate in the development of new questions for focus groups and locally developed surveys. The CAC is part of the PIHP committee structure and approves the QAPIP. MCCMH conducts annual consumer satisfaction surveys for continuous identification for improvement opportunities (See Exhibit E 8-002). Annual Consumer surveys are conducted for all Case Management, ACT and Home Based services. Consumers are also asked by the direct operated programs and contract providers regarding their degree of satisfaction using the person-centered plans, as well as during discharge planning for the discontinuation or transition of services. Aftercare surveys are also attempted to provide consumer input for programming and outcome measurements.

## VIII. Outcomes and Performance Measurement

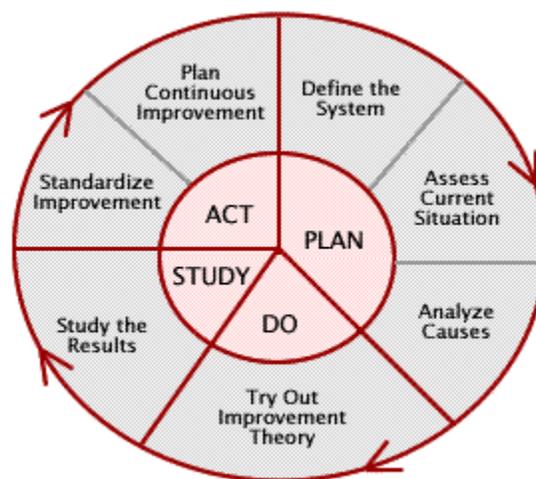
The Quality Assessment and Performance Improvement Program encourage the use of objective and systematic forms of measurement.

The following definitions describe some of the various types of measures in use by the PIHP:

- Outcome measures – achievement of goals and/or effectiveness of actions; requires baseline data collection and periodic update to capture changes in status over time.
  - Examples - Symptom reduction; degree of functionality
- Fidelity measures – verification that evidenced based practices have been implemented in a manner consistent with their proscribed models.
- Process Measures – compliance with defined timelines, methodologies and tools; include administrative and clinical processes; generally include a desired level of performance.
  - Examples – access timeliness
- Prevalence and Incidence Rates – frequency of occurrence
  - Examples – Number of errors and injuries; deaths; sentinel events; consumer demographic profiles; population service penetration rates
- DLA 20 Indicators – a type of prevalence/incidence measure; aspects of life commonly associated with quality of life, self determination and emotional well-being; often used as proxy measures for clinical quality.
- Satisfaction – degree of stakeholder approval of performance, including primary and secondary consumers of services, referral sources, providers and employees.

The PIHP employs the Plan-Do-Study-Act (PDSA) cycle to guide its performance improvement tasks.

The PDSA Cycle is illustrated below:



## **IX. Clinical Protocols and Practice Guidelines**

Clinical Protocols and Practice Guidelines developed by MCCMH will be presented to the Quality Council as they are developed for dissemination across the provider network. For adults, the Comprehensive Continuous Integrated System of Care (CCISC) for persons with co-occurring serious mental illness and substance use disorders, Family Psycho-Education (FPE), and Dialectical Behavior Therapy (DBT) and Certified Peer Support Specialist (CPSS) services will continue to be expanded. In the area of services for children and families, Trauma-Focused Cognitive Behavior Therapy (including parent-resource training), and Parent Support Partners will be expanded. Planning for new initiatives in supported employment and trauma-specific services for adults with serious mental illness, and for Positive Behavior Supports for persons with challenging behaviors has been initiated.

## **X. Provider Credentialing and Privileging**

The Clinical Strategy and Improvement Division initiates and monitors Credentialing and Privileging requirements for MCCMH staff and contractors (see Exhibit F 8-010). The Office of Substance Abuse monitors the substance abuse provider network for compliance with state and national requirements. MCCMH continues to monitor the Medicaid sanctioned provider list, published by MSA, as well.

## **XI. Compliance with the Balanced Budget Act of 1997**

MCCMH continues to monitor and improve the organization's compliance with the Balanced Budget Act (BBA) of 1997 as outlined in the contract with MDCH and the Federal Regulations. MCCMH continually reviews the Organization's compliance with the requirements of the BBA, as identified by the MDCH and the protocols developed by CMS and implemented by the EQRO.

## **XIII. Board Evaluation**

In accordance with CARF requirements ("It is recommended that the Board continuously assess its performance to determine its effectiveness in governing the organization as well as periodically assess the effectiveness of its individual members."), the MCCMH Board will continue the Board Evaluation Process established during FY 2010. Also, in response to CARF requirements, the MCCMH Board will review the PIHP's ethics statement, along with the conflict-of-interest declaration, both to be signed annually by Board members.

## **XIII. Annual Review**

Prior to the development of future Quality Assessment and Performance Improvement Annual Plans, MCCMH will assess the effectiveness of the current Annual Plan. This analysis will include an assessment of structure of the existing QAPIP system. This analysis will be used to prepare the Plan for the coming year(s).