



CONNECTICUT

Behavioral Health Partnership

Quality, Access and Safety Committee

May 21, 2010

2009 CT BHP Quality Management Program Evaluation

2010 QM Trilogy Documents

- Initiated QM Program in 2006
- Serves as the overarching structure to continuously evaluate the effectiveness of the ASO
- Serves to ensure that the clinical and support services offered within the CT BHP live up to their promise
- Includes: 2010 Quality Management Program, 2010 Annual QM Project Plan and the 2009 QM Program Evaluation (QM Trilogy)

2009 QM Program Evaluation *(Cont.)*

- QM Program identifies the key indicators that affect the operation and
- Specifies the monitors the identified indicators
- QM Program Evaluation analyzes findings, identifies issues, trends and barriers; and
- Proposes actions to improve performance when necessary
- QM Program evaluated on an annual basis

Key Accomplishments – Quality Management

- Achieved the highest levels of member satisfaction since the beginning of the contract
- Achieved the highest rate of provider satisfaction since the beginning of the contract
- Answered 25% more member calls than in 2008 while maintaining contractual standards

Key Accomplishments – Quality Management *(Cont.)*

- Found significant improvement in the rate of BH appointments for foster children (CHCS MDE Grant)
- Implemented Foster Care Pilot Project with 5 DCF Area Offices to decrease disruption rates
- Assessed 137 recently delivered moms for Post Partum Depression and connected 50% of those in need with new behavioral health services

Key Accomplishments – Quality Management *(Cont.)*

- Continued the PARs programs for Inpatient and ECCs and began work on a Residential PARs program
- Implemented four Performance Incentive initiatives (Inpatient, PRTF, EDs, EMPS)
- Worked with ECCs to obtain 95.8% rate of offering routine appointment within 14 days
- Completed first cycle of pharmacy data analysis

Key Accomplishments – Utilization Management

- Achieved a 50.4% reduction in % of discharge delay days (goal: 24.8% reduction)
- Lowered the LOS at Riverview Hospital for DCF involved children by 22.5%, non-DCF children by 18.1%, by decreasing discharge delay days
- Decreased LOS in in-state RTCs by 9%
- Developed seven RTC Outcome Reports

Key Accomplishments – Utilization Management *(Cont.)*

- Completed two literature reviews related to RTC systems of care
- In collaboration with DCF, developed a web-based consolidated Monthly Treatment Progress Report resulting in improved provider and agency efficiency
- Increased use of Home Based services by 22.1% over 2008

Key Accomplishments – Utilization Management *(Cont.)*

- Implemented a Pediatric Inpatient By-Pass program and maintained the Adult Inpatient By-Pass Program
- Achieved a service center pass rate for the IRR audit of 92.5%
- Decreased the Average number of days that youth are delayed in EDs from 1.9 to 1.5 days

Next Steps

2010 Goals

- Review and approve QM trilogy
- Ensure timely response to complaints and grievances
- Promote member safety and minimize risk
- Establish and maintain P&Ps
- Establish and maintain a training program
- Ensure timely telephone access
- Develop and implement QIAs to address opportunities for improvement
- Monitor performance of CSR staff via audit
- Review and approve 2010 UM Program Description

Next Steps

2010 Goals *(Cont.)*

- Monitor for under or over utilization, identify barriers and opportunities
- Monitor timeliness of appeal decisions
- Monitor consistency of application of UM criteria and adequacy of documentation
- Meet and/or exceed all other assigned standards
- Monitor continuity of care, identify barriers and opportunities
- Reduce ED discharge delays
- Meet and/or exceed established 2010 Performance Targets
- Present select elements at the Quality, Access and Safety Committee for more intense review

Questions?