

VIII. Quality Management

Background

The OMHSAS Quality Management program ensures public accountability and continuous quality improvement of OMHSAS programs and services. The OMHSAS Quality Management Committee includes consumers, advocates, providers, counties and managed care organizations in addition to OMHSAS staff. It includes representation for adults, children and older adults as well as for mental health and substance use disorders. The Committee also ensures participation by members of ethnicities and minority groups served by OMHSAS. OMHSAS engaged families and consumers to develop and establish the following Guiding Principles for the provision of quality services and supports.

Snapshot – Quality

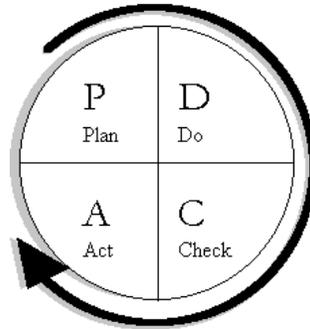
- HealthChoices (HC) Performance Report of 29 indicators published annually
- Recovery-Oriented Systems Indicators implemented in 24 counties in 2009
- External Quality Review of HealthChoices program conducted annually and submitted to Centers for Medicare and Medicaid Services (CMS)
- Consumer/Family Satisfaction Teams survey consumers and submit quarterly reports

Guiding Principles for Quality Services and Supports

The mental health and substance use treatment system will provide quality services and supports that

- Facilitate recovery for adults and resiliency for children
- Are responsive to individuals' unique strengths and needs throughout their lives
- Focus on prevention and early intervention
- Recognize, respect, and accommodate differences as they relate to culture/ethnicity/race, religion, gender identity, and sexual orientation
- Ensure individual human rights and eliminate discrimination and stigma
- Are provided in a comprehensive array by unifying programs and funding that build on natural and community supports unique to each individual and family
- Are developed, monitored and evaluated in partnership with consumers, families, and advocates
- Represent collaboration with other agencies and service systems

OMHSAS established an overarching quality framework that relies on consumers and families, combined with the participation of the counties, providers and BH-MCOs to continuously improve services and supports.



Key objectives of the OMHSAS (P-D-C-A) Quality framework include:

- Increasing access to community- and family-based services and supports
- Providing high quality services
- Improving consumer satisfaction
- Obtaining stakeholder feedback to continuously improve OMHSAS services

The Bureau of Quality Management and Data Review measures HealthChoices' success in improving the value and quality of behavioral health services in the following areas:

Increased Access to Community and Family-based Services

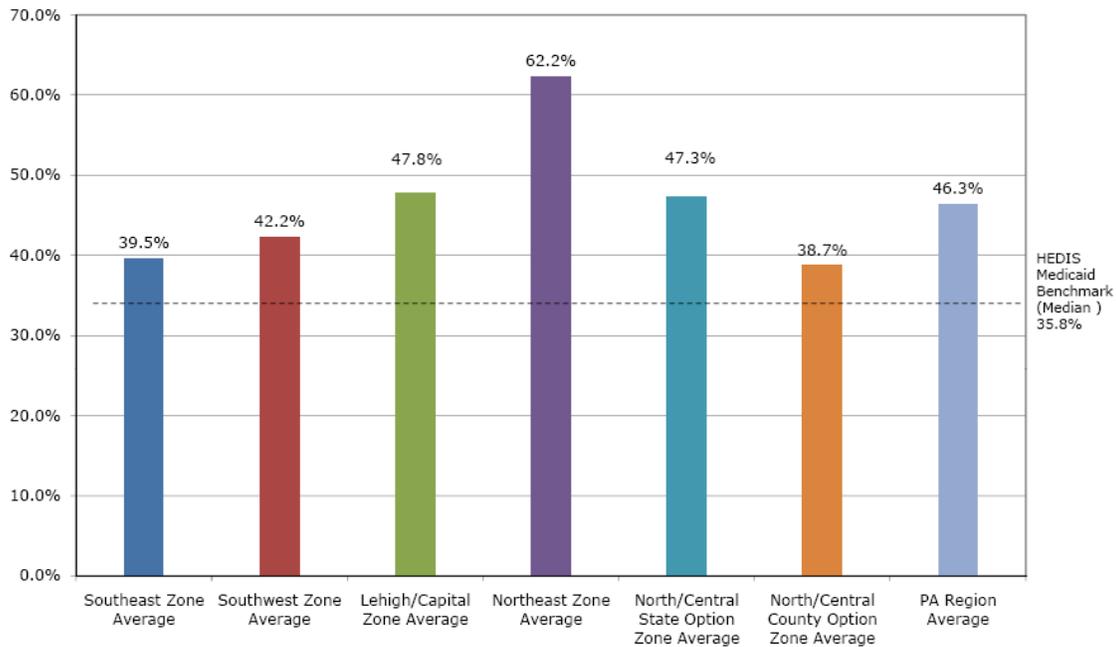
An important goal of OMHSAS is to ensure that adults, children, and families have good access to services. OMHSAS uses data to determine changes in access and has identified the following:

1. The percent of HealthChoices adults (ages 18-64) receiving MH services increased from 25.0% in 2007, to 26.0% in 2008. The Southwest region has consistently shown the highest utilization rates, with 29.8% of eligible adults receiving MH services in calendar year (CY) 2008.
2. In 2008, the percent of HealthChoices eligible adults who were identified as having a serious mental illness and were receiving community-based services was 7.0%, significantly higher than the estimated national average of 3.1% in the general population. We believe this demonstrates that the HealthChoices program has been successful in identifying persons with serious mental illness and in

providing community-based services which support their lives in the community.

3. Adults (ages 18-64) receiving drug and alcohol services remained unchanged at 7.0% of eligible members in 2007 and 2008. While there are no reliable estimates for the number of persons in a Medicaid program who might need substance abuse services, the estimated national need for all populations is 4.8%.
4. Adults with serious mental illness and a co-occurring substance disorder who received services remained constant at 2.0% of eligible members from 2004 to 2007. This was below the national estimated need of 3.1% and is an area for improvement.
5. Utilization of mental health services by African-American adults (ages 18-64) increased from 18% of eligible members in 2004 to 22% in 2008.
6. Utilization of drug and alcohol services by African-American adults (ages 18-64) increased from 7% of eligible members in 2004 to 8% in 2008.
7. Utilization of outpatient mental health services for Medicaid-eligible children, adolescents, adults, and older adults within 7 days of discharge from a psychiatric hospital was at 43.8%, exceeding the Health Effectiveness and Data Information Set (HEDIS) national benchmark of 35.8% for a Medicaid-covered population. As illustrated below, every HealthChoices Zone exceeded the HEDIS benchmark.

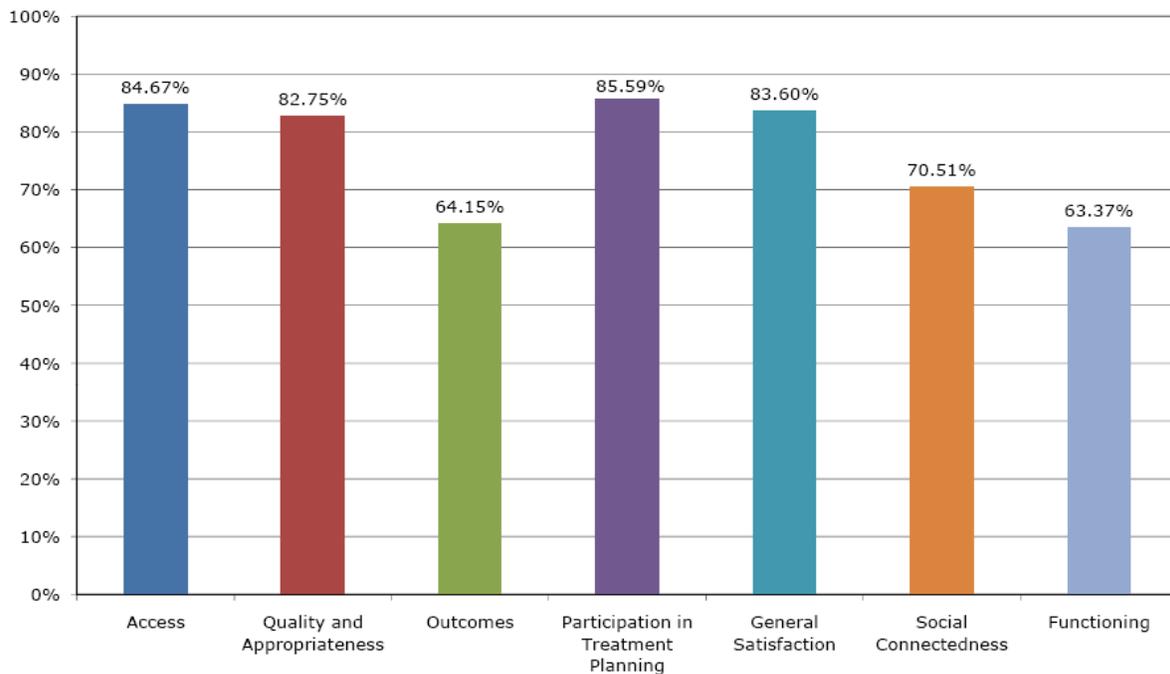
**Pennsylvania Office of Mental Health and Substance Abuse Services (2008 Rates)
7 Day Follow-up Services after Discharge from Psychiatric Inpatient Treatment by
Zone**



Providing High Quality Services

OMHSAS uses a variety of measurements to assess the quality of services. One important method to determine quality is to ask those who received services and OMHSAS uses both face-to-face and mailed surveys to reach consumers and families. The SAMHSA Mental Health Statistics Improvement Program (MHSIP) is a nationally endorsed survey conducted annually by OMHSAS that includes adults as well as children and their families. The MHSIP survey for adult recipients categorizes the results into seven “domains” which are reported to the federal government.

**Pennsylvania Consumer Perception of Care 2009:
Adult Survey Respondents Reporting Positively on MHSIP Domains**



The 2009 MHSIP findings showed that families surveyed feel most positively about two key items regarding their child’s care: Cultural Sensitivity of the staff and Participation in their child’s treatment planning. In addition, 62.4% of families surveyed believed that their child’s outcomes were improved as a direct result of services received.

Ensuring Community Life with Community-Based Services

For a behavioral health system to be successful, it should assist people to stay in their communities and minimize the time they spend in institutional care. In FY 07/08, for 719 people who were discharged from the state hospitals, only 37 people were readmitted for inpatient treatment. A 5.1% readmission rate is very low and points to success in the community re-entry process.

Success is even greater when individuals have a Community Support Plan (CSP) that includes consumer and family input. CSPs were developed for 123 (17%) of the people discharged. Readmission rates for people discharged with a CSP during this same period were 0.4%. This difference between the two readmission rates (5.1% and 0.4%) reinforces the value and importance of a CSP in supporting recovery.

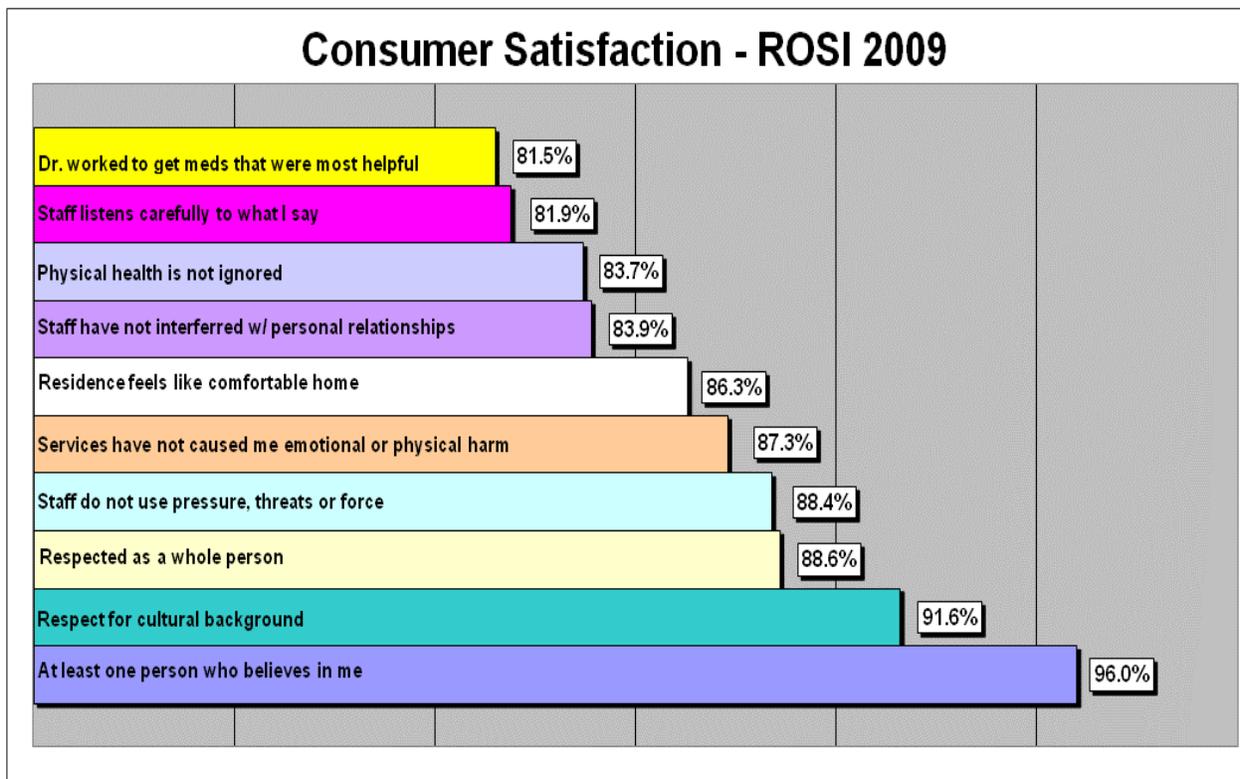
Quality Assurance

Quality Assurance is part of Quality Improvement. OMHSAS has a rigorous review process for its HealthChoices county contractors as well as for the behavioral health managed care partners.

1. The Performance-Based Contracting (PBC) initiative began in 2004 as a “baseline” for the HC counties to develop improvement targets for later years. PBC relies on performance indicators such as Medicaid benchmarks from the HealthCare Effectiveness Data and Information Set (HEDIS), the Substance Abuse and Mental Health Services Administration (SAMHSA) National Outcome Measures (NOMS), and other indicators developed specifically for the HC-BH program. OMHSAS included “national norms” and developed “gold standards” as a way of comparing performance among the HealthChoices counties. The 2009 Performance Report includes all 67 HC-BH counties.
2. On-site triennial reviews of the BH-MCOs evaluate clinical operations and care management records. These reviews, initiated in 2001, include a team of psychiatrists, psychologists, and other behavioral health and quality management professionals. The teams conduct interviews with clinical operations staff and conduct care management record reviews to assess the program including customer/member services, care management, utilization management, quality management, network management, complaints and grievances, and appeals. A report of findings, requirements for corrective action, and recommendations for improvement are issued after the on-site review.
3. IPRO, an independent quality review organization, performs a review on HC BH-MCOs as required by the Center for Medicare and Medicaid Services (CMS). IPRO also measures Performance Improvement Projects (PIPS) related to the findings of their reviews. In 2008, the BH-MCOs were required to implement Root Cause Analyses related to psychiatric inpatient care. A corrective action was required if their follow-up rate after psychiatric hospitalization (7 & 30 days) was lower than 2007 or their re-admission rate within 30 days after discharge was higher than 2008. This requirement has continued in subsequent years and has been made a part of the Pay for Performance initiative.
4. Consumer/Family Satisfaction Teams (CFST) throughout Pennsylvania conduct surveys with consumers and families on their satisfaction with services and supports. In 2009, OMHSAS reported data from all 67 HC-BH counties.

Improving Consumer Satisfaction

After workgroup meetings with consumers and advocates, OMHSAS adopted the Recovery-Oriented Systems Indicators (ROSI) Consumer Survey as a baseline indicator for consumer satisfaction. In 2009, OMHSAS commissioned a study of the perception of care by adults who have Serious Mental Illness enrolled in the HC-BH program. The Consumer Satisfaction Team Alliance of Pennsylvania (CSTAP) contracted with local consumer teams to conduct face-to-face ROSI surveys in 24 counties. Satisfaction based on 720 surveys completed by the consumer measurement teams is shown below.



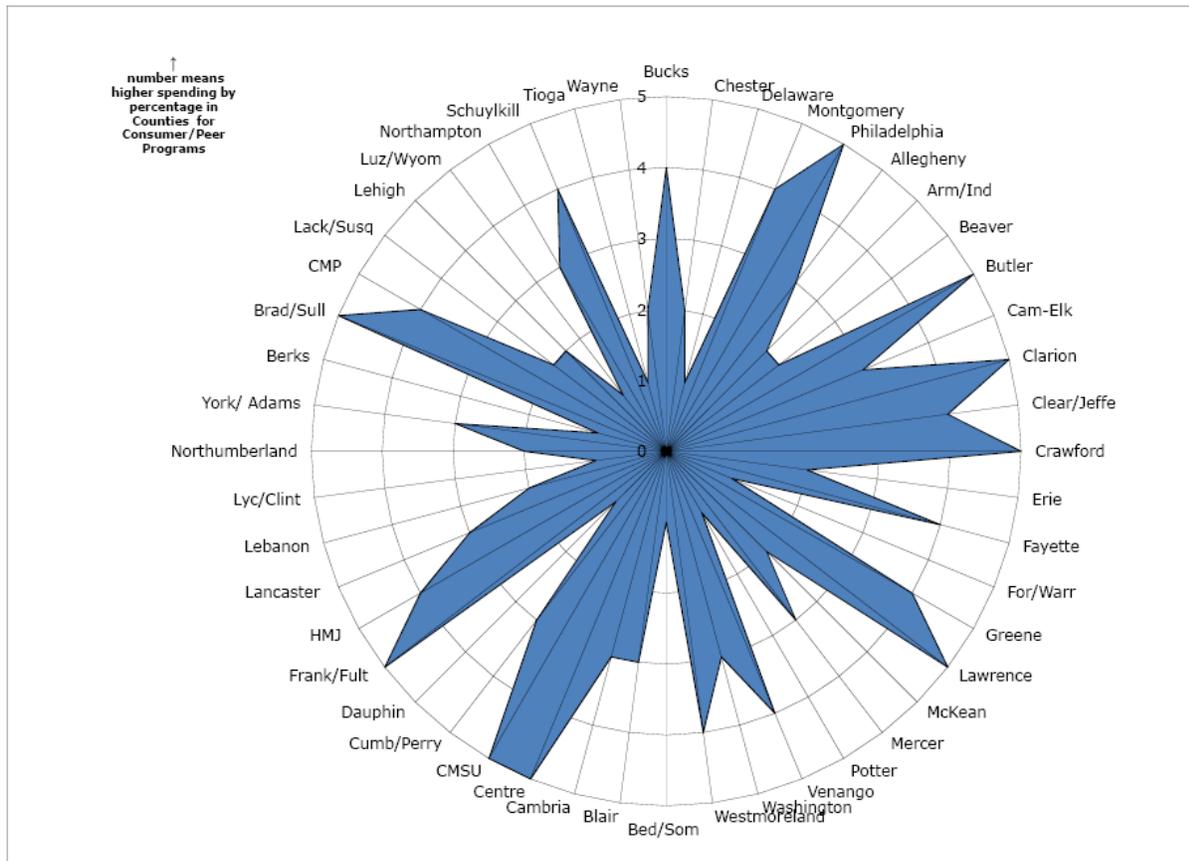
Obtaining Stakeholder Feedback

Under the auspices of the Bureau of Policy & Program Development, counties surveyed their providers about administrative activities that supported and promoted recovery. The survey was part of the ROSI administrative measures, ensuring a coordinated approach with the consumer survey. Results were reported to the counties for them to incorporate into improvement plans. The surveys found improvements in the following administrative activities including:

- Availability of peer/consumer programs

- Jail diversion
- Affirmative action hiring policies by providers
- Recovery-oriented mission statements
- Consumers serving on provider governing boards

The diagram below demonstrates counties' progress in funding consumer/peer programs. A higher number indicates higher spending by percentage for Consumer/Peer Programs.



SAMHSA Mental Health Block Grant Review

In addition to federal oversight from CMS, the Substance Abuse and Mental Health Services Administration (SAMHSA) also reviews the work of OMHSAS. In 2009, the SAMHSA Mental Health Block Grant site reviewers commended OMHSAS for its commitment to the quality improvement process, using data to make informed decisions, and using the input of consumer and family

teams as part of the monitoring process with the counties. The report noted that “One of the greatest strengths of the system is the follow through by OMHSAS on input received from system stakeholders”. Furthermore, OMHSAS was commended for:

- “Its commitment to the implementation, dissemination, and fidelity to standards for EBPs, such as Assertive Community Treatment, Psychiatric Rehabilitation Services, and Peer Support Services”
- “The level of integration between mental health and substance abuse services (including OMHSAS’ initiative to train and certify workers in both mental health and addictions) on behalf of individuals with co-occurring disorders that could serve as a model for other states”
- “Statewide implementation of Peer Support Services and Mobile Mental Health Treatment in an effort to provide access to recovery services to older adults wherever they are”
- “Progress toward a transformed system of care for children, young adults, adults, and older adults. The OMHSAS appears to have the leadership, commitment, and expertise to drive transformation to new levels within the State”

Resources:

- http://www.parecovery.org/documents/QUIC_Facts_032010.pdf
“Increased ACCESS to Care” (March 2010)
- IPRO Follow Up After Inpatient Hospitalization Measurement Year 2008 (http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/report/p_002961.pdf)
- The Recovery-Oriented Systems Indicators (ROSI) Measure Consumer Survey (http://parecovery.org/omhsas_rosi.shtml)
- HealthChoices Behavioral Health Performance Report – 2009: Commonwealth of Pennsylvania (http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/document/s_002762.pdf)