

Quality Improvement

Quality Improvement Program

PacifiCare Behavioral Health (PBH) is committed to providing the highest quality behavioral health care available to its members. One method for achieving this is through adherence to policy and procedures and standards developed by PBH, state and federal agencies, and national accrediting organizations such as the National Committee for Quality Assurance (NCQA).

The primary goal of the QI Program is to determine adherence to the standards defining service quality and to ensure continual improvement in quality. PacifiCare Behavioral Health does not delegate quality improvement responsibilities to any contracted individual or group regardless of the nature of the contracted relationship. PBH's QI Program is an integrative process that links knowledge, structures, and processes to enhance quality throughout the organization and improve outcomes for members.

PacifiCare Behavioral Health has adopted the following NCQA Standards and integrated them into its QI Program:

- ◆ PBH has clearly defined QI structures and processes and assigns responsibilities to appropriate individuals.
- ◆ PBH's Quality Improvement Program is comprehensive and fully operational.
- ◆ Contracts with individual practitioners, groups and organizational providers specify that contractors cooperate with the PBH's Quality Improvement Program and with the Quality Improvement Programs implemented by the member's medical health plans.
- ◆ PBH implements mechanisms to assess and improve member satisfaction.
- ◆ PBH adopts and disseminates clinical practice guidelines, practice parameters, or consensus statements for providing behavioral health care services to members of its covered population.

- ◆ PBH ensures that the behavioral health care services provided to its covered population are coordinated and integrated with general medical care.
- ◆ The scope and content of the QI program reflect PBH's delivery system and the relevant clinical issues that affect members of its covered population.
- ◆ PBH uses data collection, measurement, and analysis to track clinical and service indicators. These issues include, but are not limited, to high-volume diagnosis or services, high-risk diagnosis or services and over and under utilization.
- ◆ PBH also assess the effectiveness of these interventions through systematic follow-up.
- ◆ PBH evaluates the overall effectiveness of its QI Program activities and demonstrates improvements in the quality of clinical care and service to its members.

Quality Improvement Activities

Many of PBH's QI activities require the cooperation of practitioners and providers. PBH relies on the collection of data from numerous sources, including but not limited to, member satisfaction surveys, provider satisfaction surveys, claims data to help determine utilization trends, grievances, appeals and audits of clinical records and practice locations. Treatment record audits are conducted on a routine basis for all PBH contracted Preferred Group Practices, and selected individual practitioners. PBH stipulates in its contracts with all practitioners and providers that access must be allowed to the treatment records if requested.

PBH monitors utilization trends and quality issues for the entire network as well as for individual practitioners, Preferred Group Practices and facilities. Whenever a serious deficiency in performance is identified, the matter is referred to the appropriate PBH entity for review and initiation of a Corrective Action Plan (CAP) if indicated. In these instances, a letter is sent to the provider identifying the problem, requesting action be taken by the provider to correct the problem, and requesting a written response from the provider. An evaluation of the effectiveness of the corrective action is conducted after a specified time period, as determined by the issuing PBH entity in collaboration with the PBH Network Management Department. If this process fails to resolve the problem, the issue is referred to the Peer Review Committee. (For further information on the reduction or termination of provider privileges, or the denial of credentialing or recredentialing, please refer to Credentialing /Recredentialing.)

Key Points

- ◆ PBH requires cooperation of practitioners and providers in QI activities.
- ◆ Treatment record audits are conducted on a regular basis for Preferred Group Practices and individual practitioners.
- ◆ Treatment record audits and medical records requests can be required of all contracted providers and practitioners by PBH per the contractual agreement.
- ◆ Serious deficiencies in provider or practitioner performance are referred to Network Management and Quality Improvement Departments for assessment and corrective action.

Risk Management and Patient Safety

The PBH Quality Improvement Program includes mechanisms for reviewing potential incidents of risk and safety concerns at a member-level. PBH personnel are responsible for identifying, reporting and documenting risk management and potential quality of care problems that impact the clinical safety of the member. Effective strategies for proactively reducing errors and ensuring patient safety require an integrated and coordinated approach to synthesize knowledge and experience for the management of actual and potential risks. Activities should encourage learning about errors and permit internal reporting of what has been found, actions taken to reduce risk, and a focus on process and system improvement that minimizes individual blame. Oversight of such investigations occur at the regional level and potential risk management issues are reported to the PBH Legal and Regulatory Affairs Department, when appropriate. Risk management issues are monitored at a regional level through the Quality Improvement Committee including:

- ◆ Monitoring areas of potential clinical risk for members, assure safety of members, and take action, when necessary.
- ◆ Ensuring those complaints or concerns about quality or appropriateness of services are investigated and that appropriate corrective actions or interventions are implemented.
- ◆ Ensuring that patient safety activities are established.
- ◆ Ensuring that operations are compliant with local regulatory practices.

- ◆ Monitoring the process for ensuring the quality of care and altering the conditions for provider participation with PBH through peer review.

Primary Quality Improvement Responsibilities of PBH Providers

- ◆ Adhere to timeliness standards for appointments:
 - For routine, non-urgent cases, **offer** initial appointment within five business days. All members referred on a routine basis must be seen within 10 business days of the date of referral.
 - For urgent cases, schedule appointment **to occur** within 24 hours
 - For emergent care, schedule appointment **to occur** immediately
- ◆ PBH is continually monitoring the ease with which its members can gain access to appointments and services. This monitoring occurs both internally as it relates to PBH's own performance, as well as practitioner and provider performance.

Note

- ◆ *Providers will be specifically informed by PBH staff if a case is urgent or emergent*
-

- ◆ Call PBH whenever a member fails to keep an urgent or emergent appointment.
- ◆ Respond to requests for information from any PBH committee within the time period stated in the document requesting the information.
- ◆ Adhere to standards for documentation of member records and for submission of routine clinical information to PBH (PAR form, Y/LSQ).
- ◆ Respond in a timely manner to requests from PBH for non-routine member information (e.g., information required for special studies).
- ◆ Notify PBH within 30 days of any accusation or action (suspension, probation or loss) against license to practice independently **in any state**.

- ◆ If treating a member who is also receiving services from another behavioral health provider, communicate with that provider regarding treatment planning.
- ◆ Complete *Health Care Coordination Form* for every member seen and mail or fax to Primary Care Physician to ensure that behavioral health care and primary care services are coordinated.
- ◆ Adhere to state and federal laws regarding reporting of suspected abuse and “duty to warn.”
- ◆ Notify Care manager immediately of member death or suicide attempt resulting in a need for medical attention.
- ◆ For PBH members, adhere to principles of short-term, focused, goal-oriented treatment.
- ◆ Refer member to community-based support services early in treatment.
- ◆ Always obtain pre-authorization for services to PBH members.

Preventive Behavioral Health Programs

PacifiCare Behavioral Health (PBH) has a process in place for the development of preventive behavioral health programs to improve the overall mental health status of the PBH membership by offering education, screening and early intervention for behavioral health problems. Targets for preventive programs are selected by PBH’s Member Services Committee (MSC) based upon the risk and demographic characteristics of the membership, scientific evidence regarding best practices, and results of the ongoing monitoring and evaluation of clinical care. The programs also include the development and implementation of preventive behavioral health guidelines. **Depression Screening** and **Identification and Screening of High-Risk Members for Substance Abuse** are two preventive health programs that PBH has had in place for over two years.

Depression Screening

- ◆ All Commercial members 18 years of age and older who call PBH to access behavioral health services are mailed a flyer encouraging the member to call our toll free depression screening line. When the member calls the telephone number, they are screened for depression with an automated, 10-question version of the Zung Self-Rating Depression Scale.

- ◆ Upon completion of the scale, the member receives information on their level of depression based on the screening and is offered the option of speaking with a live PBH care manager.
- ◆ Members are also encouraged to share the results of this screening with their treating provider.
- ◆ All female PBH members between the ages of 25 and 29 are automatically mailed a depression-screening flyer along with a brochure containing information about depression throughout a woman's life span. (This is operative in CA, NV, NM, and AZ only).

Identification and Screening of High Risk Members for Substance Abuse

- ◆ All members accessing behavioral health services are screened for substance abuse risk. Screening is completed using the PBH Patient Placement Guidelines for Substance Use Disorders.
- ◆ If indicated, a PBH care manager will further assess the level of substance abuse or dependence using the Psychoactive Substance Screen.
- ◆ Individuals who are identified as having a substance abuse or dependence problem during the screening process are offered treatment with an individual practitioner with a specialty in chemical dependency treatment or treatment in a Chemical Dependency Intensive Outpatient Program (CDIOP).

All Preventive Behavioral Health Programs provide outreach to identify members and involve their treating providers and primary care physicians (PCP). Outreach to the members is accomplished by means of direct contact, mailings and member newsletters or by their mental health provider or PCP. Contact with the mental health provider and/or PCP will include education about existing Preventive Behavioral Health Programs and identification of members whom the provider or PCP is treating who would benefit from the program. Other mechanisms used to inform and involve providers and PCPs include:

- ◆ General announcement mailings
- ◆ Newsletter articles
- ◆ Presentation at regional MSC meetings
- ◆ Educational seminars

The Preventive Behavioral Health Programs follow a systematic approach for data collection and analysis to validate results of the programs and direct program

improvements. The programs are evaluated at least annually. A Preventive Behavioral Health Program will not be concluded until PBH is confident that the program has had the desired effect. When a decision to terminate a formal program is made, periodic monitoring to ensure ongoing effectiveness of preventive behavioral health services may continue.

Preventive Health Guideline	Date Guideline Adopted	Current Program Elements	Practitioner and Provider Role
<p>All persons accessing behavioral health services who are designated high risk shall receive a formal screening for substance abuse and dependence prior to referral.</p>	<p>4/98</p>	<p>This program is designed to more effectively identify and refer those members who are suffering from a substance use disorder.</p> <p>All members who request a mental health referral from PBH are screened for substance abuse risk.</p> <p>At-risk members are further assessed by a licensed care manager and, if indicated, given a referral to a substance abuse specialist for face-to-face evaluation.</p>	<p>Any member identified as being at high risk for substance abuse is referred to either a chemical dependency intensive outpatient program or to a practitioner who specializes in substance abuse.</p> <p>Mental health practitioners may be asked to complete the Substance Use Disorder Evaluation Form to assure members are thoroughly evaluated and appropriately referred for substance abuse treatment, when indicated.</p> <p>In all cases, patients receiving mental health services should receive a substance use assessment early in treatment.</p>
<p>All Commercial members who call PBH to access behavioral health services shall be screened for depression.</p>	<p>4/98</p>	<p>All members age 18 and older who receive a referral are invited to participate in a telephonic screening for depression.</p> <p>Members are given immediate feedback regarding the severity of the depressive symptoms they report.</p> <p>Members are encouraged to share the results of this screening with the treating practitioner/provider.</p>	<p>Members may bring the results of this screening to treatment sessions for discussion.</p>

<p>Family members of a member who is currently being treated for substance abuse shall be offered education and support.</p>	<p>2001</p>	<p>This program is currently under development.</p>	<p>Practitioners and providers who are treating PBH members for substance abuse are encouraged to provide resource information to family members, as appropriate.</p>
<p>Family caregivers of members with chronic illnesses shall have access to information and other resources to assist them in providing supportive care for the member with minimal distress for themselves.</p>	<p>2001</p>	<p>This program is currently under development.</p>	<p>Practitioners and providers are encouraged to refer family caregivers to supportive and educational resources, when indicated.</p>

Provider Profiles

PBH develops and distributes individual provider profiles for those providers that meet a threshold for members seen within a specified time period. A profile shows summary performance data for a provider for a specified time period. The Profile is divided into three sections. The first section, *Outpatient Activity During the Report Period*, provides descriptive information related to the specified provider’s treatment of PBH members. The second section, *Quality Indicators*, shows provider-specific results on nine performance measures in comparison to PBH targets. These targets were set by PBH at a level that represents excellence in customer service based on PBH historical data and industry standards. The third section of the Profile, the *Level of Care Summary*, describes the extent to which PBH members treated by the provider also received higher levels of care. The Profile indicators are summarized below.

Provider Profile Indicator Descriptions

Outpatient Activity

- ◆ Members Treated
- ◆ Members with a Provider Assessment Report (PAR)
- ◆ PAR-Based Case-Mix Summary

Quality Indicators

- ◆ Percentage of members age 12 or younger with at least one family visit
- ◆ Percentage of members satisfied with their provider (*because only a random sample of members is surveyed, many providers will not have sufficient data for reporting. PBH has set a minimum threshold of five (5) completed surveys for this measure to be reported.*)
- ◆ Percentage of members satisfied with their provider's availability for appointments (*Because only a random sample of members is surveyed, many providers will not have sufficient data for reporting. PBH has set a minimum threshold of five (5) completed surveys for this measure to be reported.*)
- ◆ Percentage of members seen within 10 business days of routine referral
- ◆ Percentage of referred members not seen within 30 days.
- ◆ Complaint rate
- ◆ Percentage of members receiving coordination of care
- ◆ Percentage of members with an MD consultation

Level of Care Summary

- ◆ Number and percentage of members receiving a higher level of care