

**Accountable Behavioral Health Alliance
2009 Quality Improvement Work Plan
Performance Indicators**

ABHA Quality Management (QM) Structure and Oversight

The primary focus of the ABHA QM for 2009 is quality assurance, compliance oversight and support to Partner County agencies. The responsibilities detailed in this workplan outline the primary QM and Quality Assurance Committee (QAC) functions for the organization. ABHA QM will be responsible for submission of all required reports to the Oregon Addictions and Mental Health (AMH) Division as stipulated in the Mental Health Organization (MHO) Agreement. ABHA QM will distribute all written reports to Partner County Quality Management staff, the ABHA QAC, Administrative Council, and Governing Board as directed.

Activity: ABHA QM will provide written analysis to accompany all applicable reports; continue to provide technical assistance to Partner County QM functions; attend and participate in QM related meetings and other activities; and support the implementation of Partner County quality improvement initiatives.

Frequency: Per requirements for all reports.

Activity: ABHA QM will assure compliance with the Performance Indicator (PI) requirements by conducting an annual analysis of Partner County PI reports. The PI requirements include monitoring activities in the domains of access to services; quality of services; integration and coordination of services; prevention, education and outreach; and clinical outcomes. The annual report to be presented to the ABHA QAC, ABHA Administrative Council (AC) and other Committees as directed.

Frequency: Annually

Activity: ABHA QM will continue to utilize the Addictions and Mental Health (AMH) survey findings to facilitate improvement in client satisfaction. To the extent the raw data from the AMH survey is available, ABHA QM will continue to conduct further analysis to identify client satisfaction and areas for improvement at the ABHA Partner County level.

Frequency: Annually

Activity: ABHA QM will conduct quality assurance and compliance audits of Partner County and other provider agencies annually. These reviews will include the clinical record requirements as stipulated in the MHO Agreement.

Frequency: The results of these audits will be presented to the QAC, Administrative Council (AC) and Governing Board at least annually.

Activity: ABHA QM will continue to recredential panel providers as required.

Frequency: The ABHA recredentialing sub-committee will meet at least annually to review files and oversee the recredentialing process to ensure providers are current

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ABHA Quality Management (QM) Structure and Oversight

Activity: ABHA QM will continue to facilitate Partner County and agency implementation of Evidence-Based Practices consistent with AMH requirements. ABHA will continue to consult with Partner Counties to assist with implementation and evaluation of practices consistent with this requirement. ABHA will continue to be active at the State level to lobby for appropriate evidence-based practices that are relevant to ABHA partner agencies.

Frequency: As requested.

Activity: ABHA QM will assure Partner County agencies appropriately issue Notices of Action (NOA) as stipulated in the Mental Health Organization (MHO) Agreement. ABHA QM does not delegate the appeals process related to the issuance of an NOA. ABHA QM will manage all outpatient appeals. ABHA Utilization Management (UM) will manage all inpatient appeals.

Frequency: Client Notices from Partner Counties will be reported to ABHA QM quarterly.

Activity: ABHA QM will report on all Performance Indicators (PI) as stipulated in the MHO Agreement. ABHA QM will assure there are Partner County mechanisms in place to comply with the PI requirements as outlined in the MHO Agreement. Corrective action will be required for any PI that doesn't meet established benchmark as outlined in a subsequent section of this work plan.

Frequency: Annually

Activity: ABHA QM will evaluate the adequacy of the member Special Healthcare Needs policy to assure member needs are appropriately assessed and services are available to meet those needs. ABHA QM will evaluate the adequacy of member needs for specialty care; coordination of care; and system capability for special need services.

Frequency: Annually

Activity: ABHA QM will evaluate the adequacy Partner County coordination efforts to assure integration and coordination with physical health providers. This activity will be conducted by way of clinical record reviews.

Frequency: Annually

Activity: ABHA QM will assure there is adequate stakeholder representation on the Quality Assurance Committee as stipulated in the MHO Agreement

Frequency: Ongoing

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ABHA Quality Management (QM) Structure and Oversight

Activity: ABHA QM will assure compliance with the Quality Assurance/Performance Improvement (QA/PI) requirements as stipulated in the MHO Agreement. This includes implementation of two (2) Performance Improvement Projects (PIPs) annually. The PIPs are designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and nonclinical care areas that are expected to have favorable effect on health outcomes. The PIPs are specifically outlined in a subsequent section of this work plan.

Frequency: Ongoing

Activity: ABHA QM will produce an Annual QM Program Evaluation report, which will be submitted to the AMH; ABHA QAC; AC; and Partner County agencies as directed and stipulated in the MHO Agreement

Frequency: Annually

Activity: ABHA QM will be responsible for organizing and facilitating the External Quality Review.

Frequency: Annually

Activity: ABHA QM will assure that all grievances are appropriately resolved as stipulated in the MHO Agreement. Corrective action plans for non-compliance will be required. ABHA QM will provide a quarterly grievance report to the AMH.

Frequency: Quarterly

Activity: ABHA will monitor the prevention and detection of fraud and abuse as stipulated in the MHO Agreement. This activity includes provider audits, consultation, and participation on Partner County and other agency Quality Assurance Committees.

Frequency: Ongoing.

Activity: ABHA QM will require corrective action for any Partner County non-compliance or failure to meet established benchmarks, and will evaluate the adequacy of any required action plan.

Frequency: Ongoing.

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Quality Assurance Committee (QAC) Oversight

Activity: The QAC will evaluate the adequacy of the Client Notice of Action process, including the adequacy of the Partner County processes to issue and monitor NOAs and the adequacy of the data.

Frequency: At least annually

Activity: The QAC will assure the adoption of practice guidelines that are based on valid and reliable clinical evidence or a consensus of mental health professionals; monitor the implementation of practice guidelines; and assure the periodic review and update of the guidelines.

Frequency: At least annually

Activity: The QAC will review the adequacy of all contract Performance Indicators to assure the OHP standards for timely access to care and quality of service benchmarks are met. The QAC will require and will evaluate the adequacy of action plans when established benchmarks are not met.

Frequency: Annually

Activity: The QAC will review the adequacy of the Children's Intensive Service Array QA/PI activities as outlined in the MHO Agreement and require an action plan for identified areas of Partner County improvement as necessary.

Frequency: Annually

Activity: The QAC will review the Annual QM Evaluation Report and make recommendations to the Administrative Council.

Frequency: Annually

Activity: The QAC will review the adequacy of grievance reports and require corrective action for any Partner County non-compliance with the MHO Agreement related to grievances.

Frequency: At least twice per year

Activity: The QAC will assure the adequacy of all ABHA QM corrective action plans submitted to the AMH. This will include any AMH review of ABHA QM activity.

Frequency: As necessary

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DOMAIN: ACCESS TO CARE/SERVICE						
Domain/Indicator	Goals	Objectives/Benchmark/Measurement	Responsible for Data Collection	Reviewed By	Frequency	Data Source
Indicator: Percent of ABHA members receiving timely access to care.	Provide timely access to assessment and recommended care by reducing barriers to service for all age groups.	<ul style="list-style-type: none"> • Urgent/Emergency: 98% of members, who meet the criteria for urgent or emergent need, receive a telephone and/or initial face-to-face screening within 15 minutes of contact. • Emergency: 100% of members identified through screening in need of emergency response, receive timely and medically appropriate care based on the assessment or within 6 hours, whichever is less. • Urgent: 95% of members identified through screening in need of urgent care, receive same based on the assessment or within 24 hours, whichever is less. • Routine Non-emergency: 85% of members wait no more than two calendar weeks to be seen for an Intake Assessment following a request for Covered Services. • For missed appointments: 95% of members will be rescheduled appointments or Provide Outreach Services as Medically Appropriate or needed to prevent serious deterioration of the OHP Member's mental health condition 	County QM staff	County QM staff	Quarterly	County Indicator Data Collection.
				ABHA Quality Manager	Annually	Member Survey Data (as available)
				ABHA QAC	Annually	
				ABHA Administrative Council	Annually	ABHA Annual QM Report Analysis of Data
				ABHA Governing Board	Annually	

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DOMAIN: QUALITY OF CARE/SERVICE						
Domain/Indicator	Goals	Objectives/Benchmark/Measurement	Responsible for Data Collection	Reviewed By	Frequency	Data Source
Indicator 1: Percent of ABHA members receiving quality of care/services from inpatient providers and inpatient alternatives.	Assure quality of care for ABHA members receiving acute inpatient and inpatient-alternative care by both Partner County Programs and Contracted Providers.	<ul style="list-style-type: none"> At least 90% of cases (clinical charts) reviewed indicate treatment met quality of care standards established by ABHA, applicable state regulatory, and NCQA quality of care and chart review protocol. <p>ABHA will conduct compliance reviews with each Partner County and will participate in County chart reviews as invited.</p>	ABHA Quality Manager	ABHA Quality Manager	Annually	Inpatient Site Visit Audit Data
			County QM staff	County QM staff	Quarterly	Chart Review Data
				ABHA QAC	Annually	Chart Review Data
				ABHA Administrative Council	Annually	County Acute Care Data
			ABHA Governing Board	Annually	ABHA Aggregate Data	

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DOMAIN: QUALITY OF CARE/SERVICE						
Domain/Indicator	Goals	Objectives/Benchmark/Measurement	Responsible for Data Collection	Reviewed By	Frequency	Data Source
Indicator 2: Percent of ABHA member-clients who are significantly involved in establishing, formulating, and reviewing ongoing progress on their treatment goals.	Assure client involvement in assessing and prioritizing their presenting problems, formulating treatment goals, and reviewing their ongoing progress on treatment goals.	<ul style="list-style-type: none"> 100% of cases reviewed indicate that clients were involved in prioritizing their presenting problems, formulating treatment goals, and reviewing ongoing progress towards meeting their treatment goals. 	County QM staff ABHA Quality Manager	County QM staff	Quarterly	County Indicator Data Collection
				ABHA Quality Manager	Annually	
				ABHA QAC	Annually	Chart Review Data
				ABHA Administrative Council	Annually	Inpatient Site Visit Audit Data
Indicator 3: Outpatient appointment follow-up to hospital discharge	Assure coordination of care between acute, inpatient episodes of care and follow-up outpatient care within 7 calendar days of inpatient discharge.	<ul style="list-style-type: none"> At least 95% of cases reviewed indicate that coordination of care occurred as evidenced by a follow-up appointment within 7 calendar days, and/or documentation of clinical appropriateness for appointments beyond 7 calendar days. Attempts will be made to reschedule clients who miss follow-up appointments. 	County QM staff ABHA Quality Manager	County QM staff	Quarterly	County Indicator Data Collection
				ABHA Quality Manager	Annually	
				ABHA QAC	Annually	Chart Review Data
				ABHA Administrative Council	Annually	ABHA Aggregate Data
			ABHA Governing Board	Annually		

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DOMAIN: PREVENTION, EDUCATION AND OUTREACH						
Domain/Indicator	Goals	Objectives/Benchmark/Measurement	Responsible for Data Collection	Reviewed By	Frequency	Data Source
Indicator 1: ABHA PEO Measure	ABHA will participate in the Oregon Peer Warm Line project	ABHA will support implementation of the Oregon Peer Warm Line through education and outreach opportunities. ABHA provided funding to support the Warm Line training in late 2008 and will continue to work with the parent organization to support ongoing educational activities. ABHA will provide ongoing outreach technical assistance with the implementation details of the Warm Line. ABHA will facilitate a study designed to quantify the volume of crisis line calls that are appropriately referred to the Warm Line.	ABHA Quality Manager	ABHA QAC ABHA Administrative Council ABHA Governing Board	Annually Annually Annually	ABHA Aggregate Data
DOMAIN: OUTCOMES						
Indicator: ABHA will revise its approach to outcome measurement in 2009.	ABHA will conduct a survey with providers and clients to determine the usefulness of the Oregon Change Index (OCI) outcome measurement process.	Analysis of the outcome measurement survey to determine future direction of the ABHA outcome measurement program. The OCI outcome measurement process has been used by ABHA for several years. The need to reexamine of the value of this process has been identified. Alternative approaches to outcome measurement will be explored An improved outcome measurement process is expected from this exercise.	ABHA Executive Director	ABHA QAC ABHA Administrative Council ABHA Governing Board	Annually Annually Annually	ABHA outcome survey data

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DOMAIN: OUTCOMES						
Domain/Indicator	Goals	Objectives/Benchmark/Measurement	Responsible for Data Collection	Reviewed By	Frequency	Data Source
Indicator: Percent of ABHA members receiving service who report “satisfied” or better with ABHA and Partner County delivery of mental health services	To improve client satisfaction with services provided by ABHA, Partner Countys, and Contracted Providers	<ul style="list-style-type: none"> 85% or greater of ABHA members responding to surveys will rate “satisfied” or better with overall quality of care/service addressed by the survey <p>Sample: ABHA will utilize the AMH Survey data results to inform results for this indicator. ABHA will utilize the raw data from the AMH survey for further analysis, as that data is made available.</p>	ABHA Quality Manager	ABHA QAC	Annually	AMH Client Survey data
		<ul style="list-style-type: none"> 90% of all formal complaints from ABHA members or advocates will be resolved within 5 days of complaint submission 	ABHA Quality Manager and County QM staff	ABHA Administrative Council ABHA Governing Board County QM Programs	Annually Annually Annually	

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DOMAIN: OUTCOMES						
Domain/Indicator	Goals	Objectives/Benchmark/Measurement	Responsible for Data Collection	Reviewed By	Frequency	Data Source
Indicator: ABHA, the Deschutes County Chemical Dependency Organization (CDO), and the Central Oregon Independent Health Solutions (COIHS), will implement a collaborative Performance Improvement Project (PIP) for External Quality Review.	To insure that services for those members identified with co-occurring mental health and chemical dependency issues are coordinated to facilitate quality of care.	The target outcome of this portion of the project will be a 10% improvement over the baseline for those members, who meet the criteria for a co-occurring mental health and substance abuse disorder, to complete a medical appointment with their Primary Care Provider within the first year.	Deschutes County Quality Manager ABHA Quality Manager	Deschutes County CDO Manager	Quarterly	ABHA and Deschutes Data collection
				External Quality Review	Annually	
				ABHA QAC	Annual	
				Administrative Council	Annual	
				ABHA Governing Board	Annual	

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DOMAIN: OUTCOMES						
Domain/Indicator	Goals	Objectives/Benchmark/Measurement	Responsible for Data Collection	Reviewed By	Frequency	Data Source
Indicator: ABHA will implement the Evidence-Based Practice of Acceptance and Commitment Therapy (ACT).	To insure that services for those members identified acute and chronic mental health issues are coordinated to facilitate quality of care.	<p>The objective for effective implementation of ACT will be a 10% reduction in the overall rate of hospitalization of clients who present with acute suicidal ideation in 2009.</p> <p>The specific benchmarks for this objective include:</p> <ul style="list-style-type: none"> • The number of members during regular business hours admitted for suicidality • The number of pre-admission ABHA consultations for clients who present with suicidality during regular business hours • Acute care expenses PMPM 	ABHA Quality Manager	External Quality Review	Annual	ABHA Data collection
			ABHA Utilization Manager	ABHA QAC	Annual	
				Administrative Council	Annual	
				ABHA Governing Board	Annual	