Community Behavioral Health

HealthChoices

Program Evaluation Performance Summary

2017 2nd Quarter Report

April 1, 2017 – June 30, 2017

DBHIDS

DEPARTMENT of BEHAVIORAL HEALTH and INTELLECTUAL disABILITY SERVICES

Community Behavioral Health

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Standard #1: Geographical Accessibility

Activity/Measurement 1: Member Services Audit

Target: 100% compliance with giving members a choice of three providers.

Actions/Interventions: Supervisors within the Member Services Department completed monthly audits to evaluate whether staff are offering a choice of three providers to members. Though the standard requires a choice of two providers be offered to members, the Community Behavioral Health (CBH) Member Services Department has instituted a performance measure of three providers.

Sample/Methodology: Supervisors audit five member notes per each Member Services staff person per month.

Discussion: The Member Services Department within CBH has developed the Staff Performance Accountability Measures (SPAM) audit tool to evaluate the offering of choice of providers by staff. Supervisors review staff notes on a monthly basis to determine if a choice of three providers was offered to members. Not all selected notes reflect a choice of provider because the member's needs during the specific interaction may not have been about scheduling services. Of the five audited charts for each month, all those involving provider choice are documented by the supervisor for tracking and trending purposes. The analysis of the SPAM audits found that members were offered a choice of at least three providers 100% of the time in the second quarter of 2017.

Follow-Up: Member Services staff will continue to offer a choice of providers, with the departmental expectation that three providers are offered to each member, exceeding the requirements set forth by this standard.

Standard #10: Provider Credentialing

Activity/Measurement 1: Initial Credentialing

Target: Credentialing files contain licensing or certification required by PA law, verification of enrollment in MA and/or Medicare program with current MA provider agreement, malpractice/liability insurance, disclosure of past or pending lawsuits or litigation, and board certification or eligibility.

Actions/Interventions: Six facilities/programs and 19 independent practitioners completed the initial credentialing process during the second quarter of 2017. Providers/programs are admitted into the CBH provider network only when all of the above requirements have been confirmed by Provider Operations Staff.

Sample/Methodology: Six programs and 19 independent practitioners.

Discussion: CBH Provider Operations is responsible for ensuring that all providers or programs entering the CBH provider network have the appropriate documentation to meet Office of Mental Health and Substance Abuse Services (OMHSAS) and CBH requirements. Additionally, as part of the initial

credentialing process, Provider Operations staff review employee files, and policies and procedures of the new provider/program. The provider/program is then presented to the CBH Board of Directors for a credentialing status.

During the second quarter of 2017, six programs and 19 independent practitioners completed the initial credentialing process. Credentialed programs/practitioners are as follows: Do What Your Built for Foundation (10 individual practitioners), Consortium (two programs), Pennhurst Group/Epic Developmental (two individual practitioners), New Vitae (two programs), Project HOME (one program), The Wedge Medical Center (one program), West Philadelphia Mental Health Consortium (two programs), PMHCC (two individual practitioners), Hospital of the University of Pennsylvania (one individual practitioner), Jefferson University Physicians (two individual practitioners), and Mercy Specialty Associates (four individual practitioners).

Follow-up: CBH Provider Operations will continue to oversee the initial credentialing process for programs seeking to join the CBH Provider Network.

Activity/Measurement 2: Network Improvement and Accountability Collaborative (NIAC)

Action/Intervention: NIAC conducted 19 site visits in the second quarter of 2017. There were 19 providers presented to the CBH Board of Directors during this time period. Of the 19 providers, there were a total of 83 programs presented, which resulted in the following:

- 3 programs received a 3 month credentialing status.
- 11 programs received a 6 month credentialing status.
- 16 programs received a 1 year credentialing status.
- 37 programs received a 2 year credentialing status.
- 16 programs received a 3 year credentialing status.

Sample/Methodology: Six programs and 19 independent practitioners.

Discussion: NIAC is the primary mechanism used to provide a comprehensive and consistent evaluative approach to site reviews within the Department of Behavioral Health and Intellectual disability Services (DBHIDS) and CBH provider networks.

Follow-up: NIAC on-site reviews will continue for the remainder of 2017.

Standard #11: Provider Training

Activity/Measurement 1: Provider Technical Assistance Training

Target: Provide trainings to the provider network based on identified needs and requests.

Actions/Interventions: In the second quarter of 2017, the Network Development unit within the Provider Operations Department of CBH provided fourteen general technical assistance trainings (348 participants) and five agency-specific technical assistance trainings (59 participants) for providers.

Sample/Methodology: N/A

Discussion: Details of the trainings are below:
The Network Development Unit within the Provider Operations Department provided general technical assistance to the provider network during the second quarter of 2017:

Date	Topic	Total Participants
April 5, 2017	Assessment	23
April 12, 2017	Treatment Planning	24
April 19, 2017	Clinical Documentation	29
May 2, 2017	Assessment (Spanish Version)	11
May 3, 2017	Assessment	21
May 5, 2017	Clinical Supervision	37
May 9, 2017	Treatment Planning (Spanish Version)	14
May 10, 2017	Treatment Planning	33
May 16, 2017	Clinical Documentation (Spanish Version)	15
May 17, 2017	Clinical Documentation	40
June 2, 2017	Clinical Supervision	34
June 14, 2017	Assessment	22
June 21, 2017	Treatment Planning	26
June 28, 2017	Clinical Documentation	19
Total Number Trainings		**Total Participants**
14		**348**

The Network Development Unit also provided the following agency-specific technical assistance during the second quarter of 2017:

Date	Provider and Topic	Participants
April 3, 2017	JJPI-Chart Documentation	21
April 10, 2017	Comhar-STS Treatment Planning and Documentation	27
May 5, 2017	Minsec-Chart Documentation	5
May 23, 2017	Minsec- Train the Trainer	3
May 23, 2017	Gaudenzia Forensic RTFA Network Development and Compliance Documentation Training	3
Total Trainings **5**	**Total Number of Agency Trainings:** **4**	**Total Participants** **59**

Follow-Up: Technical assistance trainings will continue to be made available to providers.

Activity/Measurement 2: Pay-for-Performance (P4P) Advisory Meetings

Target: Collaborate with providers within specific levels of care/specialty break-out group regarding the P4P process.

Actions/Interventions: In the first quarter of 2017, the Performance Evaluation, Analytics, and Research (PEAR) Team created a P4P Advisory Committee. The second meeting for this group took place on June 28, 2017. The meeting will continue to occur on a bi-monthly basis with the next meeting tentatively scheduled for August 2017.

Sample/Methodology: N/A

Discussion: The purpose of the P4P Advisory Committee is to provide a forum for ongoing provider input into the development of P4P measures and encourage information exchange around best practices for achieving high-performance on existing P4P measures. The membership of the committee is intended to be inclusive of all levels of care covered by CBH. The P4P Advisory Committee decided to break out into workgroups based on Level of Care (LOC). The committee will be divided into three workgroups: Outpatient, Community Based, and Bed Based. The purpose of the LOC workgroups is to identify strengths/challenges/ barriers for each LOC and provide suggestions on how to adequately evaluate the performance of these LOC in the P4P program.

Follow-Up: CBH will continue to facilitate bi-monthly P4P Advisory Committee meetings.

Standard #23: Oral Interpretation and Written Translation Services

Activity/Measurement: Interpretation Services

Target: Maintain documentation of oral interpretation services utilized each year.

Actions/Interventions: Interpreter services were provided to members in various treatment settings in a variety of spoken languages.

Sample/Methodology: Review of vendor invoices.

Discussion: The Member Services Department at CBH has an interpreter team that is responsible for scheduling all Non-English Language Interpretation (NELI) requests for our members and providers. Global Arena and Quantum, Inc. are contracted to provide oral translation services. Cetra is a non-contracted vendor that is used on an ad-hoc basis if the contracted vendors are not able to provide the requested service. A summary of the amount and type of interpreter services utilized by CBH members is provided below:

2017 Second Quarter

Deaf Hearing Communication Centre

Unique Client Count	Language	# Of unique service request	# Hours serviced	# of types of services provided
8	ASL	76	275.5	6

Deaf-Hearing Interface

Unique Client Count	Language	# Of unique service request	# Hours serviced	# of types of services provided
14	ASL	149	2418.5	9

Global Arena

Unique Client Count	# Of languages serviced	# Of unique service request	# Hours serviced	# of types of services provided
57	19	313	894.75	18

Breakdown of Hours by Language	
Albanian	38.5
Arabic	109.25

Bambara	4
Burmese	34
Cambodian	40
Chinese Cantonese	54
Chinese Mandarin	258
Farsi	26
French	44
Greek	2
Haitian Creole	125.75
Hebrew	18
Indonesian	8.5
Nepali	40
Portuguese	35.75
Russian	2
Spanish	20
Ukrainian	19
Vietnamese	**16**

Quantum

Unique Client Count	# Of languages serviced	# Of unique service request	# Hours serviced	# of types of services provided
44	20	320	960	Not available

Breakdown of Hours by Language	
Albanian	11
Arabic	65
Burmese	20
Cambodian	2
Cantonese	2
French	5
French Creole	2
Indonesian	21
kinyarwanda	2
Korean	2
Malayalam	15
Mandarin	438.5
Nepali	16
Pashto	2
Polish	26
Portuguese	2
Russian	13
Spanish	27
Swahili	7
Vietnamese	281.5

Standard #28: Longitudinal CM (and CMR Review)

Activity/Measurement 1: Evidence-Based Practices (EBPs)

Target: Develop and implement required in-service EBP trainings.

Actions/Interventions: The Evidence-based Practice and Innovation Center (EPIC) continues to develop trainings and resources to improve understanding about EBPs and to improve utilization and implementation of EBP services. Second quarter activities include:

- Launched a new Parent Child Interaction Therapy (PCIT) brochure and provider map for use by internal staff and providers.

- Launched a new EBP/EPIC postcard to be used by internal staff at provider meetings and when making referrals.

- Launched an Introduction to EBPs course on our website which will also be included on the new DBHIDS learning hub. This course is geared toward individuals who are interested in learning more about EBPs, why the department is committed to this work, and what it means to deliver an EBP. This course will offer free CEUs.
    - Our champion groups have begun to create dissemination strategies to share throughout their teams.

- Released our summer newsletter. This newsletter gave us the opportunity to share highlights from the summer and direct attention toward our newly released EBP web course. This was shared via our mailing list, and sent directly to all DBHIDS staff.

- Trainings, presentations and collaborative meetings
    - Introduction to EPIC & EBPs for Targeted Case Management Leadership
    - Infant Mental Health Breakfast Series - overview of EBPs for young children
        - Attended by early childhood professionals and stakeholder groups
        - Included handout with evidence-based resources
    - Overview of EPIC and EBPs for the Inpatient/Outpatient Forum

- Continued meeting with our NIAC EBP Champions group with representation from every team across the NIAC department. This group is beginning to consider the creation of EBP related materials/resources that may be useful for their teams when making site visits.

- Continued meeting with our Clinical EBP Champions group. This group includes representation from every team across the clinical department, and is beginning to formulate plans for the dissemination of our web course as well as plans for an EBP of the month.

- Launched an enhanced rate pilot for select outpatient EBPs: PCIT, Dialectical Behavioral Therapy, Prolonged Exposure, and Trauma Focused Cognitive Behavioral Therapy. This process has required strategic engagement with internal departments including: Claims, Compliance and Quality. The delivery of these EBPs will be tracked in claims data.

- Continued engagement with CBH Information Systems Department related to our EBP program designation. This designation should launch in the fall of 2017, and will allow further integration of EBP within internal departments and operations.

Follow-Up: Continued expansion of EBP trainings.

Standard #91: QM Program Description, QM Work Plan, and Performance Improvement Project (PIP)

Activity/Measurement 1: Long Acting Injectables (LAI) Intervention

Target: Present LAIs as an alternative treatment option, when clinically appropriate, to address the areas of medication adherence and behavioral health readmission.

Actions/Interventions: During the second quarter of 2017, there were several activities pertaining to this PIP intervention. This intervention impacts all three of the core measures for the PIP: Medication Adherence, Behavioral Health Readmission, and Discharge Management Planning (DMP).

Sample/Methodology: N/A

Discussion: The Long Acting Injectables (LAI) Intervention barrier analysis continued during the second quarter of 2017. The ongoing barrier analysis led to the development of the in-home psych nursing pilot for individuals that are prescribed an LAI while at an Acute Inpatient (AIP) facility. The in-home psych nursing pilot began on January 17, 2017. As of June 30, 2017, 27 individuals had been identified as being eligible for the pilot and five of those individuals had enrolled in the pilot. The low enrollment in the pilot can be attributed to several factors including member's refusal of an LAI, member's refusal of pilot program, member being transferred to another bed based level of care, member being enrolled in an Assertive Community Team, and member being discharged before hospital staff can present the pilot program to them. The average amount of days between a member's discharge and their first visiting nurse appointment was 2.75 days. All of the individuals that have been enrolled in the in-home psych nursing program have been connected to outpatient services for ongoing follow-up services. The CBH LAI pilot team is working on developing a toolkit for AIPs which will include pre-authorization forms, Physical Health Managed Care Organization (PH-MCO) formulary information for LAIs, a list of CBH outpatient providers that can administer LAIs, and information about pharmaceutical companies that offer care coordination services. This information will be shared in a forum that will be scheduled for the third or fourth quarter of 2017. The forum will target AIP facilities, outpatient facilities that administer LAIs, and Community Integrated Recovery Centers.

Follow-Up: CBH will continue to report on the progress of the action items at the HealthChoices Regional Pharmacy and Therapeutics Committee Meetings in the third quarter of 2017. The ongoing barrier analysis will inform the interventions coordinated and/or provided by CBH, our provider network, as well as with our partner PH-MCOs.

Activity/Measurement 2: Connect Point Intervention

Target: Increase kept ambulatory follow-up appointments post-inpatient discharge through a text message based appointment reminder service.

Actions/Interventions: During the second quarter of 2017, there were several activities pertaining to this PIP intervention. This intervention impacts all three of the core measures for the PIP: Medication Adherence, Behavioral Health Readmission, and DMP.

Sample/Methodology: N/A

Discussion: The reminder intervention was suspended on January 1, 2017, due to ongoing issues of data loss, data integrity, and a lack of responsiveness on the part of the vendor/ software developer. CBH embarked on a vendor selection process in the first quarter of 2017 that resulted in the selection of Media Fusion Technologies Inc. as the vendor to build and administer the reminder service. In the second quarter of 2017, CBH and Media Fusion Inc. finalized the Service Agreement and the Business Associates Agreement for the reminder intervention service and platform on June 14, 2017. Media Fusion has estimated that the web-based platform, training, and support will take approximately 90 days to develop. The new name that has been selected for the CBH reminder intervention platform and service is Connect Point. The decision to change the name was made to provide a clear distinction between the platform and services offered by our previous vendor and the enhanced services that will be developed and administered by Media Fusion Technologies.

Follow-Up: The Connect Point platform is scheduled to go-live in the third quarter of 2017. The Connect Point utilization will be monitored on an ongoing basis by the Quality Management Department.

Activity/Measurement 3: Enhanced Aftercare

Target: Successful transition from inpatient care to ambulatory care as evidence by discharge management planning documentation at inpatient facilities and timely follow-up by the CBH Member Services Department.

Action/Intervention: One of the primary goals of the Enhanced Aftercare intervention is to provide a follow-up contact to a member within seven days of discharge from an AIP facility. In order to meet the seven day goal, CBH has focused on efforts to increase efficiencies and timeliness specific to obtaining discharge information from AIP facilities and following up with our members.

Discussion: In the second quarter of 2017 the Clinical Department completed a telephonic discharge pilot to address the Enhanced Aftercare Intervention goal of following up with members within seven days of discharge from an AIP facility. The pilot ran from May 15, 2017, through June 11, 2017, and involved six AIP facilities. To ensure that discharge reviews were being completed within 24 hours, Clinical Care Managers completed all discharge reviews telephonically prior to conducting utilization reviews. The PEAR Department tracked the following measures: average days to receipt of discharge information, average days to completion of a discharge template, percentage of discharge templates completed, and average time to complete a telephonic discharge review with an AIP facility. The PEAR Department presented the findings from the pilot to the Clinical Department during the week of June 26, 2017. The pilot group received discharge information one day quicker than they had prior to the pilot, and entered that information into our clinical information system more than twice as fast as they had prior to the pilot. The pilot also allowed the Member Services Team to reach out to members almost three day sooner than they had previously (4.9 days vs. 7.7 days). After reviewing the results, the Clinical Department determined that the telephonic pilot should be expanded to include all CBH AIP

facilities. The expansion of the pilot began on July 10, 2017, with five additional AIP facilities. The remaining seven AIPs will implement the telephonic discharge process in August 2017.

Follow-up: The PEAR Department will continue to track the following measures: average days to receipt of discharge information, average days to completion of a discharge template, percentage of discharge templates completed, and average time to complete a telephonic discharge review with an AIP facility.

Standard #93: Service Effectiveness

Activity/Measurement 1: Rates of Complaints/Grievances Upheld and Overturned

Target: Track and monitor complaints and grievances upheld and overturned.

Actions/Interventions: Results of complaints and grievances were tracked and monitored.

Sample/Methodology: 100% of complaints and grievances submitted in the second quarter of 2017.

Discussion: Rates of complaints and grievances upheld, overturned, and withdrawn are below.

Follow-Up: CBH will continue to track and monitor complaints and grievances upheld and overturned. Identified concerns will be addressed as they arise.

	1st Level Grievances	Decision Percentage		2nd Level Grievances	Decision Percentage		1st Level Complaints	Decision Percentage	2nd Level Complaints	Decision Percentage
April '17	125	94% upheld 4% overturned 2% withdrawn		17	76% upheld 12% overturned 12% withdrawn		92	65% Upheld 30% overturned 5% withdrawn	5	25% upheld 75% overturned
May '17	166	92% upheld 5% overturned 3% withdrawn		29	79% upheld 17% overturned 4% withdrawn		150	63% upheld 32% overturned 5% withdrawn	8	50% upheld 50% overturned
June '17	146	97% upheld 2% overturned 1% withdrawn		27	63% upheld 26% overturned 11% withdrawn		105	65% upheld 30% overturned 5% withdrawn	7	57% upheld 14% overturned 29% withdrawn

Standard #98: Internal CM Process

Activity/Measurement 1: Telephone Speed of Answer

Target: 100% of calls will be answered within 30 seconds.

Actions/Interventions: An analysis of telephone speed of answer was completed for the second quarter of 2017.

Sample/Methodology: 100% of telephone calls received by CBH from outside callers.

Discussion: The average speed of answer for telephone calls received in the first quarter of 2017 was 15 seconds, which meets the HealthChoices standard of 30 seconds.

Follow-Up: CBH will continue to monitor rates for speed of answer.

Activity/Measurement 2: Telephone Call Abandonment Rate

Target: Call Abandonment rate of 5% or less.

Actions/Interventions: An analysis of telephone call abandonment was completed for the second quarter of 2017.

Sample/Methodology: 100% of telephone calls received by CBH from outside callers.

Discussion: The call abandonment rate for CBH Member Services for the second quarter of 2017 was at 5.9%, which is higher than the target call abandonment rate of 5% or less. However, this is an improvement upon the call abandonment rate of 6.7% for the first quarter of 2017. In response to ongoing concerns regarding call volume and the abandonment rate, the Member Services Team hired six staff members between April and May of 2017. Additional efforts have been made to flex staff schedules in order to staff-up during time periods of particularly high call volume.

Follow-Up: The Member Services Supervisory team will continue to monitor call abandonment rates.