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| QAPIP Evaluation |
| FYE 2019 |

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**Section 1: Introduction**

PsyGenics, Inc. Quality Improvement Program strives for ongoing and continuous quality improvement to ensure members receive top-notch, medically necessary services delivered by a well-trained and culturally sensitive practitioner network.

PsyGenics quality monitoring activities encompass all services we deliver to our members with Medicaid, Mi Health Link and General Fund. Our practitioners support adult members with serious mental illness (SMI) and adult and child members with intellectual, and/or developmental disabilities. PsyGenics is exploring opportunities to expand to treat all members with mild to moderate emotional and/or behavioral health concerns.

Application of high-quality standards, regular meetings of the Quality Improvement Committee, oversight by a well-qualified medical director and a structure quality work plan with regular monitoring activities sets PsyGenics apart.

Development of our annual work plan reflects input from a number of sources including but not limited to our Medical Director, executive leadership, CARF standards, PIHP requirements, practitioners and our members. To evaluate our Quality Improvement Program, our Quality work plan goals, objectives and activities will be reviewed and analyzed for accomplishments, successes and opportunities for improvement.

**Accomplishments**

2019 was a year of change, transition and great accomplishment. We have grown and matured achieving successes beyond previous thought through dedication, perseverance and a shared passion for developing and launching a top-notch Behavioral Health provider. Some of our successes in 2019 include:

* Updated policies and procedures to incorporate all standards, elements and factors required by both CARF and our funder, Detroit Wayne Integrated Health Network or DWIHN (an NCQA MBHO);
* Expanded our Quality Management Department with the addition of the new Quality and Compliance Director
* Created the Chief Clinical Officer role to implement training and coaching to improve the overall effectiveness of our clinical service team.
* Set new service delivery and business-oriented goals to obtain baselines to build future success.

PsyGenics Committees and Structure

PsyGenics successfully matured in the last year by restructuring its committees and implementing clinical leadership to oversee and direct the committees for improved functionality. We added a new Medical Director who provides significant support and oversight to the new Quality Improvement Committee. The Medical Director also provides significant oversight to the clinical team providing utilization management and clinical support.

Successful Member Initiatives

In the last year, PsyGenics hosted several member focused community activities to engage our members and provide support to those we serve. PsyGenics hosted a fair at our Trenton location as well as several holiday parties geared toward member inclusion and celebration of our members.

**QI Activities Completed and Ongoing**

PsyGenics closely monitored its quality activities throughout the year as scheduled in the Quality Improvement Work Plan. See the 2019 Quality Improvement Work Plan.

**Section 2: Clinical Quality**

PsyGenics monitors several clinical quality measures and tracks the quality of health care services provided by its practitioners. To calculate the rates for these measures, PsyGenics collects data from several sources that include but are not limited to the following:

* Claims and encounter data from our funder
* Inpatient claims data

Measuring and reporting these metrics helps PsyGenics assess the effectiveness of the care members are receiving. These clinical quality measures are used to evaluate multiple aspects of member care including:

* Performance with healthcare outcomes and clinical processes.
* Effectiveness of program used to manage mental health conditions.

**Evaluation Methodology**

As a part of the annual evaluation, the QM Department conducts a comprehensive qualitative and quantitative analysis of measurement results. Multiple strategies are used to evaluate quality measures that include the following:

* Quantitative Analysis:
	+ Comparison of current rates against pre-established goals.
	+ Trend analysis and comparison of rates against existing benchmarks, if any.
* Qualitative Analysis:
	+ Barrier or causal analysis for any measures that are below the goal.

**Quality Improvement Activities**

**Self-Monitoring Reviews**

See standalone report on self-monitoring review activities.

**Ambulatory Follow Up after Discharge**

Research has demonstrated that adult members who are recently discharged

from the hospital show significantly improved outcomes when they continue in ambulatory care within one week of discharge from an inpatient setting. Our goal is to improve our engagement with members recently discharged from an inpatient setting to improve our overall member outcomes.

Methodology

The methodology to collect baseline data is to identify all members discharged within a given month and measure how many days it takes for follow up care to begin at an ambulatory care facility (adults). The goal is to obtain a baseline standard. The tentative goal standard is 70% of members receive a follow up within 7 calendar days of discharge.

Numerator

PsyGenics used the number of members seen for Outpatient Services within 7 days of discharge from an inpatient setting.

Denominator

PsyGenics used the total number of its members who were discharged from an inpatient setting.

Goals and Frequency Analysis

PsyGenics’ goal is to obtain a baseline for ambulatory follow up after inpatient hospitalization. PsyGenics monitors this measure on a quarterly basis.

Results

A breakdown of the results is below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Q1 FYE 2019 | Q2 FYE 2019 | Q3 FYE 2019 | Q4 FYE 2019 |
| Numerator | 4 | 9 | 3 | 5 |
| Denominator | 9 | 12 | 7 | 7 |
| Percentage | 44% | 75% | 43% | 72% |

Trend Analysis



Quantitative Analysis

* The tentative goal standard for this measurement was 70%. The average baseline fell well below this standard at 59% for clinical adherence to a follow up appointment after a hospital discharge for our members.
* The quarterly rates range from 44% to 75%.
* The rates were lowest in Q3 and rose in Q4.

Qualitative Analysis

This measurement period was used to obtain a baseline. Several factors appear to play a role in timely follow up appointments after hospital discharge. Member challenges related to lack of transportation or other pressing needs may inhibit their attendance at scheduled follow up appointments. Lack of reminder calls by PsyGenics and staff shortages may play a factor in limited appointments for follow up. These factors appear to contribute to challenges for members in obtaining and keeping follow up appointments after discharge from an inpatient hospitalization.

Interventions

PsyGenics is planning the following interventions in FY 2020:

* Implement an electronic medical record that will allow for cleaner collection of data and a timelier response.
* Implement phone reminders for members to increase attendance at appointments.
* Develop relationships with transportation companies or explore adding a transportation component to programming.
* Increased appointments on the Wellplace (centralized scheduling calendar) for “hospital discharge” appointments.
* Dedicated Intake Coordinator positions at the three PsyGenics clinics with backups in case of call ins.

**Annual Health Appraisal of Members in Residential Settings**

Members with mental health or developmental disability issues tend to have a higher mortality rate than their peers. As a result, members in specialized residential settings, a higher level of care, are particularly vulnerable. Ensuring that members receive an annual review at this level should improve overall integration of healthcare and overall higher member outcomes.

Methodology

PsyGenics, as the Clinically Responsible Service Provider or CRSP, is required by DWIHN to visit members who living in Adult Foster Care settings at least monthly. Part of this appointment includes a personal interview with a member and a case record review. The PsyGenics Supports Coordinator or Case Manager is to ask the member about his/her health needs and if they are being addressed as well as reviews the member’s file to validate that a current health appraisal is on file. PsyGenics Supports Coordinators or Case Managers may need to follow up with the funding source, DWIHN, if AFC providers continue to fail in obtaining annual health appraisals.

The tentative goal for this standard is 75% but is being measured to obtain a baseline.

Numerator

Number of PsyGenics members living in a Specialized Residential setting who receive at least one Health Appraisal annually.

Denominator

Total number of PsyGenics members within a Specialized Residential setting.

Goals and Frequency of Measurement

PsyGenics goal is to obtain a baseline for the number of PsyGenics members living in Specialized Residential/Adult Foster Care settings who have a recent health appraisal (within the last year). PsyGenics monitors this measure on a quarterly basis.

Results

The results of this measurement are in the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Q1 FYE 2019 | Q2 FYE 2019 | Q3 FYE 2019 | Q4 FYE 2019 |
| Numerator | 32 | 33 | 39 | 44 |
| Denominator | 42 | 48 | 55 | 64 |
| Percentage | 76% | 69% | 71% | 69% |

Trends Analysis



Quantitative Analysis

* The average baseline was 71%, just slightly below the tentative baseline goal of 75%.
* The quarterly rates range between 69% and 76%.
* While 69% percent is the lowest, found in Q2 and Q4, it is well below ideal.

Qualitative Analysis

This measurement period was used to obtain a baseline. Several factors appear to be at work regarding the fluctuating results. Members transition in and out of specialized residential settings causing a challenge in tracking their housing situations. Adult foster care home providers and PsyGenics staff appear to differ on their dedication levels to ensuring that our members have a recent health appraisal.

Interventions

PsyGenics is planning the following interventions in FY 2020:

* Explore opportunities to add in-house physical health providers including but not limited to a Nurse Practitioner or medical doctor.
* Provide training for PsyGenics Supports Coordinators and Case Managers about the importance of ensuring our members have appropriate health care and regular medical visits.
* Develop handouts for specialized residential providers on the importance of ensuring our members have appropriate health care and regular medical visits.
* Explore and implement an electronic health record that will allow better tracking of member’s locations.

**New Measures for 2019 - Service Delivery Indicators**

Each PsyGenics program has a goal in each of the following categories: Efficiency, Service Access and Effectiveness. The goals are outlined and evaluated under each program below.

**Children’s Outpatient Program**

PsyGenics offers an array of behavioral health services to children with IDD. Services provided within the PsyGenics Outpatient Program include Psychiatry/Medication Management, Nursing, Peer Support, Individual and Family Therapy, Psychological Testing (including for Guardianship), Occupational Therapy and Speech and Language Services.

The three goals for the Children’s Outpatient Program are:

* Efficiency – Increase show rate – goal to obtain baseline
* Service Access – Achieve intake completion within 14 days of the initial request – goal to obtain baseline
* Effectiveness – Initiate ongoing services within 14 days of intake – goal to obtain baseline

Methodology

The data to assess each of these goals is obtained from our claims data. See Walker Grids for additional detail.

Goal and Frequency of Monitoring

Each of the three goals is new and the purpose of tracking in this year was to determine appropriate baselines to measure future change based on targeted interventions to be implemented in FY 2020. The goals will be monitored on a quarterly basis.

**Children’s Outpatient Goal 1 - Increase Show Rate – Obtain baseline**

Numerator

The numerator for this goal is the number of children who have attended their scheduled outpatient appointment. See Walker Grid.

Denominator

The denominator for this goal is the number of children that were scheduled for an outpatient appointment. See Walker Grid.

**Children’s Outpatient Goal 2 – Complete intake within 14 days of referral – Obtain baseline**

Numerator

The numerator for this goal is the number of children who completed intake within 14 days of referral for outpatient services. See Walker Grid.

Denominator

The denominator for this goal is the number of children that were referred for an intake for outpatient services. See Walker Grid.

**Children’s Outpatient Goal 3 – Initiate ongoing services within 14 days of intake – Obtain baseline**

Numerator

The numerator for this goal is the number of children who attended ongoing outpatient services within 14 days of intake. See Walker Grid.

Denominator

The denominator for this goal is the number of children who were scheduled for ongoing outpatient services within 14 days of intake. See Walker Grid.

Results

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Goal | Indicator | Objective | Q1 FYE 2019 | Q2 FYE 2019 | Q3 FYE 2019 | Q4 FYE 2019 | *Average FYE 2019* |
| Increase Show Rate | Efficiency | **Obtain baseline** | 27% | 35% | 40% | 37% | ***35%*** |
| Intake within 14 days of Referral | Service Access | **Obtain baseline** | 75% | 77% | 69% | 76% | ***74%*** |
| Initiate ongoing services within 14 days of Intake | Effectiveness | **Obtain baseline** | 63% | 67% | 57% | 73% | ***65%*** |

Quantitative Analysis

* Baselines have been identified for the goals based on the data collected:
	+ Increase show rate – FY 2020 goal 60%
	+ Intake within 14 days of referral – FY 2020 goal 80%
	+ Initiate ongoing services within 14 days of intake – FY 2020 goal 80%
* Show rates for established services are low across the year and are worse in Q1
* Intake within 14 days is more challenging in Q3 and best engagement is in Q2
* Ongoing services is also fluctuated across the year with the lowest in Q1.

Qualitative Analysis

The three goals are very much interrelated. Member participation in initial intake, connection in ongoing services and subsequent future show rates are all tied together. Several factors influence these goals including available days/times of appointments, availability of transportation services, conflicts with schooling or work, and lack of reminder calls to name a few.

Interventions

PsyGenics is planning the following interventions in FY 2020:

* Utilize electronic medical record to send reminder text messages to members about their upcoming appointments
* Utilize centralized scheduling to offer opportunities for reschedule within the same week if members cannot attend their scheduled appointment
* Train Intake Coordinators to ensure they make reminder calls for new intake appointments and to initiate rapport building
* Train Intake Coordinators to schedule first appointment after intake for ongoing services within 14 days of intake
* Train supervisors to approve referrals within 48 hours of receiving ongoing service referrals
* Evaluate available transportation opportunities to improve member show rate
* Increase in delivery of services in the field to go “where the member is.”

**Adult’s Outpatient Program**

PsyGenics offers an array of behavioral health services to adults with IDD and/or SMI. Services provided within the PsyGenics Outpatient Program include Psychiatry/Medication Management, Nursing, Peer Support, Individual and Family Therapy, Psychological Testing (including for Guardianship), Occupational Therapy and Speech and Language Services.

The three goals for the Adult’s Outpatient Program are:

* Efficiency – Increase show rate – goal to obtain baseline
* Service Access – Achieve intake completion within 14 days of the initial request – goal to obtain baseline
* Effectiveness – Initiate ongoing services within 14 days of intake – goal to obtain baseline

Methodology

The data to assess each of these goals is obtained from our claims data. See Walker Grids for additional detail.

Goal and Frequency of Monitoring

Each of the three goals is new and the purpose of tracking in this year was to determine appropriate baselines to measure future change based on targeted interventions to be implemented in FY 2020. The goals will be monitored on a quarterly basis.

**Adult’s Outpatient Goal 1 - Increase Show Rate – Obtain baseline**

Numerator

The numerator for this goal is the number of adults who have attended their scheduled outpatient appointment. See Walker Grid.

Denominator

The denominator for this goal is the number of adults that were scheduled for an outpatient appointment. See Walker Grid.

**Adult’s Outpatient Goal 2 – Complete intake within 14 days of referral – Obtain baseline**

Numerator

The numerator for this goal is the number of adults who completed intake within 14 days of referral for outpatient services. See Walker Grid.

Denominator

The denominator for this goal is the number of adults that were referred for an intake for outpatient services. See Walker Grid.

**Adult’s Outpatient Goal 3 – Initiate ongoing services within 14 days of intake – Obtain baseline**

Numerator

The numerator for this goal is the number of adults who attended ongoing outpatient services within 14 days of intake. See Walker Grid.

Denominator

The denominator for this goal is the number of adults who were scheduled for ongoing outpatient services within 14 days of intake. See Walker Grid.

Results

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Goal | Indicator | Objective | Q1 FYE 2019 | Q2 FYE 2019 | Q3 FYE 2019 | Q4 FYE 2019 | *Average FYE 2019* |
| Increase Show Rate | Efficiency | **Obtain baseline** | 58% | 61% | 59% | 65% | ***61%*** |
| Intake within 14 days of Referral | Service Access | **Obtain baseline** | 80% | 78% | 77% | 59% | ***74%*** |
| Initiate ongoing services within 14 days of Intake | Effectiveness | **Obtain baseline** | 72% | 51% | 49% | 47% | ***55%*** |

Quantitative Analysis

* Baselines have been identified for the goals based on the data collected:
	+ Increase show rate – FY 2020 goal 60%
	+ Intake within 14 days of referral – FY 2020 goal 80%
	+ Initiate ongoing services within 14 days of intake – FY 2020 goal 80%
* Show rates for established services are low across the year and are worse in Q1
* Intake within 14 days is more challenging in Q4 and best engagement is in Q1
* Ongoing services is also fluctuated across the year with the lowest in Q4.

Qualitative Analysis

The three goals are very much interrelated. Member participation in initial intake, connection in ongoing services and subsequent future show rates are all tied together. Several factors influence these goals including available days/times of appointments, availability of transportation services, conflicts with schooling or work, and lack of reminder calls to name a few.

Interventions

PsyGenics is planning the following interventions in FY 2020:

* Utilize electronic medical record to send reminder text messages to members about their upcoming appointments
* Utilize centralized scheduling to offer opportunities for reschedule within the same week if members cannot attend their scheduled appointment
* Train Intake Coordinators to ensure they make reminder calls for new intake appointments and to initiate rapport building
* Train Intake Coordinators to schedule first appointment after intake for ongoing services within 14 days of intake
* Train supervisors to approve referrals within 48 hours of receiving ongoing service referrals
* Evaluate available transportation opportunities to improve member show rate
* Increase in delivery of services in the field to go “where the member is.”

**Children’s Case Management Program**

Case Management/Support Coordination is provided to all children and their families who identify PsyGenics as their Clinically Responsible Service Provider (CRSP). As the CRSP, PsyGenics is responsible for linking, coordinating, and monitoring treatment services. Case Managers/Support Coordinators may link the individual to services provided at PsyGenics, or they may refer services to another agency, depending on the type of service the individual may need and based on preference or choice.

The three goals for the Children’s Case Management Program are:

* Efficiency – Increase show rate – goal to obtain baseline
* Service Access – Achieve intake completion within 14 days of the initial request – goal to obtain baseline
* Effectiveness – Initiate ongoing services within 14 days of intake – goal to obtain baseline

Methodology

The data to assess each of these goals is obtained from our claims data. See Walker Grids for additional detail.

Goal and Frequency of Monitoring

Each of the three goals is new and the purpose of tracking in this year was to determine appropriate baselines to measure future change based on targeted interventions to be implemented in FY 2020. The goals will be monitored on a quarterly basis.

**Children’s Case Management Goal 1 - Increase Show Rate – Obtain baseline**

Numerator

The numerator for this goal is the number of children who have attended their scheduled case management/supports coordination appointment. See Walker Grid.

Denominator

The denominator for this goal is the number of children that were scheduled for a case management/supports coordination appointment. See Walker Grid.

**Children’s Case Management Goal 2 – Complete intake within 14 days of referral – Obtain baseline**

Numerator

The numerator for this goal is the number of children who completed intake within 14 days of referral for case management/supports coordination. See Walker Grid.

Denominator

The denominator for this goal is the number of children that were referred for an intake for case management/supports coordination. See Walker Grid.

**Children’s Case Management Goal 3 – Initiate ongoing services within 14 days of intake – Obtain baseline**

Numerator

The numerator for this goal is the number of children who attended ongoing case management/supports coordination services within 14 days of intake. See Walker Grid.

Denominator

The denominator for this goal is the number of children who were scheduled for ongoing case management/supports coordination services within 14 days of intake. See Walker Grid.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Goal | Indicator | Objective | Q1 FYE 2019 | Q2 FYE 2019 | Q3 FYE 2019 | Q4 FYE 2019 | *Average FYE 2019* |
| Increase Show Rate | Efficiency | **Obtain baseline** | 29% | 37% | 43% | 40% | ***37%*** |
| Intake within 14 days of Referral | Service Access | **Obtain baseline** | 76% | 78% | 78% | 80% | ***78%*** |
| Initiate ongoing services within 14 days of Intake | Effectiveness | **Obtain baseline** | 67% | 69% | 63% | 69% | ***52%*** |

Results

Quantitative Analysis

* Baselines have been identified for the goals based on the data collected:
	+ Increase show rate – FY 2020 goal 60%
	+ Intake within 14 days of referral – FY 2020 goal 80%
	+ Initiate ongoing services within 14 days of intake – FY 2020 goal 80%
* Show rates for established services are low across the year and are worse in Q1
* Intake within 14 days is more challenging in Q1 and best engagement is in Q4
* Ongoing services is also fluctuated across the year with the lowest in Q3.

Qualitative Analysis

The three goals are very much interrelated. Member participation in initial intake, connection in ongoing services and subsequent future show rates are all tied together. Several factors influence these goals including available days/times of appointments, availability of transportation services, conflicts with schooling or work, and lack of reminder calls to name a few.

Interventions

PsyGenics is planning the following interventions in FY 2020:

* Utilize electronic medical record to send reminder text messages to members about their upcoming appointments
* Utilize centralized scheduling to offer opportunities for reschedule within the same week if members cannot attend their scheduled appointment
* Train Intake Coordinators to ensure they make reminder calls for new intake appointments and to initiate rapport building
* Train Intake Coordinators to schedule first appointment after intake for ongoing services within 14 days of intake
* Train supervisors to approve referrals within 48 hours of receiving ongoing service referrals
* Evaluate available transportation opportunities to improve member show rate
* Increase in delivery of services in the field to go “where the member is.”

**Adult’s Case Management Program**

Case Management/Support Coordination is provided to all adults who identify PsyGenics as their Clinically Responsible Service Provider (CRSP). As the CRSP, PsyGenics is responsible for linking, coordinating, and monitoring treatment services. Case Managers/Support Coordinators may link the individual to services provided at PsyGenics, or they may refer services to another agency, depending on the type of service the individual may need and based on preference or choice.

The three goals for the Adult’s Case Management Program are:

* Efficiency – Increase show rate – goal to obtain baseline
* Service Access – Achieve intake completion within 14 days of the initial request – goal to obtain baseline
* Effectiveness – Initiate ongoing services within 14 days of intake – goal to obtain baseline

Methodology

The data to assess each of these goals is obtained from our claims data. See Walker Grids for additional detail.

Goal and Frequency of Monitoring

Each of the three goals is new and the purpose of tracking in this year was to determine appropriate baselines to measure future change based on targeted interventions to be implemented in FY 2020. The goals will be monitored on a quarterly basis.

**Adult’s Case Management Goal 1 - Increase Show Rate – Obtain baseline**

Numerator

The numerator for this goal is the number of adults who have attended their scheduled case management/supports coordination appointment. See Walker Grid.

Denominator

The denominator for this goal is the number of adults that were scheduled for an case management/supports coordination appointment. See Walker Grid.

**Adult’s Outpatient Goal 2 – Complete intake within 14 days of referral – Obtain baseline**

Numerator

The numerator for this goal is the number of adults who completed intake within 14 days of referral for case management/supports coordination. See Walker Grid.

Denominator

The denominator for this goal is the number of adults that were referred for an intake for case management/supports coordination. See Walker Grid.

**Adult’s Outpatient Goal 3 – Initiate ongoing services within 14 days of intake – Obtain baseline**

Numerator

The numerator for this goal is the number of adults who attended ongoing case management/supports coordination services within 14 days of intake. See Walker Grid.

Denominator

The denominator for this goal is the number of adults who were scheduled for ongoing case management/supports coordination within 14 days of intake. See Walker Grid.

Results

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Goal | Indicator | Objective | Q1 FYE 2019 | Q2 FYE 2019 | Q3 FYE 2019 | Q4 FYE 2019 | *Average FYE 2019* |
| Increase Show Rate | Efficiency | **Obtain baseline** | 69% | 70% | 58% | 57% | ***64%*** |
| Intake within 14 days of Referral | Service Access | **Obtain baseline** | 78% | 71% | 69% | 60% | ***70%*** |
| Initiate ongoing services within 14 days of Intake | Effectiveness | **Obtain baseline** | 73% | 68% | 70% | 72% | ***71%*** |

Quantitative Analysis

* Baselines have been identified for the goals based on the data collected:
	+ Increase show rate – FY 2020 goal 60%
	+ Intake within 14 days of referral – FY 2020 goal 80%
	+ Initiate ongoing services within 14 days of intake – FY 2020 goal 80%
* Show rates for established services are low across the year and are worse in Q4
* Intake within 14 days is more challenging in Q4 and best engagement is in Q1
* Ongoing services is also fluctuated across the year with the lowest in Q2.

Qualitative Analysis

The three goals are very much interrelated. Member participation in initial intake, connection in ongoing services and subsequent future show rates are all tied together. Several factors influence these goals including available days/times of appointments, availability of transportation services, conflicts with schooling or work, and lack of reminder calls to name a few.

Interventions

PsyGenics is planning the following interventions in FY 2020:

* Utilize electronic medical record to send reminder text messages to members about their upcoming appointments
* Utilize centralized scheduling to offer opportunities for reschedule within the same week if members cannot attend their scheduled appointment
* Train Intake Coordinators to ensure they make reminder calls for new intake appointments and to initiate rapport building
* Train Intake Coordinators to schedule first appointment after intake for ongoing services within 14 days of intake
* Train supervisors to approve referrals within 48 hours of receiving ongoing service referrals
* Evaluate available transportation opportunities to improve member show rate
* Increase in delivery of services in the field to go “where the member is.”

**New Business Function Strategic Goals for 2019**

PsyGenics is a human service agency at its core. Delivering excellent community mental health services to our members is critical to achieve our mission of improving the health and wellness of the community at large. Additional business function goals have been developed to ensure PsyGenics is making progress towards the mission.

The two goals for business function improvement are:

* Develop a baseline for Member Experience Surveys as traditionally the response rate is very low and feedback from members is critical to PsyGenics continuous quality improvement
* Develop a baseline for delivery of supports coordination, our most impactful community service and highest revenue generating service, to ensure PsyGenics longevity and solvency for future

Methodology

The data to establish a baseline target for participation in the Member Experience survey will be collected during an annual survey period.

The data to establish a Supports Coordination Production baseline target will be collected from claims and staff schedule data.

See Walker Grids for additional detail.

Goal and Frequency of Monitoring

Each of the goals is new and the purpose of tracking in this year was to determine appropriate baselines to measure future change based on targeted interventions to be implemented in FY 2020.

The Member experience goal will be monitored on an annual basis and the Supports Coordination Production goal will be monitored on a quarterly basis.

**Business Function Goal 1 – Member Experience Survey Participation – Obtain baseline**

Numerator

The numerator for this goal is the number of members who participated in the Member Experience Survey. See Walker Grid.

Denominator

The denominator for this goal is the total number of members with active cases inclusive of members closed within 60 days of the initiation of the survey. See Walker Grid.

Results

The results for business function goal 1 follows:

|  |  |
| --- | --- |
| Goal 1 | Annual Participation FYE 2019 |
| Increase participation in the Member Experience Survey | 4% |

Quantitative Analysis

* Out of 1,353 member experience surveys sent out, 57 or (4%) surveys were returned
* Approximately 240 member surveys were sent back unopened due to incorrect mailing addresses
* A goal of 50% participation has been established for future member experience surveys

Qualitative Analysis

Barriers and challenges associated with the member experience survey include:

* Very detailed experience questionnaire
	+ Surveys were time consuming and cumbersome to complete
* Survey was mailed to members who may have moved or not noticed the surveys
* Surveys had to be mailed back
	+ While the surveys were sent with a self-addressed stamped return envelope, mailing out surveys was not the most efficient way to measure member experience
* Messages were not provided to members to remind them to complete the surveys

Interventions

In FYE 2020, the following interventions will be applied to improve the completion of the member experience surveys in future to glean key information to the overall quality provided by PsyGenics to its members:

* Revise the Member Experience Survey
	+ Fewer questions
	+ Likert scale response ratings
	+ Avoid open ended questions
* Utilize additional methods to deliver the Member Experience Survey including but not limited to:
	+ Mass text messaging with a link to Survey Monkey or other database
	+ In office survey completion/collection
	+ In field survey completion/collection when provided by the assigned supports coordinator/case manager
* Provide reminders via:
	+ Phone calls
	+ Mass text messaging
	+ Supports Coordination Staff
	+ Mailings

**Business Function Goal 2 – Increase Supports Coordination Production – Obtain baseline**

Numerator

The numerator for this goal is the total amount of billable hours recorded for supports coordination or case management (T1017) in a quarter. See Walker Grid.

Denominator

The denominator for this goal is the total number of hours worked in a quarter by supports coordinators and case managers minus excluded time that includes supervision meetings, staff meetings, paid time off, unpaid time off, and training time. See Walker Grid.

Results

The results for business function goal 2 follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Goal 2 | Q1 FYE 2019 | Q2 FYE 2019 | Q3 FYE 2019 | Q4 FYE 2019 | Average FYE 2019 |
| Increase Supports Coordinator Production | 36% | 32% | 30% | 35% | 33% |

Quantitative Analysis

* Supports coordination and case management staff are consistent with their production time over the course of the year with staff appearing most productive in Q1 and least productive in Q3
* A production baseline of 50% is established to ensure that supports coordination and case management production is being delivered in an effective manner to have the most impact on member lives and provide needed revenue to cover PsyGenics costs

Qualitative Analysis

The major challenges to increasing supports coordination and case management production include:

* Lack of day-to-day oversight by leadership
* Lack of appropriate staff training
* Inconsistent tracking of staff time off or time when they are engaged in meetings or supervision
* Inconsistent calculation of production
* Lack of an electronic medical record to track and trend staff activities with members
* Changing requirements by the funding source

Interventions

For FYE 2020, the following interventions will be implemented:

* New electronic medical record to record and track staff activities with members
* Creation of clinical supervisor positions at each clinical site to coach, train and oversee supports coordination and case management staff
* Training series and job aides
* Improved payroll management system to track staff paid time off and unpaid time
* Consistent supervision schedule for supports coordination and case management staff
* Training for clinical supervisors on calculation of supports coordination and case management production values
* Training on changes as initiated by the funding source

**Section 3: Access and Availability**

Access to health care services in the United States is regarded as unreliable as many people who have insurance do not receive the appropriate and timely care. The health care system, which is already strained, faced an influx of patients in 2014 due to the implementation of expansion programs in the Accountable Care Act. As a result of these issues, it was critical for PsyGenics to monitor access to care and develop interventions if needed to ensure its members were getting the care they needed when they needed it. PsyGenics also reviews member complaints related to access to care as a part of the analysis. Due to recent changes in managed care and the rapid expansion of insurance programs across the State, timely access to care is one of the key components of the QI program. PsyGenics monitors the following access to care standards at least annually through the following elements:

* Availability of Practitioners and Providers
* Appointment Access
	+ Urgent care appointments
	+ Routine care appointments

**Availability of Practitioners**

PsyGenics monitors performance areas affecting and reflecting practitioner network availability on an annual basis. To ensure PsyGenics has enough staff of all types of behavioral health care practitioners, PsyGenics has established quantifiable measurable standards for the minimum number of each type of practitioner. The following provides an overview and analysis of PsyGenics practitioner staff for 2019.

Program Goal

* To ensure that PsyGenics practitioner staff is adequate to meet the needs of members and industry standards.

Number (Ratio) of Practitioners to Members

During the year, the availability of practitioners for our member base was assessed. Our standards are as follows for the number of practitioners to members:

|  |  |
| --- | --- |
| Practitioner Type | Ratio to Members |
| Physician (MD/DO) | 1 per 1,000 Members |
| Doctoral (non-MD/DO) | 1 per 2,000 Members |
| Non-Doctoral, Non-MD/DO | 20 per 1,000 Members |

Results

The table below provides practitioner to member ratios for PsyGenics.

|  |
| --- |
|  |
| **Numerical Standard** | **TotalMembers** | **TotalPractitioners by Type** | **Practitioner to Member Ratio** |
| 1 Physician (MD/DO) per 1,000 Members | 1,353 | 3 | 1/451 |
| 1 Doctoral Level, Non-Physician Practitioner(s) per 2,000 Members | 1,353 | 3 | 1/451 |
| 10 Non-Physician, Non-Doctoral Level Practitioners per 1,000 Members | 1,353 | 52 | 10/260 |

Quantitative Analysis:

The following conclusions can be made based on the table above:

* PsyGenics met its numerical standards for the number of Physician, Doctoral Level, and Non-Physician practitioners with excellent ratios to the number of members. The ratios for both these types of practitioners to members are well below the threshold established showing that the PsyGenics has an adequate number of these types of practitioners.
* Note that Total Members are all active members who have had a service within the last four months and/or are receiving ongoing services.

Qualitative Analysis

PsyGenics met all its numerical standards for all practitioner types. A review of member complaints related to practitioner numbers did not identify any significant findings.

**Number of Clinics**

The availability of our clinics was assessed in September 2019. Our standards are as follows for the number of clinics to members:

|  |  |
| --- | --- |
| Facility Type | Ratio to Members |
| Outpatient Clinics | 1 per 1,000 Members |

Results

The table below provides outpatient clinic to member ratios for PsyGenics.

|  |  |  |  |
| --- | --- | --- | --- |
| **Numerical Standard** | **TotalMembers** | **TotalFacilities by Type** | **Facility to Member Ratio** |
| 1 Outpatient Clinic Per 1,000 Members | 1,353 | 3 | 1/451 |

Quantitative Analysis

* PsyGenics has met its numerical standards for the number of outpatient clinics to members ratio. This shows that PsyGenics has an adequate number of ambulatory facilities.
* Note that Total Members are all active members who have had a service within the last four months and/or are receiving ongoing services.

Qualitative Analysis

PsyGenics has met its standard for the number of outpatient clinics ratio to members and did not need to perform a robust qualitative analysis. PsyGenics also reviewed member complaints related to the number of clinics and did not find any member complaints related to this issue.

**Accessibility – Urgent and Routine Appointments**

PsyGenics monitors performance areas affecting and reflecting intake availability on an annual basis and has established quantifiable standards for accessibility measures. An overview and analysis of PsyGenics’ practitioner availability for measurement year 2019 follows. Ensuring that all members have access to services and is imperative to PsyGenics. The standards address members’ access to urgent services within 48 hours and routine services within 10 business days. PsyGenics refers all non-life-threatening emergencies to the Emergency Room (ER).

Appointment Access Standards:

* Urgent Appointments within 48 hours - 100%
* Routine visit within ten (10) business days – 85 %

Data Collection Methodology

PsyGenics methodology for collecting access to urgent care appointment information is to monitor a) number of intakes per clinic per month in the centralized scheduling calendar; b) number of kept appointments within the centralized scheduling calendar; c) member experience feedback to ensure access to urgent appointments is available. The Quality Management Department reports to the Quality Improvement Committee at least semiannually regarding the availability of urgent appointments.

**Urgent Appointments**

Numerator

The number of urgent appointments requested.

Denominator

The number of urgent appointments available.

Results

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Q1 FYE 2019 | Q2 FYE 2019 | Q3 FYE 2019 | Q4 FYE 2019 |
| Numerator | 21 | 20 | 24 | 23 |
| Denominator | 24 | 24 | 24 | 24 |
| Percentage Utilized | 87% (13% underutilized) | 83% (17% underutilized) | 100% | 96% (4% underutilized) |

Quantitative Analysis

* Availability for urgent appointments is present with up to 17% of the availability not being utilized in 2019.
* Q3 is the only quarter to utilize all urgent appointment availability.

Qualitative Analysis

PsyGenics appears to provide adequate availability for urgent intake appointments. With the expectation to continue to grow, PsyGenics will consider adding additional urgent appointments to accommodate new members.

**Routine Visit for Service Initiation**

Numerator

The number of members scheduled for a routine intake.

Denominator

The number of members who completed a routine intake.

Results

Subpopulation – Routine Intakes for Adults with SMI

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Q1 FYE 2019 | Q2 FYE 2019 | Q3 FYE 2019 | Q4 FYE 2019 |
| Numerator | 0 | 4 | 5 | 8 |
| Denominator | 0 | 4 | 5 | 8 |
| Percentage | n/a | 100% | 100% | 100% |

Subpopulation – Routine Intakes for Adults with IDD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Q1 FYE 2019 | Q2 FYE 2019 | Q3 FYE 2019 | Q4 FYE 2019 |
| Numerator | 12 | 17 | 26 | 13 |
| Denominator | 12 | 17 | 26 | 13 |
| Percentage  | 100% | 100% | 100% | 100% |

Subpopulation – Routine Intakes for Children with IDD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Q1 FYE 2019 | Q2 FYE 2019 | Q3 FYE 2019 | Q4 FYE 2019 |
| Numerator | 36 | 47 | 51 | 42 |
| Denominator | 36 | 48 | 51 | 43 |
| Percentage | 100% | 97% | 100% | 97% |

Quantitative Analysis

* Routine Intakes are at 100% across both adult SMI and IDD and at least at 97% for children with IDD.
* The volume of intakes for children is almost double that of adults across both subpopulations.

Qualitative Analysis

PsyGenics appears to be meeting timely routine intakes across all populations. As PsyGenics is seeking to grow, it appears that adding additional intake slots for routine intakes would facilitate this growth. PsyGenics also reviewed complaints data for routine intakes and did not find any significant findings, which is why a robust barrier analysis was not needed in 2019.

Next Steps

Since PsyGenics met the goals and since the complaints data did not show any significant findings related to urgent care or routine visits, there was no need to take additional steps. However, PsyGenics is planning to add additional availability of urgent and routine intake appointments to expand service delivery to more members. PsyGenics will continue to monitor appointment access at least annually.

**Section 4: Member Experience**

PsyGenics methodology to improve members’ experience includes reviewing complaint reports, appeal reports and member surveys with the Quality Improvement Committee for feedback on how to improve and identify interventions to address barriers.

Complaints

PsyGenics Customer Service collects member complaints (also called grievances) in five categories: Quality of Care, Access, Attitude and Service, Billing and Financial Issues and Quality of Practitioner Site. Customer Service aggregates the complaint information, analyzes the data and reports on each category quarterly. Customer Service presents quarterly reports to the Quality Improvement Committee within 30 days of the close of the quarter.

PsyGenics Customer Service tracks all complaints, facilitates resolution and recommends interventions if necessary and assists members in filing further complaints as needed. The Quality Management Department reports on any substantiated compliant concerns to the Quality Improvement Committee.

Please see the detailed report including complaints by type, complaints by 1,000 Members, total percentage by category and results analysis.

Appeals

PsyGenics facilitates member appeals with the PIHP. Appeal data is collected and organized into five categories: Quality of Care, Access, Attitude and Service, Billing and Financial Issues, and Quality of Practitioner Sites. PsyGenics reports to the Quality Improvement Committee quarterly. The quarterly reports are submitted delivered within 30 days of the close of a quarter.

Surveys

PsyGenics annually conducts a member experience survey of active members. Active members are defined as members who have had a service within the last 120 days. The member experience survey is sent to active members by USPS mail, delivered in person within the community or provided to members when receiving in office services. Responses are accepted through 30 days after the mailing date or survey period, whichever is later. Responses are tabulated and scored for performance improvement. Reports on scores and analysis are submitted to the Quality Improvement Committee by factor (services, accessibility, availability and acceptability) within 60 days after the close of the survey period.

Any areas of health, safety or compliance concerns identified in the member experience surveys are submitted to the Quality Management Department via email to the Quality and Compliance Director for follow up.

**Section 5: Member Safety**

PsyGenics holds member safety in the highest regard. As such, PsyGenics has implemented several mechanisms to ensure member safety. These mechanisms include but are not limited to credentialing staff, ensuring clinic safety by quarterly site reviews and monitoring adverse events for trends.

See the following reports regarding Member Safety:

* Adverse Events Report.
* Site Visits for Safety Report.

**Section 6: Future Quality Activities**

In addition to maintaining the activities of the prior year, PsyGenics plans to implement an electronic health record with additional data mining capabilities to continue to grow and develop its service array. As such, the quality activities will expand into ensuring that Accessibility and Availability standards are met, the Membership Profile is expanded to account for the any added populations and all member safety areas remain a priority.

In future, the new PsyGenics Medical Director will provide oversight to the new PsyGenics Behavior Treatment Review Committee to ensure appropriate use of any restrictive or intrusive techniques used with our members.

Additional future activities to enhance the quality of member care include ensuring members have current individual plans of service and biopsychosocial assessments. The Quality Management Department will explore ways to incorporate this into the 2020 workplan.

**Section 7: Overall Effectiveness of the QAPIP**

To evaluate the overall effectiveness of the QIAPIP, it is necessary to review the successes outlined in the beginning of this report. PsyGenics not only developed and implemented new policies and procedures but did so strategically to build an infrastructure from which the best integrated behavioral healthcare organization can grow. PsyGenics practitioners and members were invited to share their input on the quality activities as well given opportunity to share their feedback and experience for improved PsyGenics operations. Overall, these achievements bode well for PsyGenics continued growth and success in delivering top notch services to its members.

Methodologies will continue to be tightened up to streamline effectiveness including but not limited to how the Member Experience Survey is disseminated to increase the number of members who participate as well as ongoing refinement of our data collection algorithms to better showcase outcomes. The Quality Improvement Activities will continue to be monitored for areas in intervene and improve performance across the measures.

The QI Committee (QIC) will continue to meet at least quarterly, or more often as necessary to ensure that all work plan areas are adequately reviewed, data is collected and analyzed, and interventions, when necessary are implemented. Current members are encouraged to continue to participate at the high levels of the last year. And the QIC will continue to fulfill its responsibilities as it has over the last year. Members actively participate and the membership will not be changed in 2020.

Leadership is encouraged to also continue to support the QAPIP as it has at high levels over the last year. Leadership has supported the QAPIP and dedicated necessary resources to ensure a successful quality program.

The QAPIP would be greatly enhanced by additional means and ways for PsyGenics practitioners to continue to participate actively in the QAPIP. The barrier of too little available time is likely to have hindered the process this year. Additional practitioners will be sought to broaden the depth of the practitioner bench in 2020.

Recommended Changes for 2020

At this time, other than growing and expanding the volume of members served, the overall structure of the QAPIP is recommended to remain the same as it has been highly effective in 2019.

Appendix A – 2019 QAPIP Workplan

Appendix B – Walker Grids