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QAPIP Evaluation

FYE 202

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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, Inc.’s 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 (IDD). PsyGenics, Inc. 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 structured quality work plan with regular monitoring activities sets PsyGenics, Inc. apart.

The development of our annual work plan reflects input from several sources including but not limited to our Medical Director, executive leadership, CARF standards, Prepaid Inpatient Health Plan (PIHP – funder) 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

The beginning of 2023 continued to be a challenging year for PsyGenics, Inc.

and the rest of the world with the continuation of the Corona Virus 2019 pandemic and the ongoing public health emergency. PsyGenics, Inc.

continues to be proud of its nimble adaptation to remote work with continued delivery of needed service to its members.

Some of our successes in 2023 include:

* Opening of a new behavioral health clinic in Roseville, MI.;
* Ongoing process improvement and data collection with our electronic medical record;
* Expansion of the training program and job aids to facilitate the memorialization of critical roles, including but not limited to the use of inhouse video recordings that can be accessed on the staff portal;
* Expansion of marketing activities and creation of videos to post on social media;
* Creation of a new position for an Activities Coordinator to oversee member activities and engagement;
* Creation of a new position for a Credentialing Specialist to assist with credentialing staff as a QMHP, QIDP, and CMHP;
* Creation of a new position for a Project Specialist to promote agencywide programs and assist with data elements;
* Implementation of centralized scheduling for our case management team to allow the case managers more time with their members and free them up from administrative tasks such as scheduling, sending appointment reminders, and other tasks;
* Continued expansion of the Client Electronic Health Record (CEHR) for members ease of access to their health records;
* Implementation of members' ability to sign consents, treatment plans, and other clinical documents in the CEHR portal;
* Improved policies and practices for maintaining safety while delivering services in person if medically appropriate;
* Creation of a customer service and support supervisor to promote and emphasize PsyGenics, Inc.’s identified Customer Service Quality pillar; and
* Successful proposal and implementation of an Outreach Program.

## PsyGenics, Inc. Committees and Structure

PsyGenics, Inc. committees continue to be led and overseen by clinical leadership including but not limited to the Medical Director, Chief Clinical Operations Officer, Quality Management Director, and Clinical Supervisors. The Medical Director continues to provide significant support and oversight to the 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, Inc. was able to host its some member-focused community activities as we had before the pandemic. Up until the end of the Public Health Emergency (PHE), PsyGenics, Inc. hosted all activities outside to allow social distancing and followed our Infectious Disease/Pandemic Policy. Once the PHE ended, some activities were brought back indoors. A list of activities that were hosted for the members included: a Bunny Hop, Graduation Celebration, Ice Cream Social, Back to School Bash, Trunk or Treat, Decorating

Contest, Friends-Giving, and Snowball Dance. Member activities also included Adopt a Family whereas PsyGenics, Inc. purchased gifts in the amount of up to $500 for eight (8) families, totaling over $4,000.00.

Members were also engaged in the member experience survey process. See Section 4.

# QI Activities Completed and Ongoing

PsyGenics, Inc. closely monitored its quality activities as scheduled in the new Quality Improvement Work Plan. See the Quality Improvement Work Plan for FYE 2023.

# Section 2: Clinical Quality

PsyGenics, Inc. 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, Inc. collects data from a few different sources that include but are not limited to the following:

* Claims and encounter data from our funder,
* Inpatient claims data,
* PERKS, our electronic medical record.

Measuring and reporting these metrics helps PsyGenics, Inc. 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.
* The effectiveness of each 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 baseline in 2022 was found to be 59%. As a result, the goal standard is 65% of members receive a follow-up within 7 calendar days of discharge.

### Numerator

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

### Denominator

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

### Goals and Frequency Analysis

PsyGenics, Inc.'s goal is to obtain a baseline for ambulatory follow-up after inpatient hospitalization. PsyGenics, Inc. monitors this measure quarterly. Results

A breakdown of the results is below:

##  Q1 FYE Q2 FYE Q3 FYE Q4 FYE Average

 **2023 2023 2023 2023 FYE 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Numerator**  | 4  | 6  | 6  | 10  | 65%  |
| **Denominator**  | 11  | 8  | 10  | 11  |
| **Percentage**  | 36%  | 75%  | 60%  | 91%  |

 Trend Analysis

Q1 FYE 2023

,

36

%

Q2 FYE 2023

,

%

75

Q3 FYE 2023

,

60

%

Q4 FYE 2023

,

91

%

0

%

10

%

%

20

30

%

%

40

50

%

60

%

70

%

80

%

90

%

%

100

Q1 FYE 2023

Q2 FYE 2023

Q3 FYE 2023

Q4 FYE 2023

Ambulatory Care Within 7 Days of Hospital Discharge

### Quantitative Analysis

* In 2023, PsyGenics, Inc. met the standard in only two (2) quarters. Q1 did not meet the goal by 29%, and Q3 fell short by 5%
* The quarterly rates range from 36% to 91%
* 65% of the time, PsyGenics, Inc. was able to see the member within 7 days from hospital discharge
* The rates were lowest in Q1 but continued to improve and rose up in Q2 – Q4

### Qualitative Analysis

In FYE 2023, PsyGenics, Inc. met the goal of 65%. However, several factors appear to play a role in timely follow-up appointments after hospital discharge. Staff have been able to connect with members via telehealth saving the member the need to find reliable transportation to come to an inperson appointment. Medicaid provided transportation services have also been utilized regularly to assist members in getting to their appointments when in person. The staff has been retrained and a step-by-step guide has been created to ensure that intakes including hospital discharges occur timely and completely, including but not limited to an intake staff training video and comprehensive intake manual to assist staff in achieving optimal results and member engagement, starting at intake. Intake coordinator staff have been put in place to oversee the timely completion of intakes.

Continued barriers to timely follow-up after discharge include a lack of available appointments and staff to complete the assessments. Additionally, the lack of reliable transportation continues to be a barrier for many of our members, even though we have partnered with several community agencies to provide Medicaid-funded transportation. Although PsyGenics, Inc. does have a relationship with a cab company, they too are experiencing issues related to the Pandemic including driver call-offs and poor training. PsyGenics, Inc.’s members are also very transient and can be difficult to reach.

### Interventions

PsyGenics, Inc. is planning the following intervention in FY 2024:

* Incorporating the use of Detroit Wayne Integrated Health Network’s (DWIHN) funded transportation.
* Explore adding a transportation component to programming and bringing transportation in-house.

## 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 need a higher level of care and are particularly vulnerable. Ensuring that members receive an annual review at this level should improve the overall integration of healthcare and better member outcomes.

### Methodology

PsyGenics, Inc., as the Clinically Responsible Service Provider or CRSP, is required by its funder, DWIHN, to visit members who live in Adult Foster Care settings at least monthly. Part of this appointment includes case management functions with a member and a case record review in the home to ensure services are being delivered are adhering to the treatment plan. The PsyGenics, Inc.

Supports Coordinator or Case Manager is to ask the member about his/her health needs and if they are being addressed as well as review the member’s file to validate that a current health appraisal is on file and that services are being delivered according to the amount, scope, frequency, and duration specified in the plan. PsyGenics, Inc. Supports Coordinators or Case Managers may need to follow up with the funding source, DWIHN, if AFC providers fail to meet medically necessary treatment standards and/or services.

The goal for this standard is 75% based on the baseline of 72% established in 2022.

### Numerator

The number of PsyGenics, Inc. members living in a Specialized Residential setting who receive at least one Health Appraisal annually.

Denominator

Total number of PsyGenics, Inc. members within a Specialized Residential setting.

### Goals and Frequency of Measurement

PsyGenics, Inc.’s goal is to ensure that at least 75% of PsyGenics, Inc. members living in Specialized Residential/Adult Foster Care settings have had a recent health appraisal (within the last year). PsyGenics, Inc. monitors this measure every quarter.

Results

The results of this measurement are in the table below:

##  Q1 FYE Q2 FYE Q3 FYE Q4 FYE Average

 **2023 2023 2023 2023 FYE 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Numerator**  | 28  | 44  | 44  | 30  | 92%  |
| **Denominator**  | 32  | 44  | 44  | 39  |
| **Percentage**  | 87%  | 100%  | 100%  | 77%  |

### Trends Analysis

87

%

%

100

%

100

77

%

0

%

20

%

40

%

%

60

80

%

100

%

120

%

Q1 FYE 2023

Q2 FYE 2023

Q3 FYE 2023

Q4 FYE 2023

Membr Health Appraisals in Specialized Residential

Care

### Quantitative Analysis

* In FYE 2023, the goal was met for every quarter and has improved significantly compared to 2022
* Improvement is likely to contribute to the end of the PHE and more people getting back into routine with their healthcare services
* The average number of members who did have a health appraisal and are living in a specialized residential setting is 92%
* The quarterly rates range between 77% and 100%.

### Qualitative Analysis

As predicted, with the increase in the number of people vaccinated against the COVID 19 virus, more and more people are returning to a “new” normal life. As restrictions loosen and the PHE ended, several of our members have returned to their physical health care professionals. There is a 16-percentage point increase from last year to this year. Additionally, pervasive factors resulting in lower rates for annual health appraisals can include members continuing to transition in and out of specialized residential settings causing a challenge in tracking their housing situations and adult foster care home providers and PsyGenics, Inc. staff appear to differ on their dedication levels to ensuring that our members have a recent health appraisal.

PsyGenics, Inc. continues to explore opportunities to add a Nurse Practitioner or medical doctor to our programming to aid in the completion of physical health assessments as well as to provide other much-needed services.

Members residing in a Specialized residential setting are easier to track now using our electronic medical record and as we expand and build upon our data repository in our electronic medical record.

### Interventions

PsyGenics, Inc. is planning the following interventions in FY 2024:

* Provide additional training to the Supports Coordinators and Case Managers regarding monitoring a specialized residential facility and for all members, ensuring regular medical visits.
* Members who do not have an annual health exam, have members receive a nursing assessment to ensure members health is in good condition.
* Develop handouts for specialized residential providers on the importance of ensuring our members have appropriate health care and regular medical visits.

## Supports Coordination/Case Management in the Community

PsyGenics, Inc. deems it of great importance to engage our members in their settings and communities. Our goal is to identify a baseline and year-on-year increase in the amount of Case Management and Supports Coordination services provided to our members within their communities as evidenced by at least one time per month to improve member engagement and outcomes.

### Methodology

The goal is to obtain baseline data on the number of members receiving at least one time per month community engagement from their Supports Coordinator or Case Manager. PsyGenics, Inc. will use claims and encounter data to identify members who are receiving a community-based service each month.

### Goals and Frequency of Monitoring

PsyGenics, Inc.’s goal is to obtain a baseline for the number of PsyGenics, Inc. members who receive Supports Coordination or Case Management and receive at least one service per month in the community. PsyGenics, Inc. monitors this measure every quarter.

This goal was deferred during the PHE. However, upon the end of the PHE, PsyGenics, Inc. established a 50% goal.

### Numerator

The number of PsyGenics, Inc. members who received monthly Case Management or Supports Coordination Services.

### Denominator

The total number of PsyGenics, Inc. members receiving Case Management or Supports Coordination Services.

Results

The results of this measurement are in the table below:

##  Q1 FYE Q2 FYE Q3 FYE Q4 FYE Average

 **2023 2023 2023 2023 FYE 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Numerator**  | Deferred  | Deferred  | 778  | 702  | 50%  |
| **Denominator**  | Deferred  | Deferred  | 1501  | 1468  |
| **Percentage**  | n/a  | n/a  | 52%  | 48%  |

### Trend Analysis

0

%

0

%

52

%

48

%

-10

%

0

%

10

%

20

%

30

%

40

%

%

50

60

%

Q1 FYE 2023

Q2 FYE 2023

Q3 FYE 2023

Q4 FYE 2023

Percentage of Members Who Recieved Monthly Case

Management

### Quantitative Analysis

* In FYE 2023, the goal was deferred for Q1 and Q2.
* In Q3 PsyGenics, Inc. exceeded the goal by 2%; however, in Q4 the goal fell by 2%.
* The average number of members who received a monthly case management service is 50%
* The quarterly rates range between 48% and 52%.

### Qualitative Analysis

Although the PHE has ended, member engagement is still proving to be very difficult. PsyGenics, Inc. primarily works with individuals who receive Medicaidfunded services. These individuals are often disenfranchised and have minimal resources. They are also very transient and recidivistic, often coming in and dropping out of services making monthly case management challenging. It is also typical to see more members attend outpatient programs more regularly than case management as they do not always see the value in case management or understand that case managers/support coordinators authorize, monitor, and coordinate services.

Case Management/Supports Coordination staff also struggle with what member engagement should look like and don’t always understand the importance of regular case management. Therefore, PsyGenics, Inc. created a training video for new and current staff to demonstrate ways in which they can engage the members and assist them during a case management visit.

PsyGenics, Inc. is also exploring new ways to engage members. One way that was implemented this year is the creation of a Members Activity Coordinator which supports member engagement by managing activities that are fun in which the member can attend but also receive services.

### Interventions

PsyGenics, Inc. is planning the following interventions in FY 2024:

* Re-evaluate member engagement standards to determine if PsyGenics, Inc. is on par with county/state standards of care.
* Promote member engagement training video at onboarding and with staff who struggle to meet monthly case management standard.
* Retrain staff on member engagement standards.
* Develop case management flyers/handouts to provide the members to educate them on services that can be rendered by their case manager and/or support coordinator.

# Service Delivery Indicators

Each PsyGenics, Inc. 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, Inc. offers an array of behavioral health services to children with IDD.

Services provided within the PsyGenics, Inc. 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 to at least 60%
* Service Access – Achieve intake completion within 14 days of the initial request – goal 80%
* Effectiveness – Initiate ongoing services within 14 days of intake – goal 80%

## Methodology

The data to assess each of these goals is obtained from our Electronic Medical Record. See Walker Grids for additional details.

## Goal and Frequency of Monitoring

Each of the three goals has an established objective driven by past data collection. The three goals for the Children’s Outpatient Program are to be monitored every quarter.

# Children’s Outpatient Goal 1 - Increase Show Rate – goal 60%

## Numerator

The numerator for this goal is the number of children who have attended their scheduled outpatient appointments. 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 – goal 80%

### 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 who were referred for an intake for outpatient services. See Walker Grid.

## Children’s Outpatient Goal 3 – Initiate ongoing services within 14 days of intake – goal 80%

## 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 2023** | **Q2 FYE 2023** | **Q3 FYE 2023** | **Q4 FYE *Average* 2023 *2023*** |
| **Increase Show Rate**    | Efficiency  | **60% Goal**  | 54%  | 55%  | 63%  | 72%  | ***61%***  |
| **Intake within 14 days of Referral**   | Service Access  | **80% Goal**  | 42%  | 56%  | 80%  | 27%  | ***51%***  |
| **Initiate ongoing services within 14 days of Intake**  | Effectiveness  | **80% Goal**  | 82%  | 100%  | 91%  | 87%  | ***90%***  |

### Quantitative Analysis

* The goal was met for only two objectives.
* For all indicators, the quarter with the lowest achievement was Q1 at 59%.
* Completing an intake within 14 days of receiving a referral scored significantly lower for 3 of 4 quarters and needs to be reevaluated to a lower goal for next year.
* Initiating a service within 14 days of an intake appears to consistently receive high scores across all quarters, achieving an average of 90 % for the year.

### 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. Compared to last year's numbers, the results demonstrate a return to and/or a perceived need to return to medically necessary services. While most of the goals were met, there are several potential barriers to obtaining these results in the future. One major change that has impacted PsyGenics, Inc. in obtaining our goal in completing an intake within 14 days of referral is that the Michigan Department of Health and Human Services (MDHHS) changed its Michigan Mission-Based Performance indicator criteria in 2023.

With the new changes, it does not allow PsyGenics, Inc. to make exceptions with their no-shows and counts all no-show rates against Psygenics, Inc. whether a good faith effort is made or not to engage the member into services. A compounded problem to this is that PsyGenics, Inc.’s funder – DWIHN, has a network capacity issue and currently has a waiting list for services. As soon as an intake is opened on DWIHN’s calendar to accept a new member, DWIHN adds a member who has already passed the 14 days that they requested service and/or was referred to services.

### Interventions

PsyGenics, Inc. is planning the following interventions in FY 2024:

* Create welcome packets for new members.
* Continue to increase in-office services to reengage with members with face-to-face services.
* Continue to explore additional transportation options to increase member attendance.
* Meet with DWIHN to remediate unfavorably skewed performance indicator data and to work on a solution that meets the needs of all parties.

## Adult Outpatient Program

PsyGenics, Inc. offers an array of behavioral health services to adults with IDD and/or SMI. Services provided within the PsyGenics, Inc. 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 Outpatient Program are:

* Efficiency – Increase show rate to at least 60%
* Service Access – Achieve intake completion within 14 days of the initial request – goal 80%
* Effectiveness – Initiate ongoing services within 14 days of intake – goal 80%

### Methodology

The data to assess each of these goals is obtained from our Electronic Medical Record. See Walker Grids for additional details.

### Goal and Frequency of Monitoring

The three goals for the Adult Outpatient Program are to be monitored every quarter.

## Adult Outpatient Goal 1 - Increase Show Rate – goal 60%

### 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 Outpatient Goal 2 – Complete intake within 14 days of referral – goal 80% 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 who were referred for an intake for outpatient services. See Walker Grid.

## Adult Outpatient Goal 3 – Initiate ongoing services within 14 days of intake – goal 80% 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 2023**  | **Q2 FYE 2023**  | **Q3 FYE 2023**  | **Q4 FYE 2023**  | ***Average FYE 2023***  |
| **Increase Show Rate**   | Efficiency  | **60% Goal**  | 56%  | 56%  | 58%  | 60%  | ***57%***  |
| **Intake within 14 days of Referral**   | Service Access  | **80% Goal**  | 80%  | 79%  | 74%  | 72%  | ***76%***  |
| **Initiate ongoing services within 14 days of Intake**   | Effectiveness  | **80% Goal**  | 78%  | 55%  | 64%  | 76%  | ***68%***  |

### Quantitative Analysis

* While there has been an improvement over last year's averages, each measure missed the goal.
* Of all the quarters displayed, Q2 has the lowest score at 63%.
* Intake within 14 days of referral for Adult Outpatient came within four percentage points of achieving the goal of 80% and the increased show rate was within three points of the goal of 60%.
* In contrast, initiating an ongoing service within 14 days of intake fell twelve points below the goal.

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. Compared to last year’s numbers, the results demonstrate a return to and/or a perceived need to return to medically necessary services. There appears to be a trend in data that adults have more barriers that affect their attendance during the intake process and for their first going service. There are several potential barriers to obtaining these results in the future, lack of member engagement as the pandemic winds down. Barriers can include lack of transportation and adults who are transient and/or homeless, among others.

### Interventions

PsyGenics, Inc. is planning the following interventions in FY 2024:

* Create welcome packets for new members.
* Continue to increase in-office services to reengage with members with face-to-face services.
* Continue to explore additional transportation options.

# Children’s Case Management Program

Case Management/Support Coordination is provided to all children and their families who identify PsyGenics, Inc. as their Clinically Responsible Service Provider (CRSP). As the CRSP, PsyGenics, Inc. is responsible for linking, coordinating, and monitoring treatment services. Case Managers/Support Coordinators may link the individual to services provided at PsyGenics, Inc., 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 to at least 60%
* Service Access – Achieve intake completion within 14 days of the initial request – goal 80%
* Effectiveness – Initiate ongoing services within 14 days of intake – goal 80%

Methodology

The data to assess each of these goals is obtained from our Electronic Medical Record. See Walker Grids for additional details.

## Goal and Frequency of Monitoring

The three goals of the Children’s Case Management Program are to be monitored every quarter.

## Children’s Case Management Goal 1 - Increase Show Rate – goal 60%

### 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 – goal 80%

### 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 – goal 80%

### 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.

### Results

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Goal**  | **Indicator**  | **Objective Q1 FYE** **2023**  | **Q2 FYE** **2023**  | **Q3 FYE** **2023**  | **Q4 FYE** **2023**  | ***Average*** ***FYE 2023***  |
| **Increase Show Rate**    | Efficiency  | **60% Goal**  | 55%  | 71%  | 82%  | 58%  | ***66%***  |
| **Intake within 14 days of Referral**   | Service Access  | **80% Goal**  | 53%  | 64%  | 55%  | 52%  | ***56%***  |
| **Initiate ongoing services within 14 days of Intake**  | Effectiveness  | **80% Goal**  | 82%  | 89%  | 91%  | 90%  | ***88%***  |

### Quantitative Analysis

* The goal was met for all two of the three objectives.
* Intake within 14 days of referral received a significantly low score of 56%.
* For all indicators, the quarter with the lowest achievement was Q1 at 63%.
* As the goal was met for each area, the consideration to increase the goal for FYE 2024 to 66% for the Efficiency goal, 56% for the Service Access goal, and 88% for the Effectiveness goal.

### 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. Compared to last year's numbers, the results demonstrate a

return to and/or a perceived need to return to medically necessary services. While most of the goals were met, there are several potential barriers to obtaining these results in the future. One major change that has impacted PsyGenics, Inc. in obtaining our goal of completing an intake within 14 days of referral is that the Michigan Department of Health and Human Services (MDHHS) changed its Michigan Mission-Based Performance indicator criteria in 2023.

With the new changes, it does not allow PsyGenics, Inc. to make exceptions with their no-shows and counts all no-show rates against Psygenics, Inc. whether a good faith effort is made or not to engage the member into services. A compounded problem to this is that PsyGenics, Inc.’s funder – DWIHN, has a network capacity issue and currently has a waiting list for services. As soon as an intake is opened on DWIHN’s calendar to accept a new member, DWIHN adds a member who has already passed the 14 days that they requested service and/or was referred to services.

### Interventions

PsyGenics, Inc. is planning the following interventions in FY 2024:

* Create welcome packets for new members.
* Continue to increase in-office services to reengage with members with face-to-face services.
* Continue to explore additional transportation options to increase member attendance.
* Meet with DWIHN to remediate unfavorably skewed performance indicator data and to work on a solution that meets the needs of all parties.

## Adult Case Management Program

Case Management/Support Coordination is provided to all adults who identify

PsyGenics, Inc. as their Clinically Responsible Service Provider (CRSP). As the CRSP, PsyGenics, Inc. is responsible for linking, coordinating, and monitoring treatment services. Case Managers/Support Coordinators may link the individual to services provided at PsyGenics, Inc., 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 of the Adult Case Management Program are:

* Efficiency – Increase show rate to at least 60%
* Service Access – Achieve intake completion within 14 days of the initial request – goal 80%
* Effectiveness – Initiate ongoing services within 14 days of intake – goal 80%

### Methodology

The data to assess each of these goals is obtained from our Electronic Medical Record. See Walker Grids for additional details.

### Goal and Frequency of Monitoring

The three goals of the Adult Case Management Program are to be monitored every quarter.

## Adult Case Management Goal 1 - Increase Show Rate – goal 60%

### 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 a case management/supports coordination appointment. See Walker Grid.

## Adult Outpatient Goal 2 – Complete intake within 14 days of referral – goal 80% 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 – goal 80% 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 2023**  | **Q2 FYE 2023**  | **Q3 FYE 2023**  | **Q4 FYE 2023**  | ***Average FYE 2023***  |
| **Increase Show Rate**    | Efficiency  | **60% Goal**  | 61%  | 58%  | 57%  | 63%  | ***60%***  |
| **Intake within 14 days of Referral**   | Service Access  | **80% Goal**  | 42%  | 53%  | 54%  | 39%  | ***47%***  |
| **Initiate ongoing services within 14 days of Intake**  | Effectiveness  | **80% Goal**  | 68%  | 79%  | 80%  | 72%  | ***75%***  |

### Quantitative Analysis

* The goal was met for only one of the three objectives.
* Intake within 14 days of referral received a significantly low score of 47%, while the goal to initiate ongoing services within 14 days of intake fell 5% lower than the goal objective.
* For all indicators, the quarter with the lowest achievement was Q1 at 57%.
* As the goal was met for each area, the consideration to increase the goal for FYE 2024 to 60% for the Efficiency goal, 47% for the Service Access goal, and 75% for the Effectiveness goal.

### 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. Compared to last year's numbers, the results demonstrate a return to and/or a perceived need to return to medically necessary services. While most of the goals were met, there are several potential barriers to obtaining these results in the future. One major change that has impacted PsyGenics, Inc. in obtaining our goal in completing an intake within 14 days of referral is that the Michigan Department of Health and Human Services (MDHHS) changed its Michigan Mission-Based Performance indicator criteria in 2023.

With the new changes, it does not allow PsyGenics, Inc. to make exceptions with their no-shows and counts all no-show rates against Psygenics, Inc. whether a good faith effort is made or not to engage the member into services. A compounded problem to this is that PsyGenics, Inc.’s funder – DWIHN, has a network capacity issue and currently has a waiting list for services. As soon as an intake is opened on DWIHN’s calendar to accept a new member, DWIHN adds a member who has already passed the 14 days that they requested service and/or was referred to services.

### Interventions

PsyGenics, Inc. is planning the following interventions in FY 2024:

* Create welcome packets for new members.
* Continue to increase in-office services to reengage with members with face-to-face services.
* Continue to explore additional transportation options to increase member attendance.
* Meet with DWIHN to remediate unfavorably skewed performance indicator data and to work on a solution that meets the needs of all parties.

## Business Function Strategic Goals

PsyGenics, Inc. 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, Inc. 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, Inc.’s continuous quality improvement.
* Develop a baseline for delivery of case management/ supports coordination, our most impactful community service, and highest revenue-generating service, to ensure PsyGenics, Inc.'s longevity and solvency for the future.

### Methodology

Members will be surveyed on an annual basis to collect their feedback on several facets of service delivery and PsyGenics, Inc.’s operations. The target will be the number of completed surveys returned by our members (i.e., participation).

The data to establish a Case Management/ Supports Coordination Production baseline target will be collected from our electronic medical record and human resources payroll system.

See Walker Grids for additional details.

### Goal and Frequency of Monitoring

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

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

### **Business Function Goal 1 – Member Experience Survey Participation – goal 50%** 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 2023**  |
| **Increase participation in the Member Experience Survey**  | ***14%***  |

#### Quantitative Analysis

* Out of 1,781 members contacted to complete the survey, 199 or (14%) surveys were completed
* The survey participation increased by 15% over the previous year
* While there is significant improvement, the survey participation is still well below the goal of 50% participation

#### Qualitative Analysis

To overcome some of the barriers and challenges experienced last year, several interventions were implemented in FYE 2023 including:

* Multiple ways were offered to members to complete the survey including:
	+ In office survey completion/collection with tablets o In field survey completion/collection when provided by the assigned supports coordinator/case manager
	+ By phone with a supports coordinator assistant who did not have a case load or any ties to any of the members
* Mass text messaging with a link to the Member Experience Survey on Survey Monkey
* Support staff made reminder calls and case managers/ supports coordination staff were encouraged to reach out to their members to share the opportunity to assist with the Member Experience surveys.
* The time frame for completion of the survey was expanded from two weeks to 2 months
* Started survey earlier in the year so as not to completely overlap with the holidays
* QR codes were added to the lobby

Barriers and challenges associated with the member experience survey this fiscal year include:

* The survey is only currently offered in English and may cause non-English speakers to shy away from completion
* While reminders were sent out via mass text messaging, only members who “opted in” to this feature would have received the text message
* The survey was posted on Survey Monkey and may have been an intimidating application for some members to navigate

#### Interventions

In FYE 2024, the following interventions will be applied to improve the completion of the member experience surveys:

* Identify means to send out the survey in multiple languages
* Continue to offer multiple means to complete the survey including: o In-office survey completion/collection
	+ In-field survey completion/collection when provided by the assigned supports coordinator/case manager
	+ Create additional QR codes to hang around the office and distribute to members.
	+ Designate staff to complete the survey with members via phone
* Offer a small token for completion of the survey

### **Business Function Goal 2 – Increase Supports Coordination Production – goal 50%**

#### 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 2023**  | **Q2 FYE 2023**  | **Q3 FYE 2023**  | **Q4 FYE 2023**  | **Average FYE 2023**  |
| **Increase Supports** **Coordinator Production**  | 32%  | 40%  | 31%  | 30%  | ***33%***  |

#### Quantitative Analysis

* Production remains significantly below the goal of 50% ❖ While still low, there is a 1% increase over the prior year
* In Q4, production was at its lowest for the year at 30%
* In Q2, production was at its highest for the year at 40%

#### Qualitative Analysis

In FYE 2023, several interventions were implemented to assist with improving member engagement including increased training for supervisors, expansion of the supports coordination and case management training series, expansion of centralized scheduling for the outpatient program, continuation of telehealth services at the end of the PHE, and increased reporting capabilities in our electronic medical record. Several barriers continue to impede the goal of improving supports coordinator production including but not limited to:

* While the PHE has officially ended, COVID – 19 variants are here to stay and impact productivity
* Staffing challenges with the country-wide labor shortage in behavioral health, particularly social workers
* Competition from other struggling agencies that are paying higher salaries than ever before to lure staff away
* Staff turnover

#### Interventions

For FYE 2024, the following interventions will be implemented:

* Create a career site to attract new talent
* Continue training of supervisors with Fred Pryor job aids to improve supervisors coaching and mentoring skills
* Continue to expand the orientation and training for staff to ensure they have a good grounding in the role and its responsibilities
* Identify creative ways to attract, recruit, and retain quality staff
* Continuation of telehealth for as long as possible

## 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 healthcare 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, Inc. 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, Inc. 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, Inc. monitors the following access to care standards at least annually through the following elements:

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

### **Availability of Practitioners**

PsyGenics, Inc. monitors performance areas affecting and reflecting practitioner network availability on an annual basis. To ensure PsyGenics, Inc. has enough staff of all types of behavioral health care practitioners, PsyGenics, Inc. has established quantifiable measurable standards for the minimum number of each type of practitioner. The following provides an overview and analysis of PsyGenics, Inc. practitioner staff for 2023.

#### Program Goal

To ensure that PsyGenics, Inc.’s 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/NP)**  | 1 per 1,000 Members  |
| **Doctoral (non-MD/DO)**  | 1 per 2,000 Members  |
| **Non-Doctoral, Non-****MD/DO**  | 10 per 1,000 Members  |

#### Results

The table below provides practitioner-to-member ratios for PsyGenics, Inc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Numerical Standard**  | **Total** **Members**  | **Total** **Practitioners by Type**  | **Practitioner to Member** **Ratio**  |
| 1 Physician (MD/DO/NP) per 1,000 Members  | 1,412  | 4  | 1/353  |
| 1 Doctoral Level, Non-Physician Practitioner(s) per 2,000 Members  | 1,412  | 1  | 1/1,412  |
| 10 Non-Physician, Non-Doctoral Level Practitioners per 1,000 Members  | 1,412  | 3  | 10/470  |

Quantitative Analysis:

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

* PsyGenics, Inc. 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 PsyGenics, Inc. 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, Inc. 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 2023. 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, Inc..

|  |  |  |  |
| --- | --- | --- | --- |
| **Numerical Standard**  | **Total** **Members**  | **Total** **Facilities by Type**  | **Facility to** **Member** **Ratio**  |
| 1 Outpatient Clinic Per 1,000 Members   | 1,412  | 4  | 1/353  |

#### Quantitative Analysis

* PsyGenics, Inc. has met its numerical standards for the number of outpatient clinics to members ratio. This shows that PsyGenics, Inc. 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, Inc. has met its standard for the number of outpatient clinics ratio to members and did not need to perform a robust qualitative analysis. PsyGenics, Inc. 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, Inc. 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, Inc.’ practitioner availability for the measurement year 2023 follows. Ensuring that all members have access to services is imperative to PsyGenics, Inc. The standards address members’ access to urgent services within 48 hours and routine services within 10 business days. PsyGenics, Inc. refers all non-life-threatening emergencies to the Emergency Room (ER).

Appointment Access Standards:

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

Data Collection Methodology

PsyGenics, Inc. methodology for collecting access to urgent and routine care appointments is to monitor a) the number of intakes per clinic per month in the centralized scheduling calendar; b) the number of kept appointments within the centralized scheduling calendar; c) the number of unutilized intake appointments and d) 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 2023 Q2 FYE 2023 Q3 FYE 2023 Q4 FYE 2023**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Numerator**  | 16  | 16  | 16  | 14  |
| **Denominator**  | 18  | 18  | 18  | 18  |
| **Percentage** **Utilized**  | 89% (11% underutilized)  | 89% (11% underutilized)  | 89% (11% underutilized)  | 74% (26% underutilized)  |

#### Quantitative Analysis

* Intakes were paused during the last quarter due to staff being at capacity
* Availability for urgent appointments is present with up to 26% of the availability not being utilized in 2023

#### Qualitative Analysis

PsyGenics, Inc. appears to provide adequate availability for urgent intake appointments. The lack of staffing to provide case management/supports coordination is a huge barrier to adding new members to PsyGenics, Inc. and continuing to grow enrollment in programs.

#### Interventions

In FYE 2024, attracting, recruiting, onboarding, orienting, and retraining case managers/ supports coordinators and all other clinical positions are key to growing and continuing our mission.

### **Routine Visit for Service Initiation**

Numerator

The number of routine appointments requested.

Denominator

The number of routine appointments available.

Results

###  **Q1 FYE 2023 Q2 FYE 2023 Q3 FYE 2023 Q4 FYE 2023**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Numerator**  | 156  | 152  | 147  | 167  |
| **Denominator**  | 224  | 225  | 225  | 225  |
| **Percentage**  | 70% (30% underutilized)  | 68% (32% underutilized)  | 65% (35% underutilized)  | 74% (26% underutilized)  |

#### Quantitative Analysis

* + - Routine appointments are available at all four clinics with up to 35% being underutilized in Q3.

#### Qualitative Analysis

PsyGenics, Inc. appears to be meeting timely routine appointments across all clinics. The lack of staffing to provide case management is a huge barrier to adding new members to PsyGenics, Inc.

#### Interventions

In FYE 2024, attracting, recruiting, onboarding, orienting, and retraining case managers/ supports coordination and all other clinical positions are key to growing and continuing our mission.

#### Next Steps

Complaint data shows some relation to staffing issues but not directly related to intake appointments for urgent or routine appointments. With staffing increases, PsyGenics, Inc. is planning to begin accepting new members again and add additional availability of urgent and routine intake appointments to expand service delivery to more members. PsyGenics, Inc. will continue to monitor appointment access at least annually.

## Section 4: Member Experience

PsyGenics, Inc.’s 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, Inc. 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, Inc. 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 complaint 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, Inc. 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, Inc. reports to the Quality Improvement Committee quarterly. The quarterly reports are submitted and delivered within 30 days of the close of a quarter.

### Surveys

PsyGenics, Inc. 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.

See the standalone Member Experience Survey report.

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, Inc. holds member safety in the highest regard. As such, PsyGenics, Inc. has implemented several mechanisms to ensure member safety. These mechanisms include but are not limited to credentialing staff, ensuring clinic safety through monthly 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: Utilization Management

PsyGenics, Inc. is very aware of the limited resources and the high costs associated with hospitalization. Hence, PsyGenics, Inc. monitors its members who require inpatient hospitalization for stabilization to facilitate the lowest level of care upon discharge. If members require more intensive services after discharge from inpatient care, members link to crisis stabilization services in lieu of hospitalization and monitor recidivism to inpatient care.

### Numerator

Total number of members who were readmitted to inpatient care within 30 days of discharge.

Denominator

Total number of members admitted to inpatient care.

### Goal and Frequency of Monitoring

Percentage of members readmitted to acute inpatient care within 30 days. Our goal is to achieve less than 15% of consumers to be readmitted. Use of crisis centers.

Results

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Q1 FYE****2023** | **Q2 FYE****2023** | **Q3 FYE 2023** | **Q4 FYE 2023** | **Average FYE 2023** |
| **Numerator**  | 1  | 0  | 0  | 2  | 14% recidivism  |
| **Denominator**  | 13  | 4  | 6  | 10  |
| **Percentage**  | 8% recidivism  | 0% recidivism  | 0% recidivism  | 20% recidivism  |

#### Quantitative Analysis

* The goal of less than 15% recidivism was met overall and in Q1–Q3
* Q4 had the highest recidivism at 20%

#### Qualitative Analysis

PsyGenics, Inc. appears to be appropriately mitigating the need for rehospitalization with member engagement, member follow-up, and if necessary, diversion from hospitalization via crisis stabilization programs.

#### Interventions

While Interventions are not currently needed as the metric is being met, this metric will continue to be monitored as it is a State of Michigan requirement.

## Section 7: Future Quality Activities

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

Additional future activities to enhance the quality of member care include ensuring members have current individual plans of service and biopsychosocial assessments.

## Section 8: Overall Effectiveness of the QAPIP

To evaluate the overall effectiveness of the QIAPIP, it is necessary to review the successes outlined at the beginning of this report. PsyGenics, Inc. not only developed and implemented training for our clinical supervisors, increased the specialized training opportunities for our support coordination and case management staff, applied for a new contract with Macomb County

Community Mental Health, and expanded its behavior treatment committee.

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 intervention 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 2024.

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, Inc. practitioners to continue to participate actively in the QAPIP. The barrier of too little available time as well as unforeseen challenges with staff, are likely to have hindered the process this year. Additional practitioners will be sought to broaden the depth of the practitioner bench in 2024.

### Recommended Changes for 2024

At this time, other than growing and expanding the current workforce so that the volume of members served and growing programming, the overall structure of the QAPIP is recommended to remain the same as it has been highly effective in 2023.

Appendix A – Quality Improvement Work Plan FYE 2023

Appendix B – Service Delivery Indicators – Walker Grids