



2018 Behavioral Health Quality Improvement Program Evaluation Executive Summary

This Executive Summary provides an analysis and evaluation of the overall effectiveness and key accomplishments of the Behavioral Health Quality Improvement Program for Health Care Service Corporation (HCSC), Inc.

2018 Accomplishments

1. Offered education to providers on BH HEDIS metrics including Antidepressant Medication Management (AMM), Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and Follow-up After Hospitalization for Mental Illness (FUH). Flyers for IET and FUH were developed and disseminated to providers to reinforce trainings.
2. Created a BH landing page on the Connect Community website to provide members with access to BH content and uploaded information for multiple topics, including Major Depressive Disorder, Eating Disorders, Schizophrenia and the importance of receiving diabetes screenings when diagnosed with Bipolar Disorder.
3. Improved process for monitoring and investigating BH Quality of Care (QOC) and BH Quality of Service (QOS) concerns related to Out of State facilities with access and education received on the Blue2 Inter-Plan Messaging System.
4. Improved data collection process for the Follow-Up after Hospitalization measure, and the target goal is now being met in the 18 and over group as of Q3 2018 and was met in 2017 for the 6-17 age group.
5. Successful completion of the 2018 Behavioral Health Consumer, Family/Caregiver Satisfaction Project / Mental Health Statistics Improvement Program (MHSIP) survey. Multiple 2018 MHSIP domain score increases achieved: Family survey increases in access, outcomes, participation, cultural sensitivity, satisfaction, and social connectedness domains. Adult survey increases in improved functioning, outcomes, satisfaction, and social connectedness.
6. Exceeded Adult MHSIP overall satisfaction target score.
7. Exceeding Depression Screening PIP/ tracking measure goals as of Q3 2018.
8. BH inter-rater reliability measure for Utilization Management achieved a score of 86.5% agreement with 63 staff surveyed.
9. 100% compliance timely resolution of Behavioral Health Critical Incidents and Adverse Incidents.
10. Implementation of new BH Medical Record Review process.

Program Focus for 2019

Based on the review of the 2018 program goals, an increased understanding of barriers to improvement, and attention to lessons learned during the year, the following primary areas for focus of the HCSC BH Quality Improvement Work Plan for 2018 include:

1. Measure, monitor, and continuously improve performance of behavioral health care in key aspects of clinical and service quality for members, providers and customers.
2. Maintain a high level of satisfaction among providers and members
3. Achieve a two-percentage point improvement from baseline over a one-year period for key performance metrics.
4. Continue to monitor HEDIS performance of newly acquired statewide membership.
5. Focus continuous quality improvement efforts on those priority areas defined in the annual BH QI Work Plan;
6. Continue to explore social determinants of health and focus on implementing new initiatives to address identified areas of concern, increase member resources and improve access;
7. Facilitate rounds, annual trainings and other activities as necessary to optimally manage behavioral health complaints and adverse incidents.

8. Increase the 7-day and 30-day rates for both follow-up after hospitalization (FUH) and follow-up after emergency department visits for mental health and substance abuse (FUA and FUM).
9. Continue to collaborate with Pharmacy Department on Pharmacists Adding Value and Expertise (PAVE) to support antidepressant medication management (AMM).
10. Implemented Q4, 2018; local pharmacists engage members regarding medication adherence
11. Determine how quality interventions impact the outcomes of the yearly Behavioral Health Consumer, Family/Caregiver Satisfaction Project surveys.
12. Report developed for the BH Medical Director to monitor and engage providers prescribing multiple antipsychotic medications to children (APC).
13. Medical Director to regularly monitor and engage providers as appropriate
14. Depression screening provider education
15. Provider informative flier as part of an overall depression screening initiative discussing appropriate plans for positive depression screenings and clear directive regarding how to note a depression screening and outcome on a claim.
16. Provider newsletter articles throughout 2019 as part of an overall depression screening initiative discussing appropriate plans for positive depression screenings and clear directive regarding how to note a depression screening and outcome on a claim.
17. Community Health Worker outreach to members to improve antidepressant adherence (AMM).
18. Pharmacist outreach to providers regarding antidepressant adherence (AMM).
19. Value-based contracting for select facilities that includes follow-up outcomes (FUH).