

Quality Management at the Department of Mental Health

Submitted to the Joint Legislative Mental Health Oversight Committee

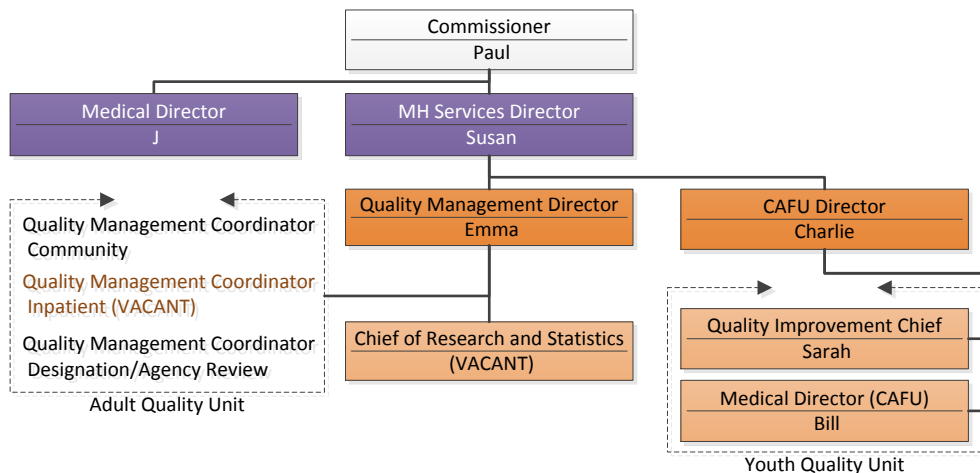
October 17, 2014

The DMH Quality Management Unit was reconstituted in September, 2012, with the hiring of a Quality Management Director. Since that time, there have been two additional quality management coordinator positions added to the unit. In response to the guidance provided by the implementation of Act 79 (2012), the Unit has made significant progress in the development of a system of quality assurance, monitoring, and quality improvement. Quality Assurance and Quality Improvement are often used interchangeably. In order to clarify the use of these terms, see below for definitions.

- Quality Assurance: Oversight of the services provided within our system of care, identifying deficiencies and/or weaknesses, while ensuring that services meet minimum standards
- Quality Monitoring: Collection and review of data, analysis and aggregate reporting
- Quality Improvement: Working with system partners to improve and enhance the quality of care. Providing assistance in the achievement of desired outcomes and goals, utilizing best practices. Supporting and improving the internal quality processes, service delivery, and performance management within our partner agencies.

Quality Unit Structure

The Quality Unit encompasses both the Children, Family and Adolescent Quality Team and the Adult Quality Team. The adult quality unit is located in Montpelier and is comprised of three quality management coordinators who directly report to the quality management director, also located in Montpelier. The Children and Adolescent Family Quality Unit (CAFU) is located in Williston with Integrated Family Services (IFS). Each quality unit collaborates with their respective medical directors, which are noted on the chart below. Although not directly part of the quality team, research and statistics are also included because data and measurement are central to good quality work.



Summary of Significant Quality Unit Activities between 10/2012-10/2014

- Review and revision of the Grievance and Appeals process in concert with DAIL

- Critical Incident reporting requirements and commensurate data collection have been reviewed and revised and continue to be improved upon as our new system evolves
- Quality Improvement process to reduce involuntary transportation without restraint
 - turning the curve on use of restraints in transporting patients to hospitals
- Development and implementation of a comprehensive DMH Snapshot of significant measures
 - Used by Leadership to monitor progress of the system of care
 - Made available on a monthly basis to the committees of jurisdiction and are posted on our website
- Participation in several AHS quality initiatives and performance initiatives
 - Performance Accountability Committee
 - Performance Accountability Liaison workgroup
 - RBA Scorecard Champions workgroup
 - Department of Vermont Health Access (DVHA) Quality Committee
 - AHS STAT related to the AHS Strategic Plan
 - The Agency Improvement Model program (AIM)
 - DVHA Performance Improvement Project (PIP) related to Medicaid improvement on Healthcare Effectiveness Data and Information Set (HEDIS) measures
- Work with DVHA in its capacity as a Managed Care Entity (MCE) under Intergovernmental Agreements (IGA). The specifics of this work are currently under revision with DVHA
- Development of a DMH Quality Plan for performance accountability, titled *The Quality Plan (2/14/14)*
 - Provides guidance for the purpose and scope of work that comprises both quality assurance and quality improvement activities
 - Required by DVHA to implement and ensure the delivery of quality mental health care to Medicaid beneficiaries

The Quality Plan

The Purposes of the Quality Plan are to:

1. Provide direction and guidance for all DMH staff and service providers in the pursuit of the Quality Plan goals.
2. Provide guidance for determination of activities for the special health care needs populations of Children with SED, persons with severe and persistent mental illness, and those in need of emergency psychiatric services.
3. Assure an information system is in place that will support the efforts of the Quality Plan
4. Maintain standards for quality of care, access to care, and quality of service.
5. Verify that services provided to Medicaid recipients conform to professionally recognized standards of practice.
6. Provide Medicaid recipients a means by which they may seek resolutions of perceived failure by providers or personnel to provide appropriate health services, access to care, or quality of care.
7. Establish, maintain, and enforce a policy for protection of confidential member and provider information.

Scope of Quality Plan

- Availability of Services (timely access and provider mapping)
- Provider Selection (providers and license and certification)
- Confidentiality

- Grievance, Appeal, and State Fair Hearings
- Practice Guidelines
- Performance Measures (HEDIS)
- Beneficiary Experience of Care
- DVHA Performance Improvement Project (time to follow-up visits for persons discharged from psychiatric inpatient care)
- Utilization Management (over/under utilization & clinical appropriateness)
- Program Integrity

Philosophy of Quality Management

DMH utilizes a collaborative approach in working with our partners and those who provide services for which DMH is the Mental Health Authority.

- We begin with the belief that the designated providers are working hard to improve lives.
- We want our designated partners to succeed.
- We develop quality projects around mutually identified areas of concern between DMH and our partners.
- Our purpose is to provide resources and oversight to assure delivery of quality mental health services.

Challenges

Maintenance of the balance of quality improvement with oversight is a challenge to the DMH Quality unit. The oversight that is conducted by DMH is based on state and federal regulations and on contractual deliverables. Ultimate accountability to those regulations that affect licensing is the purview of other state entities. For example, regulations that affect licensing are the purview of DAIL Division of Licensing and Protection under contract with CMS, the purview of DCF for its licensure of residential services for children and adolescents, and the purview of DVHA as the Medicaid authority and insurer.