PrimariLink
2002 Quality Improvement Goals Submitted to BISHCA

I. Project Goal: Outpatient Treatment Reports

Improve the content, defined as goals that are behavioral and measurable, of clinical documentation contained in the Out Patient Treatment Plans while making the document more user friendly as defined with provider and reviewer input.

Project Background and Summary:

During the course of interviewing providers to join the MVP network one of the consistent themes raised, was the documentation format of the Out Patient Treatment Plan. Providers spoke of finding the form cumbersome, repetitive and not directive enough. During the summer of 2001, PrimariLink did its first provider satisfaction survey. The top issue for providers was a request to change the format of the Treatment Plan (22 of the 69 providers who responded to the question regarding the OTR format and use). These comments from providers coincided with PrimariLink's own concerns regarding the lack of specific/measurable goals contained in the Treatment Plans submitted by providers. This lack of clear information has lead to numerous calls to providers to gather further data before a clinical determination can be made regarding the medical necessity of the treatment being requested.

PrimariLink determined that revising the treatment plan format was a useful project, based upon concerns from both the provider community as well as their own experience reviewing the clinical documentation and some limited information from members regarding their lack of participation in the development of their treatment plans.

We entered this project with a clear understanding that clinical documentation, in behavioral health, has always proven to be a challenge for both providers and reviewers. Attempting to put quality of life issues in measurable/evidence based outcomes is not an easy process. Providers do not receive training for such documentation and reviewers do not sit in the room with the clients. A common way to describe and review treatment that is helpful to the process of care is an ever-moving target.

Interventions:

This project was based in the belief that whatever documentation format was developed it would be based upon both providers and reviewers input. Interventions follow:

1. Work with a small group of 'advisory' providers regarding their ideas of what a treatment plan format should look like and what data should be included.

2. Continue to solicit ideas regarding OTR format from providers, seeking to join the network, during the face to face meetings that take place. (To date there have been over 150 interviews)
3. Review other treatment plan forms used by other health plans and review agents.
4. PrimariLink UM Group to crosswalk provider suggestions with current clinical criteria standards established by LOCUS and ASAM to ensure that new documentation format will allow for continued use of criteria.
5. Pilot a draft version of the new format.
6. Incorporate necessary changes from the pilot and begin using the new format as of April 1st, 2002.
7. Take ads out in NASW, MVP newsletters and inform the Vermont Psychological Association about this project. Allow providers to view, pilot and comment on the new format prior to it be formalized.

Time Frames:

1. Interviewing providers and seeking input from the 'advisory' providers took place during the late summer and early fall of 2001. This followed the provider satisfaction survey review that took place during the summer of 2001.
2. Review of other formats used by other health plans and review agents. Completed in the fall 2001.
3. Compare provider input regarding documentation needs with LOCUS and ASAM criteria to ensure that suggested documentation requirements would allow for the use of existing clinical criteria. Fall of 2001.
4. Development of a pilot format was completed during December of 2001.
5. In January ads were taken out in the NASW chapter newsletter, the MVP newsletter and a notice went to the Vermont Psychological Association describing the project and informing providers that they could view and access the pilot format on the PrimariLink web site. There will also be the opportunity for providers to leave comments on the web page. Ads have been taken out and Utilization Review Committee will review comments by end of February.
6. The month of February is marked as the time for piloting the draft version.
7. The goal is to complete the pilot and make final revisions to the new format so that as of April 1st, 2002 the new Out Patient Treatment Plan can be used.
8. June 1st of 2002 annual Provider Survey will be sent. Included in the survey will be a question specific to the new OTR and requesting providers' feedback.
9. PrimariLink will take results of Provider Survey (time frame for returns will be 60 days from sending materials out), review recommendations from providers and make any final changes to OTR. By October 1st all results from the survey will be tabulated and a summary letter will be sent to providers regarding the final version of the OTR and all other survey question results.

10. New OTR format allows for treatment goals to be defined in more behavioral terms. It identifies specific symptoms targeted for relief. This will clarify the need for treatment and reduce the need for the reviewer to request additional information.

In submitting this plan, PrimariLink recognizes that items 1-5 have been met. At the semi annual review in June items number 6,7 and 8 will be reviewed.

Measure Outcomes of Project:

1. Fewer calls to providers requesting additional information. For the last four months of 2001 PrimariLink will tabulate total requests for additional information as a percent of total requests for care. This number will be compared with the same four-month section of 2002. This time frame will begin one month after the new OTR is in place (this will allow providers time to acquaint themselves with the new form). The four-month section will run May-August. This time frame coincides with the Provider Survey timeframes.
2. Member satisfaction will remain strong with providers as evidenced by the results of the health plan's member satisfaction survey.
3. Compare the callbacks for those OTRs that are signed vs. not signed by member.
4. During the Provider Survey for the summer of 2002, include a question regarding the final version of the new OTR format.

Rule 10 Semi-Annual Meeting Measures:

By June 2002:

1. Report on the results from the pilot of the revised OTR in February 2002.
2. Present the final revisions to the new format and document that the new Out Patient Treatment Plan was implemented as of April 1st, 2002.

By November 2002:

1. Present the results of the 2002 annual Provider Survey pertaining to the question about the new OTR.
2. Document that PrimariLink has taken the results of the Provider Survey, reviewed recommendations from providers and made any indicated final changes to the OTR.
3. Provide a copy of the final OTR.
4. Report on the number of telephone calls made by PrimariLink to providers to request additional information, comparing the period May-August 2001 to the period May-

August 2002. Stratify results based on those OTRs signed by the member versus those not signed by the member.

II. <u>Project Goal:</u> Case Management

Improve services to identify ‘high risk’ clients by expanding upon the Intensive Case Management Program. PrimariLink has chosen to consider members who meet the following definition for Intensive Case Management Services:

- Have a co-morbid medical condition that impacts the treatment of their behavioral health issues
- Have proven to be non-compliant with treatment
- Have identified barriers to treatment upon discharge from a 24 hour supervised setting
- Have a greater likelihood that additional services can improve the member’s ability to remain stable in his/her home environment

(This criterion is taken from a draft of the Intensive Case Management Program offered by PrimariLink. It has been attached for reference).

Project Background and Summary:

We have determined readmission and post discharge planning as the place to focus this project. This is based upon several factors:

During the course of year 2001 the issue of ‘high risk’ and high utilizing clients became a frequent topic during Utilization Committee meetings. The group attempted to organize utilization data to develop criteria to identify the characteristics of ‘high risk’ members. While this task was taking place the Act 129 filings were put together. The filings indicated that the rate of readmission for MVP members was over 14%. At the same time this data was being looked at MVP Health Plan and PrimariLink were engaged in a joint project related to establishing after care appointments following an inpatient stay. The project used NCQA time frames for post discharge appointments.
As PrimariLink moves into year 2002, there is a great deal of data to analyze related to utilization and patient outcomes. From this analysis recommendations will be developed that will impact how reviews are done, who will receive intensive case management, what those services will look like and how the program will be measured.
The ultimate goal is to reinforce the mission of PrimariLink regarding patient care; ‘the right care, at the right time and in the right setting.’

Interventions:

1. Analyze utilization data by region for each type of service authorized and paid for in year 2001. This will include treatment by diagnosis.
2. Review Act 129 readmission data by client to evaluate on a case by case basis the reason for readmission and to determine what, if any, common themes present themselves.
3. Continue to work with the Health Plan regarding after care appointments being established within seven days of discharge.
4. Using this information, PrimariLink will expand upon its current intensive case management program, including developing criteria to measure its effectiveness.

Time Frames:

1. Utilization review data (including monthly authorizations by type of service and provider) to be reviewed, analyzed and where appropriate acted upon during monthly Utilization Review Committee meetings.
2. Act 129 readmission rates to be analyzed for trends, patterns and by provider as part of PrimariLink's QI presentation for Retreat Healthcare to be scheduled November of 2002.
3. After care appointments project to be reviewed and changes made with Health Plan during fall and winter 2001-2002.
4. Intensive Case Management Program rewritten and implemented with outcome measures by the end of March 2002 as part of the PrimariLink yearly evaluation.
5. At the end of June 2002 PrimariLink will compare second quarter 2001 readmission rates with second quarter 2002 rates (pre and post-revised ICM Program).
6. If the rates drop and the rate remains below 10% for the last six months of 2002, this indicator will be dropped as a formal project and instead monitored BI-annually for reassessment.

Measure Outcome of Project:

1. Reduce the readmission rate from Act 129 filing of 14% to 10%.
2. Obtain an 80% rate of hospital discharges with follow-up appointments within 7 days of discharge.
3. Evaluate the adequacy of the current network to ensure that appropriate services are available for follow-up care and recommend to the Health Plan where additional services may be needed.
4. Year-end comparison will be made between those members who were readmitted who participated in the ICM Program and those who did not.

Rule 10 Semi-Annual Meeting Measures:

By June 2002

1. Report upon the changes made to the after care appointments project and the specific data that served to inform the changes.
2. Report on the measured impact of the changes made to the after care appointments project based on experience to date.
3. Report on the year-to-date percent of hospital discharges with follow-up appointments within 7 days of discharge and compare that rate to the plan's goal of 80%.
4. Present the rewritten and implemented Intensive Case Management Program, including the related outcome measures.
5. Report on a comparison of second quarter 2001 readmission rates with second quarter 2002 rates (i.e., pre and post-revised ICM Program).

By November 2002:

1. Report on the year-to-date percent of hospital discharges with follow-up appointments within 7 days of discharge and compare that rate to the plan's goal of 80%.
2. Report on readmission rate trends in 2001 and 2002 for PrimariLink overall and by provider, identifying trends and patterns of note.
3. Report on a comparison of third quarter 2001 readmission rates with third quarter 2002 rates (i.e., pre and post-revised ICM Program).
4. Report on the readmission rate of those members who participated in the ICM Program as compared to that of those who elected not to participate.

III. **Project Goal**: **Network Development**

This project is a continuation of the 2001 joint venture between PrimariLink and MVP Health Plan. The project's goal was to improve access to behavioral healthcare for members. PrimariLink's participation in this project was detailed in the health plan's submission to the state as well as the verbal presentation that took place at the health plan's office on December 14th. Materials regarding this project have already been submitted for review.

Background and Summary:

In year 2001 the behavioral health network was improved. This improvement included, among other things:

- a process for continuous evaluation of the network
- a work group to review provider applications was established
- available provider profiles were entered into the PrimariLink I.S. system

In year 2002 PrimariLink will:

- add to this data bank, information it gathers during the process of interviewing new providers for the network.
- PrimariLink will also work with MVP to identify providers where no clinical profile exits and develop a process for gathering this information. This information will be added to the I.S. system

There is recent literature that supports the notion that a member's satisfaction with a provider can impact the clinical outcome of treatment. PrimariLink believes that having complete information regarding a clinician's interests and training will better allow the PrimariLink reviewers to match member needs with provider skills.

Interventions:

1. All new providers seeking admission to the behavioral health network will complete the questionnaire that includes listing clinical training, areas of interests and skills. This form has been supplied in a previous submission.
2. All current network providers will have been asked to submit their clinical profile information to PrimariLink for inclusion into the data bank.
3. A data bank will be developed in the PrimariLink Information Service System. Currently there are 551 active providers, 314 or 57% have clinical profiles included in the PrimariLink data bank. The provider profiles will be established by county listing

out provider name, address, clinical background, and areas of clinical training, interest and skill set.

4. The data bank will be set up to allow for a quick search by county. The search will be directed by the member's stated reason for a referral, such as, children/family issues, PTSD, dual diagnosis, eating disorder needs, etc., as well as by age of member.
5. A member who calls seeking a referral will be provided with all names and numbers of appropriate providers.

Time Frames:

1. Interviews with new providers will continue following the procedures outlined by the workgroup. This is an ongoing process.
2. Information regarding current providers who have clinical profile data is being loaded into the PrimariLink I.S. system during the fall and winter of 2001/2002.
3. By June 1st PrimariLink will identify those providers where there is no clinical profile data. A request will be sent to these providers requesting clinical profile information. This request will include the reason for gathering this data; i.e. to allow PrimariLink reviewers to make more informed referrals to providers. Once received the information will be added to the provider data bank within 30 days of receipt.
4. By year-end 2002 the goal is to move from 57% of provider profiles to 80% of provider profiles.

Measure Outcomes of Project:

1. Will increase the percentage of provider profiles contained in the PrimariLink I.S. system from the current 57% to 80%.
2. Profiles will have been requested of all MVP behavioral health providers. The goal is to have a 50% return rate for profile requests. That will enable the data bank to be 80% complete.
3. PrimariLink will track requests by members for specific clinical needs where the provider profile information is used in making a referral. This will determine how often the data bank is used.

Rule 10 Semi-Annual Meeting Measures:

By June 2002:

1. PrimariLink will identify those providers for whom there is no clinical profile data in PrimariLink's data bank.

By November 2002:

1. Document that PrimariLink has sent a letter requesting clinical profile information to

those providers for whom there was no clinical profile data in PrimariLink's data bank as of June 2002.

2. Document the return rate of profile requests and compare it to the plan's goal of 50%
3. Report on the percent of provider profiles contained in the PrimariLink I>S> system and compare the percent to the baseline rate of 57% (as of 2/7/02) and to the plan's goal of 80%.
4. Report on the frequency with which the data bank is used for making a referral for members with specific clinical needs.
5. Report on the data bank's capacity to be searched by county and by member reason for referral.