2018 Quality Improvement Evaluation Summary

Introduction:

Greater Oregon Behavioral Health, Inc. (GOBHI) contracts with the State of Oregon to manage mental health services for Oregon Health Plan members in 15 counties.

Our Mission: "GOBHI is dedicated to the health care needs of rural Oregonians with the triple aim of better care, better health and lower costs. GOBHI promotes wellness and believes in the power or preventative and local care. Not only does it provide better outcomes, but it's also cost effective, returning the savings to communities through their local clinics."

The GOBHI quality improvement program is based on a philosophy that emphasizes a systematic, organization-wide perspective that involves everyone. The Quality Improvement Program is focused on achieving satisfaction for both internal and external customers and improving Member outcomes within an organizational environment that seeks continuous improvement of systems and processes. Outcome data will be made available to members, practitioners, and providers as part of the quality improvement program evaluation that is completed annually. This evaluation assists GOBHI and our network practitioners and providers in recognizing areas that require improvement and where services are being delivered successfully so that these best practices can be mirrored across our health network.
From its onset, GOBHI recognized company-wide quality goals that have been integrated into all department activities. At its most fundamental level, quality improvement aims to sustain and improve the health status of Members by measuring and improving performance of care and services within the healthcare delivery system processes and structure. GOBHI is committed to improving the health status of the population it serves and, by extension, the community. High quality professionally competent health care and responsive member services are provided to all Members.

GOBHI views quality as an integrated company responsibility (promoted by specific indicators facilitated by the Organizational Excellence Department). GOBHI's Board of Directors, management, departments, committees, oversight entities, Providers and community representatives all participate in quality improvement activities. GOBHI believes that input from appropriate committees, Members, Providers and other stakeholders must be solicited on an ongoing basis in order for its quality efforts to be successful.

2018 Improvement Work:

During 2018 GOBHI had improvement programs related to the following objectives:

- Performance Improvement Framework: GOBHI's goal is to assure its members, partner organizations, and the communities that it serves receive evidence-based practices designed to deliver excellent care.
  o Results: GOBHI received full NCQA accreditation as a Managed Behavioral Health Organization accreditation.
- Access: Improvement activities were undertaken to assure that members were able to access care in a timely manner.

- o Results: GOBHI has implemented performance improvement plans to increase member access to services and updated required quarterly reports to streamline monitoring network provider access.
- o Next Steps: Work with CMHPs to improve access reporting. Look into ways to utilize new software to gather access information.
- **Member Experience:** GOBHI used SPH Analytics to administer the Experience of Care and Health Outcomes (ECHO) survey. This is the second year that GOBHI has used the ECHO survey. A variety of questions were asked related to the member's experience with getting into treatment quickly, how well clinicians communicate, were they informed of their treatment options and access to treatment and information from the health plan.
  - o Next Steps: GOBHI continues to work with our providers to identify ways to communicate better. Each year we continue to work towards increasing our feedback from our members.
- **Clinical Practice Guideline Utilization:** Utilization of evidenced based, nationally recognized guidelines for PTSD, Schizoaffective Disorder and ADHD will be monitored.
  - o Results: During 2016, work was undertaken to assure all organizations have access to these guidelines.
  - o Next Steps: Reviews of clinical practice guidelines will be analysed during Quality Improvement Committee meetings to determine effectiveness and applicable to GOBHI.
- **ED Utilization by members with a mental illness diagnosis:** GOBHI is working with our community partners to optimize appropriate utilization of emergency department services.
  - o Results: GOBHI has prioritized initiatives for performance improvement. The goal is to improve performance by a statistically significant amount by 2020.
  - o Next Steps: Community Mental Health agencies will work to improve communications with primary care and emergency room providers.
- **Follow-up care:**
  - o All members being discharged post an inpatient hospitalization have a follow-up within 7-days.
    - ▪ Results: In 2018, GOBHI exceeded the HEDIS Measure requirement with a goal of 66% by 32.5%, reaching 87.5%. Comparing the data from the first half of 2017 to 2018, GOBHI improved from 17% to 87.5%, a 325% increase in follow-up care.
    - ▪ Next steps: Continue to improve the rates at which these types of follow-up care were received in an effort to assure all members receive best practice care.
- **Antidepressant Medication Management - Effective Acute and Continuation phase treatment:**
  - o Antidepressant Medication Management measures were selected because it is critical to monitor an individual's response to treatment during both the acute and continuation phases in order to obtain optimal functional outcomes.
    - ▪ Results:
      - ● For AMM-Acute phase (23%), Continuation phase, (13%.) One of the limitations of setting these goals is that the denominator may change from year to year. However, we do not expect that such variations would render our proposed improvement goals to become not meaningful for our Members.

- ▪ Next steps: As our rate for antidepressant adherence for the acute and continuation phases fell short of respective goals, we chose to shift strategies to promote better adherence in the coming 2019 report cycle
- Diabetes Screening for people with Schizophrenia or Bipolar:
  - o Assure members with schizophrenia or bipolar diagnosis who are at high risk for diabetes due to being on antipsychotic medications are screened for diabetes at least once a year
    - ▪ Results: GOBHI did meet the set goal of 22%, and as a result, increased the goal from 22% to 32%.
    - ▪ GOBHI will continue to include Diabetes Screening for Members with Schizophrenia/Bipolar on Antipsychotic medications as an "elective measure" in the 2019 Pay-For-Performance Program.
    - ▪ GOBHI will continue to assist and encourage network providers to access Arcadia to collects data from electronic health records, pharmacy drug files, GOBHI eligibility files, and inpatient / outpatient claims. Using Arcadia will allow providers to access data from other providers (behavioral health and physical health) which was previously unavailable to them
- Health Equity and Cultural Competency: GOBHI conducted trainings, support and technical assistance related to health equity and cultural competency.
  - o Results: An analysis of Members complaints in 2018 was conducted to gauge the degree to which Members' experienced Cultural / Linguistic barriers in provider's office and /or with the provider. In 2018, **only _one_** grievance was attributed to cultural / linguistic difficulties in understanding provider.
  - o Next Steps: GOBHI will continue to work with communities, providers and practitioners in promoting and implementing the National Culturally and Linguistically Appropriate Services (CLAS) Standards in health care through health equity and cultural competency trainings, support and technical assistance.
- Network Adequacy: Assuring that the delivery system network is adequate based on established standards, goals and best practices. Access timeframes, complaints, satisfaction surveys, and technology were utilized to create a comprehensive look at services availability for our members.
  - o Results: GOBHI continues to work with communities, providers, and practitioners to assure that needed services can be provided for our members in a timely and culturally sensitive manner. Tele-health technology has been made available to all the GOBHI counties to provide additional mechanism to receive care. GOBHI is addressing network challenges by expanding the provider panel (private practitioners) and investing in human resource strategies for our providers to assist with both recruitment and retention. GOBHI has identified other service area gaps that include practitioners who specialize with eating disorders, gender dysphoria, applied behavior analysis, medication assisted treatment, in-patient services for both youth and adults, and bariatric surgery assessments. These service area gaps are consistent with statewide service area gaps.
    GOBHI was awarded a HRSA grant to expand tele-behavioral health network-wide.
  - o Next steps: GOBHI is continuously seeking new contracts with providers of specialty services, reviews access measures on a monthly basis, pursuing grants to increase SUD and mental health services across the network.

- Screening Tools: To develop and implement screening programs to improve coordination of care between physical and behavioral health providers for members with mental/behavioral health needs.
  - o Results: Two screening tools have been identified – Unhealthy Alcohol Use and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
  - o GOBHI is participating in a national collaborative with 4 other health plans, NCQA, and SAMSHA to develop best practices related to unhealthy alcohol use screening.
  - o Next steps: Self-help screening tools are available on the web site. Educational materials were shared with providers regarding these two tools.

- Provider Experience: GOBHI conducted its annual Provider Experience Survey.
  - o Results: GOBHI received 97 responses from 768 delivered recipients.
  - o GOBHI met the goal of 80% for only one measure "UM Coordinators are available" while rates ranged from 63% - 75% for the remaining measures.
  - o Next steps: GOBHI will continue to improve UM process and work with providers regarding documentation and materials needed.

Summary:

GOBHI utilized information it receives from data gathering, surveys, complaints, and other forms of communication to help prioritize improvement work. Your feedback is important to help assure that the work GOBHI does, both now and in the future, continues to be of the highest quality. Thank you for sharing our journey to excellence.