

#7 Quality Improvement Plan:

Based on a comprehensive scan of the environment, the following areas of risk and vulnerability emerge and will serve as the framework for the development of our Quality Improvement Plan.

Risks and Vulnerabilities

1. Lack of standard annual needs assessment process
2. No uniform process for managing increased demand and utilization of services by Non-Medicaid consumers, creating the risk of providing less than medically necessary services for Medicaid consumers.
3. Lack of understanding of factors underlying the variance in consumer flow-through rates between the four Affiliates.
4. Not fully prepared to serve groups who are likely to be seeking services in greater numbers
 - Aging population
 - Children, especially males, with severe developmental problems: Autistic Disorders, Asberger's Syndrome, Pervasive Development Disorders and Reactive Attachment Disorders
 - Children and adults with co-occurring disorders
 - Children with attention deficit / hyperactivity disorder
 - Individuals with post-traumatic stress disorders
 - Fetal Alcohol Syndrome

Quality Improvement Plan

1. Implement a standardized annual needs assessment process, supplementing and updating Mike Barkey's "Study of Service Demand, Network Capacity, and Provided Resourcing"

Purpose: To meet the needs and demands of Medicaid consumers that will emerge within 24 months and five years

Sources: Work of the TSG Workgroup on Needs Assessment and Waiting Lists

Measure of Success: Increased use of data on underserved and unserved Affiliation Medicaid beneficiaries in generating Strategic Plan initiatives

2. Implement a set of standardized utilization management procedures for applicants and current consumers who use General Funds. This will involve the tightening of systems for screening, determining eligibility, assessing, authorizing, referring, wait listing and otherwise managing the demand by and utilization of services by Non-Medicaid consumers.

Purpose: To meet the needs and demands of Medicaid consumers currently and that will emerge within the next 12 months

Sources: Utilization Review Committee,
Access Committee,
TSG Workgroup on Needs Assessment and Waiting Lists

Measure of Success: No negative appeal findings
Stable results on PCP Satisfaction Surveys
Consistent and accurate use of eligibility, waiting list and other UM Manual criteria

3. To improve the flow-through rates of both Medicaid and Non-Medicaid consumers, conduct a data-based quality improvement study, analyzing flow-through issues and barriers, and implement its resulting recommendations.

Purpose: To meet the needs and demands of Medicaid and Non-Medicaid consumers within the next 12 months, 24 months and five years

Sources: Utilization Review Committee

Measure of Success: Increase in flow-through rates

4. Implement evidence-based, best and promising practices for those consumer groups who are projected to be requesting services in greater numbers (see 4. above).

Purpose: To meet the needs and demands of Medicaid and Non-Medicaid consumers within 24 months and five years

Sources: Clinical Care Committee
Adult MI Administrators Group
DD Administrators Group
Children's Administrators Group
Co-occurring Workgroup
Access Committee
Professional Development Committee

Measure of Success: Increased consumer outcome achievement
Increased consumer satisfaction

5. Pending the results of a cost-benefit analysis, expand the use of Nurse Practitioners, Physicians, Psychiatric Residences, Peer Support Specialists and CSM/SC Assistants.

Purpose: To meet the needs and demands of consumers within 12 months, 24 months and five years

Sources: Finance Committee
Clinical Care Committee
Network Management Committee

Measure of Success: Reduced unit cost
Reduced cost/case

2009 APPLICATION FOR RENEWAL AND RECOMMITMENT TO QUALITY AND COMMUNITY IN
THE MICHIGAN PUBLIC MENTAL HEALTH SYSTEM
Final: February 1, 2009

ATTACHMENT A TEMPLATE
Milestones and Timeframes

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ARR Section Number: 7

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
1. Implement Standardized Annual Needs Assessment: PI Committee, Network Management Comm.			
a. Participate in TSG Workgroup		March 2009 August 2009	
b. Develop Affiliation procedures for standardizing Annual Needs Assessment (based on recommendations from a.)		Sept 2009 Jan 2010	
c. Complete preparations for first new Annual Needs Assessment process		Jan 2010 April 2010	
d. Implement and complete first new Annual Needs Assessment		July 2010 Sept 2010	
2. Develop and implement improved range of utilization management processes for GF: UR Committee			
a. Incorporate activities into UR Committee Work Plan (including responsibilities of Access Committee & others		June 2009 August 2009	
b. Complete draft of Affiliation policies / guidelines / criteria for screening, admitting, referring, wait listing, authorizing		June 2009 Nov 2009	
c. Draft revisions to Affiliation Utilization Management & Service Authorization Manual		Nov 2009 May 2010	
d. Complete process of obtaining input from stakeholder groups		May 2010 July 2010	
e. Obtain approval from PI Committee AEC, Board, etc		August 2010 Sept 2010	
f. Train staff on changes		Sept 2010 Dec2010	

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
g. Complete implementation plan		Sept 2010 April 2011	
3. Increase Affiliation consumer flow-through rates: UR Committee			
a. Complete data collection and analysis of flow-through data via UR Committee		April 2009 August 2009	
b. Develop recommendations and present to PI Committee, AEC for approval – Assess effectiveness of, e.g., integrated health activities to increase flow-through		Sept 2009 Dec 2009	
c. Create implementation plan		Jan 2010 March 2010	
d. Rollout plan to staff and other stakeholders		April 2010 July 2010	
e. Complete implementation		August 2010 Dec 2010	
4. Implement evidence-based, best and promising practices for groups expected to increase service demand: Clinical Care Committee, Administrators Groups			
a. Complete literature review for all five groups via Clinical Care Committee and its Subcommittees		June 2009 July 2009	
b. Select practices for adoption by Affiliation		August 2009 Sept 2009	
c. Develop Affiliation practice standards / targets for each selected practice to measure fidelity		Oct 2009 Jan 2010	
d. Assess the need for increased capacity in order to serve emerging populations and increased demand		Jan 2010 March 2010	
d. Train staff		April 2010 June 2010	
e. Implement new practices		July 2010 Jan 2011	

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
5. Expand the use of Nurse Practitioners, Physicians, Psychiatric Residents, Peer Support Specialists and CSM/SC Assistants: Finance Committee, Clinical Care Committee, Prescribers Group			
a. Complete cost benefit analysis for each group of employees		June 2009 August 2009	
b. Develop appropriate four year strategic initiatives		Sept 2009 Nov 2009	
c. Complete implementation of strategic initiatives		Jan 2010 Sept 2014	