



Quality Management Executive Summary: Progress toward Quality Improvement Goals in 2017

Community Behavioral Health has a quality program that focuses on improving the quality of services for its members. During the 2017 measurement year, the program concentrated on implementing interventions to improve performance in different areas including, but not limited to:

- Healthcare Effectiveness Data and Information Set (HEDIS) measure
- Provider and member satisfaction
- Access to care and availability of providers
- Member safety

HEDIS Performance

CBH is working to improve the rate of follow-up appointments members attend after an inpatient mental health hospitalization. This is measured at both 7 days and 30 days post-discharge. For 2017, the percent of members attending an aftercare appointment within 7 days of an inpatient mental health discharge was 30.43%, not meeting the goal of 47.04%. The percent of members attending an aftercare appointment within 30 days of an inpatient mental health discharge in 2017 was 45.66%, again not meeting the goal of 65.74%. To improve rates of attendance of follow-up appointments, CBH implemented the following:

- CBH now requires acute inpatient (AIP) providers to submit an action plan to address any obstacles that may prevent a member from following through with their discharge plan. (These obstacles may also be called “social determinants.”)
- CBH has worked with AIPs to provide information about members being discharged within 24 hours of the discharge. With this information, CBH has begun making follow-up calls to members within 7 days of discharge from an AIP. The intervention is being monitored via a report tracking:
 - Number of eligible discharges from each AIP
 - Time from AIP discharge to discharge information received by CBH
 - Time from CBH receiving information to entering it into the clinical information system
 - Time from discharge date to CBH follow-up call attempt

Provider and Member Satisfaction

Provider Satisfaction

In 2017, 141 providers took the CBH Provider Satisfaction Survey. For *Overall Provider Satisfaction with CBH*, 98% of respondents reported being “Always”, “Usually”, or “Sometimes” satisfied. Respondents could complete the entire survey or answer the section(s) most relevant to them. For example, individuals working in claims could complete only the claims section of the survey. Results of the

Provider Satisfaction Survey were reviewed in the March 2017 Quality Council meeting. Additionally, the results were sent to each CBH department. The CBH Quality Assurance Specialist and Lead Evaluation Analyst met with each department to discuss the results in more detail and to identify opportunities for improvement.

Member Satisfaction

CBH's first Member Experience Survey was conducted in 2017 by SPH Analytics on CBH's behalf. The information collected will serve as our baseline for surveys in coming years. The 2017 survey was sent to any adult (18 and older) that had at least one behavioral health claim in calendar year 2016 and had a working address and phone number (number=72,849). The response rate was 21.1%. When asked about CBH's customer service, 57.60% of respondents had no difficulties getting the help they needed when they called the CBH Member Services Department. To increase member satisfaction, CBH began to implement the following in July 2017:

- Member Services created a training manual and began offering trainings twice per month to improve skills and knowledge of staff.
- Member Services holds monthly meetings to keep staff well-informed of updates to CBH policy, procedures, and initiatives.
- Member Services created protocols and "decision trees" to help decrease the length of time to resolve a concern.

CBH anticipates an improvement in 2018 survey results through the impact of these initiatives.

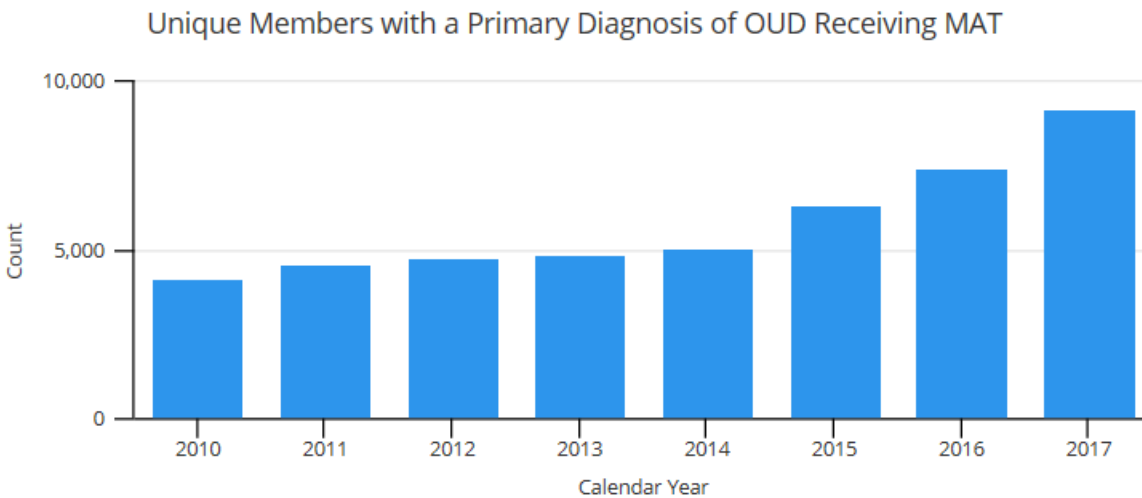
Access and Availability

Each year, CBH monitors performance areas to understand practitioner network availability and accessibility.

- In 2017, crisis services for ages 0-21 were expanded to include two new mobile services: Children's Mobile Crisis Teams (CMCTs) and Children's Mobile Intervention Services (CMIS). In addition, the new Philadelphia Children's Crisis Response Center (CRC), a partnership with Belmont Behavioral Hospital, Children's Hospital of Philadelphia (CHOP), and the city of Philadelphia, opened in January 2018. These new services focus on rapid response, early intervention, and short-term treatment using a resolution-focused and family-driven approach.
- In 2017, 1,217 unintentional drug overdose deaths occurred in Philadelphia, with 88% of cases involving opioids. On May 19, 2017, Mayor James Kenney's Task Force to Combat the Opioid Epidemic in Philadelphia released its final report and recommendations (1). The 18 recommendations – organized by Prevention and Education, Treatment, Overdose Prevention and Criminal Justice – provide evidence-based steps the City and its partners can take to reduce the harmful effects of opioids in our community. CBH is a crucial partner in this fight and has participated in the planning and implementation of several of these steps:

Ensuring Access to Medication-Assisted Treatment (MAT)

- The number of individuals with a primary diagnosis of opiate use disorder (OUD) who participate in some form of MAT has increased since 2010. In 2017, over 9,000 individuals received some form of MAT, an increase of 23.3% from 2016.



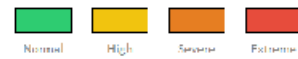
Patient Safety

In addition to increasing treatment access, the Mayor’s Opioid Task Force recommended supporting evidence-based approaches to changing opioid prescribing behavior and establishing insurance policies that support safer prescribing and appropriate treatment. In June 2017, CBH, the Philadelphia Department of Public Health (PDPH), the University of Pennsylvania's Center for Mental Health Policy and Services Research (CMHPSR), and Philadelphia’s four physical health managed care organizations (PHMCOs) began collaboration on the Medicaid Prescriber Dashboard Initiative. The Initiative shares data (example below) with the City's medical professionals to show their prescribing patterns, including a summary of their prescribing history and their ranking compared to the average prescriber of the same specialty. The first distribution of the Philadelphia Medicaid Prescriber Dashboard reports was circulated to over 2,600 prescribers on December 29, 2017.

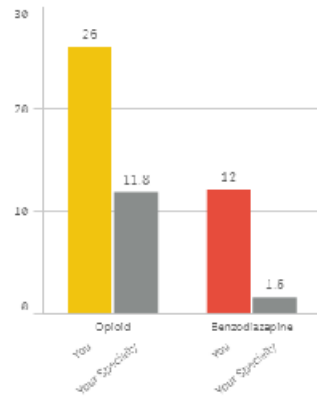
Philadelphia Medicaid Prescriber Dashboard Opioids & Benzodiazepines

July 1, 2016 – June 30, 2017

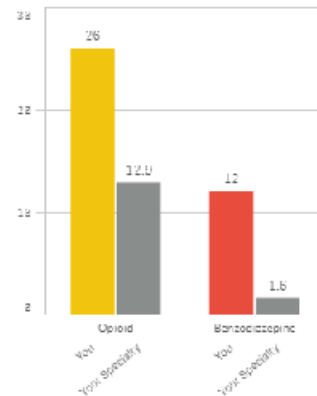
National Provider ID:
Prescriber Name:
Specialty:



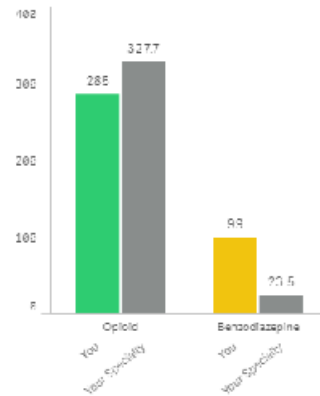
of Patients Prescribed



of Prescriptions Written



of Pills Prescribed



Number of your MA patients who received an opioid or benzodiazepine prescription from you, who also received substance abuse or addictive disorder treatment in the past two years:

4

Number of your MA patients who received a combination of opioid and benzodiazepine prescriptions with at least one from you:

12

Number of your MA patients who received at least an opioid prescription of more than 90 morphine milligram equivalents (MME) per day from you:

0

Number of your MA patients who received opioid or benzodiazepine prescriptions from three (3) or more prescribers with at least one from you:

19

Changes in the QI Program for 2018

- Issue Clinical Practice Guidelines for Adults with Schizophrenia through Member readmissions to an inpatient level of care.
- Issue Clinical Practice Guidelines for Children and Adolescents with Attention Deficit/Hyperactivity Disorder through appropriate follow-up for children and adolescents prescribed medications for ADHD.
- Track measurement of Clinical Practice Guidelines for Children and Adolescents with Attention Deficit/Hyperactivity Disorder through appropriate use of medication for children and adolescents diagnosed with ADHD.
- Track measurement of Clinical Practice Guidelines for management of Opioid Use Disorder through the percentage of members with an OUD on a form of MAT.
- Track measurement of Clinical Practice Guidelines for management of Opioid Use Disorder through HEDIS measure of treatment engagement.
- Add providers to Quality Council to ensure the provider perspective is included in the discussion.