

*2019 Executive Summary:*  
**Annual Evaluation of the  
Quality Improvement  
Program**

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*Updated June 29, 2020*



**Community Behavioral Health**  
A DIVISION OF DBHIDS | CBHPHILLY.ORG



**Member Services Hotline**

**888.545.2600**

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Delegate Hotline**

**215.685.6440**

Community Behavioral Health (CBH) is a non-profit 501(c)(3) corporation contracted by the City of Philadelphia's Department of Behavioral Health and Intellectual disAbilities (DBHIDS); it manages the delivery of Pennsylvania's HealthChoices behavioral health program as a Behavioral Health Managed Care Organization (BH-MCO). This program covers mental health and substance use services for the Medicaid recipients of Philadelphia County. In partnership with DBHIDS, services are delivered in accordance with HealthChoices, which is governed at the federal level by the Centers for Medicaid and Medicare Services (CMS) and administered at the state level through the Pennsylvania Department of Human Services (PA DHS) and the Office of Mental Health and Substance Abuse Services (OMHSAS). CBH received full accreditation with the National Committee for Quality Assurance (NCQA) in 2019, which is the gold standard for evaluating performance of managed care organizations.

CBH has over 700,000 Medical Assistance (MA or Medicaid) eligible members. CBH's mission is to meet the behavioral health needs of the Philadelphia community by ensuring access, quality, and fiscal accountability through a high performing, efficient, and nimble organization driven by quality, performance, and outcomes.

CBH contracts with MA enrolled and licensed providers with the requirement that they deliver effective and medically necessary services to covered members in the least restrictive, most developmentally appropriate, and culturally competent manner. In creating and maintaining this managed care system, CBH promotes maximum access, member and family participation, public accountability, and local control.

### *Our Members*

CBH's primary goal is to effectively address and support the overall health and wellness of our members across multiple domains, in partnership with other city agencies and physical health managed care organizations. CBH authorizes payment and services for a vast array of programs, including outpatient mental health and substance use programs, inpatient psychiatric and addictions treatment, residential rehabilitation, as well as family, school, and community-based programs.

### *Our Providers*

CBH is committed fostering a provider network that ensures Philadelphians receive an array of quality, cost-effective, recovery-oriented, and evidence-based services. Targeted efforts include developing and expanding a wide array of community-based alternatives to restrictive settings, as well as developing specialized services for individuals with autism, youth involved in the child welfare system, and forensic-involved adults reentering the community.

## OUR APPROACH TO QUALITY

The effectiveness of our services and strategies are evaluated in alignment with population health priorities, the triple aim, program requirements, and other dimensions of quality as described. Continuous quality improvement processes are used as a fundamental tool to support quality goals and priorities.

### Population Health

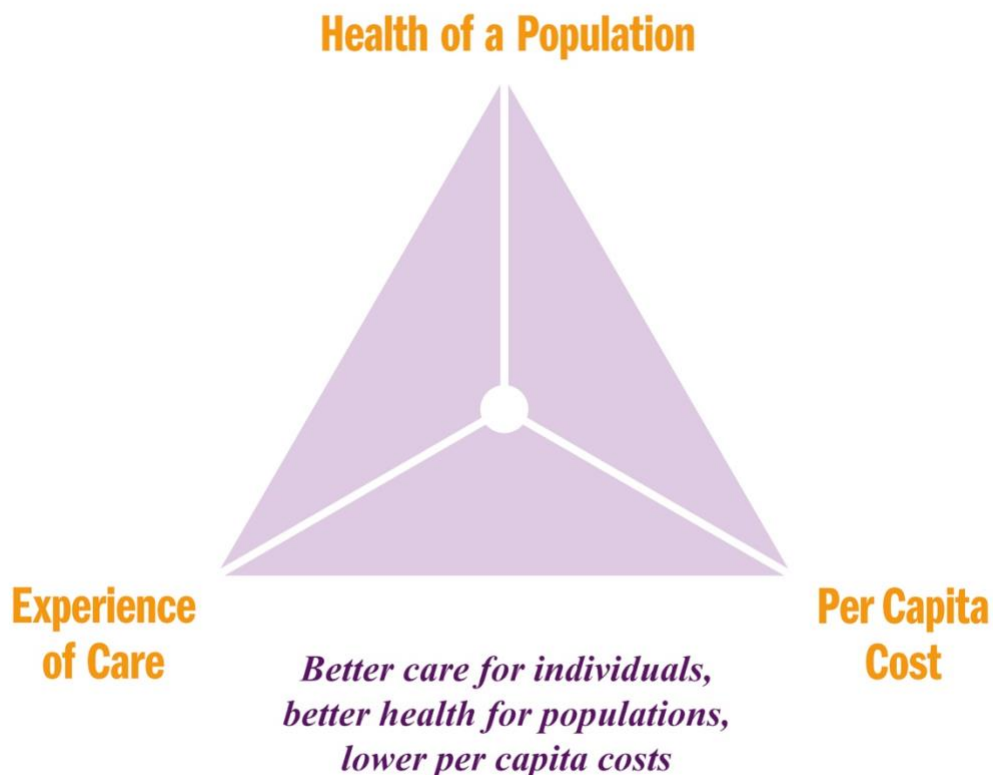
Population health refers to the health of a community. Traditional approaches to health care center around individuals who are already experiencing a health-related condition. Population health approaches take a much broader view, seeking to improve the health status of everyone in a community, not just those who are sick. By providing excellent clinical care, as well as community-level interventions and services, population health approaches help to create communities in which every member—not just those who seek out health services—can thrive. The essence of our population approach is to:

1. Attend to the whole population, not just to those seeking services. Population health approaches emphasize community-level outcomes, not just outcomes for individuals with particular diagnoses. A key benefit of a population health approach is its focus on keeping people well so that, over time, communities experience less illness and its associated consequences.
2. Promote health, wellness, and self-determination. Health is much more than the absence of illness or management of symptoms. There is a fundamental difference between providing targeted interventions to address illness versus promoting wellness and quality-of-life.
3. Provide early intervention and prevention. There will always be a need for access to high-quality clinical care, supports, and services. A population health approach provides such care and also works to screen for and prevent the onset or progression of conditions, which improves outcomes and better utilizes resources.
4. Address the social determinants of health. Poor health and health disparities do not result from medical causes alone. Chronic stress, toxic environments, limited access to nutritious foods, inadequate housing, social isolation, and numerous other nonmedical factors contribute to poor outcomes. A population health approach seeks to address these factors to reduce health disparities and safeguard everyone's right to optimum health and self-determination.

5. Empower individuals and communities to keep themselves healthy. Health care providers cannot shoulder the entire responsibility for healthy communities. A population health approach not only educates but also empowers and motivates people to take responsibility for promoting their own health and wellness.

## The IMI Triple Aim

Our goal is to help the people we serve by following the recommendations from the Institute of Healthcare Improvement (IHI) and ensuring that our system is achieving the triple aim of improved health, quality care, and cost effectiveness.



## Dimensions of Quality

1. *Safe*: avoiding injuries to consumers from care that is intended to help them.

2. **Effective:** providing services, based on scientific knowledge, to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
3. **Consumer-Centered:** providing care that is respectful of and responsive to individual consumer preferences, needs and values, and ensuring that consumer values guide all clinical decisions.
4. **Timely:** reducing wait time and sometimes harmful delays for both those who receive and those who give care.
5. **Efficient:** avoiding waste, including waste of equipment, supplies, ideas, and energy.
6. **Equitable:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status.

## Continuous Quality Improvement

CBH utilizes the Deming Cycle (**Plan-Do-Study-Act**) in its approach to quality improvement. The Deming Cycle begins with the **Plan** step, which involves identifying a goal or purpose, formulating a theory, defining success metrics, and putting a plan into action. These activities are followed by the **Do** step, in which the components of the plan are implemented. Next is the **Study** step, where outcomes are monitored to test the validity of the plan for signs of progress and success or problems and areas for improvement. The **Act** step closes the cycle, integrating the learning generated by the entire process, which can be used to adjust the goal, change methods, or even reformulate a theory altogether. These four steps are repeated over and over as part of an iterative cycle of continual improvement.

# QUALITY MANAGEMENT (QM) PROGRAM STRUCTURE

## Quality Management Staff

CBH has dedicated significant resources and staffing to meet the needs of the QM program. CBH's QM Program resources are organized as follows:

### ➔ *Core Staff*

These internal staff play a critical role in leading, managing, and executing the QM Program activities. These staff include:

- » Chief Medical Officer
- » Medical Director of Quality Management (vacant as of April, 2019)
- » Senior Director of Quality Management
- » Physician Advisor of Quality Management
- » Director of Performance Evaluation
- » Assistant Director of Quality Management
- » Manager of Provider Monitoring
- » Manager of Complaints and Grievances
- » Manager of Quality Improvement
- » Manager of Performance Evaluation
- » Quality Management Supervisor
- » Complaints and Grievances Supervisor
- » Quality Management Specialists
- » Complaints and Grievances Specialists
- » Quality Reporting and Accreditation Specialist
- » Performance Evaluation Specialist
- » Administrative Support

### ➔ *Expanded Staff*

These internal staff have other roles in the organization and a portion of their role

is spent supporting the execution of QM program activities. These resources come from other key departments within the organization including, but not limited to, the following:

- » Clinical Care Management
- » Medical Affairs
- » Member Services
- » Information Technology

## Quality Improvement Committee (QIC)

The QIC provides oversight of the Quality Management Program. The committee is chaired by the CBH Chief Medical Officer and is composed of DBHIDS and CBH leadership, member representatives, practitioners from the provider network, and representatives from the PA DHS OMHSAS. The QIC provides critical feedback and guidance to the QM Department on key initiatives. The Committee is also responsible for reviewing and approving all the key QM documents, such as the QM Program Description, Work Plan, Annual Evaluation, and Policies and Procedures, in a timely manner.

## EVALUATION OF CBH'S PERFORMANCE

Below is a summary of CBH's performance on key QI activities.

### *Target Goal: Monitor utilization of children's services*

- ➔ CBH continues to develop and expand the continuum of children's mobile and site-based crisis services. These services include Rapid Response, Crisis Stabilization, Resolution-Focused treatment, and Family-Driven care. The goal of these services is to deliver resolution focused care within community settings and reduce the need for hospitalization.
- ➔ Applied Behavioral Analysis (ABA): CBH continues to designate providers who demonstrate adherence to Performance Standards for ABA. The designation includes 20 in- and out-of-network providers who deliver high quality ABA to our members. In 2019, the number of youths served in ABA increased to just over 900 from 526 in 2018.

- ➔ Family Services: CBH continues to expand capacity in Family-Based Mental Health Services. We have seen continued growth in this service line and are adding 15 additional teams in 2020, including several specialty teams, including LGBTQ, Spanish Language Autism, and Intellectual Disability focused teams.

***Target Goal: Offer a choice of at least three providers to all CBH members requesting service.***

The Member Services Department of CBH set a standard expectation that all Member Services Representatives must offer a choice of at least three providers to members. Even when a member identifies a preferred provider from the onset, Member Services Representatives still offer a choice of three providers in the event that the member's preferred provider is unable to accept new referrals at the time of need. Members were offered a choice of three providers 100% of the time.

***Target Goal: 100% of calls to Member Services are answered within 30 seconds.***

100.0% of calls were answered within 20 seconds.

***Target Goal: Call Abandonment rate is 5% or less.***

The call abandonment rate for 2019 was 1.7%.

***Target Goal: Achieve 100% resolution within 30 days for grievances.***

100% of grievances were resolved within 30 days.

***Target Goal: Receive no more than five complaints or grievances (NCQA appeals) per 1000 members per quarter.***

The complaint rate was below the overall goal of 5/1000 members for all four quarters. The appeals rate declined steadily over the year, meeting the goal of 5/1000 members in Q4.

***Target Goal: Obtain 80% satisfaction rate on all measures used to determine member satisfaction via the member experience survey.***

CBH received an overall satisfaction survey rate of 86.5% on surveys sent to adults and children in 2019.



***Target Goal: Conduct onsite reviews as a means of on-going evaluation of the provider network.***

The Network Improvement and Accountability Collaborative (NIAC) conducted 69 site visits in 2019. There were 44 providers, representing 187 programs, presented to the Credentialing Committee for credentialing status.

***Target Goal: 90% of respondents to the annual provider satisfaction survey have an overall satisfaction score of at least three on a five-point Likert scale.***

In 2019, there were 131 respondents to the CBH Provider Satisfaction Survey. For Overall Provider Satisfaction with CBH, 99% of respondents (n=56) reported being “Always,” “Usually,” or “Sometimes” satisfied.

***Target Goal: Obtain 80% agreement rate on Inter-Rater Reliability Studies***

The primary purpose of an Inter-Rater Reliability (IRR) Study is to determine the extent to which CBH clinical staff agree in their assessment of medical necessity in selecting the most appropriate level of care for CBH members. The overall percent agreement across all teams was 87%. This exceeds the target goal of 80%.

***Target: Improve inpatient 30-day readmission rate for individuals with Persistent Serious Mental Illness (PSMI) by 0.5 percentage points.***

CBH’s 2018 rate of 21.40% (latest year available) demonstrated a deterioration of 4.3% from the 2017 rate of 17.10%.

***Target: Obtain 30-day readmission rates post-discharge from mental health hospitalization of <= 10% for adults and <= 10% for children.***

CBH’s 2018 rates (latest data available) partially met the target goal. The rate for children was 9.13%, which exceeded the goal. The rate for adults was 14.09%, which did not meet the target goal.

***Target Goal: Achieve 7- and 30-day follow-up rates post-discharge from mental health hospitalization of => 75%.***

The seven-day follow-up rate for measurement year 2018 (latest data available) was 47.73%, and the 30-day follow-up rate was 57.07%

*Target Goal: Increase medication adherence of individuals with a diagnosis of schizophrenia by a minimum of .5 percentage points.*

CBH's 2018 rate (latest data available) was 72.11%, an improvement of 7.81% from the 2017 rate of 64.30%.