

A Tale of Two EQROs

Working toward Quality Improvement in California's Behavioral Health

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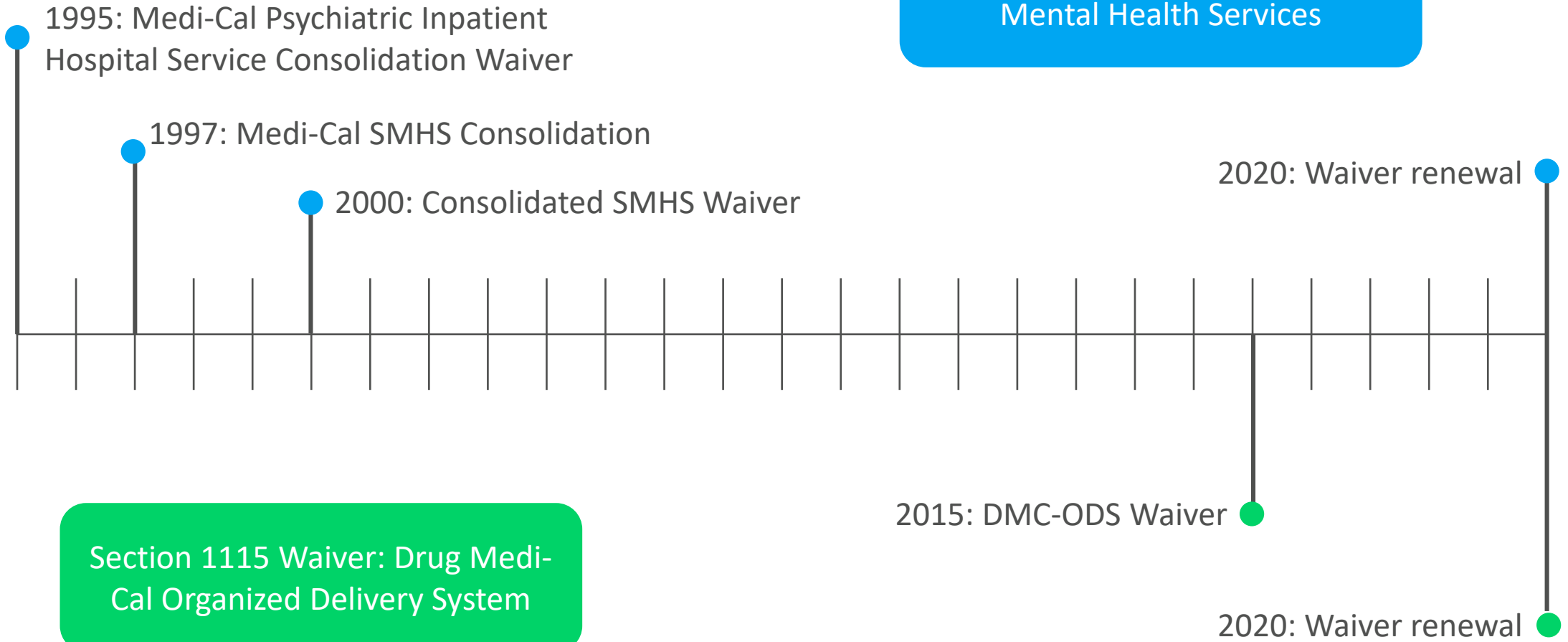
Educational Objectives

- Identify the basic elements of an EQRO review
- Recognize the distinct features of MHP and DMC-ODS reviews
- Recognize the distinct features of MHP and DMC-ODS reviews
- Organize county documentation for an EQRO review
- Coordinate the logistics of an EQRO review
- Effectively utilize EQRO resource materials and technical assistance

Outline for this Session

- Background on the waivers
- Requirements of External Quality Review
- Elements of the review
- Similarities and distinctions between mental health and SUD reviews
- Towards fully integrated behavioral health external quality reviews

A Tale of Two Waivers



What is EQRO?



- Access
- Timeliness
- Quality
- Outcomes
- Structure and Operations

External Quality Review (EQR): Background

Section 1932(c)(2)(A) of the Social Security Act

- Annual external independent review

Balanced Budget Act

- Requires states to develop a quality assessment and improvement strategy consistent with federal HHS standards.
- Requires HHS to develop protocols for use in performance of independent, external reviews of the quality and timeliness of, and access to, care and services provided to Medicaid beneficiaries by Medicaid MCOs and prepaid inpatient health plans (PIHPs).

Federal Regulations 42 CFR Part 438, Subpart E

- External Quality Review (recently updated in Final Rule 2016)

§438.354-8

- Activities related to external quality review
- EQR Protocols, May 2016
- Medicaid.gov is great source for research of these issues

EQR: CMS Definitions

Quality

The degree to which the MCO increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge in at least one of the six domains of quality as specified by the Institute of Medicine (IOM) – **efficiency, effectiveness, equity, patient-centeredness, patient safety, and timeliness.**

Validation

Means the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.

EQR Activities: Mandated Activities

Protocol 1

- Compliance Reviews– DHCS does these in CA for MHP and DMC-ODS

Protocol 2

- Annual Validation of Performance Measures (PM) – BHC – Drug MediCal EQRO

Protocol 3

- Annual Validation of Performance Improvement Projects (PIP) – BHC – Drug MediCal EQRO One Clinically and one Administrative PIP to improve efficiency/compliance

Appendix V

- Annual Information Systems Capabilities Assessment (ISCA) – Applicable to Protocols 1,2,3,4,6 – BHC for both MHP and DMC-ODS for fiscal, claiming, integrity and efficiency

EQR Activities: Additional State Directed Activities

Protocol 4

- Validation of encounter (service) data reported by MCO/PIHP (done by BHC for MHP and DMC-ODS)

Protocol 5

- Design and administration of a survey or validation of the results of a previously administered survey – (done by BHC for MHP and DMC-ODS though no survey is selected yet)

Protocol 6

- Calculation of performance measures - done by BHC using claims, eligibility, and CalOMS data.

Protocol 7

- Implementation of PIPs required by the State in addition to the 2 conducted for CMS for MPH and DMC-ODS (none in place at this time)

Protocol 8

- Other quality activities as required by DHCS focused, one-time studies of the DMCs clinical and/or non-clinical services as directed by the State – none in place at this time other than UCLA evaluation which is part of waiver

EQR: State Requirements

Validation and Analysis of:

- SUD Performance Measures (PMs)
- DMC-ODS's Performance Improvement Projects (PIPs)
- DMC-ODS's Health Information Systems (HIS) Capabilities
- State and County Consumer Satisfaction Surveys

Additional Items:

- Client or Family members (CMF) on review teams
- Focus groups with CFM, DMC-ODS Staff, SUD Providers and Other Stakeholders
- Special consultation to DHCS on quality and performance outcomes
- Final written annual report of each DMC-ODS Plan by County or Group
- Annual aggregate statewide report with trends and findings
- Statewide report on DMC-ODS Performance Measure results
- Annual report presentation

EQR: Seven Mandatory Performance Measures

1. Total beneficiaries served by each DMC-ODS
2. Total costs per beneficiary served by each DMC-ODS
3. Penetration rates in each DMC-ODS (what percentage of eligible MediCal persons were served)
4. Timeliness Measures - How much time from request to first treatment visit for different types of care?
5. Measures of Coordination - Signed MOUs, Agreements and protocols for transfers/referrals, consultations and documented access to care in partner system or agency and back to DMC-ODS, also existence of joint programs for co-occurring disorders,
6. Measure of Cultural Competence- threshold languages for access and treatment available, specialty access for disabled and specialty populations and risk groups.
7. Timely Access to Treatment after an acute episode such as detox in a hospital or residential setting – numbers of days to access care.

EQR: Flexible Additional Performance Measures

Additional SUD Performance Measure domains (five in year 1, nine in years 2-5) on care (Below are Examples):

- Access (Network Adequacy for timely access)
- Client Engagement in Services (Intensity of services linked to recovery or length of stay in treatment)
- Services Appropriate to Need (ASAM levels match assessed needs)
- Effectiveness of Services (Use of Evidence Based Practices / Models of care to enhance sustained recovery two or more offered by DMC)
- Linkage to non-DMC-ODS Services and Supports (vocational, housing, childcare, food, education, etc.)

EQR – Performance Improvement Projects (PIPs)

- Use a systematic, proven approach to fix problems in the care system
- Developed with client, family, and community input
- Each DMC-ODS is required to have two active PIPs (underway in the previous 12 months): one clinical and one non-clinical
- PIP Development and Validation tools are on CalEQRO website as part of the review preparation materials (www.caleqro.com)
- The tools closely track each other in terms of the areas they cover, and the process is tightly defined by CMS so use the tools, get examples.
- Trainings and TA offered

EQR: Information Systems Capabilities Assessment (ISCA) Required Components

Practice Management Systems

Electronic Health Records Capacity/Integrity

Billing and Claims

Privacy, Security and Integrity of Data Systems

Clinician and Other User Interfaces for Care and Administration

Provider Interface and/or Interoperability

Reporting Capabilities for Management of DMC-ODS requirements (operational and clinical)

Integration of Clinical Care Appropriateness, Timeliness, Access, Quality and Outcome Measures into Data Support Systems

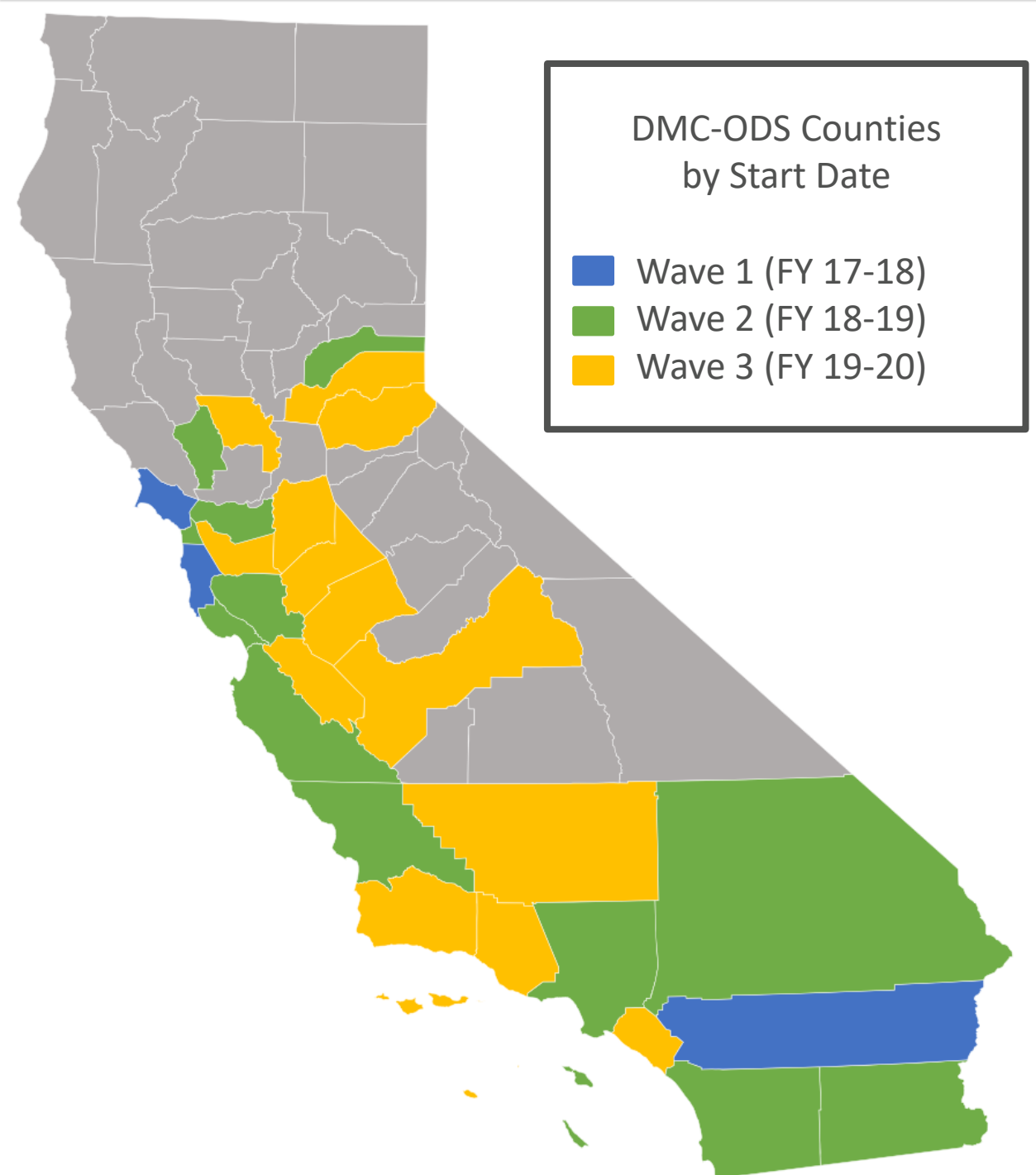
Medi-Cal Specialty Mental Health (MH)

- Focused on validation: Are the counties continuing to meet state requirements?
- Active in all counties across the state
- BHC is the sole evaluator

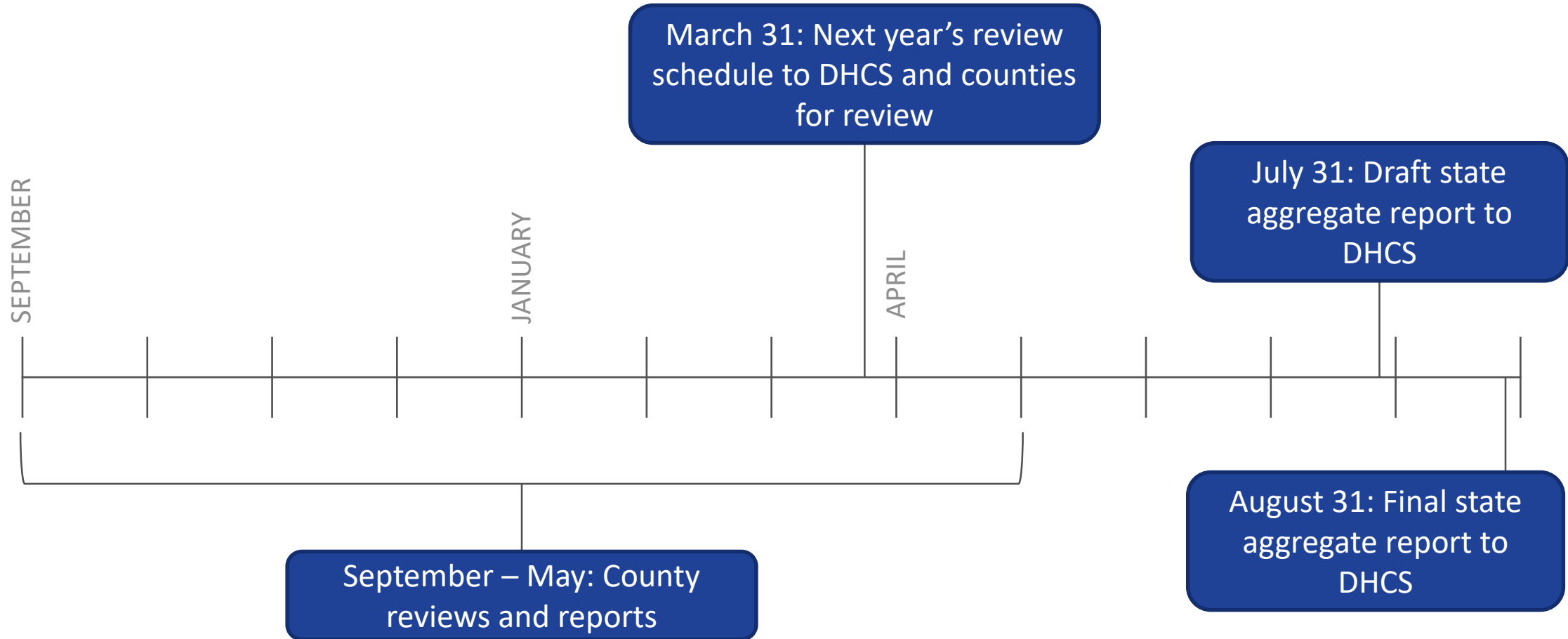


Drug Medi-Cal Organized Delivery System

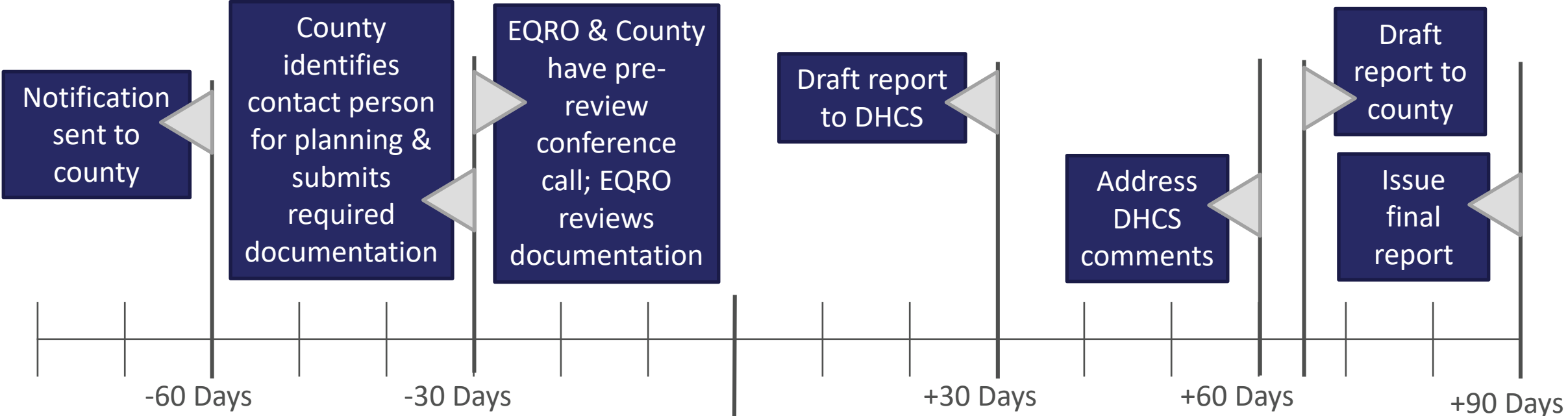
- Focused on documentation: telling the story of implementation in each county and how their programs meet the state waiver requirements
- Still rolling out to new counties each year (see map)
- Evaluation occurring in partnership between BHC and UCLA



EQRO Annual Review Cycle












EQRO County Review Schedule



- ON-SITE VISIT**
- Executive Leadership and Managers kick off
 - Supervisors and Line Staff focus groups
 - QM Staff/Analysts responsible for PIPs & PMs
 - Contract Provider Exec Leadership and/or Supervisors/Staff
 - IS, Billing/Claims, Operations & Fiscal Staff meet w/ IT Reviewer
 - Beneficiaries/Consumers and Family Members focus group

- POST-SITE VISIT**
- Post-site internal team discussions
 - Follow-up with DMC-ODS contact on pending items, if any
 - Finalize PIP validation
 - ISCA report
 - Quality reviewer submits draft report to CalEQRO leadership for review and edits

Elements of a Review: Differences and similarities between MH & DMC-ODS

ASAM Levels of Care		
PIPs		
ISCA		Very similar; Counties choose to do integrated or separate
Timeliness		Some contents differ based on specialty area
Key Components		Some contents differ based on specialty area
PMs		Six are the same; Others linked to clinical research or national guidelines
Other Focus Groups		Groups and interview guides vary
Beneficiary Focus Groups		
Pathways to Wellness		

 DMC-ODS only

 Both

 MH only

MH/DMC-ODS County-Level Reporting Differences

	MH	DMC-ODS
Executive Summary	X	✓
Key Initiatives	X	✓
Response to Recommendations	✓	✓
Performance Measures	✓	✓
Performance Improvement Plans	✓	✓
Information Systems Capabilities Assessment	✓	✓
Network Adequacy	X	✓
Beneficiary Focus Groups	✓	✓
Key Components	✓	✓
Summary of Findings	✓	✓
Recommendations	✓	✓

Integrated Reviews (Side-by-Side Reviews)

Shared sessions where possible:

- ISCA (when on one data system)
- Coordination with health plan(s)
- Coordination with criminal justice
- Treatment and assistance to individuals who are homeless
- Performance Improvement Plans (PIPs) for Co-Occurring Clients
- Coordinating programs between SUD and MH

Other Features:

- Joint team assessments of regional BH systems
- Joint team assessments of children's systems of care

Looking to the Future: Integrating Services

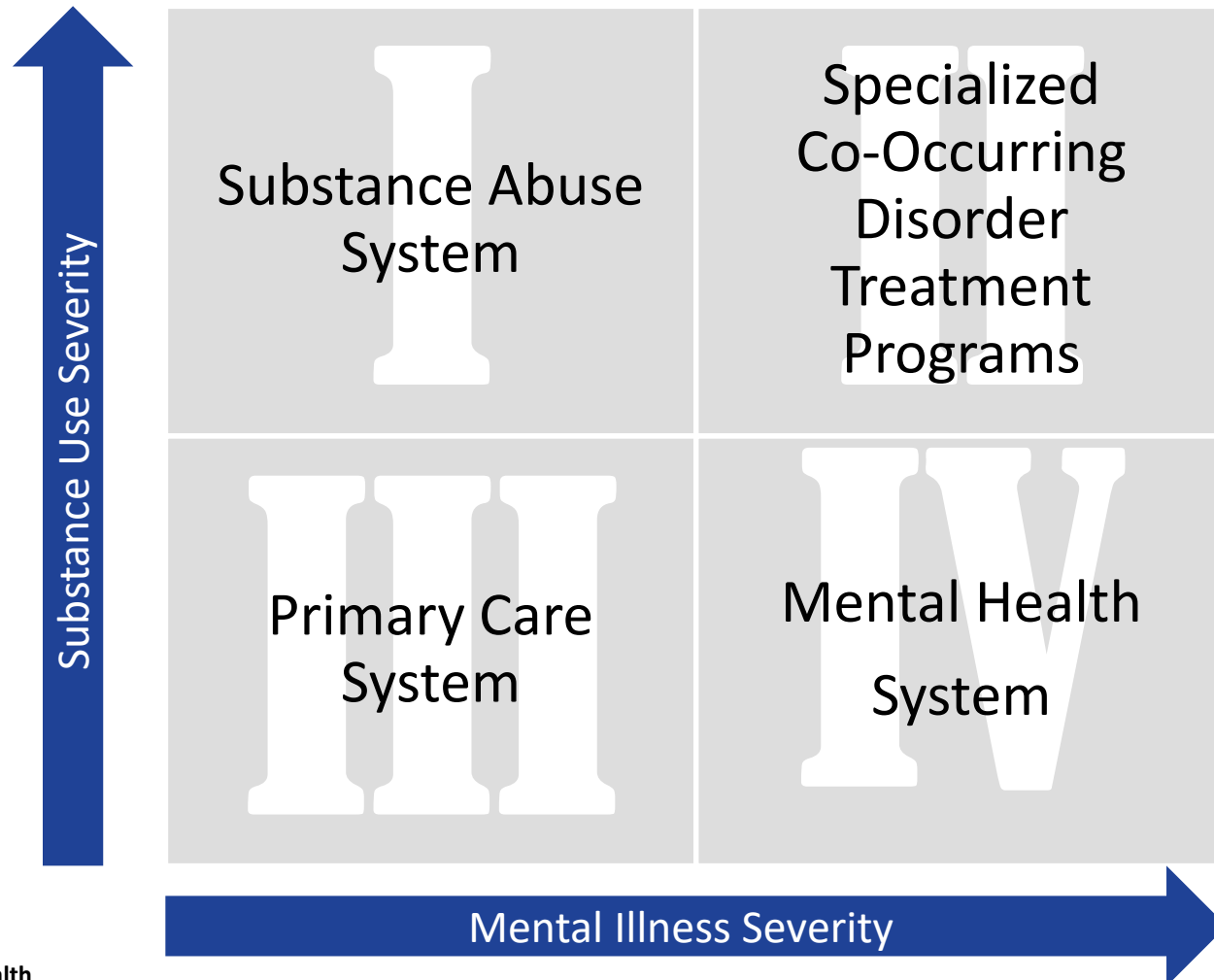
According to the National Survey on Drug Use and Health, 9.2 million U.S. adults experienced both mental illness and a substance use disorder in 2018.

Individuals with a mood or anxiety disorder are about twice as likely to have a substance use disorder as well

Co-occurring disorders require a comprehensive approach to diagnosis and treatment

Waiver renewal process is focused on ways to overcome barriers to integration across systems

Co-Occurring Disorders Quadrant Model



Ries, R. 1993. Clinical treatment matching models for dually diagnosed patients. *Psychiatric Clinics of North America*, 16(1): 167–75.

Co-Occurring Disorders: Current System of Coverage

- Mild-to-Moderate mental health services
- Emergency SUD

Physical Health MCO



- Serious mental health services

MHPs



- SUD services along the entire ASAM Levels of Care (gaps exist)

DMC-ODS



- Providing all behavioral health services

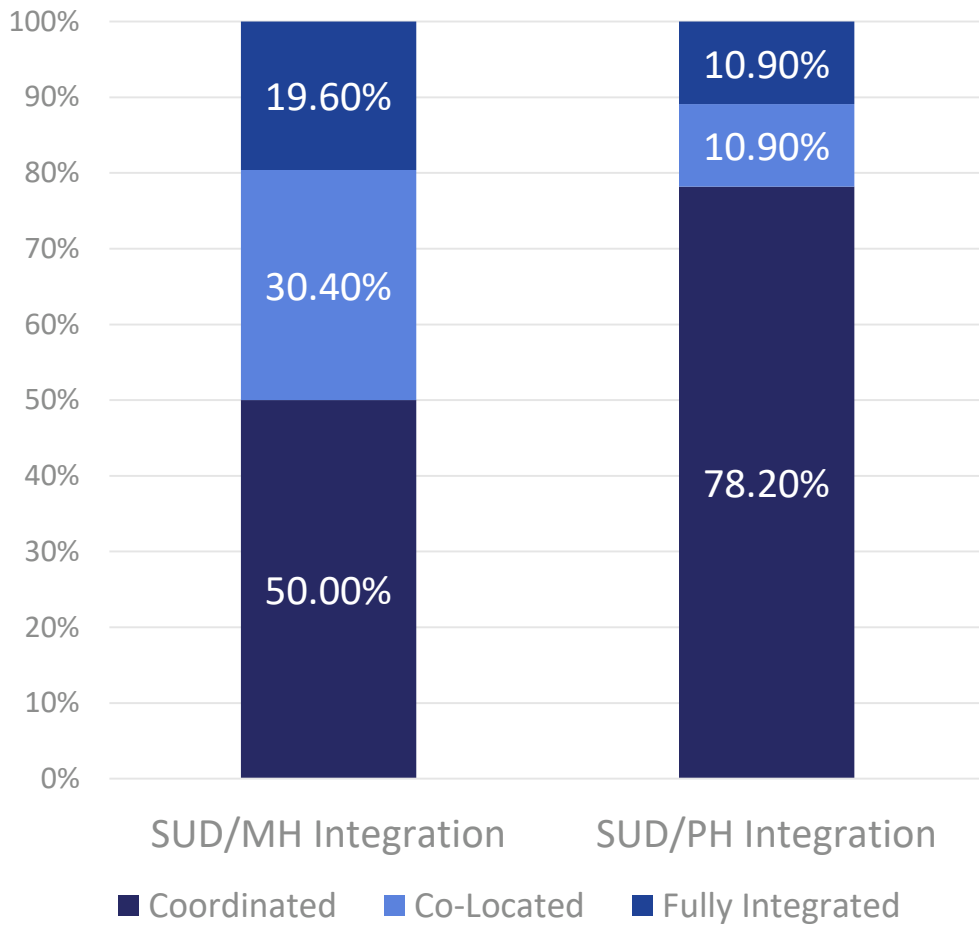
Integrated Systems



SAMHSA Framework for Levels of Integrated Care

Coordinated		Co-Located		Integrated	
Key Element: Communication		Key Element: Physical Proximity		Key Element: Practice Change	
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Minimal Collaboration	Basic Collaboration at a Distance	Basic Collaboration Onsite	Close Collaboration w/ Some System Integration	Close Collaboration Approaching Integrated Practice	Full Collaboration in a Merged Integrated Practice

Preliminary IPAT Rating of Mental Health and Physical Health Service Integration in SUD Programs



Integrated Practice Assessment Tool (IPAT)

Developed by SAMHSA-HRSA Center for Integrated Health Solutions

Adapted to assess SUD-MH and SUD-PH integration using SAMHSA Framework for Levels of Integrated Healthcare

Areas of Integration in MH/DMC Programs

Access Call
Center

Outpatient
Access and
Treatment Points

Specialty
Services for COD

Information
Systems

Organization and
Leadership

Quality
Improvement
Planning

Individual
Clinicians

Barriers and Challenges to Integrating Care

Systems & Operations Issues

- Different billing & documentation requirements
- Different data reporting requirements (federal and state)
- Separate cost reporting
- Differing licensing requirements at facility and clinician level
- Firewalls due county counsel interpretations of 42CFR Part 2
- Data lag

Clinical Issues

- No equivalent to ASAM Levels of Care for mental health
- Different lengths of stay in optimal treatment engagement
- Inpatient availability
- Mild-to-moderate access
- Differing causal factors and best practices
- Stigma and denial

Documents to be Completed by the MHP prior to On-Site Review

PIP Development Outline

- No change

MHP Assessment of Timely Access

- New this year – Timeliness standards are now aligned with DHCS standards

ISCA

- No significant change
- Three versions – MHP only, DMC only, MHP-DMC joint review

Katie A./Pathways to Well-Being

- No change at this time, may be revised during FY 2019-20

MHP Response to FY 2018-19 Recommendations

- Organized by domains

Documents for MHP and DMC Reference

PIP Development Implementation & Submission Tool (www.calegro.com)

- No Change

Key Components (www.calegro.com)

- Significantly Revised (see next slides)

Approved Claims Summaries – Overall, Foster Care, TAY, ACA, PM Tables (available on Box by invitation only)

CFM Focus Group Guidelines (see slide 14)

EQR – State Requirements – COORDINATION OF CARE

DMC-ODS Specialty Mental Health Services (SMHS) Coordination of Care Efforts: BHC reviews required efforts related to coordination with physical health and mental health for Seniors and Persons with Disabilities (SPDs) Project

- **Medi-Cal Managed Care Health Plans (MCPs)**
- **Fee for Service Medi-Cal (FFS/MC) Providers**
- **Community Clinics (Federally Qualified Health Clinics) FQHCs and RHCs (Rural Health Clinics)**
- **County Mental Health Plans (MHP)**
- **MCP Rural Health Initiatives**

EQR: Performance Improvement Guidelines

- Clinical PIPs might target
 - Prevention and care/treatment of acute and chronic Substance Use conditions, like binge drinking, opioids overdose prevention in methadone clients, etc.
 - High-volume services for clients using super intensive service levels (For example, many detox and residential services without stabilization or reduced drug use)
 - High-risk conditions
 - Infrequent but high-risk conditions, services, or procedures (for example, HIV plus IV Opioid use)
 - Populations with special health care needs (example, complex cases with cardiac conditions using Meth)

EQR: Performance Improvement Guidelines

- Non-Clinical PIPs might target
 - Coordination of care systems (example, increasing Primary Care Physicians using SBIRT screening and referral with releases)
 - Appeals, grievances process improvements
 - Access or authorization systems improvements to reduce delays(example, reduction of dropped calls at access phone line or reduction in wait times or direct phone access to person in your primary language)
 - Member services (example, customer service improvements and enhanced options for client choice of counselors or programs, more regular client experience of care feedback from different cultures)

EQR: PIP Validation

Activity 1 – Assess the study methodology (does it follow CMS guidelines – on www.calegro.com website)

Activity 2 – Verify Performance Improvement study findings (optional)

Activity 3 – Evaluate overall performance improvement validity and reliability of study results

EQR: PIP Validation Activity 1 - Assessment of Study Methodology

1. Review the selected PIP study topics
2. Review the PIP study question(s)
3. Review the selected PIP study indicators of improvement
4. Review the identified PIP study target population
5. Review the sampling methodology (if sampling is used)
6. Review the data collection procedures to insure consistency
7. Assess the DMC-ODS Plan's improvement strategies
8. Review the PIP data analysis and interpretation of study results
9. Assess the likelihood that reported improvement is “real” improvement
10. Assess the sustainability of documented improvement

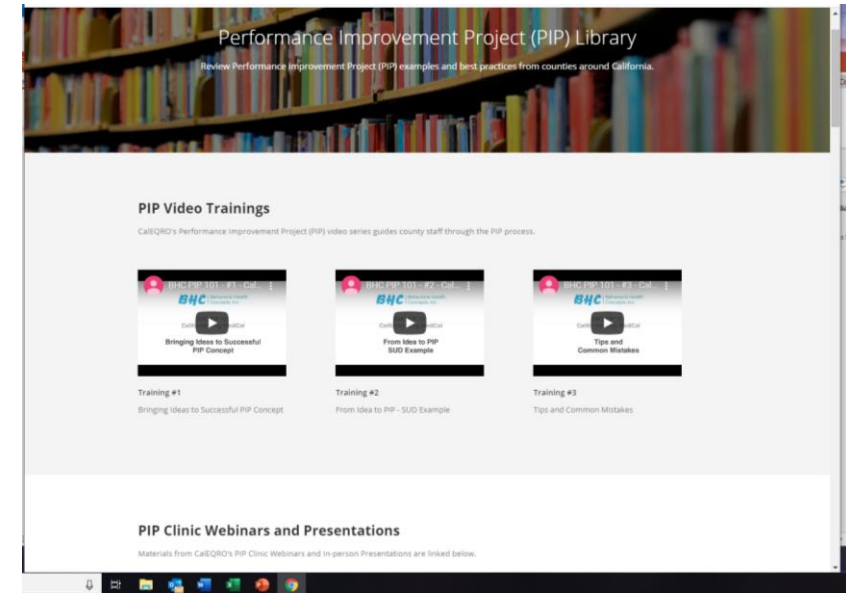
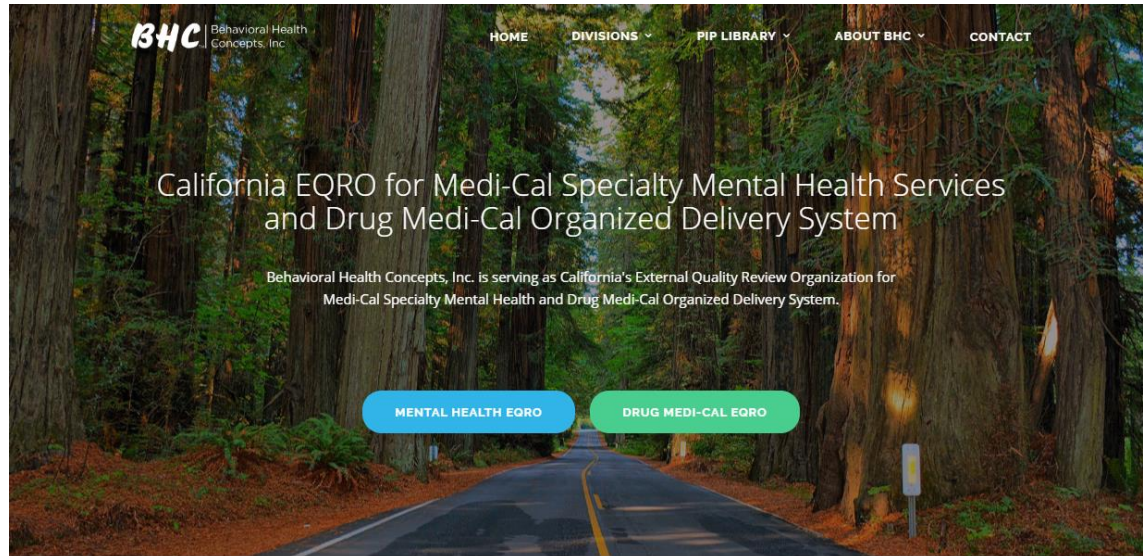
EQR: PIP Validation Activity 2 – Verify Study Findings (Optional)

- The key focus in this activity is validating the processes through which data needed to produce quality measures were obtained, converted to information, and analyzed for integrity.
- This is optional for States as this is a resource intensive activity (not done at this time)

EQR: PIP Validation Activity 3 – Evaluate and Report Overall Validity and Reliability of PIP Results

- Following Activity 1 and Activity 2 (if performed), the EQRO will assess the validity and reliability of all findings to determine whether or not the State has confidence in the MCO's reported PIP findings.
- As studies generally have some weaknesses, the EQRO will need to accept threats/potential problems to the accuracy of the PIP, and determine PIP generalizability of improvement results as a routine fact of QI activities.
- EQRO reports a level of confidence in its findings for the DMC-ODS Validity for PIPs:
 - High confidence in reported PIP results
 - Confidence in reported PIP results
 - Low confidence in reported PIP results
 - Reported PIP results not credible

CalEQRO Resources



CMS Resources

EQRO Protocol:

<https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html>

Questions?