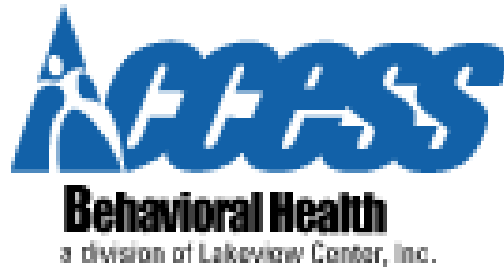


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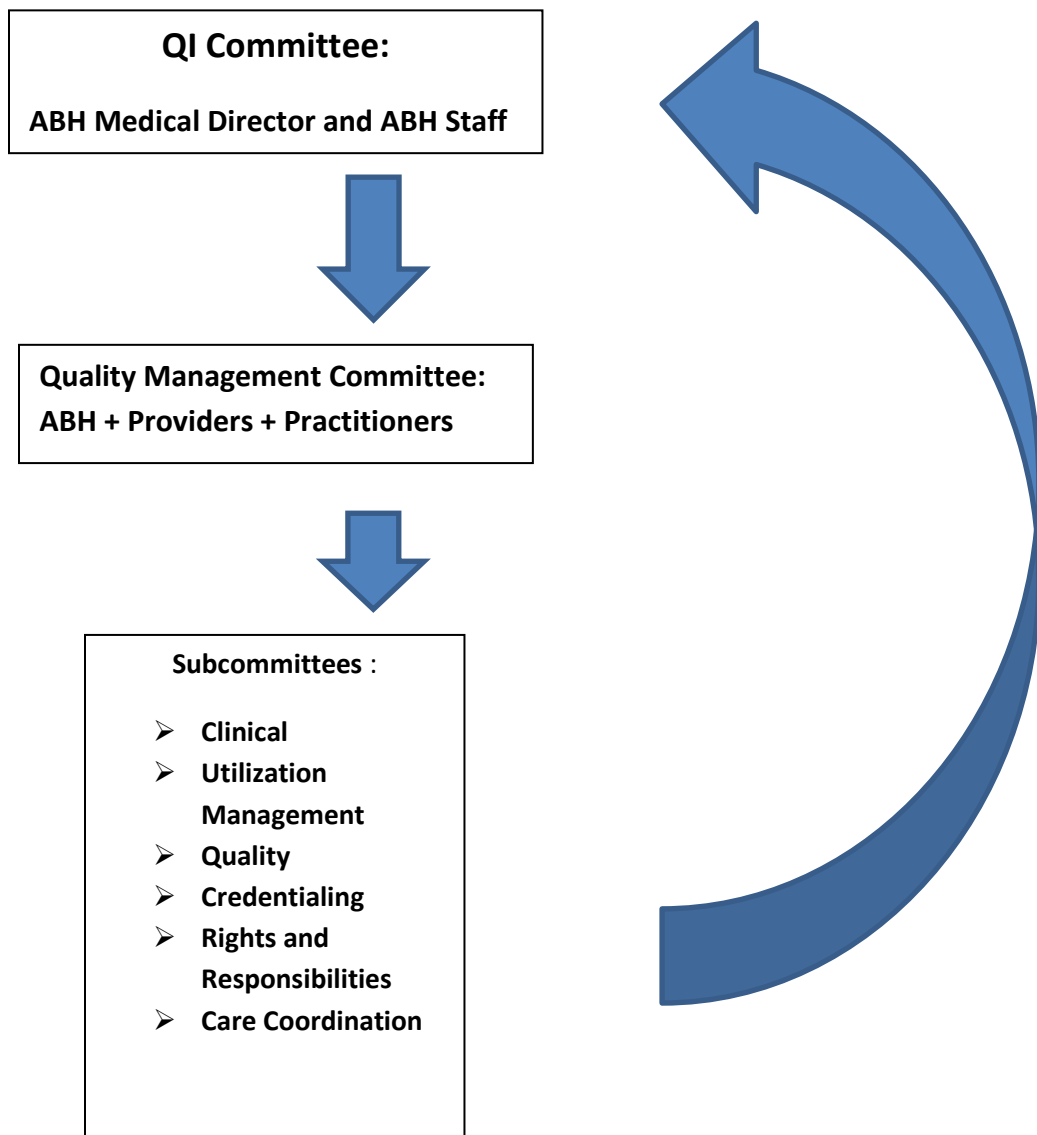
Quality Improvement  
and  
Utilization Management  
2017 Evaluation  
Executive Summary

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**Executive Summary : The ABH Annual QI\_UM Evaluation**

The ABH Annual QI\_UM Evaluation is a report completed annually by the QI Director and approved by the Quality Improvement Program at Access Behavioral Health (ABH); this process provides a formal mechanism whereby ABH can systematically and objectively monitor, evaluate, improve, and impact the quality, efficiency, safety, and effectiveness of care to our members. Using these measures, ABH is able to identify and focus on opportunities for improving the quality, accessibility, availability, safety, and clinical outcomes for our members. This is accomplished through internal and external monitoring process of care management, utilization management, the development and maintenance of a provider network, member safety initiatives, and monitoring of clinical services to ensure that all members receive the highest quality care and service.

The structure of the QI Program is demonstrated by the flowchart below:



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## **Description of Completed and Ongoing QI and UM Activities**

Access Behavioral Health (ABH) has been a Managed Behavioral Healthcare Organizations (MBHO) since 2014. ABH's Quality Improvement program is modeled after the National Committee for Quality Assurance (NCQA), an organization dedicated to improving health care quality. This model allows ABH to incorporate a comprehensive method of tracking, measuring, and ultimately improving the quality and safety of care to ABH members. Elements of this comprehensive approach ABH takes to Quality Improvement are Utilization Management, Care Coordination, Provider and Practitioner oversight via the formal Credentialing and Re-Credentialing process, tracking and trending HEDIS and other Performance Measures, Provider and Practitioner Profiles, and various Quality Improvement Projects.

ABH works collaboratively with our Provider Network, the Health Plans, and the medical community to ensure continual quality assessment through the tracking and trending of measures, identification of opportunities for improvement, measurement, intervention, and re-measurement of service, utilization, and quality goals.

This document represents a summary of quality activities and accomplishments for the calendar year 2017. This report was written by the QMI Director and reviewed by the Quality Improvement Committee, which serves as the organization's oversight body.

### **2017 Key Initiatives and Accomplishments**

- Achieved Full NCQA Accreditation as an MBHO
- Tracked and Trended baseline measurement periods for HEDIS and other performance measures defined by the Health Plans.
- Enhanced collaborative activities with the Health Plans to improve coordination of care between Medical Providers and Behavioral Healthcare Providers through visits with Community PCPs to review IET and other HEDIS measures.
- Developed GAP reports for Providers on key outcome measures to improve performance.
- Met Timely Access to Services Standards
- Achieved a Member Experience Satisfaction Score of 4.7/5.0.
- Successfully met referral timeliness standards and authorization timeliness standards.
- Evaluated inter-rater reliability for physician and care management staff in the clinical review process with results above 95% in all categories.
- Expanded Tele-health services to improve access to services, especially in rural areas
- Added 30 Psychiatrists to Network

### **Barriers to Achieving Objectives**

Member follow-up after hospitalization was a primary barrier for ABH providers in 2017. Appointments are scheduled but members often failed to keep the appointment. Gap reports were initiated for

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providers to aide them with identifying members who failed to show for follow-up after hospitalization appointments.

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## **Analysis and Evaluation of QI\_UM Program Effectiveness**

The ABH QI\_UM Program continued to grow in 2017 after Full MBHO accreditation was achieved in October.

### **Adequacy of QI\_UM Resources**

In 2016 ABH added resources to match growth. The following actions were taken to improve adequacy of resources:

- Added an additional 1.0 FTE QI Data Analyst
- Data Mining and Analysis Tools Improved
- Collaboration with FQHCs in the Region to enhance coordination and integration of care between BH and Medical providers.
- Expanded Network
- Added Tele-health Services
- Refined processes for measuring HEDIS and other performance measures
- Acquired Full NCQA accreditation, which positions ABH in the MBHO Marketplace
- 

### **QI\_UM Committee Structure**

The existing sub-committee structure is working, and the involvement of practitioners and the Medical Director is adequate to ensure quality and safety of clinical care and services to ABH members. The ABH QI\_UM committee has the ability to form ad hoc committees designed to meet specific opportunities for improvement, such as data collection, pharmacy or lab data analysis, and population assessments. There is no need to add more subcommittees at this time.

### **Practitioner Participation and Leadership Involvement in the QI Program and the UM Program**

Provider and Practitioner and Leadership involvement in the ABH QI/UM program during regularly scheduled Quality Management Committee meetings. These meetings involve the ABH QI Committee members to include the ABH Medical Director, the providers, practitioners, and their leadership to review performance and identify opportunities for improvement and interventions applied.

### **Summary of Overall Effectiveness**

The ABH Quality Improvement Program positively impacted the quality of care and service provided to members in 2017 through achievement of Full NCQA accreditation, initiation of gap reports to providers on 7/30-day follow up measures as well as the AMM measure, provider education on HEDIS, and BH and Medical Coordination of Care.

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