

Quality Views



A Publication of HCA Behavioral Health Services, Quality Improvement & Program Compliance

INSIDE THIS ISSUE

2

Update from the Community Quality Improvement Committee

3

Update for Financial Evaluators

4

Evaluating the Quality of Internet-Based Information

6

You Need it When? Improving the Collection of Required QI Data

8

How To Contact Us

Quality Improvement Workplan Update

Daniel Ketchum, RPh, CPHQ

New Data Resources

Established in 1998 by the Department of Mental Health, the State Quality Improvement Committee (SQIC) was an outgrowth of the Department's federal waiver to consolidate specialty mental health services. It is a group composed of DMH staff, representatives from mental health consumer advocacy groups, and representatives from local mental health programs. Its function is to help "facilitate a more unified and cohesive system for statewide oversight of the mental health system." The Committee was recognized by law in 2000 (AB877, Thomson) and was directed to "Establish and measure indicators of access and quality to provide the information needed to continuously improve the care provided in California's public mental health system." The Committee has also established several subcommittees (e.g., Cultural Competence Advisory Committee, Compliance Advisory Committee), workgroups (e.g., Inpatient Treatment Review and Outpatient Treatment Review Workgroups), and Task forces (e.g., Client and Family Member Task Force).

The Committee collects and analyzes data, reported by California Counties, and has developed several quality indicators designed to improve the access to and quality of services delivered to mental health consumers. These indicators are categorized into four major groups: structure, access, process, and outcome. Examples include: Total Cost of Services Per Client (structure); Retention Rate in Routine, Outpatient Services for New Clients (Access); Consumer Perception of Satisfaction (Process); and Consumer Perception of Symptom Reduction (Outcome).

Over the past few years, the Committee has begun sending Counties reports containing aggregate (summary) results of these indicators, often in graph or chart format, allowing Counties to see how they performed compared with the State as a whole and compared with other Counties. In order to improve their usefulness, the Committee has recently begun sending this data by CD-ROM, containing Excel® worksheets. This format allows us to analyze the data and suggest ways to improve the aspect of service measured by the indicator. Quality Improvement and Program Compliance has made this data available to all the Quality Review and Training (QRT) staff.

Latino Access Study

The Cultural Competence Advisory Committee (CCAC) has played a large part in analyzing data regarding client ethnicity and making recommendations to the SQIC, and in October 2001, the SQIC adopted a recommendation by the CCAC that Counties include a "Latino Access Study" to their annual Quality Improvement Workplan. The recommendation to the DMH Director states:

"Counties with Medi-Cal eligible populations of 10,000 or more and/or counties with Spanish as one of their threshold languages will be required to do and/or add a Latino Access Study to their Annual Quality Improvement Workplan. Additionally, the DMH would be asked to fund regional trainings on Latino access studies to support, articulate and help tailor content for design of these local Latino Access studies with an over-all goal to improve Latino access to mental health services."

A draft of the requirement that would be added to the county contract with DMH states that studies could consider initial access issues such as outreach efforts and healthcare-mental health partnerships or secondary access issues such as the effect of retention, clinic hours, and barriers relating to language. The draft states that the study need not focus only on Latino populations, but may also consider other underserved populations.

More information should be available soon.

Update From the Community Quality Improvement Committee (CQIC)

Daniel Ketchum, RPh, CPHQ

The CQIC is Behavioral Health Services' primary and central quality committee. It is chaired by our Director of Behavioral Health Services (Doug Barton), and its membership includes Division Managers, the Patients' Rights Advocacy Services Coordinator, representative from CalOPTIMA, beneficiary and community members, and members from several County agencies (e.g. Social Services Agency, Public Guardian's Office, and the Probation Dept.). The Committee's responsibilities include:

- Act as a clearinghouse for system-of-care concerns identified by Committee members
- Formulate beneficiary outcome measures applicable throughout the continuum of care
- Be a resource to individual Divisions
- Assign data collection and monitoring tasks to Interdivisional Subcommittees and action teams as necessary
- Formulate corrective action plans as necessary to improve client-centered care
- Delegate the implementation of studies and corrective action plans to the Divisions and Subcommittees
- Assume responsibility for initiating the corrective action plans adopted by the Committee

At its quarterly meeting in February, the Committee discussed a number of topics. The meeting minutes have been distributed to Divisions, and this article is another way for the Committee to communicate with all BHS staff. Some of the discussion points at the meeting were:

- The status and progress of the Consumer Transition Study was reviewed

- The Family Advocate (Dane Libart) presented a study he is working on regarding family involvement in treatment. The study was described as an example of how the Community QIC and the Quality Improvement and Program Compliance Dept. support quality improvement activities throughout BHS.
- The Committee reviewed and discussed a draft 2002-2003 QI Workplan, which is the 'roadmap' we use to plan our QI activities and help us ensure we focus on these activities throughout the year. DMH requires that we revise the Workplan annually. Committee members offered suggestions on possible areas of focus for the next plan, including: staff and client turnover; the possible role of PACT model; a medication project dealing with issues linking medications for children and foster children when the children move; shortages of child psychiatrists; and consumer surveys, including the concept of "compassionate caring" as a survey item.
- The Committee discussed ways to improve the flow of information to and from the Committee, and considered ways to improve the entry of new members into the CQIC.

New BHS Policies Now Available

Daniel Ketchum, RPh, CPHQ

Over the past several months, QIPC has worked closely with representatives from the Adult Mental Health, Alcohol and Drug Abuse Services and Children and Youth Services as well as other departments including Cultural Competency, Patients' Rights Advocacy Office, HCA Compliance Office to develop and finalize fifteen new policies. These policies were distributed as a "packet" directly to BHS P&P Manual holders and with the assistance of Division management and Quality Review and Training staff. These policies will be reviewed in the Compliance trainings planned for May-June 2002. If you have a maroon BHS Policy and Procedure manual, but did not receive a new policy packet, please contact QIPC at (714) 834-5601.

Update for Financial Evaluators

Jeffrey Nottke

As all are aware, all of our Financial Counselors and Office Specialists are now in place throughout Behavioral Health Services. All positions have been integrated into the front end business offices. These positions should be responsible for all duties within the clinic business office, with the additional tasks of chart review and financial evaluations. There is obvious communication between clinics, and even between Divisions. This is a very good change for Behavioral Health Services, and shows how many are taking their own personal responsibility to make sure they understand as much about their job duties as possible. We have had a few issues come up and would like to address them for everyone:

- Initial and Anniversary financials set the UMDAP amount a consumer will owe for the UMDAP period (one year). When an Interim UMDAP is done: if there is a change in the UMDAP amount, it is imperative that you do a Ledger Adjustment Request Form and send it the same day to the MBU, so they can make the appropriate adjustment to the consumer's ledger to reflect the change in the UMDAP amount. If you don't have this form on your computer e-mail Jim Lawrence—he has it and can send it to you.
- There should be no more financial folders (keep the old ones on file, however). All financial forms should go into the clinical chart.
- The three forms that should be going to the Medical Billing Unit (MBU) every time a financial is done: Assignment of Benefits form, Statement of Understanding form, and the AB3632 form. The AB3632 form is utilized only if the consumer is an AB3632/882/26.5 child, so everyone won't be using that one.
- Of these 3 forms: the original should go to the MBU, a copy should go to the consumer, and a copy should go into the clinical chart.

- Effective May 1st, please be keeping your statistics for us of how many financials are done, and what type of financials (Initial, Interim, Anniversary). Numbers are what drive our business practices, and we need these numbers. This is not a new request—we used to keep these numbers in the past. Thanks to those who are already doing it, but it is very important that we all do it as of May 1st. If you don't have the computer form for this, e-mail Jim Lawrence and he'll send it to you. This report should be e-mailed to Jim on a monthly basis.
- Deletion Requests have to be signed by a Service Chief, reviewed by the Financial Evaluator, and then forwarded to the MBU for processing.
- Therapeutic Charge Adjustments: if a TCA is requested, it should be reviewed and signed by the Service Chief. After the Service Chief signs, the Financial Evaluator should send the TCA to Jim Lawrence (Bldg 38-M). We will review and send to the Division Manager and Administrative Management for approval. Once approved it is sent back to our unit. Jim will adjust the amount approved (if any) off the consumer's ledger, log the TCA and send back to the Financial Evaluator. The TCA should then go into the consumer's chart with the other financial stuff.
- There have been an enormous amount of changes in the last nine months, and we appreciate the hard work and dedication of all staff during this transition. Please continue to communicate with each other if/when you have questions. If issues arise that you feel you may have a solution for, please don't hesitate to contact Jeffrey Nottke or Jim Lawrence so that we can share the information with everyone: they say, "Two heads are better than one;" we say 187 heads are better than two!

Resources and References

QIPC's library now contains the last 3-4 years of these journals as well as several videos on medications and mental illness. These are available to all BHS staff for reference.

- *Psychiatric Times*
- *Journal of Child and Adolescent Psychiatry*
- *The American Journal of Psychiatry*
- *Journal of Clinical Psychiatry*
- *Psychiatric Annals*

Evaluating the Quality of Internet-Based Information

Dan Ketchum, RPh, CPHQ

The Internet has dramatically improved our ability to find pertinent information and data on almost any topic and issue, to the point that we may be overwhelmed. But not all sources of information are equal. The UCLA College Library¹ suggests a few key points to consider when evaluating the quality of an Internet web site:

- Does the site claim to represent a group, an organization, an institution, a corporation or a governmental body?
- Does the site offer a selected list of resources in a particular discipline or field or does it claim to offer a complete list? (Note: *Be sure to check with a librarian on the range of information resources in a particular discipline.*)
 - Does the site refer to print and other non-Internet resources or just Internet resources?
 - If a selected list is offered, are criteria provided describing how the list of resources was chosen?
 - Is an explanation provided for use of particular criteria?
- Does the site claim to describe or provide the results of research or scholarly effort?
 - Are sufficient references provided to other works, to document hypotheses, claims or assertions?
 - Are references cited fully?
 - Can the results be refuted or verified through other means—e.g., by use of library-related research tools?

- Is any sort of third-party financial or other support or sponsorship evident?
- Is advertising included at the site, and if so, has it had an impact on the content?
- Does the site combine educational, research & scholarly information with commercial or non-commercial product or service marketing?

Source & Date

- Who designed the criteria used in selecting items for this site (if any), and who selected the items listed?
- Is the site officially or unofficially sponsored or supported by particular groups, organizations, institutions, corporations or governmental bodies?
- Can the researchers, scholars, groups, organizations, institutions, corporations or governmental bodies listed as authors, sponsors or supporters, be verified as such, and what are their qualifications?
- How up to date is the study or the site?

Structure

- Are results of research studies reported in the style expected for that discipline?
- Are references provided in the style normally used for documentation in that discipline?

Other

- Is there a fee for use of access to any of the information provided at this site, or is all information at this site freely available?
- Are there options for text only, nonframes and nontables views of this web site?
- Is alternative text provided for images, to guide the visually impaired?

Continued on page 5

¹ <http://www.library.ucla.edu/libraries/college/help/critical/discipline.htm>

Evaluating the Quality of Internet-Based Information

Continued from page 4

The following table of Internet sites is by no means complete, but contains examples of reputable web sites that often contain information and data pertaining to quality improvement of healthcare and mental health services:

Site Name	Web Address	Examples of site contents
Agency for Healthcare Research and Quality	www.Ahcpr.gov/research/mentalix.htm	Fact sheets, evidence based articles, research activities, and quality measures
Dept of Health and Human Services SAMHSA Center for Mental Health Services	www.mentalhealth.org/cmhs/MentalHealthStatistics/default.asp	State mental health resources & statistics, Sixteen-State Indicator Project®, Mental Health Statistics Improvement Project (MHSIP®)
Joint Commission on the Accreditation of Healthcare Organizations	www.jcaho.org	Accredits behavioral health care and other organizations, recent focus on patient safety, sentinel events.
National Committee for Quality Assurance	www.ncqa.org	Accredits behavioral health care and other organizations, uses HEDIS® measures.
RAND Corporation	www.rand.org	Publishes a wide range of original research, many can be downloaded with Adobe Acrobat. Recent articles include • The Effectiveness of Involuntary Outpatient Treatment
Institute for Safe Medication Practices	www.ismp.org	Safety alerts, error reporting, recommendations for error reduction
Institute of Medicine	www.iom.edu	Publishes reports on various topics, including the widely discussed: Crossing the Quality Chasm: A New Health System for the 21st Century
The Foundation for Accountability	www.facct.org	A nonprofit organization, promotes quality measures such as Major Depressive Disorder Guide.
Healthy People 2010	www.health.gov/healthypeople	A public health planning guide. Volume 2, chapter 18 contains several mental health indicators such as suicide, serious mental illness and homelessness, and many others.
Health Systems Research	www.hsrnet.com/behavioral.htm	A public policy organization, publications include numerous quality monitoring articles.
CDC National Center for Health Statistics	www.cdc.gov	Comprehensive site of health statistics including mental health
American Psychiatric Association	www.psych.org	Practice Guidelines

You Need it When? Improving the Collection of Required QI Data

Daniel Ketchum, RPh, CPHQ

The Department of Mental Health and our own BHS policies require that we maintain certain logs, records and documents that pertain to our Medi-Cal beneficiaries and service quality. Examples of these items, who maintains them, and what they contain follow (Table 1).

Table 1		
Document	Where is Original Copy of Document Kept?	Description of Document
Access Log	Clinic	Lists each contact for specialty mental health service
Change of Provider/2 nd opinion Log	Clinic	Lists each request for change of provider or a 2 nd opinion
Complaint Log	Clinic	Lists each informal complaint
Grievance Log	Quality Review and Training (QRT)	Lists each formal grievance
Notice of Action	QRT	Provided to consumer when consumer is not entitled to any specialty mental health services
Quality Improvement Committee (QIC) meeting minutes	CYS: two-level structure, Clinic and QRT AMHS & ADAS: QRT	Documents QIC meetings
Appeals Log	Quality Improvement and Program Compliance (QIPC)	Lists each appeal of any formal grievance

These logs and records have several uses.

1. They help us **record** when certain events or activities occur.
2. The logs allow QRT staff and the Quality Improvement Committees (Divisional QIC, Community QIC) to **analyze** the results and offer an opportunity to perhaps identify any **trends** or significant changes.
3. These Committees, Service Chiefs and clinic staff can begin to evaluate and **improve** the underlying processes, and use the logs to check our progress.

Continued on page 7

Improving the collection of required QI data

Continued from page 6

In order for us to be able to work together and improve how we deliver services, accurate and up-to-date information is essential. Since these logs are collected by QRT staff at the end of each quarter, it is important that the logs are kept up on an ongoing basis. Recording all information at the time it occurs will make the information available whenever its needed, and the information won't be affected by someone's vacation, unexpected leave, or urgent project. At the end of the quarter, there will be no need to write the information on the logs—it's already there!

Reminder—The documents described above must be completed and sent to/made available to QRT staff within 30 days of the end of each quarter.

Here are some tips you may want to use to help maintain these logs:

- **Access Log**—record the contact immediately, to ensure no contacts are missed. The Service Chief or his/her designee should check the Log frequently to make sure all contacts are included, and all spaces/fields are accurately completed.
- **Complaint Log, Change of Provider Log**—record the event right away, to make sure no events are missed.
- **All documents**—if you have difficulty with any document (e.g., how to complete it), contact your QRT contact.

Behavioral Health Services (BHS) Resource Center

Joe Churchin

Many changes are taking place in Behavioral Health Services as we move towards an integrated system of electronic charts and billing. To help with the transition, QIPC is developing a BHS Resource Center on the County intranet which will be available to all staff with computer access.

The first stage is getting the Prescribing Guidelines Manual posted in electronic form so it can be accessed by all staff as a reference. It will include search abilities and may be printed at the touch of a button. The Prescribing Guidelines Committee has provided a final version and our "web coordinator" Kerry Wilson has built it onto the intranet. It is currently being beta-tested by some of the BHS physicians and will soon be available.

Additional information that may be posted includes:

- Lists of all county and contracted clinics with addresses and phone numbers
- Lists of bilingual staff and their locations
- Important phone numbers such as referral sources, licensing boards, CPS reporting numbers, etc., will be located in one place making them easy to find and use.
- Tips on filling out Encounter Documents and the required documentation
- Links to other departments and agencies
- Divisional P&P manuals
- Performance outcome results

QIPC welcomes and encourages suggestions from staff regarding information they would find useful and like to see added to the site. Please contact Joe Churchin via e-mail with your input.



How to Contact Quality Improvement and Program Compliance

Interim Division Manager

Dave Horner, PhD. 834-6232

General Information

Nonformulary Drug Treatment Authorizations (TARs)

Anthony Perera 834-2312
Diane Chang 834-5601

Performance Outcome System—Children's Services

Vacant—data processing 834-4186
Jon Rich, PhD— data analysis/reports 834-3081

Performance Outcome System—Adult Services

Denise Martinez— data processing 834-4087
Jon Rich, PhD—data analysis/reports 834-3081

Quality Improvement

Alan Edwards, MD 796-0125
Dan Ketchum, MS, RPh 834-5937
Sharron Williams, PsyD 834-4043

Program Compliance

Joe Churchin, MHS 834-5816
Valerie Bradford, PhD 834-3207
Tori Perkins 834-5601

Office Staff Operations

Jeffrey Nottke 834-3042
Jim Lawrence 834-4087

Prescribing Guidelines

Andrea Ramirez 834-4186

Quality Views

The Quality Views newsletter is published bimonthly by the Quality Improvement & Program Compliance program of the County of Orange Health Care Agency.

If you would like to contribute an article, have some comments on the content, have ideas or other suggestions on how we can improve the newsletter, please contact us at:

County of Orange Health Care Agency
Behavioral Health Services
Quality Improvement & Program Compliance
405 West 5th Street, Suite #410
Santa Ana, California 92701

Phone (714) 834-5601
Fax (714) 796-0194

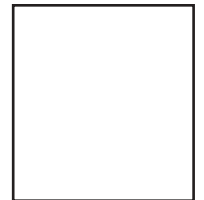
Editor: Dan Ketchum



Graphic Design and Layout produced by the
HCA Desktop Publishing Unit -a part of HCA
Public Information & Communications

DTP40

Quality Views



County of Orange Health Care Agency
Behavioral Health Services
Quality Improvement & Program Compliance
405 West 5th Street, Suite #410
Santa Ana, California 92701