CHCS
Center for
Health Care Strategies, Inc.

Care Management Entity Quality Collaborative
Technical Assistance Webinar Series

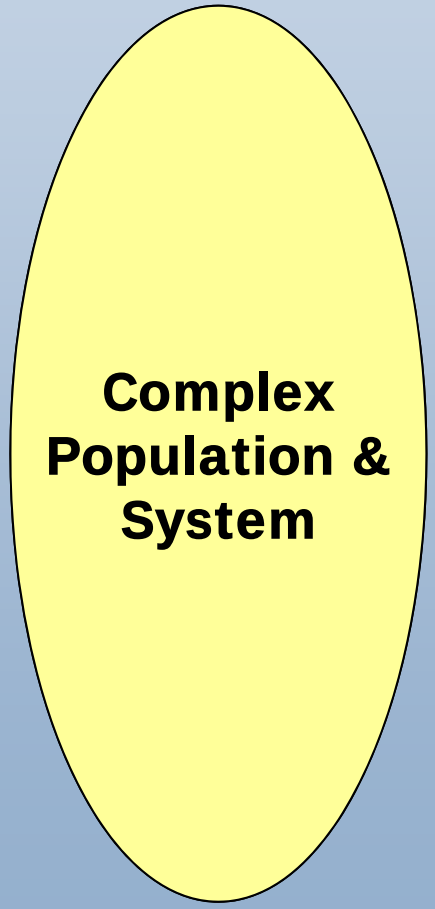
CHCS Quality Framework: The Quality Improvement Typology

June 3, 2010, 2:00 – 3:30 p.m. ET

If you experience technical difficulties, dial 1-866-229-3239 for assistance, or click the question mark icon located in the floating toolbar at the lower right corner of your computer screen.

This webinar is made possible through support from the State of Maryland and The Annie E. Casey Foundation.

CHCS Quality Framework: A Model for Change



- **Typology for Improvement**
- Measurement and Evaluation
- Rapid-Cycle Improvement
- Sustainability and Diffusion

Typology for Quality Improvement

- A systematic approach to identifying and solving problems.
- Focuses on systems and processes.
- Allows for an iterative approach to improvement.
- Uses tools and concepts to facilitate change.
- Presents a context for shared learning.

Quality Improvement Categories

Identification	How do you identify the relevant population(s)?
Stratification	How do you segment the relevant population(s)?
Prioritization	How do you prioritize the target population(s)?
Outreach/ Engagement	How do you reach and engage the target population(s)?

Quality Improvement Categories

Intervention	What changes do you make to improve performance and/or outcomes?
Payment/Financing Mechanisms	How is funding designed to facilitate goals and establishing accountability for quality and costs?
Evaluation	How do you assess impact on performance and/or outcomes?

Identification

- Who is your relevant population? How do you know?
- How do you identify the population(s) of concern?
  - Claims
  - Pharmacy data analysis
  - Risk assessment
  - Referrals
  - Involvement in existing programs or systems
  - Expenditure data

Stratification

- How will you segment the target population?
  - Diagnosis
  - Intensity of service utilization
    - e.g., frequent episodes of care, expenditures
  - Treatment/placement settings
    - e.g., level of care (inpatient or residential)
  - Medicaid enrollment type
    - e.g., foster care

Prioritization

- Not all populations can be addressed simultaneously
- Strategic approach to prioritization
  - Severity of needs
  - Expenditures
  - Special populations
  - Existing investments
  - Location

Outreach and Engagement

- Who needs to be involved in the intervention?
  - Families and youth in care
  - Providers
  - Community-based partners/referral sources/judges
  - Medicaid managed care plans
- How do you engage them? Through:
  - Inbound calls
  - Intake
  - Focus groups
  - Providers
  - Existing stakeholder processes

Intervention

- Implement or expand CME Model.
  - Improve youth/family education and access to peer support at the point of service
  - Improve provider network responsiveness to population's needs
  - Provide feedback to provider about performance against benchmarks
  - Remove barriers to services and supports
  - Develop collaborative approaches with system partners
  - Implement promising approaches and/or evidence-based practices

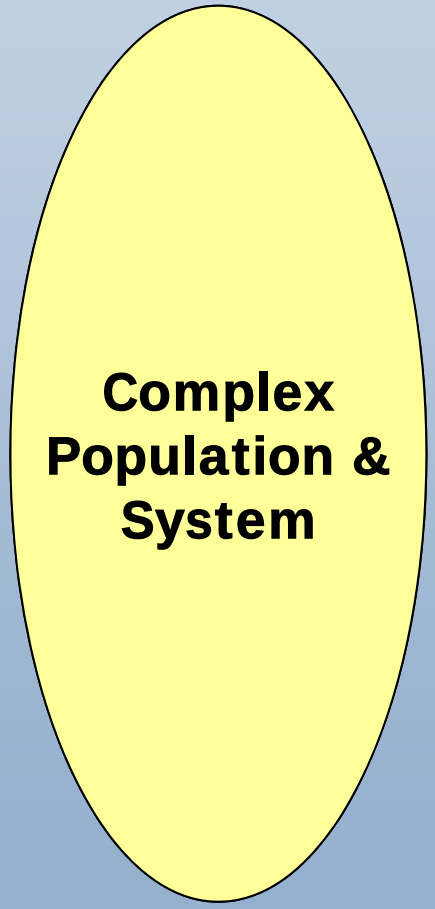
Payment/Financing Mechanisms

- Funding must be aligned to support improvements in quality and cost outcomes.
- Should allow flexibility and establish accountability for quality and cost.
- Options include:
  - Pooled, blended, braided approaches
  - Case rates
  - Gainsharing
  - Pay-for-Performance

Evaluation

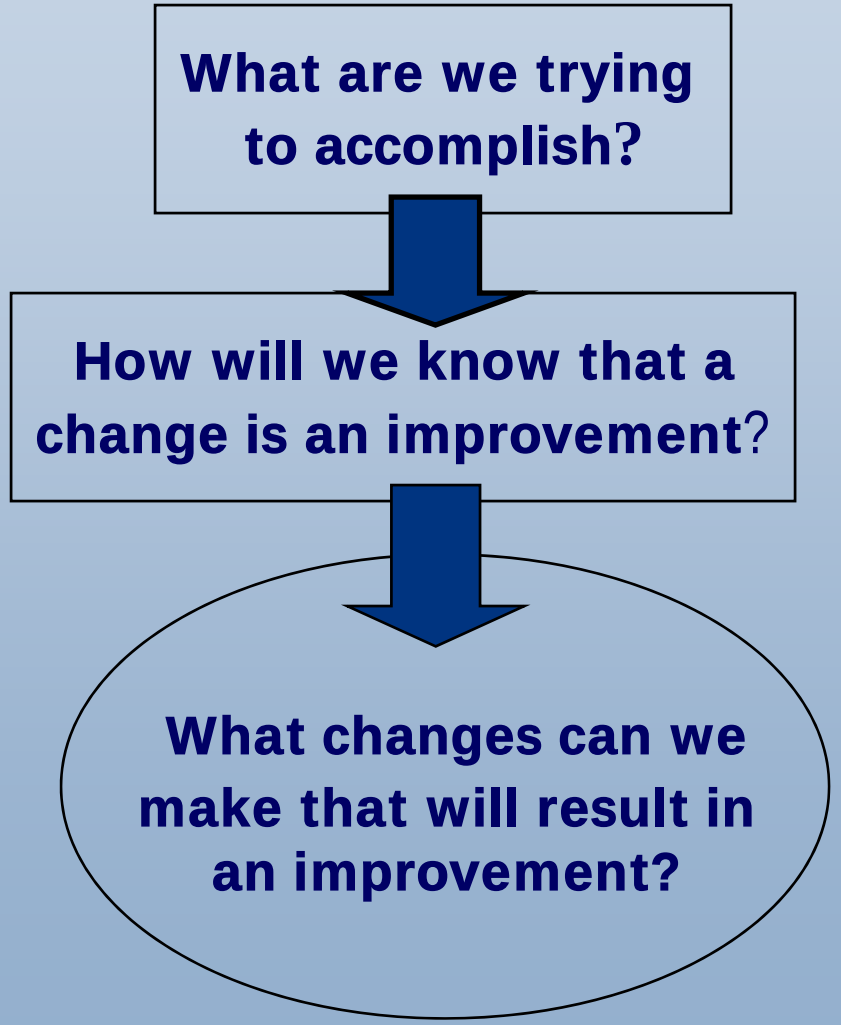
- How do you assess impact?
  - CQI approach to measurement
    - Frequent, short measurement cycles
    - Plan, Do, Study, Act (PDSA)
  - Develop meaningful measures
    - Tied closely to the indicators of interest
    - System-level, clinical/functional, cost, resiliency
  - Ensure the availability of data to gauge success

CHCS Quality Framework: A Model for Change



- Typology for Improvement
- **Measurement and Evaluation**
- Rapid-Cycle Improvement
- Sustainability and Diffusion

Determine Measurement Strategy



- Aim
- Measure
- Improvement Strategies

Source: Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance.

The Importance of Identifying an Aim

AIM

↓

Measure

↓

Change

- Provides focus and direction for the group.
- A proposed step in the process – or solution – to address a gap between current and desired performance.

Principles of an Effective Aim Statement

- Identify an action
- Set a direction
- Write a clear and specific aim statement
  - Specify the population
  - Set numerical goals
  - Set *s t r e t c h* goals
  - Define the time period

Examples of Aim Statements

- Identification aim: Identify 100% of children in foster care in the state.
- Stratification aim: Identify 100% of children in foster care in ABC county.
- Prioritization aim: Identify 100% of children in foster care in ABC county on three or more psychotropic medications for more than 60 days.
- Overall project aim: Improve the quality and cost of care for children in foster care in ABC County by reducing by 50% the number of those children inappropriately on multiple psychotropic drugs.

Why Measure?

Aim

↓

MEASURE

↓

Change

Periodic measurement provides us with both a ***diary*** of where we have been and a ***roadmap*** for the future.

- Identify improvement opportunities
- Monitor interventions
- Determine if the changes being made are improvements (use in PDSA cycles)
- Prove best practices for internal/external diffusion
- Establish internal/external leadership support, i.e., to show that there is a "bang for the buck" when it comes to quality improvement

Why Measure Repeatedly?

- Increase confidence that data are accurate.
- Allow an opportunity for “failure” without impact on performance.
- Document magnitude of expected improvement.
- Evaluate side effects of the change.
- Learn how to adapt change to local setting.
- Minimize resistance when implemented.

Value of Independent Evaluation

- Collect independent evaluation measures to ensure that we can find improvement, if it occurs.
- Measures are:
  - limited to the population of focus
  - designed to measure the impact of the specific changes that are being made

Independent Evaluation Measures

- Unique to each state, based on goals
- Examples might be:
  - Percent of children in foster care at risk for placement disruption
  - Percent of children who received behavioral health assessments
- Chosen by teams as *useful* for monitoring their quality improvement project
- Ideally, data available in current data collection efforts
- Reported regularly to CHCS via custom tool

Identify Measures for Improvement

- Ensure availability of a baseline
- Link measures to agreed upon aims
- Focus on process first, outcomes later
- Specify numbers, numerators and denominators
- Keep it simple
  - Small, repeated measures/samples
  - Integrated into daily routine
- Seek usefulness, not perfection
- Graph measures over time
- Make a standard part of PDSA cycles

Measurement Data Sources

- Systems (administrative)
- Government and partners
- Medicaid managed care plans (administrative)
- Family organizations
- Youth organizations
- Surveys and focus groups
- Providers

Measurement Formula

- Numbers of:
  - System partners (e.g., judges, workers) oriented to CME model
  - Family peer support workers trained
  - Providers in provider network
  - Focus groups held with youth, with families
- Percentages of:
  - Foster children on three or more psychotropic meds
  - Children with monthly expenditures more than $4,000

Linking Measures to Aims

Overall Project AIM: Increase by 50% the number of children assessed for behavioral health needs within 30 days of entering foster care.

Overall Project MEASURE:

$$\frac{\text{\# children assessed for behavioral health needs within 30 days of entering foster care.}}{\text{\# of children newly enrolled in foster care at the end of each month.}}$$

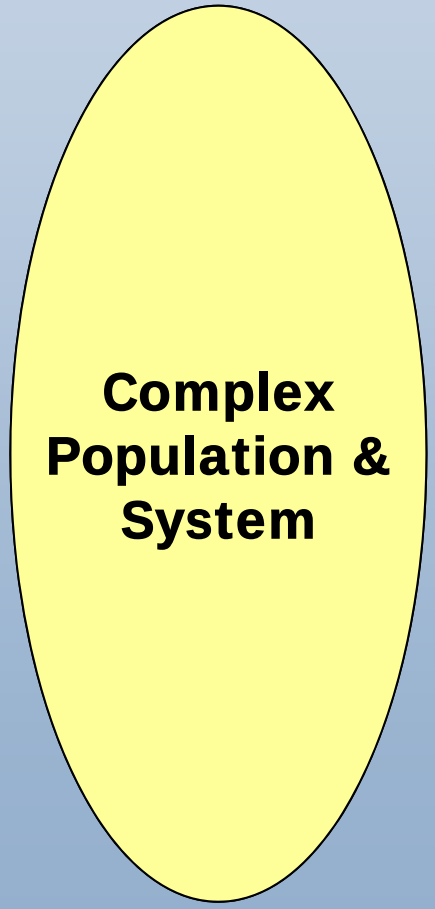
Measure Examples

$$\frac{\text{\# children receiving psychotropic medications}}{\text{\# children in foster care in target area}}$$

$$\frac{\text{\# children in foster care who had an annual dental visit}}{\text{\# children in foster care in target area}}$$

$$\frac{\text{\# foster care families participating in treatment planning}}{\text{\# foster care families in target area}}$$

CHCS Quality Framework: A Model for Change



- Typology for Improvement
- Measurement and Evaluation
- **Rapid-Cycle Improvement**
- Sustainability and Diffusion

Rapid Cycle Change

- Short cycles of planning, intervention, measurement, and redesign
- Approach in which ideas can be quickly tested and discarded or spread
- Generate data quickly to determine effectiveness of intervention

Picking a Change: Usual First Thoughts

AIM

↓

Measure

↓

Change

- Do more of the same (more staff, more money, more rules).

  Result: Improvement usually is costly and lasts only a short time.

- Try to define the "perfect change."

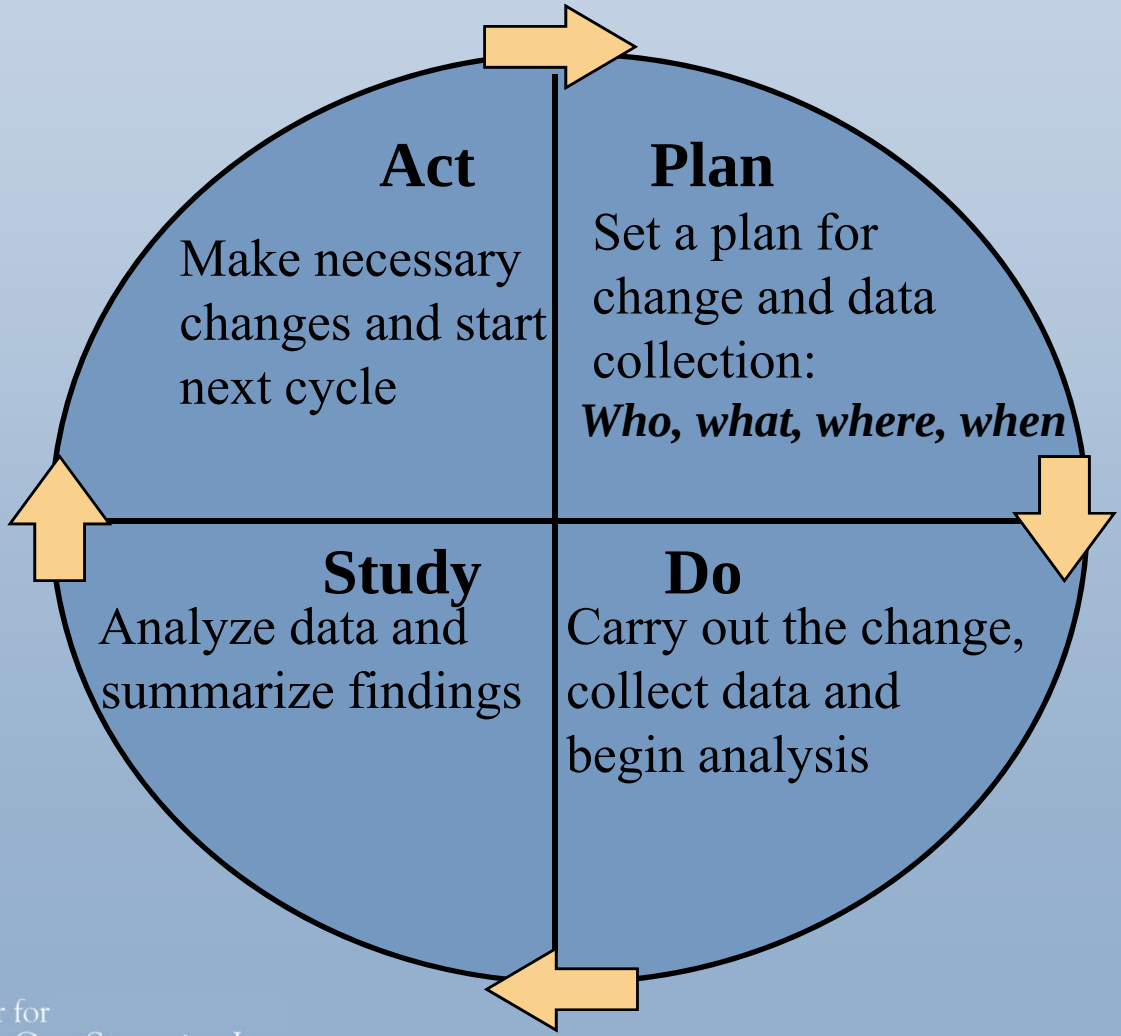
  Result: Usually leads to nothing being done. Doesn't leave time to develop and test "good" changes.

What Change to Make? Promising Strategies

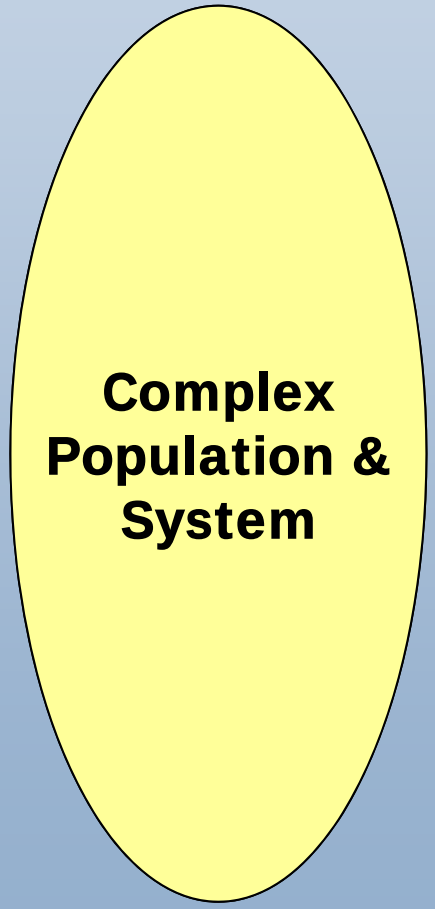
- Search the literature
- Benchmark the performance of others
- Reflect on your own experience
- Set priorities
- Start simply
- Choose high-leverage changes
- Target root causes

The Change: CME Model

The PDSA Cycle for Learning and Improvement



CHCS Quality Framework: A Model for Change



- Typology for Improvement
- Measurement and Evaluation
- Rapid-Cycle Improvement
- **Sustainability and Diffusion**

Keeping the End in Mind…

Sustainability

Ensuring that the quality improvement project's positive change is institutionalized so that it will continue after the CHIPRA grant ends

Diffusion and Dissemination

Diffusion

Applying the Quality Framework to future system efforts within the organization.

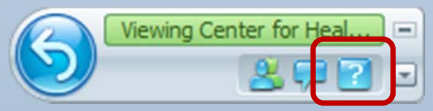
Spread

Sharing the improvements – and Quality Framework – beyond the organization.

Questions?

To submit a question please use one of the following options:

- ***Ask a Question Online***: Click the ***Q&A*** icon located in the floating toolbar at the lower right side of your screen.



- ***Ask a Question via Phone***: Phone lines will now be un-muted.

Slides and a video archive of this event will be available on our website, at **www.chcs.org**.

CHCS
Center for
Health Care Strategies, Inc.

CHCS Quality Improvement Framework: Example of A Care Management Entity Application

Care Management Entity Quality Collaborative

Technical Assistance Webinar Series

Sheila A. Pires
Human Service Collaborative

June 3, 2010

Overall Project Goal

Improve clinical, functional and cost outcomes and family and youth resiliency for all Medicaid foster care children in Allen County with high behavioral health utilization* and/or expenditures by serving those children through a Care Management Entity.

High behavioral health utilization and expenditures defined as:

- Medicaid foster care children in or referred to psychiatric residential treatment facilities (PRTFs) or psychiatric hospitals;
- Medicaid foster care children on three or more psychotropic drugs; or
- Medicaid foster care children using >$4,000 per month across agencies.

Overall Aim Measures

- **Measure #1**: Percent of high-utilizing Medicaid foster care children in Allen County served by CME, who show improvements in clinical and functional outcomes

Numerator:	Number of CME children showing clinical and functional improvement at discharge
Denominator:	Number of CME children

Numerator:	Number of CME children showing clinical and functional improvement at one year follow-up
Denominator:	Number of CME children

Overall Aim Measures

- **Measure #2**: Percent of high-utilizing Medicaid foster care children in Allen County served by CME, who have expenditures of more than $4,000 per month

  Numerator: Number of high-utilizing Medicaid foster care children in Allen County served by CME, with expenditures of more than $4,000 per month

  Denominator: Number of CME children

- **Measure #3**: Percent of high-utilizing Medicaid foster care children in Allen County served by CME, whose families report they are better able to handle their child's challenging behaviors

  Numerator: Number of high-utilizing Medicaid foster care children in Allen County served by CME, whose families report they are better able to handle their child's challenging behaviors

  Denominator: Number of CME children

Overall Aim Measures

- ***Measure #4**:* Percent of high-utilizing Medicaid foster care children in Allen County served by CME, whose families report that their natural support structure has been strengthened to help them manage their child's behavioral health

  Numerator: Number of high-utilizing Medicaid foster care children in Allen County served by CME, whose families report that their natural support structure has been strengthened to help them manage their child's behavioral health issues

  Denominator: Number of CME children

- ***Measure #5**:* Percent of high-utilizing Medicaid foster care children in Allen County served by CME, who report that their ability to manage their own behavioral health challenges has been strengthened.

  Numerator: Number of high-utilizing Medicaid foster care children in Allen County served by CME, who report that their ability to manage their own behavioral health challenges has been strengthened.

  Denominator: Number of CME youth.

Identification Measure

- **Aim**: Identify 100% of Medicaid foster care children from among the total Medicaid child population

- **Measure**: Number of Medicaid foster care children identified

Stratification Measures

1) **Stratify 100% of Medicaid foster care children on three or more psychotropic medications**
   - *Measure: Percentage of Medicaid foster care children on three or more psychotropic drugs*

     Numerator: Number of Medicaid foster care children on three or more psychotropic medications

     Denominator: Number of all Medicaid foster care children

2) **Stratify 100% of Medicaid foster care children referred to or in PRTFs and psychiatric hospitals**
   - *Measure: Percentage of Medicaid foster care children in or referred to PRTFs and psychiatric hospitals*

     Numerator: Number of Medicaid foster care children in or referred to PRTFs and psychiatric hospitals

     Denominator: Number of all Medicaid foster children

3) **Stratify 100% of Medicaid foster care children using > $4,000 per month across agencies**
   - *Measure: Percentage of Medicaid foster care children using >$4,000 per month across agencies*

     Numerator: Number of Medicaid foster care children using > $4,000 per month across agencies

     Denominator: Number of all Medicaid foster care children

Prioritization Measure

Identify 100% of high-utilizing Medicaid foster care children in Allen County as the priority population.

- *Measure: Percentage of high-utilizing Medicaid foster care children in Allen County*

Numerator:	Number of Medicaid foster care children in Allen County with high utilization and/or expenditures (i.e., on three or more meds; referred to or in PRTFs or psychiatric hospitals; using>$4,000 per month across agencies)
Denominator:	Number of Medicaid foster care children with high utilization or expenditures (i.e., on three or more meds; referred to or in PRTFs or psychiatric hospitals; using>$4,000 per month across agencies)

Outreach and Engagement Measures

1) **Orient/educate 100% of Allen County providers in the CME model**
   - *Measure: Percentage of Allen County providers educated*
     Numerator: Number of Allen County providers educated
     Denominator: Number of Allen County providers

2) **Educate/orient 100% of referring agencies and the courts to the CME model**
   - *Measure: Percentage of referring agencies and court reps educated*
     Numerator: Number of referring agencies and court reps educated
     Denominator: Number of referring agencies and court reps

3) **Conduct quarterly orientation sessions about the CME model for child welfare workers and supervisors**
   - *Measure: Number of orientation sessions conducted.*

Outreach and Engagement Measures

4) **Conduct quarterly orientation sessions about the CME model for families and youth involved with child welfare**
   - *Measure: Number of orientation sessions conducted.*

5) **Issue RFP for a CME provider in Allen County**
   - *Measure: RFP issued*

6) **Issue RFP for family-run organizations to provide family and youth peer mentors to support families and youth served by CME**
   - *Measure: RFP issued*

Intervention Measures

1) Select CME provider in Allen County

- *Measure: CME provider selected*

2) Select family-run organization to provide family and youth peer mentors

- *Measure: Family-run organization selected*

Intervention Measures

3) Provide training and coaching in high-quality CME model and wraparound approach to 100% of CME care coordinators, family and youth peer mentors, and providers in the network

- *Measure: Percentage of CME care coordinators, family and youth peer mentors, and providers trained and supported by coaching in the CME model and wraparound model*

  Numerator: Number of care coordinators, family and youth peer mentors, and providers trained and supported by coaching in the CME and wraparound model

  Denominator: Number of care coordinators, family and youth peer mentors, and providers in the network

4) Implement HIT system modifications needed to support CME operations

- *Measure: HIT modifications implemented*

Payment/Financing Measures

1) **Identify 100% of dollars spent on high-utilizing Medicaid foster care children in Allen County across agencies**
   - *Measure: Dollars identified*

2) **Identify percentage of dollars supporting high-utilizing Medicaid foster care children in Allen County that will be used to finance CME**
   - *Measure: Percentage of dollars that will finance CME*

Numerator: Dollars that will be used to finance CME

Denominator: All dollars supporting high-utilizing Medicaid foster care children in Allen County

Payment/Financing Measures

3) Establish case rate as payment mechanism for CME based on number of Medicaid foster care children in Allen County with high behavioral health utilization and expenditures and average expenditure per month per child across agencies

- *Measure: Case rate established*

4) Modify Medicaid billing and claims processing system to pay CME

- *Measure: Medicaid billing and claims processing system modified*

Evaluation Measures

1) **Conduct 2x per year focus groups with 100% of families served by CME**

- *Measure #1: Number of focus groups with families held*

- *Measure #2: Percentage of families involved in focus groups*

  Numerator: Number of CME families involved in focus groups

  Denominator: Number of CME families

Evaluation Measures

2) Conduct 2x per year focus groups with youth served by CME

- *Measure #1: Number of focus groups with CME youth held*

- *Measure #2: Percentage of CME youth involved in focus groups*

  Numerator: Number of CME youth involved in focus groups
  Denominator: Number of CME youth

Evaluation Measures

3) Measure clinical and functional status of 100% youth served by CME at baseline, discharge, and one year follow-up

- *Measure #1: Percentage of CME youth with clinical and functional status measured at baseline*

  Numerator: Number of CME youth with clinical and functional status measured at baseline

  Denominator: Number of CME youth

- *Measure #2: Percentage of CME youth with clinical and functional status measured at discharge*

  Numerator: Number of CME youth with clinical and functional status measured at discharge

  Denominator: Number of CME youth

- *Measure #3: Percentage of CME youth with clinical and functional status measured at one year follow-up*

  Numerator: Number of CME youth with clinical and functional status measured at one year follow-up

  Denominator: Number of CME youth

Evaluation Measures

4) Measure cost of services per month for 100% of CME youth

- *Measure : Percentage of CME youth with cost per month measured*

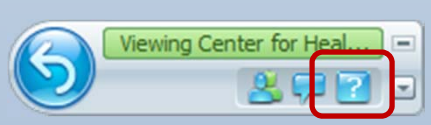
Numerator: Number of CME youth with cost per month measured

Denominator: Number of CME youth

Questions?

To submit a question please use one of the following options:

- ***Ask a Question Online***: Click the ***Q&A*** icon located in the floating toolbar at the lower right side of your screen.



- ***Ask a Question via Phone***: Phone lines will now be un-muted.

Slides and a video archive of this event will be available on our website, at **www.chcs.org**.

Questions which could not be answered due to time constraints will be answered and posted online as soon as they are available.