Quality Management Action Committee (QMAC)

PROCESS FOR IMPLEMENTING VENTURA COUNTY BEHAVIORAL HEALTH'S QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PLAN (QAPI)

Elizabeth Thasiah, Quality Assurance Manager
Dr. Shanna Zanolini, Quality Assurance Senior Psychologist
QMAC Guiding Principles

Health Care Agency Pillars of Excellence:

Financial Stewardship  Quality & Safety  People Engagement  Service Experience  Growth  Community Outreach & Engagement

Our Behavioral Health Mission:

To promote hope, resiliency and recovery for our clients and their families by providing the highest quality prevention, intervention, treatment, and support to persons with mental health and substance abuse issues.
VCBH is a contracted Mental Health Plan provider for the State of California. As such, we are responsible for the following oversight process:

Guidelines:
- DHCS Quality Strategy
- California Code of Regulations (CCR Title IX)
- Mental Health Plan Contract/ Final Rule

Evaluation Structure:
- EQRO Annual Review (BH and DMC-ODS)
  - Quality Assurance Performance Improvement Plan (QAPI)
  - QMAC Process
- Mental Health Plan Triennial for BH (93% Overall Compliance Rating in 16/17!) (and coming soon DMC-ODS)
QMAC Process Flow

Quality Assurance Performance Improvement Plan

QMAC 12 Focus Areas
Based upon DHCS Protocols and EQRO Recommendations

VCBH Director & Executive Team
Approves QAPI Activities and identifies annual focus areas

Standing Specialty Review Committees
Identifies and refers additional QAPI areas for QMAC review and QA tracking

QIPP Implementation
Managed by QMAC and QA Administrators

QMAC Committees
Youth & Family
Adult Services
Alcohol and Drug Program
Health Equity
Meets Bi-Monthly

Lead Teams
Reviews QMAC Recommendations/Activities on a quarterly/as needed basis

Standing Committees:
- Medication Monitoring
- Quality of Care Review (QOC)
- Compliance & Utilization Review (CUR)
- Grievance/Appeals Review
- Culture & Equity Committee
- Training Academy
- NACT
- Triennial Review
QMAC Representation and Roles

- Committees are comprised of appointed Behavioral Health staff and representation from Partner Agencies, Providers, Consumers and Family Members. Membership represents an emphasis upon day to day operations and stakeholder experience. *Consumer perspective is critical to this process.

- QMAC Committees are charged with reviewing, evaluating and recommending Quality Improvement Performance Plan (QAPI) activities guided by consumer perspective and based upon outcome data, EQRO State recommendations, and process evaluation.

- Question everything. “Why” is a good start.

- Members shall be appointed to one renewable year terms. QMAC Committees shall meet on a **bi-monthly basis** (every other month), unless otherwise specified.
QMAC Committee Supports

- **VCBH Leadership/ Executive Teams**
- **Quality Assurance Administrators/ QA Team**
  - Provide ongoing support to QMAC Committees
  - Facilitate QMAC activities and update QAPI
  - Provide expertise in Performance and Process Improvement
  - Guide team through the study process
  - Provide expertise in Research and Evaluation
- **Electronic Health Record (ERH) Team**
  - VCBH Dashboards
  - Create data reports, custom forms and data analytic applications
  - Produce data validation and error checking rules
QMAC Focus Areas (DHCS Protocol)

- Advanced Prevention & Awareness
- Service Utilization and Level of Care
- Access and Timeliness
- Health Equity & Cultural Competency
- Network Adequacy & Service Distribution
- Service Delivery Effectiveness/ Clinical Outcomes
- Provider Appeals & Grievances
- Client Satisfaction & Grievances
- Patient Safety & Medication Practices
- Coordination and Continuity of Care
- Documentation Review
- Staff/ Provider Satisfaction & Development
QMAC Review Cycle

- DHCS Focus Areas shall be reviewed by each QMAC committee over a five (5) year cycle.
  - Executive Team and QMAC Committees will identify 1-3 study areas per year for a deeper review process, with additional areas of study included as needed.
  - Incorporate EQRO and Triennial Recommendations
  - QMAC Committees identify Performance Improvement Projects

- Collaborate with VCBH Specialty Committees: Medication Monitoring, Quality of Care Review (QOC), Compliance & Utilization Review (CUR), Grievance/ Appeals Review, Culture & Equity Committee, Training Academy, NACT, and Triennial Review Committee.
Rationale for Year 1 Activities

- EQRO 2017/2018 Formal Recommendations
- DHCS Quality Strategy
- Mental Health Plan Contract Requirements
<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>State Focus/ Activity Area 1</th>
<th>State Focus/ Activity Area 2</th>
<th>State Focus/ Activity Area 3</th>
<th>Ad Hoc Activity Areas</th>
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<tbody>
<tr>
<td>2018-2019</td>
<td>Access and Timeliness</td>
<td>Service Utilization &amp; Level of Care</td>
<td>Health Equity &amp; Cultural Competency</td>
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<td>Current Associated Projects:</td>
<td>• Telepsych PIP</td>
<td>• Y&amp;F CANS Measure Implementation</td>
<td>• Santa Paula Access PIP</td>
<td>• Staff Survey</td>
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<td></td>
<td>• Timeliness Standardization</td>
<td>• Adult Outcome Measure Identification (EQRO Rec)</td>
<td>• Community Needs Assessment</td>
<td>• Key Performance Indicators</td>
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<td>• Review of care coordination utilizing DMC-ODS Level of Care ANSA Measure</td>
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<td>• Dashboard Measure Tool</td>
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<td>• Expansion of Substance Use Treatment Services</td>
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<td>• FSP Data Improvements</td>
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Performance Improvement Topic Selection

A PIP is a focused effort to improve specific administrative or clinical performance in order to improve access to and quality of Specialty Mental Health Services. MHPs maintain at least two active PIPs at a time with one focusing on a clinical area and the other on a non-clinical area. PIP requirements are as follows:

- **Clinical:**
  - ☐ Prevention of an acute or chronic condition
  - ☐ High volume services
  - ☐ Care for an acute or chronic condition
  - ☐ High risk conditions

- **Non-Clinical:**
  - ☐ Improving the process of accessing or delivering care
## FOCUS AREA 3: ACCESS AND TIMELINESS

- Reviews and recommends performance monitoring activities to test timeliness and access to services within the MHP
- Reports findings and suggested solutions for systems issues which negatively impact access
- Evaluates the ability of the system to respond to calls to 24/7 Toll Free Phone Number
- Reviews timeliness to service for all appointment types within the system including routine appointments and services for urgent conditions
- Evaluates the ability of the appointment system to meet goals identified in the QIPP
- Monitors access to TBS services

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| RESULTS |  |
QMAC Committee Breakout