ENHANCING QUALITY IN SUD TREATMENT PROGRAMS

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MOVING YOUR PROGRAMS TO A CULTURE OF CONTINUOUS QUALITY IMPROVEMENT (CQI)

What is *Continuous Quality Improvement*?

- Continuous Quality Improvement equates to a profound change in organizational culture, and institutes dynamism that is critical for the success of the DMC-ODS.
- A culture of CQI encourages organizations and programs to utilize feedback loops from line staff, clients, and stakeholders to the Executive Director and vice-versa.
- CQI provides powerful measurement-related approaches that help identify sources of problems and pathways to ongoing improvements in the organization and its programs.
THE DMC-ODS TRANSFORMATION

- Behavioral Health Concepts (BHC), California’s External Quality Review Organization, can help with the DMC-ODS transition.

- BHC works with state and national leaders to identify Performance Measures and track key quality issues for each individual DMC-ODS county and across the state. (Current PMs under consideration are posted at www.caleqro.com.)

- BHC provides training for and examples of Performance Improvement Projects (PIPs), which are a nationally recognized approach to quality improvements with ten key steps.

- BHC performs consultation and research on methods for measuring outcomes and improvement in different substance use disorder populations.
PROGRAM PARTNERS AND PIPS

- Counties can use program partners and Performance Improvement Projects to enhance the care system. One clinical PIP and one administrative PIP are required for Drug Medi-Cal Quality Improvement Plans.

- Clinical PIPs are a systematic approach to improve and enhance care and systems to support good client outcomes and best practices, such as making coordinating counseling and MAT available for clients with alcohol or opioid disorders.

- Administrative PIPs enhance the client experience of care and customer service, such as by improving no show rates with text message and verbal reminders, providing transportation or childcare, and expanding access with walk-in services or evening hours.

- Partnerships and data feedback loops on key measures can help contract providers and county programs. Contractors should be key partners in development of the quality improvement plan, and assist in analysis of problems and solutions in the care system.
PIP PROJECT STEPS TO IMPROVING QUALITY

1. **Investigate** a problem or barrier that impacts client opportunities for improvement in functioning, symptoms, or overall wellness.

2. **Define the PIP question** with current data and new survey data if needed; looking for measurable indicators related to the improvement project question. This investigation of includes input from clients and stakeholders on how they see the problem and potential solutions. This phase of work may also include review of national research on the issue for background and ideas for potential solutions.

3. **Identify** the target population for the improvement. Consider if it would be generalized to an entire group or applicable to other groups of clients. If a process is being improved, identify which clients will benefit and how.
Select and explain PIP indicators which help you define the barrier or problem and also help you define success. These are usually measurements such as time to first appointment, completion of CalOMS discharge forms, completion of ASAM assessments, percentage of clients with satisfaction in services, etc.

Define sampling methods if applicable. When it is difficult to measure entire populations, sampling may be required. The EQRO can consult on this.

Design your PIP with baseline definitions of issue, goals for improvement, interventions to achieve improvement, measurement towards the goal and data collection methods.
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<th>Step</th>
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<td>7.</td>
<td>Develop and define <strong>PIP project interventions</strong> (actions) to positively impact your problem. What are you going to change to effectively improve your problem, barrier or process? How will clients be impacted if you are successful?</td>
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<td>8.</td>
<td>Compare <strong>baseline definitions</strong> of the problem or challenge and the effect of your interventions on the target population and indicators. This is part of the PIP Project Data Analysis.</td>
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<td>9.</td>
<td><strong>Assess the Outcomes and Impact</strong> of the PIP project on quality of care for the target population and applicability to improvements in care and efficiency overall.</td>
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<td>10.</td>
<td><strong>Plan for expanded improvements</strong> based on your learnings from the PIP project.</td>
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PIPS AND CONTINUOUS QUALITY IMPROVEMENT

ORGANIZATIONAL CULTURE

• Truly becoming an organization that fosters and promotes CQI requires leadership that values these processes and values. Leadership needs to reinforce and promote efforts to look at quality of care and methods of improvement.

• Directors need to be involved in PIP project ideas and methods, and promote them within the organization. If Directors do not view these as important, no one will.

• Communication loops and data are critical for these efforts and should be encouraged and made a regular part of doing business. Annual surveys are not enough - define success for your clients and require frequent measurement of this success.

• Reward and encourage staff and programs that model these efforts and track success over time.
QUALITY IMPROVEMENT REQUIREMENTS FOR DRUG MEDI-CAL SERVICES

• Many requirements in the STCs and County Contracts link to quality of care and methods to enhance quality, such as adoption of ASAM.

• Counties must have a Quality Improvement (QI) Plan that includes:
  ✓ the county’s plan to monitor service delivery
  ✓ capacity, as evidenced by a description of the current number; and
  ✓ types/geographic distribution of substance use disorder (SUD) services.

• Counties that have an integrated mental health/SUD department may combine this QI plan with the Mental Health Plan (MHP) QI Plan.
CLIENT OUTCOMES AND THE “WHOLE PERSON” HEALTH EXPERIENCE

• Client outcomes are linked to timely access, client respect and engagement, individualized treatment, and coordination to create a “whole person” health experience.

• The monitoring of accessibility of services outlines in the QI Plan, at minimum, includes:
  ✓ timeliness of first initial contact to face-to-face appointment
  ✓ timeliness of services of the first dose of Narcotic Treatment Program services
  ✓ access to after-hours care
  ✓ responsiveness of the beneficiary access line
  ✓ strategies to reduce avoidable hospitalizations
  ✓ coordination of physical and MH services with waiver services at the provider level
  ✓ assessment of the beneficiaries’ experiences; and
  ✓ telephone access line and services in the prevalent non-English languages.
COUNTY PARTNERSHIP WITH SUD PROVIDERS

• The county needs a full partnership with its SUD Provider Network to have a solid **continuum of care** and Quality Management Plan.

• Providers help ensure that all areas of the county and different communities of need (ex. immigrant, LGBTQ, non-English speaking, and homebound clients) have access to care.

• The county must include a description of the mechanisms implemented to assess the accessibility of services within its delivery area, including:
  - goals for responsiveness for the county’s 24-hour toll-free telephone number
  - timeliness for scheduling of routine appointments
  - timeliness of services for urgent conditions; and
  - access to after-hours care.

• The county must provide evidence of compliance with requirements for cultural and linguistic competence, evidence that disabled and homebound clients can access care, and proof that SAPT class standards are being met to ensure optimal access to non-English speakers.
CONTRACTORS’ ROLE IN ENHANCING SYSTEM QUALITY IN SUD TREATMENT

• Review and comment on the cultural competence plan and activities.
• Review and recommend enhancements to the Quality Improvement/Management Plan.
• Participate in the evaluation process and identification of problems. Help the county make the QM process meaningful on the ground, where client care is delivered.
• Volunteer to be part of the PIP process to work on system problems and develop indicators and measures for reports and interventions.
• Critique reports and system approaches that reduce or create barriers to care.
• Motivate positive change together.
QUESTIONS?

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Stay tuned for trainings and events!