

INTEROFFICE MEMO



DATE: February 1, 2012

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SUBJECT: CAEQRO FISCAL YEAR 2011/12 FINDINGS AND RECOMMENDATIONS SUMMARY

In the FY 2010/11 site review report, CAEQRO made a number of recommendations for improvements in DBH programmatic and/or operational areas. During this year's (FY 2011/12) site visit, CAEQRO and DBH staff discussed the status of those FY 2010/11 recommendations. Below is a summary of CAEQRO's findings and recommendations.

KEY RECOMMENDATIONS FROM FY 2010/11

- Revise the methodology for tracking timeliness to post-hospital outpatient appointments so that timeliness data captures time from date of discharge rather than date the consumer requests an appointment. Evaluate current discharge planning protocol to determine if it supports such tracking. **This issue was partially addressed.**
- Revise the current standard of seven business days for data entry to be congruent with the new Electronic Health Record (EHR). **This issue was fully addressed.**
- Survey all staff to determine computer literacy and readiness to use the impending EHR. Deploy training resources indicated. **This issue was fully addressed.**
- Ensure all technology advancements and innovative improvements are disseminated throughout the organization. This activity should be a continuous quality improvement effort. Without such an effort, many new system features may go unused. **This issue was fully addressed.**
- Increase efforts to recruit and involve consumers and family members as system stakeholders. **This issue was fully addressed.**
- The interventions for improvement are related to causes/barriers identified through data analyses and QI processes - **Partial.**
- The analyses and study results are conducted according to the data analyses plan in the study design - **Not Met.**

STRENGTHS

1. DBH's commitment to quality care is evident throughout the service delivery system, demonstrated through effective leadership, devoted staff, extensive stakeholder collaboration, and meaningful consumer involvement.

2. DBH's extensive use of data analysis, including prevalence and penetration rate data and geo-mapping, supports the ability of the organization to make data-driven decisions to improve access to and quality of services.
3. DBH is successfully collaborating with public and private partners on the robust planning and implementation of a complex countywide healthcare integration effort.
4. The Office of Information Technology continues to develop core competency skills of supervisors and staff to improve business processes and implement technology infrastructure improvements. Examples include:
 - a. Data Warehouse and mining project - improve use and reporting of data.
 - b. Share Point - improve communication and collaboration activities.
 - c. Web-EX - reduce or eliminate staff need for travel.
 - d. SSI and Newslink - developed in-house.

OPPORTUNITIES FOR IMPROVEMENT

1. DBH's SD/MC claims for CY 2010 show delays in claim submission and adjudication. As many counties have experienced, some of DBH's Medi-Cal revenue for FY 2010/11 is currently being delayed or reduced as a result of Short Doyle Phase II implementation.
2. Contract providers report having access only to hard copy reports which requires them to do data entry into their own system or Excel worksheet to track monthly service units.
3. A review of 9,500 cases revealed that approximately one-third of hospitalized consumers engage in outpatient services within 30 days following discharge.
4. While DBH does an excellent job collecting, analyzing, and reporting data throughout the system, it does not routinely take action specifically linked to the feedback and analysis.
5. Foster care beneficiaries' penetration rates have been trending downward since CY 2008.
6. DBH will need to implement HIPAA 5010 transaction code sets during 2012.

RECOMMENDATIONS

1. Address the remaining claim processing barriers and issues related to timely claim file submissions that contribute to the Medi-Cal revenue shortfall for FY 2010/11.
 - a. Ensure that submitted claim files consist of 5000 records or less to comply with the State's processing standards. This will also maximize DBH's revenue flow if claim files are placed in "hold status" for unknown length of time by the State during claim adjudication cycle.
2. Investigate the feasibility of providing contract providers monthly data files rather than hard copy report to eliminate the need for providers to do data entry into their own system or Excel worksheet in order to track monthly service units for cost report purposes.
3. Consider piloting rapid cycle improvement interventions aimed at improving post-hospital outpatient access and evaluate the success of these time-limited interventions. Possible strategies may include:
 - a. Engaging with consumers in the hospital, prior to discharge.
 - b. Scheduling specific outpatient follow-up appointments prior to discharge.
 - c. Linking PFA staff with consumers at time of discharge to provide support until clinical follow-up appointment.

4. Identify specific areas to implement change as a result of data analysis and/or consumer feedback. Consider including goals in the Quality Improvement Work Plan for systemic evaluation of whether changes are improvements.
5. Implementation of an integrated electronic health record system will fundamentally impact clinic and program operations system wide. Identify, define, and establish appropriate methods to communicate project information.
6. Invite contract provider representatives to participate in the EHR planning and implementation activities.
 - a. Create a secure email or website to post project information as a strategy to enhance communication with stakeholders.
 - b. If cost effective, consider using video conferencing and/or record critical meetings or workgroup sessions so interested stakeholders can view the sessions at their convenience.
7. Investigate the reasons for the declining foster care penetration rate seen in Medi-Cal claims data. Consider consolidating all foster care youth service utilization to include PEI, Juvenile Justice and other services not captured in Medi-Cal claims to assess the actual penetration for this population.
8. Work with the Echo User Group, CMHDA, and the State Department of Mental Health and/or Department of Health Care Services to implement HIPAA 5010 transaction code sets during 2012.

NEXT STEPS

DBH is developing a plan of action that will be finalized within the next several weeks to address the recommendations set forth by CAEQRO. Each recommendation will be carefully reviewed to capture all opportunities to enhance service delivery and to improve the tracking and reporting of performance measures, which will ultimately, provide better outcomes for those we serve.

Should you have any questions or need further information, please contact Rebecca Gehlke-Baez, Program Manager II, Quality Management Division at (909) 421-9456.

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