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| QAPIP Evaluation |
| FYE 2021 |

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| Tamara Hagar, CCO1-21-2022 |

**Table of Contents**

|  |  |
| --- | --- |
| Section 1: Introduction……………………………………………………………… | 2 |
| Section 2: Clinical Quality …………………………………………………………. | 4 |
| Section 3: Access and Availability……………………………………….………. | 27 |
| Section 4: Member Experience………………..…………………………………. | 33 |
| Section 5: Member Safety.………………..………………………………………. | 34 |
| Section 6: Utilization Management …………………………………………….. | 34 |
| Section 7: Future Quality Activities……………………………………………….. | 35 |
| Section 8: Overall Effectiveness of the QAPIP …………………………………. | 36 |
| Appendix A: QAPIP FY 2021 Work Plan …………………………………………. | 37 |
| Appendix B: Service Delivery Indicators – Walker Grids …………………….. | 38 |

**Section 1: Introduction**

PsyGenics, Inc. Quality Improvement Program strives for ongoing and continuous quality improvement to ensure members receive top-notch, medically necessary services delivered by a well-trained and culturally sensitive practitioner network.

PsyGenics quality monitoring activities encompass all services we deliver to our members with Medicaid, Mi Health Link and General Fund. Our practitioners support adult members with serious mental illness (SMI) and adult and child members with intellectual, and/or developmental disabilities (IDD). PsyGenics is exploring opportunities to expand to treat all members with mild to moderate emotional and/or behavioral health concerns.

Application of high-quality standards, regular meetings of the Quality Improvement Committee, oversight by a well-qualified medical director and a structure quality work plan with regular monitoring activities sets PsyGenics apart.

Development of our annual work plan reflects input from several sources including but not limited to our Medical Director, executive leadership, CARF standards, Prepaid Inpatient Health Plan (PIHP – funder) requirements, practitioners, and our members. To evaluate our Quality Improvement Program, our Quality work plan goals, objectives, and activities will be reviewed and analyzed for accomplishments, successes, and opportunities for improvement.

**Accomplishments**

2021 continued as a challenging year for PsyGenics, Inc. and the rest of the world with the continuation of the Corona Virus 2019 pandemic. PsyGenics is proud of its nimble adaptation to remote work with continued delivery of needed service to its members. Some of our successes in 2021 include:

* Ongoing process improvement and data collection with our electronic medical record;
* Creation and implementation of trainings and job aids to facilitate the memorialization of critical roles;
* Implementation of centralized scheduling to free clinicians up to provide service and non-clinical staff time to follow up on no shows, cancellations, reschedules and reminder calls;
* Implementation of text reminder system to consumers;
* Expansion of the Client Electronic Health Record (CEHR) for members ease of access to their health records;
* Improved policies and practices for maintaining safety while delivering services in person if medically appropriate;
* Creation of a Clinical Program Manager position to oversee the clinical supervisors across the sites and
* Successful Request for Proposal application to Macomb County Community Mental Health Network.

PsyGenics Committees and Structure

PsyGenics committees continue to be led and overseen by clinical leadership including but not limited to the Medical Director, Chief Clinical Operations Officer, Quality Management Director and Clinical Supervisors. The Medical Director continues to provide significant support and oversight to the Quality Improvement Committee. The Medical Director also provides significant oversight to the clinical team providing utilization management and clinical support.

Successful Member Initiatives

In the last year, PsyGenics was unable to host its member focused community activities on the same scale due to the COVID pandemic. However, PsyGenics did continue to engage our members through telehealth and in person services as needed. PsyGenics hosted a Halloween event in open air to engage the community in a safe but fun celebration. Members were also engaged in the member experience survey process. See Section 4.

**QI Activities Completed and Ongoing**

PsyGenics closely monitored its quality activities as scheduled in the new Quality Improvement Work Plan. See the Quality Improvement Work Plan for FYE 2021.

**Section 2: Clinical Quality**

PsyGenics monitors several clinical quality measures and tracks the quality of health care services provided by its practitioners. To calculate the rates for these measures, PsyGenics collects data from a few different sources that include but are not limited to the following:

* Claims and encounter data from our funder,
* Inpatient claims data,
* PERKS, our electronic medical record.

Measuring and reporting these metrics helps PsyGenics assess the effectiveness of the care members are receiving. These clinical quality measures are used to evaluate multiple aspects of member care including:

* Performance with healthcare outcomes and clinical processes.
* Effectiveness of each program used to manage mental health conditions.

**Evaluation Methodology**

As a part of the annual evaluation, the QM Department conducts a comprehensive qualitative and quantitative analysis of measurement results. Multiple strategies are used to evaluate quality measures that include the following:

* Quantitative Analysis:
	+ Comparison of current rates against pre-established goals.
	+ Trend analysis and comparison of rates against existing benchmarks, if any.
* Qualitative Analysis:
	+ Barrier or causal analysis for any measures that are below the goal.

**Quality Improvement Activities**

**Self-Monitoring Reviews**

See standalone report on self-monitoring review activities.

**Ambulatory Follow Up after Discharge**

Research has demonstrated that adult members who are recently discharged

from the hospital show significantly improved outcomes when they continue in ambulatory care within one week of discharge from an inpatient setting. Our goal is to improve our engagement with members recently discharged from an inpatient setting to improve our overall member outcomes.

Methodology

The methodology to collect baseline data is to identify all members discharged within a given month and measure how many days it takes for follow up care to begin at an ambulatory care facility (adults). The goal is to obtain a baseline standard. The baseline in 2019 was found to be 59%. As a result, the goal standard is 65% of members receive a follow up within 7 calendar days of discharge.

Numerator

PsyGenics used the number of members seen for Outpatient Services within 7 days of discharge from an inpatient setting.

Denominator

PsyGenics used the total number of its members who were discharged from an inpatient setting.

Goals and Frequency Analysis

PsyGenics goal is to obtain a baseline for ambulatory follow up after inpatient hospitalization. PsyGenics monitors this measure on a quarterly basis.

Results

A breakdown of the results is below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Q1 FYE 2021 | Q2 FYE 2021 | Q3 FYE 2021 | Q4 FYE 2021 | Average FYE 2021 |
| Numerator | 5 | 7 | 8 | 6 | 73% |
| Denominator | 8 | 9 | 10 | 8 |
| Percentage | 63% | 78% | 80% | 75% |

Trend Analysis



Quantitative Analysis

* In 2021, PsyGenics met the standard in all quarters except Q1
* The quarterly rates range from 62% to 80%
* 73% of the time, PsyGenics was able to see the member within 7 days from hospital discharge
* The rates were lowest in Q1 and rose up in Q2 – Q4

Qualitative Analysis

The goal was increased to 75% last year. In FYE 2021, PsyGenics is very close to attaining this goal, being only two percentage points away. Several factors appear to play a role in timely follow up appointments after hospital discharge. Staff have been able to connect with members via telehealth saving the member the need to find reliable transportation to come to an in-person appointment. Staff have been retrained and a step-by-step guide has been created to ensure that intakes including hospital discharges occur timely and completely. Intake coordinator staff have been put in place to oversee timely completion of intakes.

Continued barriers for timely follow up after discharge include lack of available appointments and staff to complete the assessments. Additionally, lack of reliable transportation does continue to be a barrier for many of our members. Although PsyGenics does have a relationship with a cab company, they too are experiencing issues related to the Pandemic including driver call offs and poor training.

Interventions

PsyGenics is planning the following intervention in FY 2022:

* Explore relationships with transportation companies or explore adding a transportation component to programming.

**Annual Health Appraisal of Members in Residential Settings**

Members with mental health or developmental disability issues tend to have a higher mortality rate than their peers. As a result, members in specialized residential settings, a higher level of care, are particularly vulnerable. Ensuring that members receive an annual review at this level should improve overall integration of healthcare and better member outcomes.

Methodology

PsyGenics, as the Clinically Responsible Service Provider or CRSP, is required by its funder, Detroit Wayne Integrated Health Network, to visit members who live in Adult Foster Care settings at least monthly. Part of this appointment includes a personal interview with a member and a case record review. The PsyGenics Supports Coordinator or Case Manager is to ask the member about his/her health needs and if they are being addressed as well as reviews the member’s file to validate that a current health appraisal is on file. PsyGenics Supports Coordinators or Case Managers may need to follow up with the funding source, DWIHN, if AFC providers continue to fail in obtaining annual health appraisals.

The goal for this standard is 75% based on the baseline of 71% established in 2019.

Numerator

Number of PsyGenics members living in a Specialized Residential setting who receive at least one Health Appraisal annually.

Denominator

Total number of PsyGenics members within a Specialized Residential setting.

Goals and Frequency of Measurement

PsyGenics goal is to ensure that at least 75% of PsyGenics members living in Specialized Residential/Adult Foster Care settings have had a recent health appraisal (within the last year). PsyGenics monitors this measure on a quarterly basis.

Results

The results of this measurement are in the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Q1 FYE 2021 | Q2 FYE 2021 | Q3 FYE 2021 | Q4 FYE 2021 |
| Numerator | 47 | 44 | 44 | 45 |
| Denominator | 65 | 64 | 67 | 65 |
| Percentage | 72% | 69% | 66% | 69% |

Trends Analysis



Quantitative Analysis

* In FYE 2021, the goal was not met
* However, the scores have improved over 2020 as members are going back to see their physical health doctors after being locked down from the Pandemic
* The average number of members who did have a health appraisal and are living in a specialized residential setting is 69%
* The quarterly rates range between 66% and 72%.

Qualitative Analysis

As predicted, with the increase in number of people vaccinated against the COVID 19 virus, more and more people are returning to a “new” normal life. AS restrictions loosen, several our members have returned to their physical health care professionals. There is a 14-percentage point increase from last year to this year. Additionally, pervasive factors resulting in low rates for annual health appraisals can include members continuing to transition in and out of specialized residential settings causing a challenge in tracking their housing situations and adult foster care home providers and PsyGenics staff appear to differ on their dedication levels to ensuring that our members have a recent health appraisal.

PsyGenics continues to explore opportunities to add a Nurse Practitioner or medical doctor to our programming to aid in the completion of physical health assessments as well as to provider other much needed services.

Members residing in a Specialized residential setting are easier to track now using our electronic medical record.

Interventions

PsyGenics is planning the following interventions in FY 2022:

* Provide additional training to the Supports Coordinators and Case Managers regarding monitoring a specialized residential facility and for all members, ensuring regular medical visits.
* Develop handouts for specialized residential providers on the importance of ensuring our members have appropriate health care and regular medical visits.

**Supports Coordination/Case Management in the Community**

PsyGenics deems it of great importance to engage our members in their own settings and communities. Our goal is to identify a baseline and year on year increase the amount of Case Management and Supports Coordination services provided to our members within their communities as evidenced by at least one time per month to improve member engagement and outcomes.

Methodology

The goal is to obtain baseline data on the number of members receiving at least one time per month community engagement from their Supports Coordinator or Case Manager. PsyGenics will use claims and encounter data to identify members who are receiving a community-based service each month.

Goals and Frequency of Monitoring

PsyGenics goal is to obtain a baseline for the number of PsyGenics members who receive Supports Coordination or Case Management and receive at least one service per month in the community. PsyGenics monitors this measure on a quarterly basis.

Numerator

The number of PsyGenics members who received monthly Case Management or Supports Coordination Services.

Denominator

The total number of PsyGenics members receiving Case Management or Supports Coordination Services.

Results

As a result of COVID – 19, this quality measure was deferred.

Trend Analysis

As a result of COVID – 19, this quality measure was deferred.

Quantitative Analysis

As a result of COVID – 19, this quality measure was deferred.

Qualitative Analysis

As a result of COVID – 19, this quality measure was deferred.

Interventions

As a result of COVID – 19, this quality measure was deferred. While PsyGenics provided personal protective equipment to all its staff, field work was limited by state and local mandate. Telehealth was the approved and primary intervention for 2020.

**Service Delivery Indicators**

Each PsyGenics program has a goal in each of the following categories: Efficiency, Service Access and Effectiveness. The goals are outlined and evaluated under each program below.

**Children’s Outpatient Program**

PsyGenics offers an array of behavioral health services to children with IDD. Services provided within the PsyGenics Outpatient Program include Psychiatry/Medication Management, Nursing, Peer Support, Individual and Family Therapy, Psychological Testing (including for Guardianship), Occupational Therapy and Speech and Language Services.

The three goals for the Children’s Outpatient Program are:

* Efficiency – Increase show rate to at least 60%
* Service Access – Achieve intake completion within 14 days of the initial request – goal 80%
* Effectiveness – Initiate ongoing services within 14 days of intake – goal 80%

Methodology

The data to assess each of these goals is obtained from our Electronic Medical Record. See Walker Grids for additional detail.

Goal and Frequency of Monitoring

Each of the three goals has an established objective driven from past data collection. The three goals for the Children’s Outpatient Program are to be monitored on a quarterly basis.

**Children’s Outpatient Goal 1 - Increase Show Rate – goal 60%**

Numerator

The numerator for this goal is the number of children who have attended their scheduled outpatient appointment. See Walker Grid.

Denominator

The denominator for this goal is the number of children that were scheduled for an outpatient appointment. See Walker Grid.

**Children’s Outpatient Goal 2 – Complete intake within 14 days of referral – goal 80%**

Numerator

The numerator for this goal is the number of children who completed intake within 14 days of referral for outpatient services. See Walker Grid.

Denominator

The denominator for this goal is the number of children that were referred for an intake for outpatient services. See Walker Grid.

**Children’s Outpatient Goal 3 – Initiate ongoing services within 14 days of intake – goal 80%**

Numerator

The numerator for this goal is the number of children who attended ongoing outpatient services within 14 days of intake. See Walker Grid.

Denominator

The denominator for this goal is the number of children who were scheduled for ongoing outpatient services within 14 days of intake. See Walker Grid.

Results

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Goal | Indicator | Objective | Q1 FYE 2021 | Q2 FYE 2021 | Q3 FYE 2021 | Q4 FYE 2021 | *Average FYE 2021* |
| Increase Show Rate | Efficiency | **60% Goal** | 55% | 59% | 65% | 63% | ***60%*** |
| Intake within 14 days of Referral | Service Access | **80% Goal** | 91% | 95% | 93% | 92% | ***92%*** |
| Initiate ongoing services within 14 days of Intake | Effectiveness | **80% Goal** | 82% | 85% | 91% | 87% | ***86%*** |

Quantitative Analysis

* The goal was met for all three objectives
	+ The Service Access goal was above and beyond the goal by 12%
* For all indicators, the quarter with the lowest achievement was Q3.
* As the goal was met for each area, the goal will be increased for FYE 2022 to 65% for the Efficiency goal and 90% for the Service Access and Effectiveness goals

Qualitative Analysis

The three goals are very much interrelated. Member participation in initial intake, connection in ongoing services and subsequent future show rates are all tied together. Compared to last years numbers, the results are demonstrating a return to and/or a perceived need to return to medically necessary services. While the goals were met, there are several potential barriers to obtaining these results in future. These include lack of transportation, fears about a resurgence of the virus and challenges with enough staff to be able to provide appointments for member engagement.

Interventions

PsyGenics is planning the following interventions in FY 2022:

* Create welcome packets for new members
* Increase in office services to reengage with members with face to face services
* Continue to explore additional transportation options
* Continue to provide personal protective equipment to our staff and members while providing in person services

**Adult’s Outpatient Program**

PsyGenics offers an array of behavioral health services to adults with IDD and/or SMI. Services provided within the PsyGenics Outpatient Program include Psychiatry/Medication Management, Nursing, Peer Support, Individual and Family Therapy, Psychological Testing (including for Guardianship), Occupational Therapy and Speech and Language Services.

The three goals for the Adult’s Outpatient Program are:

* Efficiency – Increase show rate to at least 60%
* Service Access – Achieve intake completion within 14 days of the initial request – goal 80%
* Effectiveness – Initiate ongoing services within 14 days of intake – goal 80%

Methodology

The data to assess each of these goals is obtained from our Electronic Medical Record. See Walker Grids for additional detail.

Goal and Frequency of Monitoring

The three goals for the Adult’s Outpatient Program are to be monitored on a quarterly basis.

**Adult’s Outpatient Goal 1 - Increase Show Rate – goal 60%**

Numerator

The numerator for this goal is the number of adults who have attended their scheduled outpatient appointment. See Walker Grid.

Denominator

The denominator for this goal is the number of adults that were scheduled for an outpatient appointment. See Walker Grid.

**Adult’s Outpatient Goal 2 – Complete intake within 14 days of referral – goal 80%**

Numerator

The numerator for this goal is the number of adults who completed intake within 14 days of referral for outpatient services. See Walker Grid.

Denominator

The denominator for this goal is the number of adults that were referred for an intake for outpatient services. See Walker Grid.

**Adult’s Outpatient Goal 3 – Initiate ongoing services within 14 days of intake – goal 80%**

Numerator

The numerator for this goal is the number of adults who attended ongoing outpatient services within 14 days of intake. See Walker Grid.

Denominator

The denominator for this goal is the number of adults who were scheduled for ongoing outpatient services within 14 days of intake. See Walker Grid.

Results

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Goal | Indicator | Objective | Q1 FYE 2021 | Q2 FYE 2021 | Q3 FYE 2021 | Q4 FYE 2021 | *Average FYE 2021* |
| Increase Show Rate | Efficiency | **60% Goal** | 57% | 55% | 59% | 61% | ***58%*** |
| Intake within 14 days of Referral | Service Access | **80% Goal** | 81% | 79% | 76% | 78% | ***79%*** |
| Initiate ongoing services within 14 days of Intake | Effectiveness | **80% Goal** | 79% | 59% | 62% | 74% | ***69%*** |

Quantitative Analysis

* While there is an improvement over last years averages, each measure missed the goal.
* Intake within 14 days of referral for Adult Outpatient came within one percentage point of achieving the goal of 80% and the increased show rate was within 2 points of the goal of 60%.

Qualitative Analysis

The three goals are very much interrelated. Member participation in initial intake, connection in ongoing services and subsequent future show rates are all tied together. Compared to last year’s numbers, the results are demonstrating a return to and/or a perceived need to return to medically necessary services. While the goals were met, there are several potential barriers to obtaining these results in future. These include lack of transportation, fears about a resurgence of the virus and challenges with enough staff to be able to provide appointments for member engagement.

Interventions

PsyGenics is planning the following interventions in FY 2022:

* Create welcome packets for new members
* Increase in office services to reengage with members with face-to-face services
* Continue to explore additional transportation options
* Continue to provide personal protective equipment to our staff and members while providing in person services

**Children’s Case Management Program**

Case Management/Support Coordination is provided to all children and their families who identify PsyGenics as their Clinically Responsible Service Provider (CRSP). As the CRSP, PsyGenics is responsible for linking, coordinating, and monitoring treatment services. Case Managers/Support Coordinators may link the individual to services provided at PsyGenics, or they may refer services to another agency, depending on the type of service the individual may need and based on preference or choice.

The three goals for the Children’s Case Management Program are:

* Efficiency – Increase show rate to at least 60%
* Service Access – Achieve intake completion within 14 days of the initial request – goal 80%
* Effectiveness – Initiate ongoing services within 14 days of intake – goal 80%

Methodology

The data to assess each of these goals is obtained from our Electronic Medical Record. See Walker Grids for additional detail.

Goal and Frequency of Monitoring

The three goals for the Children’s Case Management Program are to be monitored on a quarterly basis.

**Children’s Case Management Goal 1 - Increase Show Rate – goal 60%**

Numerator

The numerator for this goal is the number of children who have attended their scheduled case management/supports coordination appointment. See Walker Grid.

Denominator

The denominator for this goal is the number of children that were scheduled for a case management/supports coordination appointment. See Walker Grid.

**Children’s Case Management Goal 2 – Complete intake within 14 days of referral – goal 80%**

Numerator

The numerator for this goal is the number of children who completed intake within 14 days of referral for case management/supports coordination. See Walker Grid.

Denominator

The denominator for this goal is the number of children that were referred for an intake for case management/supports coordination. See Walker Grid.

**Children’s Case Management Goal 3 – Initiate ongoing services within 14 days of intake – goal 80%**

Numerator

The numerator for this goal is the number of children who attended ongoing case management/supports coordination services within 14 days of intake. See Walker Grid.

Denominator

The denominator for this goal is the number of children who were scheduled for ongoing case management/supports coordination services within 14 days of intake. See Walker Grid.

Results

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Goal | Indicator | Objective | Q1 FYE 2021 | Q2 FYE 2021 | Q3 FYE 2021 | Q4 FYE 2021 | *Average FYE 2021* |
| Increase Show Rate | Efficiency | **60% Goal** | 58% | 72% | 81% | 59% | ***68%*** |
| Intake within 14 days of Referral | Service Access | **80% Goal** | 93% | 95% | 94% | 96% | ***95%*** |
| Initiate ongoing services within 14 days of Intake | Effectiveness | **80% Goal** | 80% | 87% | 92% | 91% | ***88%*** |

Quantitative Analysis

* The goal was met for all three objectives
	+ The Service Access goal was above and beyond the goal by 15%
* For all indicators, the quarter with the lowest achievement was Q3.
* As the goal was met for each area, the goal will be increased for FYE 2022 to 70% for the Efficiency goal, 96% for the Service Access goal and 90% for the Effectiveness goal

Qualitative Analysis

The three goals are very much interrelated. Member participation in initial intake, connection in ongoing services and subsequent future show rates are all tied together. Compared to last year’s numbers, the results are demonstrating a return to and/or a perceived need to return to medically necessary services. While the goals were met, there are several potential barriers to obtaining these results in future. These include lack of transportation, fears about a resurgence of the virus and challenges with enough staff to be able to provide appointments for member engagement.

Interventions

PsyGenics is planning the following interventions in FY 2022:

* Create welcome packets for new members
* Increase in office services to reengage with members with face-to-face services
* Continue to explore additional transportation options
* Continue to provide personal protective equipment to our staff and members while providing in person services

**Adult’s Case Management Program**

Case Management/Support Coordination is provided to all adults who identify PsyGenics as their Clinically Responsible Service Provider (CRSP). As the CRSP, PsyGenics is responsible for linking, coordinating, and monitoring treatment services. Case Managers/Support Coordinators may link the individual to services provided at PsyGenics, or they may refer services to another agency, depending on the type of service the individual may need and based on preference or choice.

The three goals for the Adult’s Case Management Program are:

* Efficiency – Increase show rate to at least 60%
* Service Access – Achieve intake completion within 14 days of the initial request – goal 80%
* Effectiveness – Initiate ongoing services within 14 days of intake – goal 80%

Methodology

The data to assess each of these goals is obtained from our Electronic Medical Record. See Walker Grids for additional detail.

Goal and Frequency of Monitoring

The three goals for the Adult’s Case Management Program are to be monitored on a quarterly basis.

**Adult’s Case Management Goal 1 - Increase Show Rate – goal 60%**

Numerator

The numerator for this goal is the number of adults who have attended their scheduled case management/supports coordination appointment. See Walker Grid.

Denominator

The denominator for this goal is the number of adults that were scheduled for an case management/supports coordination appointment. See Walker Grid.

**Adult’s Outpatient Goal 2 – Complete intake within 14 days of referral – goal 80%**

Numerator

The numerator for this goal is the number of adults who completed intake within 14 days of referral for case management/supports coordination. See Walker Grid.

Denominator

The denominator for this goal is the number of adults that were referred for an intake for case management/supports coordination. See Walker Grid.

**Adult’s Outpatient Goal 3 – Initiate ongoing services within 14 days of intake – goal 80%**

Numerator

The numerator for this goal is the number of adults who attended ongoing case management/supports coordination services within 14 days of intake. See Walker Grid.

Denominator

The denominator for this goal is the number of adults who were scheduled for ongoing case management/supports coordination within 14 days of intake. See Walker Grid.

Results

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Goal | Indicator | Objective | Q1 FYE 2021 | Q2 FYE 2021 | Q3 FYE 2021 | Q4 FYE 2021 | *Average FYE 2021* |
| Increase Show Rate | Efficiency | **60% Goal** | 60% | 57% | 59% | 63% | ***60%*** |
| Intake within 14 days of Referral | Service Access | **80% Goal** | 79% | 75% | 83% | 82% | ***80%*** |
| Initiate ongoing services within 14 days of Intake | Effectiveness | **80% Goal** | 67% | 75% | 81% | 80% | ***76%*** |

Quantitative Analysis

* Out of the three goals, the goal was met by the Efficiency and the Service Access Standard
	+ The Effectiveness Indicator was very close at 76%
* The goals will be increased for FYE 2022 to 65% for the Efficiency goal and 85% for the Service Access goal

Qualitative Analysis

The three goals are very much interrelated. Member participation in initial intake, connection in ongoing services and subsequent future show rates are all tied together. Compared to last year’s numbers, the results are demonstrating a return to and/or a perceived need to return to medically necessary services. While the goals were met, there are several potential barriers to obtaining these results in future. These include lack of transportation, fears about a resurgence of the virus and challenges with enough staff to be able to provide appointments for member engagement.

Interventions

PsyGenics is planning the following interventions in FY 2022:

* Create welcome packets for new members
* Increase in office services to reengage with members with face-to-face services
* Continue to explore additional transportation options
* Continue to provide personal protective equipment to our staff and members while providing in person services

**Business Function Strategic Goals**

PsyGenics is a human service agency at its core. Delivering excellent community mental health services to our members is critical to achieve our mission of improving the health and wellness of the community at large. Additional business function goals have been developed to ensure PsyGenics is making progress towards the mission.

The two goals for business function improvement are:

* Develop a baseline for Member Experience Surveys as traditionally the response rate is very low and feedback from members is critical to PsyGenics continuous quality improvement
* Develop a baseline for delivery of supports coordination, our most impactful community service and highest revenue generating service, to ensure PsyGenics longevity and solvency for future

Methodology

Members will be surveyed on an annual basis to collect their feedback on several facets of service delivery and PsyGenics operations. The target will be the number of completed surveys returned by our members (i.e., participation).

The data to establish a Supports Coordination Production baseline target will be collected from our electronic medical record and human resources payroll system.

See Walker Grids for additional detail.

Goal and Frequency of Monitoring

Each of the goals is new and the purpose of tracking in this year was to determine appropriate baselines to measure future change based on targeted interventions to be implemented in FY 2020.

The Member experience goal will be monitored on an annual basis and the Supports Coordination Production goal will be monitored on a quarterly basis.

**Business Function Goal 1 – Member Experience Survey Participation – goal 50%**

Numerator

The numerator for this goal is the number of members who participated in the Member Experience Survey. See Walker Grid.

Denominator

The denominator for this goal is the total number of members with active cases inclusive of members closed within 60 days of the initiation of the survey. See Walker Grid.

Results

The results for business function goal 1 follows:

|  |  |
| --- | --- |
| Goal 1 | Annual Participation FYE 2021 |
| Increase participation in the Member Experience Survey | ***32%*** |

Quantitative Analysis

* Out of 1,781 members contacted to complete the survey, 586 or (32%) surveys were completed
* The survey participation increased by 14% over previous year
* While there is significant improvement, the survey participation is still well below the goal of 50% participation

Qualitative Analysis

To overcome some of the barriers and challenges experienced last year, several interventions were implemented in FYE 2021 including:

* Multiple ways were offered to members to complete the survey including:
	+ In office survey completion/collection with tablets
	+ In field survey completion/collection when provided by the assigned supports coordinator/case manager
	+ By phone with a supports coordinator assistant who did not have a case load or any ties to any of the members
* Mass text messaging with a link to the Member Experience Survey on Survey Monkey
* Supports staff made reminder calls and supports coordination staff were encouraged to reach out to their members to share the opportunity to assist with the Member Experience surveys.
* The time frame for completion of the survey was expanded from two weeks to one and a half months

Barriers and challenges associated with the member experience survey this fiscal year include:

* The survey is only currently offered in English and may cause non-English speakers to shy away from completion
* While reminders were sent out via mass text messaging, only members who “opted in” to this feature would have received the text message
* The survey was posted on Survey Monkey and may have been an intimidating application for some members to navigate

Interventions

In FYE 2022, the following interventions will be applied to improve the completion of the member experience surveys:

* Identify means to send out the survey in multiple languages
* Continue to offer multiple means to complete the survey including:
	+ In office survey completion/collection
	+ In field survey completion/collection when provided by the assigned supports coordinator/case manager
	+ QR code
	+ By phone
* Offer a small token for completion of the survey

**Business Function Goal 2 – Increase Supports Coordination Production – goal 50%**

Numerator

The numerator for this goal is the total amount of billable hours recorded for supports coordination or case management (T1017) in a quarter. See Walker Grid.

Denominator

The denominator for this goal is the total number of hours worked in a quarter by supports coordinators and case managers minus excluded time that includes supervision meetings, staff meetings, paid time off, unpaid time off, and training time. See Walker Grid.

Results

The results for business function goal 2 follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Goal 2 | Q1 FYE 2021 | Q2 FYE 2021 | Q3 FYE 2021 | Q4 FYE 2021 | Average FYE 2021 |
| Increase Supports Coordinator Production | 35% | 42% | 32% | 36% | ***36%*** |

Quantitative Analysis

* Production remains significantly below the goal of 50%
* While still low, there is a 1% increase over the prior year
* In Q3, production was at its lowest for the year at 32%
* In Q2, production was at its highest for the year at 42%

Qualitative Analysis

In FYE 2021, several interventions were implemented to assist with improving member engagement including increased training for supervisors, removal of the case load requirement for supervisors, expansion of the supports coordination and case management training series, continuation of telehealth and increased reporting capabilities in our electronic medical record. Several barriers continue to impede the goal of improving supports coordinator production including but not limited to:

* COVID – 19 variants
* Staffing challenges with the country-wide labor shortage
* Competition from other struggling agencies that are paying higher salaries than ever before to lure staff away
* Staff turnover

Interventions

For FYE 2022, the following interventions will be implemented:

* Continue training of supervisors with Fred Pryor to improve supervisors coaching and mentoring skills
* Continue to expand the orientation and training for staff to ensure they have a good grounding in the role and its responsibilities
* Identify ways to attract, recruit and retain quality staff
* Continuation of telehealth for as long as possible
* Plan for returning to in office work in future

**Section 3: Access and Availability**

Access to health care services in the United States is regarded as unreliable as many people who have insurance do not receive the appropriate and timely care. The health care system, which is already strained, faced an influx of patients in 2014 due to the implementation of expansion programs in the Accountable Care Act. As a result of these issues, it was critical for PsyGenics to monitor access to care and develop interventions if needed to ensure its members were getting the care they needed when they needed it. PsyGenics also reviews member complaints related to access to care as a part of the analysis. Due to recent changes in managed care and the rapid expansion of insurance programs across the State, timely access to care is one of the key components of the QI program. PsyGenics monitors the following access to care standards at least annually through the following elements:

* Availability of Practitioners and Providers
* Appointment Access
	+ Urgent care appointments
	+ Routine care appointments

**Availability of Practitioners**

PsyGenics monitors performance areas affecting and reflecting practitioner network availability on an annual basis. To ensure PsyGenics has enough staff of all types of behavioral health care practitioners, PsyGenics has established quantifiable measurable standards for the minimum number of each type of practitioner. The following provides an overview and analysis of PsyGenics practitioner staff for 2021.

Program Goal

* To ensure that PsyGenics practitioner staff is adequate to meet the needs of members and industry standards.

Number (Ratio) of Practitioners to Members

During the year, the availability of practitioners for our member base was assessed. Our standards are as follows for the number of practitioners to members:

|  |  |
| --- | --- |
| Practitioner Type | Ratio to Members |
| Physician (MD/DO) | 1 per 1,000 Members |
| Doctoral (non-MD/DO) | 1 per 2,000 Members |
| Non-Doctoral, Non-MD/DO | 10 per 1,000 Members |

Results

The table below provides practitioner to member ratios for PsyGenics.

|  |
| --- |
|  |
| **Numerical Standard** | **TotalMembers** | **TotalPractitioners by Type** | **Practitioner to Member Ratio** |
| 1 Physician (MD/DO) per 1,000 Members | 1,760 | 2 | 1/880 |
| 1 Doctoral Level, Non-Physician Practitioner(s) per 2,000 Members | 1,760 | 1 | 1/1,760 |
| 10 Non-Physician, Non-Doctoral Level Practitioners per 1,000 Members | 1,760 | 57 | 10/310 |

Quantitative Analysis:

The following conclusions can be made based on the table above:

* PsyGenics met its numerical standards for the number of Physician, Doctoral Level, and Non-Physician practitioners with excellent ratios to the number of members. The ratios for both these types of practitioners to members are well below the threshold established showing that the PsyGenics has an adequate number of these types of practitioners.
* Note that Total Members is all active members who have had a service within the last four months and/or are receiving ongoing services.

Qualitative Analysis

PsyGenics met all its numerical standards for all practitioner types. A review of member complaints related to practitioner numbers did not identify any significant findings.

**Number of Clinics**

The availability of our clinics was assessed in September 2020. Our standards are as follows for the number of clinics to members:

|  |  |
| --- | --- |
| Facility Type | Ratio to Members |
| Outpatient Clinics | 1 per 1,000 Members |

Results

The table below provides outpatient clinic to member ratios for PsyGenics.

|  |  |  |  |
| --- | --- | --- | --- |
| **Numerical Standard** | **TotalMembers** | **TotalFacilities by Type** | **Facility to Member Ratio** |
| 1 Outpatient Clinic Per 1,000 Members | 1,760 | 3 | 1/587 |

Quantitative Analysis

* PsyGenics has met its numerical standards for the number of outpatient clinics to members ratio. This shows that PsyGenics has an adequate number of ambulatory facilities.
* Note that Total Members is all active members who have had a service within the last four months and/or are receiving ongoing services.

Qualitative Analysis

PsyGenics has met its standard for the number of outpatient clinics ratio to members and did not need to perform a robust qualitative analysis. PsyGenics also reviewed member complaints related to the number of clinics and did not find any member complaints related to this issue.

**Accessibility – Urgent and Routine Appointments**

PsyGenics monitors performance areas affecting and reflecting intake availability on an annual basis and has established quantifiable standards for accessibility measures. An overview and analysis of PsyGenics’ practitioner availability for measurement year 2020 follows. Ensuring that all members have access to services and is imperative to PsyGenics. The standards address members’ access to urgent services within 48 hours and routine services within 10 business days. PsyGenics refers all non-life-threatening emergencies to the Emergency Room (ER).

Appointment Access Standards:

* Urgent Appointments available within 48 hours - 100%
* Routine visit appointments available within ten (10) business days – 100%

Data Collection Methodology

PsyGenics methodology for collecting access to urgent and routine care appointments is to monitor a) number of intakes per clinic per month in the centralized scheduling calendar; b) number of kept appointments within the centralized scheduling calendar; c) number of unutilized intake appointments and d) member experience feedback to ensure access to urgent appointments is available. The Quality Management Department reports to the Quality Improvement Committee at least semiannually regarding the availability of urgent appointments.

**Urgent Appointments**

Numerator

The number of urgent appointments requested.

Denominator

The number of urgent appointments available.

Results

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Q1 FYE 2021 | Q2 FYE 2021 | Q3 FYE 2021 | Q4 FYE 2021 |
| Numerator | 46 | 46 | 46 | - |
| Denominator | 48 | 48 | 48 | - |
| Percentage Utilized | 96% (4% underutilized) | 96% (4% underutilized) | 96% (4% underutilized) | - |

Quantitative Analysis

* Intakes were paused during the last quarter due to staff being at capacity
* Availability for urgent appointments is present with up to 4% of the availability not being utilized in 2021

Qualitative Analysis

PsyGenics appears to provide adequate availability for urgent intake appointments. Due to staff being at capacity and a national staffing shortage, intakes were paused through the last quarter of FYE 2021. Lack of staffing to provide supports coordination is a huge barrier to adding new members to PsyGenics.

Interventions

In FYE 2022, attracting, recruiting, onboarding, orienting and retraining supports coordination and all other clinical positions is key to growing and continuing our mission.

**Routine Visit for Service Initiation**

Numerator

The number of routine appointments requested.

Denominator

The number of routine appointments available.

Results

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Q1 FYE 2020 | Q2 FYE 2020 | Q3 FYE 2020 | Q4 FYE 2020 |
| Numerator | 156 | 152 | 147 | - |
| Denominator | 224 | 225 | 225 | - |
| Percentage | 70% (30% underutilized) | 68% (32% underutilized) | 65% (35% underutilized) | - |

Quantitative Analysis

* Intakes were paused during the last quarter due to staff being at capacity
* Routine appointments are available at all three clinics with up to 35% being underutilized through Q3.

Qualitative Analysis

PsyGenics appears to be meeting timely routine appointments across all clinics. Due to staff being at capacity and a national staffing shortage, intakes were paused through the last quarter of FYE 2021. Lack of staffing to provide supports coordination is a huge barrier to adding new members to PsyGenics.

Interventions

In FYE 2022, attracting, recruiting, onboarding, orienting and retraining supports coordination and all other clinical positions is key to growing and continuing our mission.

Next Steps

Complaint data shows some relation to staffing issues but not directly related to intake appointments for urgent or routine appointments. With staffing increases, PsyGenics is planning to begin accepting new members again and add additional availability of urgent and routine intake appointments to expand service delivery to more members. PsyGenics will continue to monitor appointment access at least annually.

**Section 4: Member Experience**

PsyGenics methodology to improve members’ experience includes reviewing complaint reports, appeal reports and member surveys with the Quality Improvement Committee for feedback on how to improve and identify interventions to address barriers.

Complaints

PsyGenics Customer Service collects member complaints (also called grievances) in five categories: Quality of Care, Access, Attitude and Service, Billing and Financial Issues and Quality of Practitioner Site. Customer Service aggregates the complaint information, analyzes the data and reports on each category quarterly. Customer Service presents quarterly reports to the Quality Improvement Committee within 30 days of the close of the quarter.

PsyGenics Customer Service tracks all complaints, facilitates resolution and recommends interventions if necessary and assists members in filing further complaints as needed. The Quality Management Department reports on any substantiated compliant concerns to the Quality Improvement Committee.

Please see the detailed report including complaints by type, complaints by 1,000 Members, total percentage by category and results analysis.

Appeals

PsyGenics facilitates member appeals with the PIHP. Appeal data is collected and organized into five categories: Quality of Care, Access, Attitude and Service, Billing and Financial Issues, and Quality of Practitioner Sites. PsyGenics reports to the Quality Improvement Committee quarterly. The quarterly reports are submitted delivered within 30 days of the close of a quarter.

Surveys

PsyGenics annually conducts a member experience survey of active members. Active members are defined as members who have had a service within the last 120 days. The member experience survey is sent to active members by USPS mail, delivered in person within the community or provided to members when receiving in office services. Responses are accepted through 30 days after the mailing date or survey period, whichever is later. Responses are tabulated and scored for performance improvement. Reports on scores and analysis are submitted to the Quality Improvement Committee by factor (services, accessibility, availability and acceptability) within 60 days after the close of the survey period.

See standalone Member Experience Survey report.

Any areas of health, safety or compliance concerns identified in the member experience surveys are submitted to the Quality Management Department via email to the Quality and Compliance Director for follow up.

**Section 5: Member Safety**

PsyGenics holds member safety in the highest regard. As such, PsyGenics has implemented several mechanisms to ensure member safety. These mechanisms include but are not limited to credentialing staff, ensuring clinic safety by quarterly site reviews and monitoring adverse events for trends.

See the following reports regarding Member Safety:

* Adverse Events Report.
* Site Visits for Safety Report – site visits were suspended this fiscal year because of the COVID-19 pandemic.

**Section 6: Utilization Management**

PsyGenics is very aware of the limited resources and the high costs associated with hospitalization. Hence, PsyGenics monitors its members who require inpatient hospitalization for stabilization to facilitate the lowest level of care upon discharge. If members require more intensive services after discharge from inpatient care, members link to crisis stabilization services in lieu of hospitalization and monitor recidivism to inpatient care.

Numerator

Total number of members who were readmitted to inpatient care within 30 days of discharge.

Denominator

Total number of members admitted to inpatient care.

Goal and Frequency of Monitoring

Percentage of members readmitted to acute inpatient care within 30 days. Our goal is to achieve less than 15% of consumers to be readmitted. Use of crisis centers.

Results

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Q1 FYE 2021 | Q2 FYE 2021 | Q3 FYE 2021 | Q4 FYE 2021 | Average FYE 2021 |
| Numerator | 1 | 0 | 0 | 2 | 1 |
| Denominator | 13 | 4 | 6 | 10 | 11 |
| Percentage | 8% recidivism | 0% recidivism | 0% recidivism | 20% recidivism | 14%recidivism |

Quantitative Analysis

* The goal of less than 15% recidivism was met overall and in Q1– Q3
* Q4 had the highest recidivism at 20%

Qualitative Analysis

PsyGenics appears to be appropriately mitigating the need for rehospitalization with member engagement, member follow up and if necessary, diversion from hospitalization via crisis stabilization programs.

Interventions

While Interventions are not currently needed as the metric is being met, this metric will continue to be monitored as it is a State of Michigan requirement.

**Section 7: Future Quality Activities**

In addition to maintaining the activities of the prior year, PsyGenics will continue to access the features of its new electronic health record for additional data mining capabilities to continue to grow and develop its service array. As such, the quality activities will expand into ensuring that Accessibility and Availability standards are met, the Membership Profile is expanded to account for the any added populations and all member safety areas remain a priority.

Additional future activities to enhance the quality of member care include ensuring members have current individual plans of service and biopsychosocial assessments. The Quality Management Department will explore ways to incorporate this into the 2022 workplan.

**Section 8: Overall Effectiveness of the QAPIP**

To evaluate the overall effectiveness of the QIAPIP, it is necessary to review the successes outlined in the beginning of this report. PsyGenics not only developed and implemented training for our clinical supervisors, increased the specialized training opportunities for our supports coordination and case management staff, applied for a new contract with Macomb County Community Mental Health, and expanded its behavior treatment committee.

Methodologies will continue to be tightened up to streamline effectiveness including but not limited to how the Member Experience Survey is disseminated to increase the number of members who participate as well as ongoing refinement of our data collection algorithms to better showcase outcomes. The Quality Improvement Activities will continue to be monitored for areas in intervene and improve performance across the measures.

The QI Committee (QIC) will continue to meet at least quarterly, or more often as necessary to ensure that all work plan areas are adequately reviewed, data is collected and analyzed, and interventions, when necessary are implemented. Current members are encouraged to continue to participate at the high levels of the last year. And the QIC will continue to fulfill its responsibilities as it has over the last year. Members actively participate and the membership will not be changed in 2022.

Leadership is encouraged to also continue to support the QAPIP as it has at high levels over the last year. Leadership has supported the QAPIP and dedicated necessary resources to ensure a successful quality program.

The QAPIP would be greatly enhanced by additional means and ways for PsyGenics practitioners to continue to participate actively in the QAPIP. The barrier of too little available time as well as unforeseen challenges of remote work, staff and member safety during a pandemic, are likely to have hindered the process this year. Additional practitioners will be sought to broaden the depth of the practitioner bench in 2022.

Recommended Changes for 2022

At this time, other than growing and expanding the current work force so that the volume of members served, the overall structure of the QAPIP is recommended to remain the same as it has been highly effective in 2021.

Appendix A – Quality Improvement Work Plan FYE 2021

Appendix B – Service Delivery Indicators – Walker Grids