

Governing Body -MVBCN Mental Health and Chemical Dependency Outpatient Services		No: Pages: 4 Date: September 19, 1997
Subject: Standards for Provider Quality Management Program	Prepared By: Quality Management Committee	Approved By: MVBCN Regional Advisory Council

DEFINITION OF QUALITY TERMS:

MVBCN Provider: An organization which is credentialed by the MVBCN Membership Committee and holds a direct contract for services with the MVBCN. Provider organizations are responsible for quality oversight of their subcontractors.

Quality Management (QM): Planned, systematic and on-going process for monitoring, evaluating and improving the quality and appropriateness of services.

Utilization Management: Ensuring that each enrolled member receives the appropriate kind and amount of service to meet his or her individual needs.

Quality Improvement (QI): A method for identifying problems and improving services and functions using specific tools.

POLICY:

All provider members of the MVBCN will document a Quality Management Program which includes (1) a Quality Management structure, (2) on-going performance monitoring activities, and (3) a one year Quality Improvement Work Plan. The Quality Management Program description will be submitted to the MVBCN Quality Management Committee for initial review and approval. The annual QI Work Plan and any updates or revisions to the Quality Management Program will be reviewed annually by the MVBCN Quality Management Committee. The QM Program and QI Work Plan evaluation will be used as one requirement of provider profiling and membership renewal. The MVBCN Quality Management Committee will provide technical assistance to MVBCN members in support of meeting the requirements of this policy.

The QM Program will, at the minimum, meet the following standards:

- 1.0 The QM Program will have a written description of the agency’s quality management structure which includes:
 - 1.1 A statement describing how the QM Program is accountable to the highest level of management within the organization.
 - 1.2 A mechanism for annual evaluation and updates as necessary.
 - 1.3 Designation of behavioral health care practitioners (QMHP or Licensed Medical Practitioner) who will have substantial involvement in QM Program implementation.

- 1.4 A designated committee which oversees and is involved in QM activities.
 - 1.4.1 The written description specifies the role, structure, function, and frequency of meetings of the QM Committee.
 - 1.4.2 Contemporaneous (created at the time the activity is conducted), dated and signed minutes reflect all QM Committee decisions and actions.
- 2.0 The Quality Management Program will have a written description of the agency's performance monitoring activities, including but not limited to:
 - 2.1 Utilization management activities or approaches;
 - 2.2 Clinical records review;
 - 2.3 Critical incident reporting; and
 - 2.4 Member complaints and appeals and their resolution.
- 3.0 The QM Program will have a written Quality Improvement Work Plan, updated annually, which includes a description of:
 - 3.1 Objectives, scope and planned activities for the year.
 - 3.1.1 Organization identifies issues for assessment and evaluation that are relevant to its delivery system and the clinical issues affecting its clients.
 - 3.1.2 Evaluation includes tracking measurable objectives, the methods and resources allocated for collecting information, and the actions taken as a result.
 - 3.2 How clinical staff participate in the planning, design and implementation of the QI Work Plan.
 - 3.3 How allied organizations, members and advocates and/or families are used as resources in QI activities on an ongoing basis.
 - 3.4 Planned annual evaluation and improvement of the QI Work Plan, including documentation that QI activities have contributed to meaningful improvements in continuity and coordination of care.
 - 3.5 Participation in annual survey of member and stakeholder satisfaction and other projects in conjunction with the MVBCN Quality Management Committee.

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Participating members of the MVBCN may utilize the checklist below for self-evaluation of current practices. This can serve as a guide in requesting technical assistance from the Quality Management Committee.

DOCUMENTATION OF QUALITY MANAGEMENT ACTIVITY		
<i>Standard</i>	<i>Complete</i>	<i>Incomplete</i>
1.0 The QM Program will have a written description of the agency's quality management structure which includes:		
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3.1.2 Evaluation includes tracking measurable objectives, the methods and resources allocated for collecting information, and the actions taken as a result.		
3.2 How clinical staff participate in the planning, design and implementation of the QI Work Plan.		
3.3 How allied organizations, members and advocates and/or families are used as resources in QI activities on an ongoing basis.		
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3.5 Participation in annual survey of member and stakeholder satisfaction and other projects in conjunction with the MVBCN Quality Management Committee.		

RATIONALE:

The QI Committee is charged with developing, implementing, and overseeing the QI program. To accomplish this, the Committee determines what QI activities the organization will undertake, analyze the results of the QI activities to determine if there are opportunities for improvement, approves action plans to affect improvement, and follows up to ensure that the action plans are effective. Timely written minutes document committee decisions and actions for internal and external use.

Participating behavioral health care practitioners are directly involved in providing behavioral health care and bringing significant “real world” perspective to quality management and improvement activities. It is important, therefore, that such practitioners are involved in the development and implementation of specific QI activities, including identifying, measuring, and improving clinical care and service. Participating practitioners who are involved in the MHO’s QI program ensure close linkage to the practitioner/provider community. They help the MHO educate its participating providers about the principles of quality management and QI, the MHO’s QI Program and its specific quality activities, and the results of these activities. They also solicit feedback from the provider community about the program.

A comprehensive QI program encompasses a wide range of activities including clinical care, clinical service, and member service. Many of these activities are the responsibility of specific departments, such as provider services, utilization management, provider relations, contracting, and credentialing. Therefore, it is important that the QI program coordinate activities and share information with other parts of the organization that monitor performance in these areas.