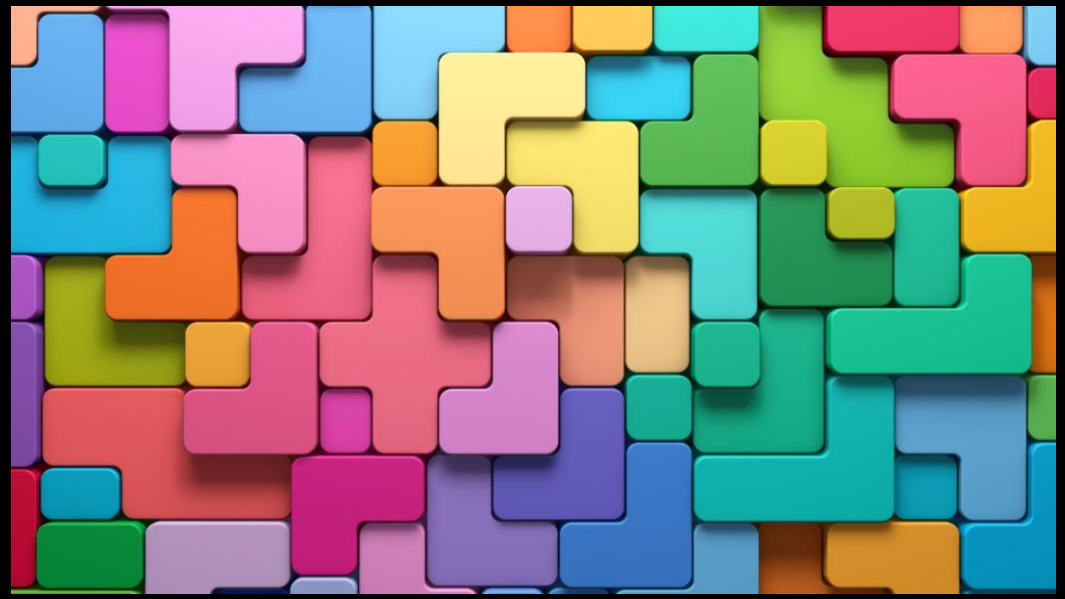
LCBHS



External Quality Review Organization Review Results for 2023

Lake County Behavioral Health Services

What is an EQRO Review?

- Annually, County Mental Health Plans are required to participate in an External Quality Review Organization (EQRO) Review as required by Title 42, Code of Federal Regulations, Part 438, Subpart E.
- The Department of Health Care Services contracts with an independent organization to conduct this review.
- This EQRO Review is different from an audit, as there is no recoupment of Medicaid or other funds associated with the review.
- EQRO reviews consist of site visits, consumer (beneficiary) and family focus groups, MHP and provider/staff focus groups, data analysis and reporting, information systems review, and the evaluation of MHP Performance Improvement Projects (PIPs).

Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial		# Not Met	
			Last Year (22/23 FY)	***This year (23/24 FY)***	*Last Year (22/23 FY)*	***This year (23/24 FY)***
Access to Care	4	4	0	**0**	0	**0**
Timeliness of Care	6	6	5	**0**	0	**0**
Quality of Care	10	5	0	**3**	2	**2**
Information Systems (IS)	6	3	3	**2**	0	**1**
TOTAL	26	18	8	**5**	2	**3**

Summary of Key Components

2022/2023 FY				
Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	1	5	0
Quality of Care	10	8	0	2
Information Systems (IS)	6	3	3	0
TOTAL	26	16	8	2

2023/2024 FY				
Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	5	3	2
Information Systems (IS)	6	3	2	1
TOTAL	26	18	5	3

Quality of Care

Ensuring that all timeliness data can be tracked and reported for the entire system of care – *partially met*

- Smartcare (electronic health record) was implemented in 3/23
- Lake was one of three pilot counties
- Smartcare is new to CA and tracking/reporting systems were slow in development

What WE are doing about it:

- Increase our focus/engagement to our network providers (office hours, onboarding plans, training plans)
- Participate in CalMHSA focus groups to ensure that reporting requirements are built in the system
- Orienting & monitoring our network providers

Quality of Care

Create a system, memorialized in the Quality Work Plan, to measure clinical and/or functional outcomes of members served, and utilize information from the Beneficiary Satisfaction Survey to create dialog for possible areas of quality improvement.*– partially met*

- Beneficiary Satisfaction Surveys have received limited responses from Lake county beneficiaries in the past due to inefficiencies in the survey tool & short period of acceptance (5 days)
- Outcomes data has historically been challenging to obtain from our previous electronic health record.

What WE are doing about it:

- Smartcare allows for reporting on DHCS vetted outcomes tools such as the Child & Adolescent Needs and Strengths (CANS) and 35-item Pediatric Symptoms Checklist (PSC-35)
- Implementing an evidenced-based outcomes tool for Specialty Mental Health Services (SMHS)
- Creating Quality Improvement goals around tracking/monitoring outcomes for the CANS, PSC-35 and the selected evidenced based outcome tool for SMHS

Quality of Care

Develop and implement a plan to provide user access to historical member data that is not converted to the new SmartCare EHR.– *partially met*

- Access to our former electronic health record is still available
- Working with CalMHSA to implement a data archive utility

What WE are doing about it:

- A Data archive utility is being developed by CalMHSA as part of a multi-county model designed to address the data archival needs of several counties who used Anasazi (our former electronic health record) prior to moving to Smartcare

Information Systems

There were internal inconsistencies in the ATA data provided suggesting a lack of data integrity verification. Although heavily dependent on their vendor, they are behind in state reporting and unable to submit the health provider directory in the 274 electronic data interchange format. They do not have a data warehouse to support data analytics - *not met*

- Provider directories were never configurable in the previous electronic health record
- As a small/medium county department, LCBHS has never had access to the resources or means needed to develop a data warehouse to support data analytics at this level

What WE are doing about it:

- leveraging the strength of the multi-county partnership through CalMHSA and other contractor supports to support analytics & dashboards
- Working with CalMHSA to implement a health information exchange (HIE) with the capacity to generate provider directories in electronic interchange format

Information Systems

They are not using the HIE which they went through the effort to implement. Also, contract providers do not enter clinical data such as progress notes and problem lists into the EHR, although they can look up this information if it was entered by county staff. *- Partially met*

- Technical issues with the previous electronic health record limited the ability of many of our contracted providers to enter data directly into the E.H.R.
- Smaller contracted providers found it challenging to utilize our electronic health record when they contract with other counties who may be using a different system and/or have their own system.
- At the time, we selected the only HIE available to us within our region. The HIE we selected did not have direct configurability with our new electronic health record. Implementing it has been challenging and better options have come up that better meet our needs.

What WE are doing about it:

- More contracted providers than ever are being oriented to our electronic health record than before due to increased accessibility (it's web-based) and due to other county departments in the region also using Smartcare.
- We are sourcing HIE options that are more configurable with our electronic health record and meet all the mandates of interoperability.

Information Systems

Integrity of Medi-Cal claims process is partially met because there has been very little Medi-Cal billing for any services delivered after March 2023. They are heavily dependent on their vendor to resolve the billing issues. In contrast, their billing records for CY 2022 showed consistent billing and a 0.79 percent denial rate compared to the 5.92 percent state average.- *Partially met*

- Smartcare was implemented (as a pilot) in 3/2023 so it was anticipated that billing challenges would present as part of that implementation
- Regulatory improvements and efficiencies (such as CalAIM & payment reform) implemented in the same year resulted in additional technical challenges

What WE are doing about it:

- Billing issues are being addressed through regular advocacy by our staff with CalMHSA who is contractually responsible for ensuring that billing through the electronic health record is functional.

Summary of MHP Strengths

- The four peer-run centers provide an array of services and immense support to diverse populations. Peer employees are very appreciative of the changes made by the new director to enhance peer support.
- The MHP's timeliness for first offered non-urgent appointments, urgent appointments, and post-discharge outpatient follow-up meets DHCS standards.
- The MHP's strategies such as paid clinical supervision and adding contracts for psychiatry have proven successful in improving timely access to care.
- The MHP reported positive changes from the implementation of California Advancing and Innovating Medi-Cal (CalAIM) projects related to payment reform.
- The MHP has strong collaboration with key stakeholders in their outreach efforts to reach diverse populations including the homeless, Native American, and Latino.

Summary of MHP Opportunities

- The MHP did not implement a clinical PIP for this year's review.
- The MHP's quality assessment and performance improvement (QAPI) plan is not current and includes the evaluation for FY 2020-21 goals. The QAPI does not include clinical and functional outcomes related goals.
- Lack of clear data definitions for timeliness metrics and errors in computing these metrics may impact review of accurate data and related qualitive improvement (QI) activities.
- There are problems with access to informational materials and forms in Spanish both for staff and plan members that may have a negative impact on timely access to care for the monolingual members and MHP's low Hispanic penetration rate.
- Key informants expressed problems with upward communication beyond the supervisor that has created hurdles in addressing their concerns and may impact timely access to care and quality of services to the plan members.

Summary of MHP Recommendations

- Implement a clinical PIP for the next review.
- Submit an updated QAPI work plan evaluation for the past three fiscal years and a QAPI work plan for FY 2024-25 which includes goals related to clinical and functional outcomes data from outcome tools. (This recommendation is continued from FY 2022-23)
- Create a workgroup that includes executive leadership, QI team, information systems (IS) staff, and program staff to ensure clear data definitions for the tracking of all data metrics in the new electronic health record (EHR). Report on the progress of the workgroup's efforts.
- Ensure all information materials and forms are available in Spanish to line staff and plan members including website information and improve outreach to Latino population. Report if there is an increase in the numbers served for FY 2023-24.
- Establish bi-directional communication with line staff and address concerns related to high caseloads and staff turnover through an organized and consistent communication channel.