




United Behavioral Health

<b>Performance Improvement Projects</b>			<b>Policy Identifier/Number:</b> QA-03
<b>Annual Review Completed Date:</b> February 2019			
<b>Policy Category:</b> Government – Pierce Regional Support Network	<b>Applicable Lines of Business:</b> Medicaid	<b>Entity/Plan:</b> Optum Pierce Behavioral Health Organization	<b>State:</b> Pierce County, Washington
<b>Approved by:</b> Bea Dixon, Executive Director		<b>Signature:</b> 	

**Policy Statement and Purpose**

Optum Pierce Behavioral Health Organization (BHO) engages in at least 1 clinical and 1 non-clinical Performance Improvement Project (PIP) each year. These projects will achieve, through ongoing measurements and intervention, significant improvement sustained over time, in clinical and non-clinical care areas that can be expected to have a favorable effect on health outcomes and enrollee satisfaction. Optum Pierce BHO is responsible for completion of activities related to all PIP topics chosen by the Washington State.

To establish the Optum Pierce BHO Quality Assurance and Performance Improvement (QA/PI) Unit's responsibility in coordinating PIPs to improve clinical and administrative services delivered to enrollees and families.

**Policy Audience and Applicability**

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

**Policy Definitions**

N/A

**Policy Provisions**

1. Optum Pierce BHO conducts any PIPs mandated by the DSHS.
2. Optum Pierce BHO may choose additional PIPs beyond those mandated by DSHS.
3. PIPs are to be based on performance measures that are objective, measurable, and based on current knowledge/best practices including at least those defined by the DSHS in the agreement with Pierce BHO. PIPs are to include:
  - 3.1. An analysis of Medicaid-enrolled Individuals in care covering a representative sample;
  - 3.2. Measurement of performance using objective quality indicators;

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

- 3.3. Implementation of system interventions to achieve improvement in quality;
  - 3.4. Evaluation of the effectiveness of the interventions;
  - 3.5. Planning and initiation of activities for increasing or sustaining improvement;
  - 3.6. Efficient use of human resources; and
  - 3.7. Efficient business practices.
4. The QA/PI Committee prioritizes activities and continually monitors for improvement.
    - 4.1. To select areas for possible PIPs, Optum Pierce BHO assesses the demographic characteristics, health risks of its covered Medicaid population and the entire range of behavioral health services provided to ensure that all major population groups, care settings and types of service are included in the scope of the review.
    - 4.2. Based on the results of its analysis, Optum Pierce BHO prioritizes clinical issues that reflect the health needs of significant groups within the covered Medicaid population. These clinical needs form the basis for PIP selection.
  5. All formal clinical and non-clinical PIPs are developed and implemented with continuous and substantial involvement of practicing behavioral health providers, under the direction of the QA/PI Manager and the Senior Clinical Quality Analyst with Performance Improvement responsibilities. This collaboration occurs through the provider representation on the QA/PI Committee, which endorses the PIPs.
  6. Individuals in services and their families are asked to collaborate with Pierce BHO in the selection and implementation of clinical and non-clinical PIPs. This collaboration at a minimum occurs through the Consumer and Family Advisory Subcommittee and enrolled Medicaid individuals and family representation on the QA/PI Committee, which is accountable for PIP endorsement.
  7. Once topics for PIPs are selected, either by DSHS or through the internal selection process, the Plan/Do/Check/Act cycle is invoked to guide the PIP process:
    - 7.1. Plan
      - 7.1.1. Select the problem to be analyzed and clearly define the problem.
      - 7.1.2. Identify potential causes/root causes of the problem by collecting and analyzing data.
    - 7.2. Do
      - 7.2.1. Generate potential interventions that will address the root causes of the problem.
      - 7.2.2. Choose the intervention(s) deemed most likely to affect positive change.
      - 7.2.3. Implement the chosen intervention.
    - 7.3. Check
      - 7.3.1. Analyze data to see if the intervention or interventions are having the intended effect.
    - 7.4. Act
      - 7.4.1. If the intervention was successful, continue to look for incremental improvements to refine the solution.
      - 7.4.2. If the intervention was not successful, investigate and attempt other interventions and check the results.
    - 7.5. Once satisfactory improvement has been achieved, continued monitoring of data

is put in place to make sure improvements are maintained.

8. Each PIP is to be completed in a reasonable time period so as to generally allow information on the success of PIPs in the aggregate to produce new information on quality of care every year.
9. The QA/PI Committee and the Consumer and Family Advisory Subcommittee are updated on a regular basis regarding progress on PIPs and asked for their continued collaboration to improve performance and services.

#### **Related Policies, Procedures & Materials**

- Pierce Behavioral Health Organization Policy: QA-01 - *QA/PI Program Description and Work Plan*
- Pierce Behavioral Health Organization Policy: QA-04 - *QA/PI Monitoring Important Aspects of Care and Service*
- Pierce Behavioral Health Organization Policy: QA-06 - *QA/PI Committee Structure*
- Pierce Behavioral Health Organization Policy: QA-09 - *Quality Review Team*

#### **Attachments**

N/A

#### **Approval History**

- Policy created and effective: 07/2009
- Policy and Procedure Committee review and approval: 10/26/2009
- Policy and Procedure Committee review and approval: 08/23/2010
- Policy and Procedure Committee review and approval: 09/26/2011
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 12/15/2014
- Policy and Procedure Committee review and approval: 02/24/2016
- Operational Procedures and Standards Committee Reviewed and Accepted: 01/25/2017
- Optum Pierce BHO reviewed and accepted: February 2018