PERFORMANCE IMPROVEMENT PROJECT (PIP) DEVELOPMENT & IMPLEMENTATION TOOL

BHC

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
NONCLINICAL PIP
FISCAL YEAR 2020-21

PIP PLANNING, SUBMISSION, AND IMPLEMENTATION WORKSHEETS

Worksheet 1: Drafting the PIP Topic
Worksheet 2: Drafting the Aim Statement
Worksheet 3: Identifying the PIP Population
Worksheet 4: Describing the Sampling Method
Worksheet 5: Selecting PIP Variables and Performance Measures
Worksheet 6: Describe Improvement Strategy (Intervention) and Implementation Plan
Worksheet 7: Describing the Data Collection Procedures
Worksheet 8: Data Analysis and Interpretation of PIP Results
Worksheet 9: Likelihood of Significant and Sustained Improvement Through the PIP

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

WORKSHEET 1: DRAFTING THE PIP TOPIC

MHP/DMC-ODS Name	County of Los Angeles – Department of Mental Health (Department, DMH)
Project Leader/Manager/Coordinator	Jennifer Hallman and Kalene Gilbert
Contact email address	JHallman@dmh.lacounty.gov KGilbert@dmh.lacounty.gov
Performance Improvement Title	Closing the Gap Between the Access to Care Beneficiaries Receive and What is Expected
Type of PIP	☐ Clinical ☒ Non-clinical
PIP period (# months):	Start 02/2020 to End 02/2023
Additional Information or comments	Technical assistance (TA) was provided on 1/28/20, 2/12/20, 4/21/20, 7/27/20, and 8/31/20.

Briefly describe the aim of the PIP, the problem the PIP is designed to address, and the improvement strategy.

DMH is introducing additional compliance monitoring, TA at the directly-operated (DO) and Legal Entity (LE) level, as well as increased accountability measures to support its efforts in sustaining effective processes to adequately receive and respond to initial requests for services. Per State and federal regulations, all mental health plans (MHPs) are required to monitor their clients' access to appropriate and timely care. According to DMH Policy number (No.) 302.07, titled "Access to Care," the Department's Quality Assurance (QA) unit will monitor the entire outpatient network's compliance with timely access standards and each provider will be held accountable to the implementation of quality review strategies to ensure that their appointments are offered within the expected timeframes. Until now, the Department did not have a formalized approach to addressing its barriers to access to care.

Any interventions targeting long wait times for initial appointments will require adequate tracking, reporting, and awareness of the system's access to care data overall. In a system as large as the Los Angeles County MHP, when data analysis is limited to the LE, Service Area (SA), or MHP level, there are missed opportunities for provider-specific continuous quality improvement (CQI). As an MHP, DMH is meeting all timely access standards as defined by the Final Rule. However, further analysis at the provider level and by referral type revealed, 365 providers were not meeting timeliness expectations for routine services, 92 providers were not meeting timeliness expectations for urgent services, and 98 providers were not meeting the Department's

inpatient discharge/jail release timely access requirements[1]. Moreover, there were 196 providers who responded with timely appointments to requests from beneficiaries for routine, urgent, or follow-up care, at a rate of 60% or less.

In fiscal year (FY) 2020-21, nonclinical PIP efforts will target the rate to which beneficiaries are receiving timely routine, urgent, and follow-up hospital/jail release appointments. As early as September 2020, the Department will rollout audit and feedback (A&F) processes targeting compliance with timely access standards, such as identifying internal and external factors; measuring the impact of performance feedback at the provider-level; establishing training resources and tools; and tracking outcomes. Placing greater emphasis on data awareness, provider accountability, and barriers to timely care will support sustained improvement and better client health outcomes.

DMH's approach to improving timely access to care aligns well with the Centers for Medicare and Medicaid Services' (CMS) vision of delivering transformative care that encourages team collaboration, top-down coordination of services, and places client health as a priority. CMS promotes the importance of measuring access, sharing results, and any efforts to ensure services are accessible to beneficiaries. Access and availability of care is an important PIP topic.

Stable access to timely specialty mental health service (SMHS) appointments and follow-up care is vital for individuals managing a mental health condition. Mental illness is common and can present as a wide range of conditions that affect an individual's mood, thinking, behavior, and day-to-day life. Without treatment, these individuals are at-risk for a significant decline in their health status and daily functioning, and consequently, they may even become a danger to themselves or others. Timely appointments can positively impact client health outcomes, engagement in treatment, and save someone's life.

What MHP/DMC-ODS data have been reviewed that suggest the issue is a problem?

The County of Los Angeles is the most populous county in the United States and DMH is the largest county mental health department. With greater than 555 providers in its outpatient network, data monitoring related to timely access should not be limited to an expansive approach.

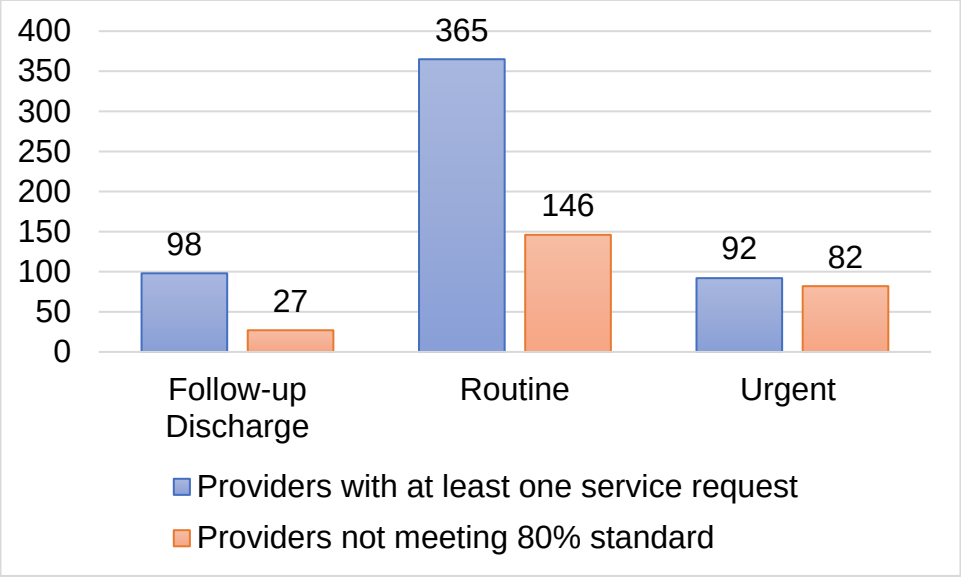
As required, DMH reports access to care data to DHCS, on a quarterly basis. Data submission includes information on all initial requests for outpatient SMHS during a three month period, the dates of the requests, referral sources, the corresponding first offered appointment and assessment dates, and any additional explanation as to why a service was not provided. Thus far, the Department has received only passing scores from DHCS and from a bird's-eye view, as an MHP, our overall timeliness appears to be within normal limits. It was suspected timely access standards and requirements at the provider-level would provide additional insight into the level of responsiveness potential clients are receiving from provider sites across the County. To test the

[1] These are not unique counts. Some providers may not be meeting timeliness standards for more than one type of referral/service request type.

hypothesis that gaps in timely access may be occurring at the provider level, access to care data for greater than 500 providers and 100 DOs/LEs, were reviewed for trends during a three-month period.

Between May and July 2020, a higher than expected number of providers were not meeting timeliness standards and were offering timely appointments in response to requests for routine, urgent, and follow-up care services at a rate of 79% or less (DMH standard; Figure 1.1). Of the 365 providers whom received at least one request for routine service between May and July 2020, 146 providers were not meeting DMH timely access standards (Figure 1.2). When the rate of timeliness was reviewed for providers who received at least one request for urgent services, 82 out 92, or more than half, were not meeting DMH standards (Figure 1.3). Of the 98 providers that received a request for follow-up care services during this same time period, 27 providers were not meeting DMH timely access standards (Figure 1.4).

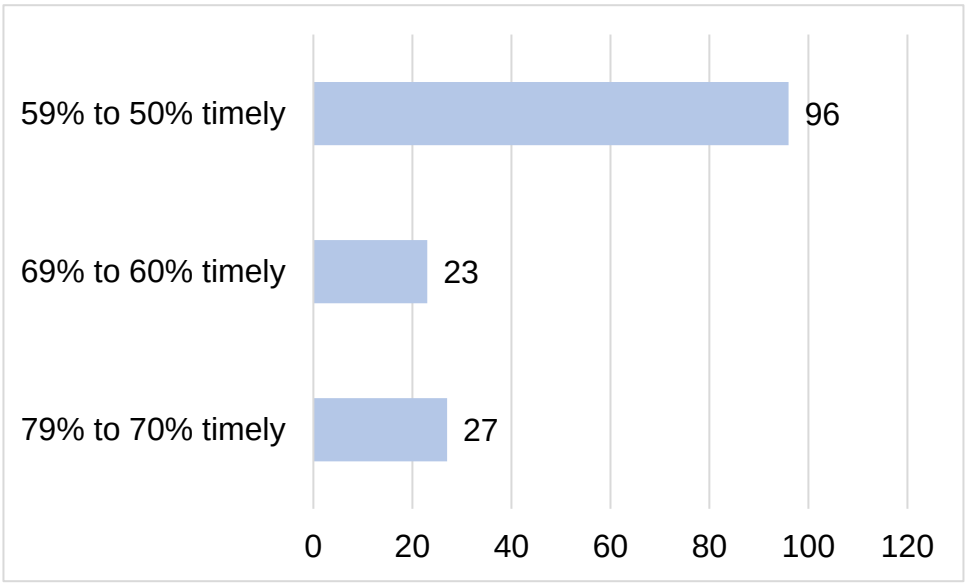
Figure 1.1. Provider Timeliness by Service Request Type



Data source: IBHIS SRL and SRL Webservice, May to July 2020 data. Reviewed in August 2020.

Approximately 32.6% (N=119) of providers were at or below 70% timeliness for routine services (Figure 1.2).

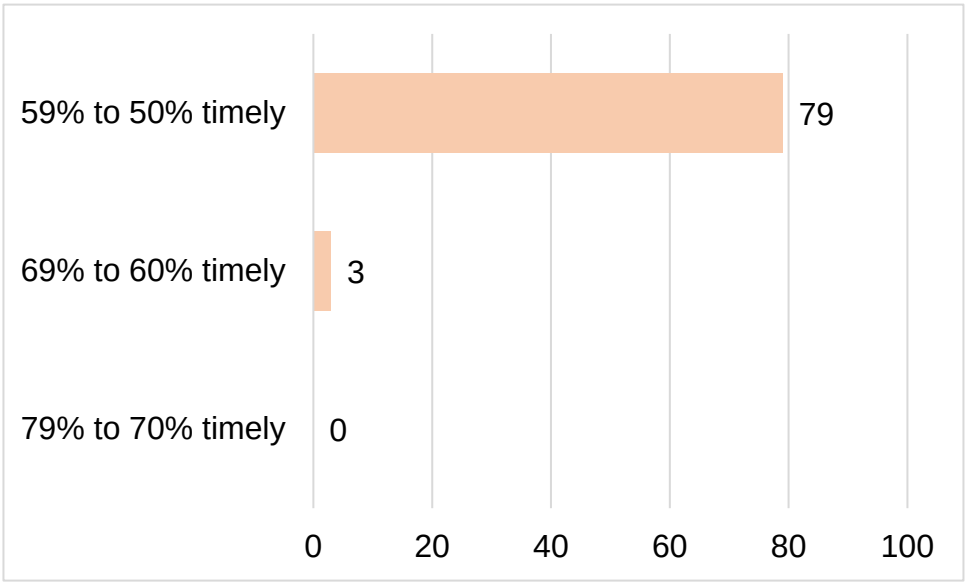
Figure 1.2. Rate of Timeliness for Requests for Routine Services by Provider Count



Data source: IBHIS SRL and SRL Webservice, May to July 2020 data. Reviewed in August 2020.

Roughly, 89.2% (N=82) of providers were at or below 70% timeliness for urgent services (Figure 1.3).

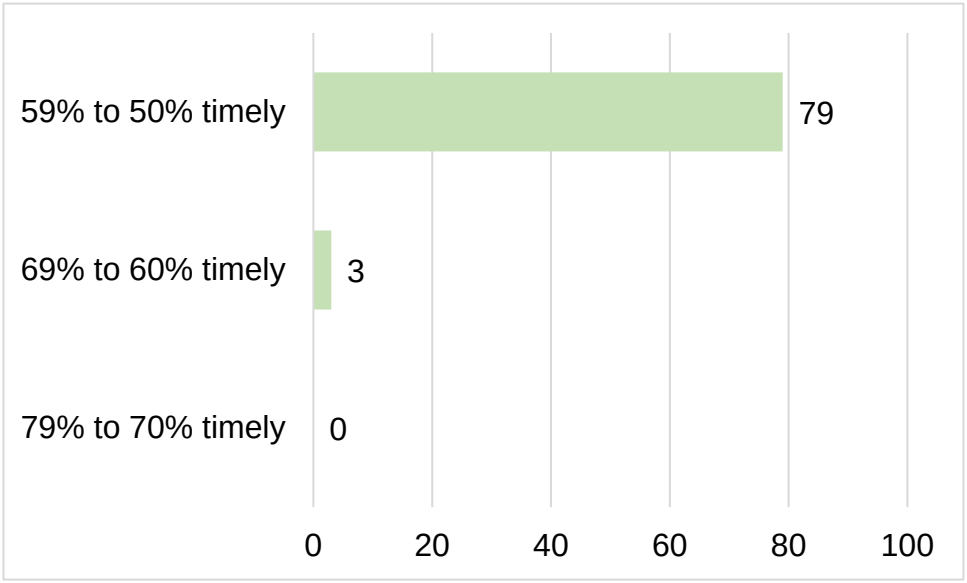
Figure 1.3. Rate of Timeliness for Requests for Urgent Services by Provider Count



Data source: IBHIS SRL and SRL Webservice, May to July 2020 data. Reviewed in August 2020.

A total of 24.4% of providers were at or below 70% timeliness for follow-up hospital/jail release services (Figure 1.4).

Figure 1.4. Rate of Timeliness for Requests for Follow-up Care by Provider Count



Data source: IBHIS SRL and SRL Webservice, May to July 2020 data. Reviewed in August 2020.

Between May and July 2020, initial requests for routine services showed the highest percentage of providers with untimely appointments and roughly 10% of providers were responding to requests for urgent services within expected timeframes. Some follow-up hospital/jail release appointment requests were met with untimely appointment but this category demonstrated the highest rate of timeliness among DMH providers.

DMH explored potential gaps in services due to cultural and linguistic differences in order to rule out timely access issues associated with referral source, age group, and gender. Ninety-eight percent of referrals that originated in schools were met with timely appointments. Self-referrals and those initiated by hospitals were met with timely appointments at a rate of 84% or more. At 58.9%, initial requests for child services demonstrated the lowest timeliness rate. Conversely, the transition age youth (TAY), adult, and older adult age groups received timely appointments at a rate of 80% or more. Moreover, potential clients whom identified as Male, Female, or Non—Binary were met with timeliness appointments at a rate of 80% or more. There does not appear to be inherent systematic issues impacting requests by referral source or gender. However, additional data review and statistical analyses are pending.

What are the barrier(s) that the qualitative and/or quantitative data suggest might be the cause of the problem?

DMH recognizes the need to examine the service capacity-related problems that are plaguing our diverse and often underserved communities. For this reason, the Department is currently exploring innovative methods of improving the system's timeliness data quality and system navigation (i.e., available slots/services). It is hypothesized that by addressing the outpatient system of care's capacity issues (i.e., inconsistent timeliness data and inefficient provider workflows surrounding program capacity) improvements in the percent of timely appointments may follow. To date, obtaining timeliness data validity and efficiency in provider to provider transfers has presented as one of the Department's greatest challenges.

Anecdotally, program capacity problems and provider to provider transfers are contributing to a portion of the network's untimely appointments. There are clear disparities in the size of caseloads among providers, and DO versus LE/Contracted programs. Providers lack clear benchmarks (based on fiscal allocations) for the number of clients they should treat and as a result, there has been an inequitable distribution of cases. Furthermore, according to DMH's "Access to Care" Policy, if a provider is unable to provide an initial assessment appointment within the required timeframes, the client's request for service should be transferred to an appropriate treatment provider or SA Navigator via DMH's Service Request Tracking System (SRTS) application and within five business days. To date, DMH's process of transferring a client to another provider has not been efficient, resulting in longer time periods between initial requests and offered appointments. Better technology, clearer expectations surrounding transfers, and consistency across SA navigation would be well-received. All of which will be considered in future developments of this nonclinical PIP.

Who was involved in identifying the problem? (Roles, such as providers or enrollees, are sufficient; proper names are not needed.) Were beneficiaries or stakeholders who are affected by the issue or concerned with the issue/topic included?

The DHCS – Mental Health Services Division (MHSD) conducted its triennial onsite review of DMH from February 4, 2019 to February 7, 2019. Per their findings, the Department's processes for monitoring: (1) access to care and services (timeliness of psychiatry, non-urgent, and urgent appointments) and (2) compliance to timeliness standards by all DMH providers, were not in compliance. As a result, DMH submitted a corrective action plan establishing an access to care monitoring plan for the entire outpatient network. The corrective action plan successfully outlines the Department's aggressive approach to monitoring and analyzing system wide access to care data but reviewing compliance data without actionable next steps does not support sustained improvement. Oversight for the access to care corrective action plan is housed in the Quality, Outcomes, and Training Division (QOTD) and more specifically, the QA unit.

The QA unit's efforts to increase training and education surrounding access to care policy and expectations are being met with multiple opportunities to interface providers and establish where the challenges lie. Elements of access to care are incorporated into all QA trainings. Supervisors are receiving greater detail on the expected timeframes and IBHIS users are receiving more information on the technical processes involved in data submission and measuring timely access. In turn, QA has been able to identify themes in resource needs and access to care barriers, from a line staff's perspective. The Error Correction Call-in is offered to DO programs, every 4th Thursday at 9:00 AM. The QA leads and program managers call-in to discuss the most frequent IBHIS errors and how they are being addressed. Access to care-related issues such as compliance trends, new QA processes, audit findings, and more recently, common documentation errors during the COVID-19 pandemic are regular agenda topics. This forum has offered QA insight into the access to care challenges that are presenting at the DO level and from a manager/supervisor or QA representative's point of view. Lastly, the Access to Care webinar series that launched in September 2018 has occurred monthly since January 2019. The webinars offer a stable forum to discuss

access to care requirements, support consistent understanding across all providers, address reoccurring questions/issues, and review scenarios with DO and LE providers delivering child and adult services. The QA unit has had regular and ongoing feedback from providers regarding their access to care challenges and administrative support needs. This level of engagement has also afforded the QA unit with the background knowledge on the CQI approaches that would generate the most responsiveness from program-level QA representatives.

QOTD leadership is establishing a subgroup of client/family members and other relevant stakeholders to share their perspectives on the various challenges to timely access, including the ones they may have encountered. The subgroup will work concurrently with DMH leadership on actionable next steps.

Due to special interest, three DMH Community Health Workers (CHWs) from the Whole Person Care (WPC)/Kin to Peer (KTP) program have volunteered as stakeholders for this project. DMH's WPC/KTP program serves Los Angeles County's most vulnerable Medi-Cal beneficiaries and connects individuals experiencing homelessness, justice involvement, barriers to healthy pregnancy, serious mental illness (SMI), substance use disorder (SUD), or complex health conditions to resources and support. Their personal experiences and perspectives, as it relates to the challenges that present when coordinating social services for high-risk and high utilizers of hospital and emergency departments, will contribute immensely to the development of this project.

Are there relevant benchmarks related to the problem? If so, what are they?

Access to care is the ability of the DMH system of care to see clients in a timely manner. Timely access is the number of business days from the date of request for a medically necessary service to the date of appointment and refers to outpatient Mental Health Services, Medication Support Services, Crisis Intervention, and Targeted Case Management services only. According to Behavioral Health Information Notice No. 20-012, "2020 Federal Network Certification Requirements for County MHPs (dated April 3, 2020), "Timely access or "appointment waiting time" means the time from the initial request for behavioral health care services, by a beneficiary or the beneficiary's treating provider, to the earliest date offered for the appointment for services."

As of July 1, 2018, the California Department of Health Care Services (State, DHCS) has established access to care timeframes and requirements for which DMH must follow and submit data related to, on a quarterly basis. DMH shares the same access to care standards as other managed care plans within the health network. Table 1.1 outlines the DHCS-established appointment timeframes that DMH follows.

Table 1.1. Timeframe Requirements for Requests for Services

Service Request Type	Timeframe Requirement	Authority
Routine MHS, TCM, MSS (non-psychiatrist)	10 business days	DHCS Info Notice 18-011 CCR Title 28, 1300.67.2.2
Urgent	48 hours (no pre-authorization) 96 hours (pre-authorization)	CFR Title 42, 438 CCR Title 28, 1300.67.2.2

Services for a condition or situation that, if not addressed, would be highly likely to result in an immediate emergency condition		
Discharge – Priority Discharged from acute inpatient facility, jail or juvenile justice facility	5 business days from date of discharge	National Committee for Quality Assurance (NCQA)/ Healthcare Effectiveness Data and Information Set (HEDIS) Measure

DHCS has set the benchmark for timely access at 70%. Given DHCS may increase this standard in the future, DMH is holding its providers to an 80% standard.

THIS SPACE INTENTIONALLY LEFT BLANK

WORKSHEET 2: DRAFTING THE AIM STATEMENT

What is the Aim Statement of this PIP? (The Aim statement should be concise, answerable, measurable and time bound.) Will the implementation of A&F processes (i.e., access to care monitoring reports, timeliness template, and conference call) for DO and LE/Contracted providers with access to care timeliness in the 79% or less range in May, June, and July 2020 improve the rate at which beneficiaries are receiving timely routine, urgent, and follow-up care appointments from these providers, by Quarter 3 (January, February, and March 2021)?
Briefly state the improvement strategy that this PIP will use. (Additional information regarding the improvement strategy/intervention should be supplied in Step 6.) The Department's access to care corrective action plan is a well-established framework for an A&F approach. A&F, as an improvement strategy, would involve supplying providers with a summary of their performance and prompting them to assess and modify their workflows. A&F is applicable to any data-driven efforts to improve accountability and client health outcomes. Moreover, in health care, performance feedback is widely understood as an opportunity to provide information on provider performance in key areas, guide the change management process, and can offer a snapshot into the clients' overall experience. Inherently, the A&F implementation plan is designed to address timely access where the problems present the most, such as the programs with timeliness at 60% or less but managing a higher number of initial requests.
Who is the population on which this PIP focuses? Provide information on the study population such as age, length of enrollment, diagnosis, and other relevant characteristics of the affected population. The PIP population shall encompass all Los Angeles County Medi-Cal beneficiaries, regardless of their race/ethnicity, age, gender, and/or geographical location. DMH is required to monitor and maintain networks sufficient to provide all Medi-Cal beneficiaries access to covered mental health services within specified timely access standards. Access to care monitoring and parallel improvement efforts will be adopted across the entire system to include both covered and uninsured clients, irrespective of their program or funding source.
What is the timeframe for this PIP, from concept development to completion? **Start 2/2020** – First TA session post CalEQRO FY 2019-20 review occurred on 1/28/20. DMH presented the access to care monitoring plan as a concept and was encouraged to incorporate SA level or provider-specific interventions. **End 2/2023** – DMH is introducing access to care monitoring, at this complexity, for the first-time. The rollout and interventions will start off generic and broad in nature. As the process evolves, so will the methodology. Due to the size of our outpatient network

(extra-large), the entire 36 months will be needed to truly demonstrate the impact of this project on our clients/beneficiaries' wellbeing.
Additional Information or comments

THIS SPACE INTENTIONALLY LEFT BLANK

WORKSHEET 3: IDENTIFYING THE PIP POPULATION

Who is the population on which this PIP focuses? Provide information on the study population such as age, length of enrollment, diagnosis, and other relevant characteristics of the affected population. Please include data, sources of information and dates of sources.

DMH's outpatient system of care consists of 146 DO provider locations, 160 LE/Contracted providers (555 provider locations), and roughly 11,120 practitioners (2,145 DO practitioners and 8,975 practitioners). The outpatient system treats about 230,000 unique clients each year and receives approximately 16,000 initial requests for services per month, resulting in about 14,000 scheduled appointments.

The PIP population will be best understood in the DO and LE/Contracted sites receiving the A&F interventions and more specifically, those with timeliness at 70% or less. Due to the size of our network, the more hands-on interventions will be limited to providers with untimely appointments for greater than 25 initial requests for routine services and/or more than six requests for urgent or follow-up inpatient/jail release services.

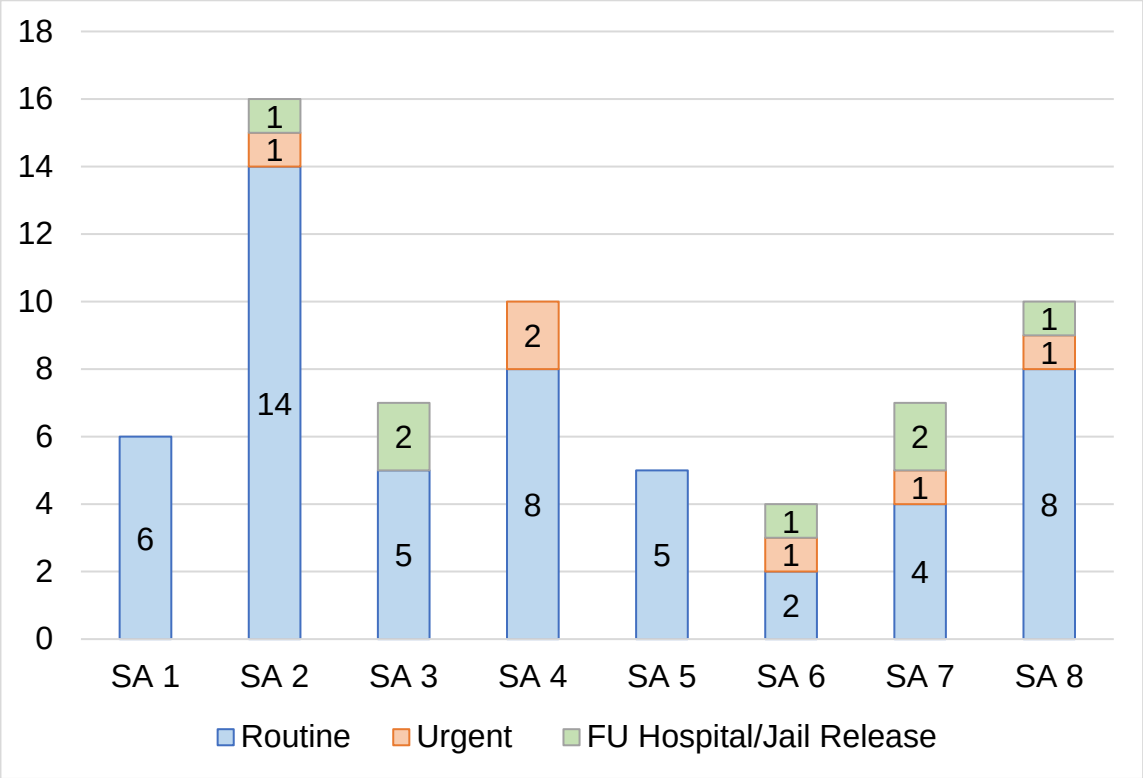
The nonclinical project will roll-out in September 2020 with a small and manageable cohort of providers. All providers who fell below 79% in timeliness for urgent, routine, and inpatient/jail appointments will be subject to some level of intervention (Figure 3.1). The target PIP population corresponds with the providers' timeliness rates/ranges during the study period. Twenty-eight providers are within the 70% to 79% timeliness range, or Fair category. Eleven providers are within the 60% to 69% timeliness range, or Weak category. Thirty-seven providers fell below 59%, or Concern category, and are slated for more hands-on interventions. Providers in the September cohort are found across all eight SAs (Figure 3.2). Additional information on the providers included in the September cohort, such as agency size and age groups served, will be added as the PIP develops.

Figure 3.1. PIP Population by Provider Counts and Rate of Timeliness

Service/Referral Type	Number of Providers			
	Fair 79% to 70% Timely	Weak 69% to 60% Timely	Concern Less than 59% Timely	Totals
Routine	25	9	27	61
Urgent	0	0	7	7
Hospital Discharge/Jail Release	3	2	3	8
Totals	28	11	37	

Note: Providers may be present in more than one category. Column and row totals are not expected to add up. Data above does not include all providers with less than 79% timely appointments during the study period. Data source: Systemwide Access to Care Monitoring Plan, May to July 2020; retrieved August 2020.

Figure 3.2. PIP Population by Provider Counts and Service Area



Note: Each SA varies in terms of size, density, and number of providers. Data source: IBHIS SRL and SRL Webservice, May to June 2020 data reviewed in September 2020

Will all enrollees be included in the PIP? ☒ Yes ☐ No
If no, who will be included? How will the sample be selected?
Additional Information or comments

WORKSHEET 4: DESCRIBING THE SAMPLING PLAN

If the entire population is being included in the PIP, skip Step 4.

If the entire population is NOT being included in the PIP, complete the following:

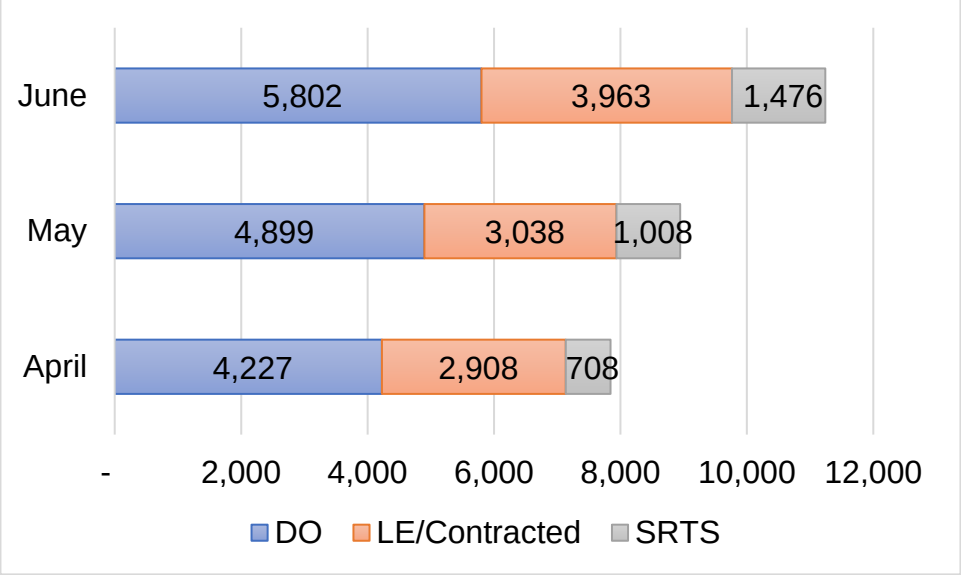
Describe the sampling frame for the PIP.

A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target PIP population, such as individuals, caregivers, households, encounters, providers, or other population units that are eligible to be included in the PIP. The completeness, recency, and accuracy of the sampling frame are key to the representativeness of the sample

A sampling plan will not be applicable to this project. The project's interventions will impact all beneficiaries entering our outpatient system of care for the first time, re-enrolling in services after discontinuing for some time, and/or those requiring follow-up care after a hospital discharge or jail release.

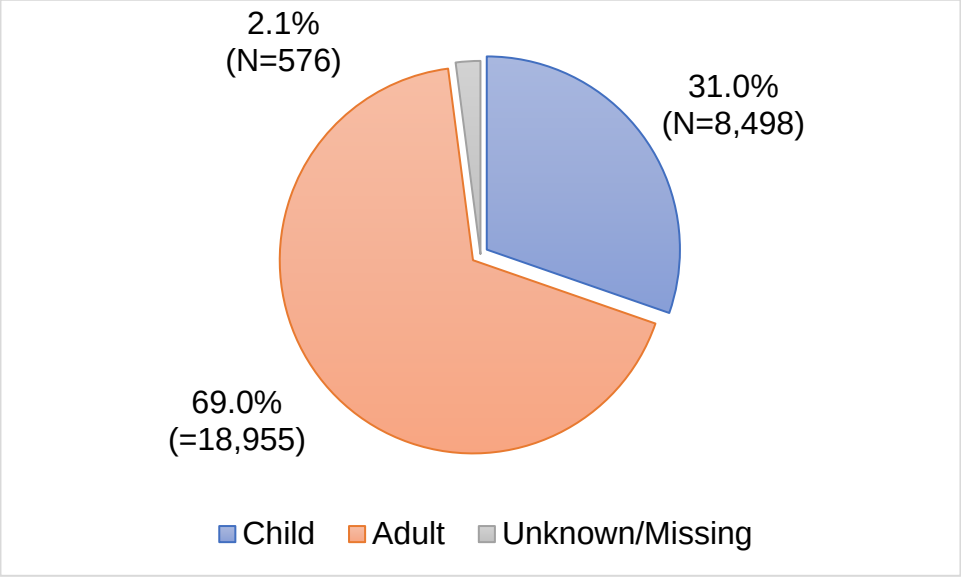
On any given day, the DMH outpatient system of care is managing a high volume of initial requests for services or follow-up care. For example, in the 4th quarter of CY 2020, which overlapped the unprecedented COVID-19 pandemic, DMH received more than 28,000 requests for services (Figure 4.1). Of which, 61% of these requests were for adult services and 31% were for child (Figure 4.2).

Figure 4.1. Number of Initial Requests for Services in Quarter 4 by Data System



Note: Roughly 2% (N=576) of the initial requests for services could not be categorized by age. Data Source: IBHIS, SRL Web Services, and SRTS data reports, April, May, and June 2020.

Figure 4.2. Percentage of Initial Requests for Services in Quarter 4 by Age Group



Note: Roughly 2% (N=576) of the initial requests for services could not be categorized by age. Data Source: IBHIS, SRL Web Services, and SRTS data reports, April, May, and June 2020.

The project's interventions will be applied at least quarterly and have the potential to impact all beneficiaries seeking DMH services. For that reason, the target PIP population would be an adequate representation of the beneficiaries seeking timely appointments and information from DMH DO and LE/Contracted providers.

Specify the true or estimated frequency of the event.
Determine the required sample size to ensure that there are a sufficient number of enrollees taking into account non-response, dropout, etc.
State the confidence level to be used.
State the margin of error.
Additional Information or comments

WORKSHEET 5: SELECTING PIP VARIABLES AND PERFORMANCE MEASURES

The questions below can be answered generally. Please complete the tables below for specific details.

What are the PIP variables used to track the intervention(s)? The outcome(s)? Refer to the tables 5.1 – 5.2 for details. DMH is striving to improve the rate at which beneficiaries receive timely initial and follow-up care appointments. The PIP will be introducing an access to care corrective action plan and parallel A&F processes to DO and LE/Contracted providers within the DMH outpatient network. The performance measures will include the number of routine, urgent, and follow-up hospital discharge/jail release requests/referrals receiving appointments within (and outside of) expected timeframes. Additional information on these variables and DMH's data sources are provided below (Tables 5.1 and 5.2). DMH is operationalizing access to care as the time period between the initial request for services and the first offered appointment. Initial appointments are scheduled with a clinician, for a specified date and time, and for the purpose of initiating an assessment. Timely appointments are offered within 10 business days of an initial request for routine services, two days (or 48 hours with no pre-authorization) for urgent services, and five days upon hospital discharge or jail release.
What are the performance measures? Describe how the Performance Measures assess an important aspect of care that will make a difference to beneficiary health or functional status? DMH stands by the open, no door is the wrong door, system of care with access to care being made available to beneficiaries residing in Los Angeles County through a variety of ways; including but not limited to SA navigators, walk-ins or phone calls directly to a clinic, or any number of other referral methods. By measuring the system's capacity to respond to the SMHS needs of beneficiaries entering or re-entering the outpatient system, DMH is more equipped to develop strategies that ensure the safety and mental health resources of its most vulnerable clients.
What is the availability of the required data? The data required for this project is highly accessible. The Chief Information Office's (CIO), Clinical Informatics team will oversee DMH's system wide access to care data collection, corresponding data analysis, and reporting. Several Clinical Informatics' staff are stakeholders in the PIP committee and/or standing members on the Department's Access to Care Leadership team. Each group will be reviewing access to care data on a monthly basis.
Additional Information or comments

TABLE 5.1 VARIABLE(S) AND INTERVENTION(S)

Goal	(Independent) Variable	Intervention	Performance Measure (Dependent Variable)	Improvement Rate
Decrease number of requests for outpatient S MHS being met with untimely appointments	1. Number of requests for services (urgent[1], routine[2]) made by a client, potential client, or someone on the client's behalf 2. Number of follow-up appointments offered upon hospital discharge/jail release	Rollout specific A&F processes to address compliance with (and barriers to) timely access: a. Distribute Access to Care monitoring results b. Notification email to providers not exceeding timeliness expectations (timeliness is 79% or less) b. Prompt/requirement to complete Access to Care Plan of Correction Template identifying internal/external factors contributing to challenges and actionable improvement plans (timeliness is 69% or less) c. Facilitate an Access to Care Timeliness conference call between the DO or LE provider, QA, and DMH access to care leads (timeliness is 59% or less)	1. Number of requests for urgent services offered an appointment within two days 2. Number of requests for routine services offered an appointment within 10 days 3. Number of follow-up appointments offered within five business days[3]	Expected percentage point (PP) improvements for: • Providers with timeliness between 70% and 79% = +5 PP improvement by Q3 Baseline: XX% (May, June, and July 2020) • Providers with timeliness between 60% and 69% = +10 PP improvement by Q3 Baseline: XX% (May, June, and July 2020) • Providers with timeliness at 59% or less = + 20 PP improvement by Q3 Baseline: XX% (May, June, and July 2020)

Note: Baseline measurement is pending. [1]Routine Service: Service not to necessitate emergency, urgent, or expedited services and scheduled for the first available appointment within the prescribed time frame. [2]Urgent Service: Service needed for the client or potential client who may present with a condition or situation that, if not addressed, would be highly likely to result in an immediate emergency condition (DMH Access to Care Policy No. 302.07; and [3]HEDIS: Follow-Up After Hospitalization for Mental Illness (FUH).

TABLE 5.2 SOURCES OF INDEPENDENT AND DEPENDENT VARIABLES

	Variable	Source of Data	Availability of Data
1	a. Number and type referrals; b. Number and percent of referrals with timely appointments; c. Percent of timely appointments by referral type at the DO and LE/Contracted provider level; and d. Number of providers not meeting timely access standards during the study period.	Three major source systems: 1. Integrated Behavioral Health Information System (IBHIS), the electronic health record (EHR) used by DMH directly-operated programs; 2. Service Request Tracking System (SRTS), a system used to track service requests and request referrals between providers used by DMH DO programs and LE/Contracted providers; and 3. Service Request Log (SRL) web service, a web-based solution for secure transmission of service request data to DMH from the EHR systems used by LE/Contracted providers across the MHP	Systemwide access to care data monitoring occurs monthly

THIS SPACE INTENTIONALLY LEFT BLANK

WORKSHEET 6: DESCRIBE IMPROVEMENT STRATEGY (INTERVENTION) AND IMPLEMENTATION PLAN

Answer the general questions below. Then provide details in the table below.

Describe the improvement strategy/intervention.

The **Department's corrective action plan is at the core of this nonclinical PIP**. An implementation team, also known as the Access to Care Leadership team, will establish clear processes for monitoring timely access and compliance, identify and monitor issues to be addressed, and ensure all efforts are distributed equally across the network. The monitoring report incorporates the entirety of the system's timely access data, including but not limited to timeliness data being housed in different applications. The **monitoring plan and A&F interventions involve the process of reviewing the timeliness of routine, urgent, and follow-up hospital or jail release appointments at the provider level and offering additional support to providers** whom present with the most challenges to access to care.

Access to Care Leadership Team

The Access to Care Leadership team will play an important role in project implementation. This team of core managers from various sectors of DMH's outpatient system of care meets on a bimonthly basis with system wide data review occurring at least monthly. The Leadership team **works collaboratively to address the external (systemic) factors contributing to timely access challenges seen in the data or as identified by providers.**

The Leadership team determines:

- What aspect(s) of the system should be monitors more closely?
- Who will maintain oversight of the monitoring?
- What is the frequency of data collection and review?
- Which elements of the data can be monitored to ensure data is reliable/valid?

The Deputy Director of QOTD is the Chairperson for the Access to Care Leadership team. The team collaborates on an agenda prior to each meeting and QA maintains the meeting minutes.

Systemwide Monitoring of Timely Access to Care

The access to care monitoring report combines data from IBHIS SRL, SRL Web Services, and SRTS. CIO and QA led the efforts to establish a **core data set (number and type of referrals and percent timely)** that incorporates data elements such as the CSI Assessment, Timely Access Notice issuance, and Network Adequacy. Data is aggregated at the provider and MHP level.

The access to care monitoring report includes:

- At the provider level:
  - Type of referral (Routine, Urgent, Inpatient/Jail discharge);
  - Number of referrals;
  - Number of timely appointments; and
  - Percent of timely appointments.
- At the MHP level:
  - By application (IBHIS SRL, SRL Webservices, SRTS)
    - Number of requests/referrals;
    - Percent of appointments given; and
    - Average number of days to offered appointments

Improvement strategies will be **applied according to the range of timely access that each provider falls in**. A timeliness rating system was developed to organize implementation (Table 6.1) and the cohort groupings will be as follows: timeliness in the 80% or above range will fall into the "Good" category, the 79% to 70% range is "Fair," 69% to 60% is "Weak," and 59% or less is "Concern."

Access to Care Monitoring Plan

The access to care monitoring plan reinforces a sustainable compliance feedback loop. The monitoring plan utilizes data from all points of access and **brings real and potential compliance concerns directly to the providers' attention**. In short, provider-level compliance with timeliness requirements and standards will be *audited* and reported back to them. Since **DMH strives for 80% timeliness, any provider not meeting this standard will be subject to corresponding A&F processes** and as a result, DMH will effectively identify providers that are not meeting expectations, even when overall performance appears within normal limits.

Audit and Feedback Processes

The PIP identifies **three structured and A&F-related processes targeting improvements in timeliness at the provider-level: (1) an email notification when timeliness is below DMH standards (79% or less), (2) ensuing template and plan of correction requirement when timeliness is 69% or less; and (3) additional monitoring and a conference call with QA and access to care leads when timeliness falls below 59%.** Providers with timeliness at 80% will receive a 'Good' rating and no further action will be required. Conversely, providers receiving 'Fair,' 'Weak,' and 'Concern' ratings will be expected to review their current processes at varying levels of DMH QA involvement. Providers are expected to monitor their own performance as it relates to access to care and timeliness. Outreach from QA should not be met with surprise.

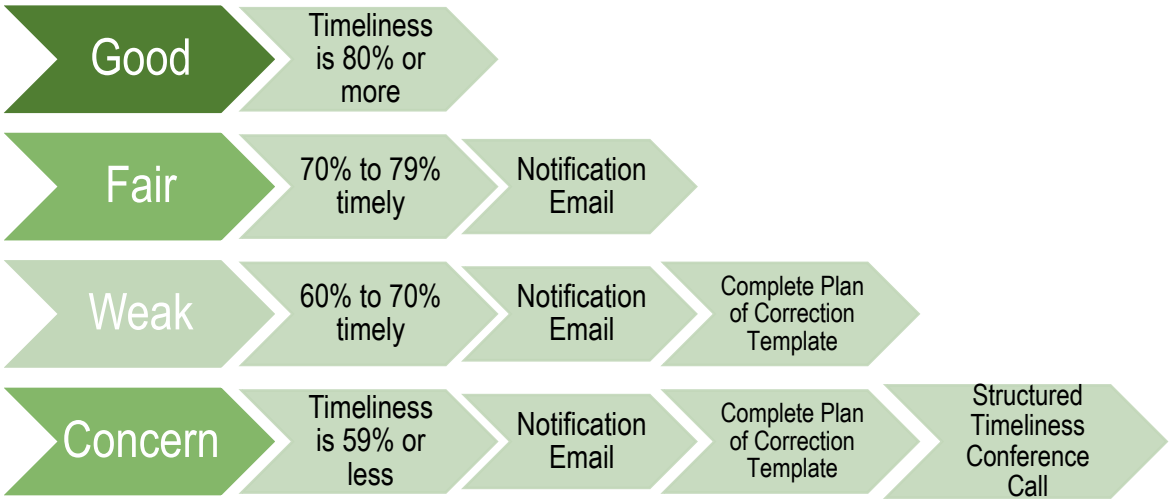
Email Notification when Timeliness Falls below DMH Standards. Program managers (DO) or QA representatives (LE/Contracted) will be notified via email when their quarterly timeliness metrics have fallen below DMH's 80% timeliness standard. QA will c.c. the respective SA Chiefs, CMMD Leads, and DO Lead(s) (if applicable).

The email notification will bring the data to the providers' attention and **open the lines of communication between provider, DMH administrative staff, and leadership**.

Access to Care – Plan of Correction Template when Timeliness is 70% or less. Providers with timeliness at 70% or less will receive their compliance rating via email as well as a prompt to complete a plan of correction template. The draft version of the plan of correction template is divided into four major sections to be completed in their entirety, namely: contact information for QA follow-up, "Identification of Factors Contributing to Difficulties," "Action Plan," and "Process for Issuing Notice of Adverse Benefits of Determination (NOABDs)" sections. The template is designed to support providers in their own process of identifying **internal/external factors contributing to their challenges with timely access as well as the actionable next steps** towards improvement.

Access to Care Timeliness Conference Call when Timeliness is at 60% or less. This intervention will be delivered at the DO and LE level to programs/providers with timeliness at 59% or less and for greater than 25 initial requests for routine services or six requests for urgent or follow-up discharge/release appointments. The aforementioned parameters will bring the **target PIP population down from more than 365 providers to a manageable cohort of 37 providers; specifically, those within the network who are demonstrating the most pressing timely access challenges with routine (N=27), urgent (N=7), and follow-up (N=3) requests for services**. Conference calls will be facilitated at the LE level. LEs with multiple providers within each cohort will be held accountable to one call that covers each of its providers. The conference call will be **structured, documented on a standard form and tracked in designated QA logs**. Call participants will include DMH QA staff and other access to care leads. Each call will include a **review of their timeliness data as well as prompts to review the internal/external factors, as identified in their required plan of correction templates, brainstorm resource needs**, and provide overall technical support. **The Department recognizes that this strategy approaches the problem at a high-level. With time, the trends in the system's timely access challenges, including resource needs, will guide the direction of subsequent interventions.** The Plan-Do-Study-Act (PDSA) cycles that reflect said efforts will be introduced as the PIP develops and at various times throughout implementation.

Table 6.1. Access to Care Compliance Monitoring and A&F Implementation Plan



What was the quantitative or qualitative evidence (published or unpublished) suggesting that the strategy (intervention) would address the identified barriers and thereby lead to improvements in processes or outcomes?

Establishing benchmarks and providing baseline data to providers can lead to an increase in compliance rates that are sustainable over time (Loy et al., 2016). Feedback in a healthcare setting promotes confidence and competence, particularly in physicians (Kaye, Okanlawon, & Urman, 2014). This research supports the development of a widely administered feedback system to increase support and performance among both DO and LE providers. Implementation of a standardized feedback system for all providers will improve the consistency of timeliness throughout the MHP for beneficiaries.

Incorporating performance coaching and individualized feedback can improve clinician performance, particularly clinicians that are considered underperforming at baseline (Papadakis, Cole, Reid, Assi, Gharib, et al., 2018). Report cards, that include performance rating systems, are useful tools that communicate levels of quality of care between providers and provide valuable information to consumers (Ireson, Ford, Hower, & Schwartz, 2002). This supports using a rating system such as that found in the access to care monitoring plan, which will provide site-specific feedback and benchmarks for goals to improve timeliness. The rating system will likely provide the most improvement for those providers falling in the Concern range.

After a review of the literature, Brehaut, Colquhoun, Eva, Carroll, Sales, et al. (2016) suggested that to increase effectiveness of feedback interventions recommended actions, or feedback, should 1) be consistent with established priorities, 2) improve and are under the recipient's control, 3) be specific, 4) occur at multiple instances, 5) occur as soon as possible and at a frequency based on caseload, 6) be individualized, 7) reinforce behavior change, 8) link visual display and summary messages, 9) provide

feedback in multiple ways, 10) easily interpretable, 11) address barriers to feedback use, 12) provide short, actionable messages with optional details, 13) address credibility of the information, 14) prevent defensive reactions, and 15) construct feedback through social interaction. This research supports the current intervention plans for providers falling into the Fair, Weak, and Concern categories of the access to care monitoring plan. The intervention (email, template, and/or conference call) is specific to the provider's category and will focus on provider-specific barriers to meeting timeliness guidelines. The providers that fall within the Concern range will receive the most in-person support directly from the QA team. They will work with the QA Team to develop problem-solving strategies and improve timeliness ratings.

For feedback strategies to be successful they should be embraced by senior staff and stakeholders, provided on a regular basis with accountability, and part of the overarching quality improvement strategy. Regular feedback and related training can reduce defensiveness in recipients and contribute to improvement in patient care (Kaye, Okanlawon, & Urman, 2014). This supports the system-wide application of the access to care monitoring plan. Previously, DMH PIP interventions have been delivered at the DO level. LEs are often left to make their own decisions and policies to allow for autonomy. However, this strategy can increase inconsistently in ways that LEs and DOs address shared barriers and system requirements. This can impair problem-solving strategies and communication regarding system-wide challenges and place additional strain on LE providers who typically have fewer resources.

Does the improvement strategy address cultural and linguistic needs? If so, in what way?

The Access to Care – Plan of Correction Template will prompt providers to identify potential cultural and linguistic factors that may be negatively impacting their access to care performance.

When and how often is the intervention applied?

The access to care monitoring report is updated on a monthly basis with provider-level data (for the previous three months) being aggregated and distributed quarterly.

Who is involved in applying the intervention?

The QOTD has assumed leadership for this nonclinical project. More specifically, the QA and Quality Improvement (QI) units due to their proximity to the Department's timeliness data, contributions to the concept's design and implementation, and familiarity in the improvement strategies applicable to the process of identifying and analyzing system wide access to care issues.

The QA unit's Policy and Technical Development team "develops and revises policies, forms, manuals, and bulletins associated with Medi-Cal SMHS, responds to audits, and supports DO programs in providing direct clinical services by assisting with workflows, developing and refining the Department's electronic health record system (EHRS), and facilitating the use of the EHRS both clinically (training end-users) and administratively

(leveraging system data for QA purposes)[2]." The PIP's efforts are appropriately housed with this unit. This team worked collaboratively with DMH leadership to establish the data and subsequent direction of the nonclinical project and will oversee the access to care monitoring plan, A&F intervention (email notification, plan of correction template, and structured conference call), as well as many other supportive administrative tasks.

How is competency/ability in applying the intervention verified?

A similar performance feedback approach has been used to address outstanding client treatment plans in DOs. More specifically, QA notified each program regarding their compliance status and held weekly meetings, as needed, to discuss any barriers to improving their performance. In this example, claims were held for providers demonstrating slow to no improvement. To date, DO treatment plans are close to 100% compliant.

In early 2019, the QA unit also introduced Timely Access Report Cards at the DO level. DO providers were alerted of their timeliness (percent of appointments offered within required timeframes) using a Green, Yellow, and Red rating system. Providers in the "Green" were 90% to 100% timely and those in the "Yellow" were 80% to 89% timely. When a program fell below 80% (Red) for three consecutive months, QA contacted the program for weekly calls and improvement strategies were discussed. This strategy led to some improvement with all but one DO program currently exceeding timeliness expectations. This method was informal in nature. Benchmarks and a formalized approach to addressing the alarming performance metrics was needed prior to a system wide rollout. Moreover, providers have expressed interest in regular access to care meetings to review trends in referrals/transfers, provide technical assistance (i.e., review of workflow processes), and discuss available resources.

How is the MHP/DMC-ODS ensuring consistency and/or fidelity during implementation of the intervention (i.e., what are the process indicators)?

DMH will monitor provider accountability, including but not limited to any improvements implemented and made at the providers including in each cohort, and more specifically those participating in the conference call. This information is relevant and important as the untimely access challenges and needs will help guide the future direction of this PIP.

Each intervention will be delivered in a structured format and tracked for consistency. The distribution list for the notification emails will be generated from the access to care monitoring report. All providers with a percentage of timely appointments at 79.99% or less will be slated to receive this intervention. The Plan of Correction template is a structured form to be completed in its entirety. The electronic versions of the Plan of Correction templates will be completed by providers with timeliness at 69.99% or less and returned to DMH QA within two weeks of receipt. The forms will be collected,

[2] Quality, Outcomes, and Training Division – Quality Assurance Unit. (n.d.). Policy & Technical Development. https://dmh.lacounty.gov/qa/

reviewed for themes, and housed with QA. The timeliness conference call will be facilitated in a structured format for the subset of providers with timeliness at 59.99% or less. A standard agenda and questionnaire will be used for each call. QA will maintain meeting notes. Details, such as date emails were sent, templates were received, or calls were scheduled/conducted will be documented in QA-maintained logs.

DMH providers are expected to maintain "quality review strategies" related to access to care standards but the level of adherence to this requirement is unknown. September 2020 implementation is well on its way. However, a pre-post measurement of provider knowledge in access to care standards and requirements, monitoring and tracking, and designing improvement strategies that stem from their data, would provide insight into the effectiveness of this intervention and where enhancements to our approach should be made. Once established, the pre-measure tool should be disseminated to all providers and ahead of the email notification. The post measure should be collected and analyzed for the group of providers receiving the timeliness conference call since this intervention is intended to demonstrate the most changes in the providers' approach to addressing their timely access challenges.

DMH will also introduce Access to Care training modules and a Standardized Urgent Needs Screening tool to assist with implementation. The Access to Care training modules will include an overview of relevant policies, scenarios, forms (DO and LE specific), and data submission. The training modules would help organize the information presented during the monthly access to care webinars in a central location and supports the need for universal and consistent understanding as it relates to access to care compliance and monitoring. The Standardized tool/screener will assist providers in determining which requests are considered 'urgent.' The tool will be presented as an optional resource. DHCS provides definitions for urgent and non-urgent requests for service but less is known about how providers are operationalizing these referrals in their program. It is hypothesized that these resources will be well-received. Providers are motivated to comply with the access to care monitoring plan as well as the A&F interventions. Compliance with audits is embedded in their contracts.

Additional Information or comments

Complete this table and add (or attach) other tables/figures/charts as appropriate.

TABLE 6.1 IMPROVEMENT STRATEGY SUMMARY

	Intervention	Intervention Target Population	Date (MM/YYYY) Intervention Began	Frequency of Intervention Application	Corresponding Process Indicator(s)
1	Access to Care Monitoring Report	Outpatient network of DMH providers	9/2020 (June, July, August data)	Monthly, Quarterly	Number of providers found non-compliant; including the number of providers in the Fair, Weak, or Concern categories (data source: monitoring report)
2	Notification Email	Providers with timeliness at 79% or less	9/2020	Quarterly	Number of email notifications sent to providers with timeliness at 79% or less (data source: QA logs)
3	Access to Care Plan of Correction Template	Providers with timeliness at 69% or less	9/2020	Quarterly	Number of *plan of correction* templates completed by providers with timeliness at 69% or less (data source: QA logs)
4	Access to Care Timeliness Conference Call	Cohort of providers with timeliness at 59% or less • Greater than 25 requests for routine services; or • Greater than six requests for urgent or follow-up discharge/ release services	9/2020	Quarterly	Number of conference calls held between DMH admin staff and providers with timeliness at 59% or less (data source: QA logs)

WORKSHEET 7: DESCRIBING THE DATA COLLECTION PROCEDURES

Describe the methods for collecting valid and reliable data.

Access to care data monitoring is performed based on the date from the initial service request for an appointment to the first offered or accepted appointment, and as logged by the provider, following their screening/triage. Data is extrapolated and aggregated using data stored in the Department's data warehouse. The accuracy and completeness of this data is confirmed by the Access to Care Leadership team, including CIO, Clinical Informatics staff, and QA.

What are the data sources being used?

As referenced in Table 5.2, this PIP will utilize access to care data from three sources: (1) the Integrated Behavioral Health Information System (IBHIS), an electronic health record (EHR) used by DO programs; (2) the Service Request Tracking System (SRTS), a system used to track service requests and request referrals between providers used by DO and LE/Contracted providers; and (3) the Service Request Log (SRL) web service, a web-based solution for secure transmission of service request data to DMH from the EHR systems used by LE/Contracted providers across MHP. Process measures, such as the number of identified internal/external factors impacting timely access or the number of completed conference calls and parallel follow-up tasks, will be tracked in logs maintained by QA.

What are the data elements being collected?

Length of Time from Initial Request to Offered Appointment

Providers are instructed to offer appointments within the timeframe requirements and based on their screening and/or triage findings. The timeframe is determined from the date of request (by the client or legal representative) or the date the client/legal representative agrees to services (per the referral for the services). Requests for services are made by an individual or someone acting on their behalf and may include referrals from other providers, the community, and collateral support. Initial requests are understood as any request for service for an individual that is not currently enrolled in services and may include a client that is new to the DMH system, last seen years ago and is requesting to be seen again, or a caregiver requesting that their child is seen by a different provider. All requests for services are screened and/or triaged to determine whether the need for services is emergency, urgent, expedited or routine.

DO programs rely on the SRL form in IBHIS to document initial requests for service. A small percentage of initial requests are documented using SRTS under specific conditions (e.g., the initial request for service results in transfer to a DO program for assessment). The SRL form in IBHIS requires the entry of a client ID number when an

appointment is provided. LE/Contracted providers use data entry forms that exist in their respective EHRs, equivalent in structure and content to the SRL. However, they may also use the SRTS. The number of business days between the date of request for urgent appointment and the first offered and accepted appointment dates is tracked in the SRL form in IBHIS and SRTS. Because the time of referral is not recorded in the SRTS, tracking the number of hours between request and appointment is not possible. Additionally, data identifying requests as urgent has not been transmitted by LE/Contracted providers via the SRL web service, but a pending modification to the web service will allow collection of that data in the near future.

Internal and External Challenges to Timely Access to Care

The completed Plan of Correction templates create a framework for identifying and analyzing the internal and external factors that, from the providers' perspective, are impacting timely access.

What is the frequency of data collection (daily, weekly, monthly, annually, etc.)?

The Access to Care monitoring report is generated on a monthly basis. Providers are expected to maintain up-to-date records of their initial requests and offered appointments. Access to care metrics are available on a daily basis and current plans are in place to make dashboards available, via Power BI, and for DO and LE/Contracted providers.

Who will be collecting the data?

The CIO, Clinical Informatics team oversees access to care data storage and analysis. The QA, Policy and Technical team will facilitate the A&F processes, develop supporting materials, and maintain up-to-date records/logs.

What data collection instruments are being used? Please note if the MHP/DMC-ODS has created any instruments for this PIP.

Two forms will be introduced to the September 2020 cohort: (1) the Access to Care Plan of Correction Template and (2) the Access to Care Timeliness Conference Call Form. A pre-post access to care knowledge-based measurement tool will be developed and introduced in Year two. Adjustments to the systemwide access to care monitoring report will be made on an as needed basis.

Additional Information or comments

WORKSHEET 8: DATA ANALYSIS AND INTERPRETATION OF PIP RESULTS

After carrying out the PIP, collecting, analyzing and interpreting the data, answer the following questions *with respect to the original aim of the PIP*:

What are the results of the study? The Access to Care conference calls are expected to yield significant results. T-tests will help determine if any improvements in timely access from pre to post intervention(s) were significant for the provider(s). Analysis of variance (ANOVA) will determine if changes were significant among the three service types (routine, urgent, inpatient/jail release).
How often were the data analyzed? The systemwide access to care monitoring will occur monthly and will be analyzed thereafter.
Who conducted the data analysis, and how are they qualified to do so? Data analysis will be completed by members of the QA and QI units in conjunction with CIO. QA regularly organizes, manages, and analyzes data regarding timeliness and State and federal requirements. QI is also involved in data analysis of beneficiary information. One of CIO's roles is to assist in housing and analyzing programmatic and Departmental data sets.
How was change/improvement assessed? Improvement will be assessed by comparing quarterly timeliness percentages for routine, urgent, and inpatient/jail appointments to the baseline percentages of the September 2020 cohort that were measured in May, June, and July 2020.
To what extent was the data collection plan adhered to—were complete and sufficient data available for analysis? At this time, the data collection plan has been completed as planned. Additional information will be provided once data has been collected on the September 2020 cohort in the next quarter.
Were any statistical analyses conducted? If so, which ones? Provide level of significance. Currently, it is expected that data will be analyzed using independent T-tests, Chi Square, and ANOVA.

Were factors considered that could threaten the internal or external validity of the findings examined? Internal validity is dependent on the providers' timely and accurate report of appointment scheduling. Historically, this has been a challenge. However, QA has established support for providers in the for of trainings, webinars, and reporting systems to improve this process over the last year and a half. External validity could be impacted by the COVID-19 pandemic by the type and number of appointments being scheduled. Using the system, including DO and LE/Contracted providers, as the population should decrease the threats to external validity. Additional factors may be identified at a later date.
Additional Information or comments

THIS SPACE INTENTIONALLY LEFT BLANK

Present the objective results at each interval of data collection. Complete this table and add (or attach) other tables/figures/charts as appropriate.

TABLE 8.1 PIP RESULTS SUMMARY

Performance Measures	Baseline Measurement	Re-measurement 1	Re-measurement 2	Dates of Baseline and Re-measurements	FINAL Measurement
Percent of Timely Routine Appointments	XX% (May, June, July)	TBD (August, September)	TBD (October, November, December 2020)	Baseline: August 20, 2020 R1: TBD R2: TBD	TBD
Percent of Timely Urgent Appointments	XX% (May, June, July)	TBD (August, September)	TBD (October, November, December 2020)	Baseline: August 20, 2020 R1: TBD R2: TBD	TBD
Percent of Timely Inpatient/Jail Release Follow-up Appointments	XX% (May, June, July)	TBD (August, September)	TBD (October, November, December 2020)	Baseline: August 20, 2020 R1: TBD R2: TBD	TBD

Note: Baseline measurement is pending.

WORKSHEET 9: LIKELIHOOD OF SIGNIFICANT AND SUSTAINED IMPROVEMENT THROUGH THE PIP

What is the conclusion of the PIP?
Do improvements appear to be the results of the PIP interventions? Explain.
Does statistical evidence support that the improvement is true improvement?
Did any factors affect the methodology of the study or the validity of the results? If so, what were they?
What, if any, factors threatened the internal or external validity of the outcomes?
Was the improvement sustained through repeated measurements over comparable time periods? (If this is a new PIP, what is the plan for monitoring and sustaining improvement?)
Were there limitations to the study? How were untoward results addressed? This study is dependent on the ability of providers to report accurate and timely data. The QA unit has been working to improve provider data reporting since 2018 through their Network Adequacy initiative, which assists both DO and LE/Contracted providers in providing accurate, timely data about provider sites, services, and service providers. SRTS is used by DMH providers and the ACCESS Center to make transfer requests. Some providers use this system to make referrals despite being advised to use the other available systems. Due to the inconsistency of the information available in the SRTS, it was determined the information should not be used as a PIP data source. The Service Request Log (SRL) is also limited in its ability to track timeliness of kept appointments. Regarding urgent appointments, SRL is unable to track hourly time frames which challenges the MHP to maintain the State requirement of scheduling within 48 hours. To adjust for this challenge while the issue is being resolved, the SRL is tracking daily time frames. Descriptive statistics were not yet available for the 2020 Timeliness data. At this time, it is unknown when they will be accessible. The COVID-19 crisis made a significant impact on the MHP in March 2020. Many employees were sent to work from home, clinics began providing limited in-person services and dramatically shifted to telehealth services. Consumer need for services also decreased. Specific to this study, impacts on timeliness of data reporting and types of appointments were likely effected. However, QA reported in May 2020 that the overall percentage of appointments remained steady with the exception of SRTS referrals. Requests for appointments and walk-ins decreased.
What is the MHP/DMC-ODS's plan for continuation or follow-up? The MHP will began tracking timeliness for offered versus kept appointments and no shows among DO providers to further improve timeliness of services.
Additional Information or comments

References

Brehaut, J. C., Colquhoun, H. L., Eva, K. W., Carroll, K., Sales, A., et al. (2016). Practice feedback interventions: 15 suggestions for optimizing effectiveness. *Annals of Internal Medicine*, 1-8. Retrieved from http://annals.org

Ireson, C. I., Ford, M. A., Hower, J. M., & Schwartz, R. W. (2002). Outcome report cards: a necessity in the health care market. *Archives of Surgery (Chicago, Ill. : 1960), 137(1),* 46–51. Retrieved from https://jamanetwork.com/journals/jamasurgery/fullarticle/212037

Kaye, A. D., Okanlawon, O., J., and Urman, R. D. (2014). Clinical performance feedback and quality improvement opportunities for perioperative physicians. *Advances in Medical Education and Practice, 3,* 115-123.

Loy, V., Kwiatt, J., Dodda, A., Martin, E., Dua, A., & Saeian, K. (2016). Performance Feedback Improves Compliance With Quality Measures. American Journal of Medical Quality : The Official Journal of the American College of Medical Quality, 31(2), 118–124. https://doi.org/10.1177/1062860614556089

Papadakis, S., Cole, A. G., Reid, R. D., Assi, R., Gharib, M., Tulloch, H. E., Mullen, K.A., Wells, G., & Pipe, A. L. (2018). From good to great: The role of performance coaching in enhancing tobacco-dependence treatment rates. *Annals of Family Medicine, 16(6)*, 498–506. https://doi.org/10.1370/afm.2312