

PERFORMANCE IMPROVEMENT PROJECT (PIP) DEVELOPMENT TOOL



CalEQRO FY22-23 Reviews

The Performance Improvement Project (PIP) Documentation Tool provides a structure for development and submission of PIPs. Based on the Centers for Medicare & Medicaid Services' (CMS) [EQR Protocol 1: Validation of Performance Improvement Projects \(PIPs\)](#), the tool is designed to assist the MHP/DMC-ODS to address all required elements of a PIP.

BACKGROUND

PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction. They should have a direct beneficiary impact and may be designed to create improvement at a member, provider, and/or MHP/DMC-ODS system level.

All MHPs/DMC-ODSs are required to have one active and ongoing clinical PIP and one active and ongoing non-clinical PIP each year as a part of the plan's quality assessment and performance improvement (QAPI) program, per 42 C.F.R. §§ 438.330 and 457.1240(b).

Each PIP will be evaluated annually by CalEQRO; every section should be reviewed and updated as needed to ensure continued relevance and to address changes to the study, including new interventions. Counties are encouraged to seek technical assistance (TA) throughout the year.

WORKSHEET 1: PIP TOPIC

“What is the problem?”

MHP/DMC-ODS Name	Los Angeles County Department of Mental Health (LACDMH)
Project Leader/Manager/Coordinator	Jen Hallman, LCSW, MPA Daiya Cunnane, PsyD
Contact Email Address	jhallman@dmh.lacounty.gov dcunnane@dmh.lacounty.gov
Performance Improvement Title	Improving Referral Management and Efficiency Through an Online Provider Directory
Type of PIP	<input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Non-clinical
PIP Study/Intervention Period:	Start (09/2021) to End (10/2022)

1.1 What is the goal/problem this PIP proposes to solve? How does it affect beneficiary health, functional status, or satisfaction with care?

Referral management, or transitioning clients in or between levels of care, requires immense coordination to achieve favorable outcomes. With well over 250,000 clients, LACDMH is an extensive Mental Health Plan (MHP). Previously, LACDMH relied on the Vacancy Adjustment and Notification System (VANS), Service Request Tracking System (SRTS), and the Provider Directory to manage provider-to-provider referrals and transfers. The Provider Directory information impacts the ability to transfer beneficiary services when a need is present due to a change in provider, location, or level of care. Accuracy is critical for beneficiaries and providers to link to services in a timely manner.

An inaccurate Provider Directory impacts referral management as providers, and beneficiaries, waste time and effort with inaccurate information while attempting linkage to timely specialty mental health services (SMHS). Historically, information was uploaded manually, and providers had no standardized way to describe or report data for the LACDMH directory. Providers also reported using directories updated from different sources. These directories often were updated internally and did not match the information in other directories. One example was the ACCESS Center that utilized their own, separate directory called the ERD.

In an effort to improve a beneficiary's journey through mental health treatment, LACDMH would like to make use of Lean methodology processes at the beginning of initial services, and referrals, to improve the beneficiary experience and standardize and streamline client-workflows for providers. Waste, or any part of the process that does not add value to the client's experience or service, should be removed as much as possible (Scoville & Little, 2014). Decreasing waste is especially important now as many providers struggle with staffing and capacity since the COVID-19 pandemic, all the while the community is in need of more mental health support than ever. Connecting individuals and beneficiaries to services in the most efficient way possible improves access to care and wait times for services, which can directly impact patient satisfaction (Michael, Schaffer, Egan, Little, and Pritchard, 2013).

LACDMH strives for accuracy and consistency of information displayed for community, beneficiary, and provider support. The Provider Directory lists the Directly Operated (DO) and Legal Entity (LE)/Contracted providers delivering services across Los Angeles County's Mental Health Plan (MHP). The Provider Directory intends to assist the public, beneficiaries, other providers, and LACDMH staff with information on the location and availability of services and a description of the type of services offered and age group and languages supported.

In healthcare, lean methodology creates value and reduces the environmental and administrative burdens that clients and staff experience. In Phase I of LACDMH's efforts to improve its systems for managing referrals and transfers (data accuracy and compilation), specifically, the streamlining of data entry and monitoring, the outpatient network's transparency on providers accepting beneficiaries, and administrative workflows will improve timely access to services.

Collaborative efforts between the LACDMH Chief Information Office Bureau (CIOB) and Quality Assurance (QA) unit, as well as stakeholders, led to the creation of the Network Adequacy Provider and Practitioner Administration (NAPPA) application, redesign of the Provider Directory software, and linking the NAPPA and directory targeting more efficient identification of available and local providers.

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

Figure 1.1 Problem Identification by Stakeholder Group

Quality Assurance Unit

- The QA Unit develops policies and guidelines; monitors adherence to governmental mandates; provides training and technical support; certifies the MHP's SMHS providers; supports the clinical functions of the Department's electronic health record (EHR) system; oversees the integrity, retention, and release of the Department's clinical records; acts as a liaison between the MHP and the State DHCS including during the DHCS Triennial System/Chart review and Short/Doyle Medi-Cal Hospital audits; and advocates for the MHP's position on SMHS-related issues with DHCS, the County Behavioral Health Director's Association (CBHDA), and other entities.

Chief Information Office Bureau

- The CIOB Unit provides application development, IT support, data management, data security, and reporting for LACDMH. CIOB utilized the stakeholder feedback to update the Provider Directory software and its functions. They offered regular support and problem-solving software challenges to provider needs.

Service Area (SA) Quality Improvement Committees (QIC)

- Feedback was collected from SA QIC Chair and Co-chairs in December 2019 about improvements regarding the VANS, a previous electronic system used to improve communication about referrals for providers. The feedback suggested needs for increased training and support, more timely updates to system data, continued promotion of use of the software, and some way to ensure provider compliance with updating data. It was determined there is a need for electronic systems that communicate, though developing some kind of quality control for provider data is paramount.

Legal Entity/Contracted providers

- LE/Contracted provider provided feedback on their experience with LACDMH developed applications and processes. Providers gave suggestions on areas of improvement for the VANS, SRTS, and the Provider Directory that increase the applicability of applications and workflows.

Beneficiaries and new clients

- In 2021, an independent study was conducted by Wondros, an independent consulting company specializing in creating communication, to investigate areas of improvement regarding LACDMH's communication with incoming clients and beneficiaries. Among other valuable insights, it was discovered that the Provider Directory and website were difficult to navigate for individuals to self-refer themselves to a mental health program.
- Stakeholders were also interviewed by the QA unit on two occasions in February 2022. QA solicited feedback from members of various community groups such as National Alliance on Mental Illness (NAMI) and the Mental Health Commission, and providers about needs that should be supported in the Provider Directory.

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

External Quality Review Organization Fiscal Year 2016-2017 Review

The Vacancy Adjustment and Notification System (VANS) was developed in 2013 as a non-clinical PIP. VANS was an online application allowing providers real-time updates for program slots to link clients with timely access to care. In January 2016, the VANS system was linked to the LACDMH SRTS allowing VANS to be incorporated into the countywide system for tracking access to care. The Department discovered that 35% of surveyed providers believed that inappropriate referrals were occurring. It was also reported that provider information within the VANS system was out of date, on some occasions providers had not updated their profile for more than a year.

Feedback from the SA QIC Chairpersons reported providers who were using VANS would have preferred a more systematic rollout with additional, continued support for users. They reported there were too many data fields to complete, and the data was frequently out of date. The main issue of concern was the non-compliance of providers updating the data.

The External Quality Review Organization (EQRO) recommended in their Fiscal Year (FY) 2016-2017 review that the MHP investigate if SRTS and VANS result in inappropriate referrals (referrals from out of SA when not appropriate, or referrals out of scope of provider contract) for services from providers outside of their service area. They also noted an examination of business rules and staff training would be necessary to improve complex referral processes further.

A review of referrals and transfers that occur in the SRTS was identified as a way to track the impact of inaccurate provider information on beneficiaries and individuals requesting initial or a change in mental health and psychiatric services. Inaccurate information is reflected in referrals and transfers that have an immediate second, third, and even fourth request due to providers being uninformed about a location's capacity, program criteria, location, language support, etc. This extends the time it takes to connect beneficiaries/individuals to timely appointments.

Network Adequacy Solution (NAS) Requirements

In 2018, the State issued the Network Adequacy Solution (NAS) requirements which inspired reconceptualization of how LACDMH was collecting data. LACDMH worked to find a way to meet both the provider, beneficiary, and community needs for accurate, timely information and support the data requirements for the State. A coordination of data sources was created to efficiently support Network adequacy reporting and the Provider Directory.

Baseline Data

Service Request Tracking System (SRTS) data

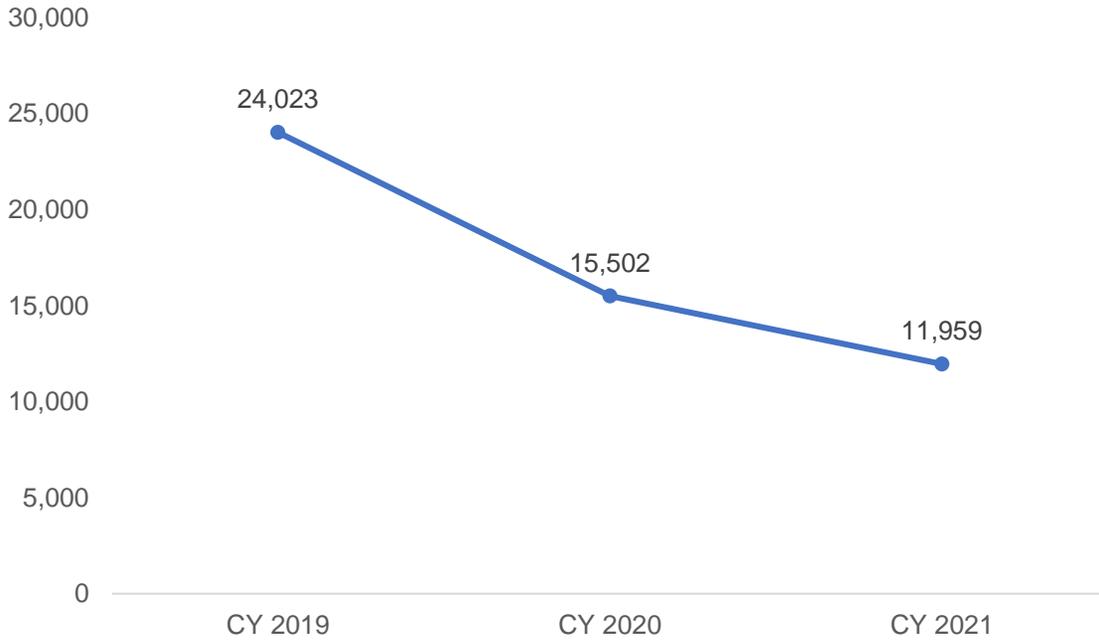
A review of the SRTS referral data was conducted beginning with 2019, when the issues were highlighted to understand the state of transfers moving through the SRTS system. Full-service Partnership (FSP) programs were removed as a high number of requests are made within this program. The focus was placed on new requests for services or transfer requests for changes in services with the following dispositions:

- Request for services
- Individual requires a different level of care
- Individual in need of specialty mental health services (SMHS)
- Client would like services in a different Service Area
- Individual prefers an alternate provider/location
- Alternative location can provide an earlier appointment
- Specialty services are not available
- Program is unable to serve the individual (i.e., not accepting clients, the client is not the required age for the program)
- Language need is not available
- Additional information is required for the request

In Calendar Year (CY) 2019, approximately 24,023 transfer requests for services were entered into the SRTS. Of those requests, 673 records had a request that required two or more business days to resolve and an average of 8.6 business days. Of the 673 records, 96 had more than one transfer occur within the request. In CY 2020, approximately 15,502 transfer requests for services were entered. Of those referrals, 358 had a request that required two or more business days to resolve with an average of 9.6 business days. Approximately 22 records had more than one transfer occur within the request. In CY 2021, approximately 11,959 referrals for services were entered into SRTS. Approximately 865 records had a request that took two or more business days to resolve. The average number of business days was 6.9. There were 53 records that had more than one transfer occur within the request.

Figure 1.2 displays the three-year trend of the number of transfer requests for CY 2019 to 2021. The drop in transfer requests from CY 2019 to 2020 may be due to the impact of COVID-19, widespread staffing shortages, and/or inefficiencies in the system or workflows.

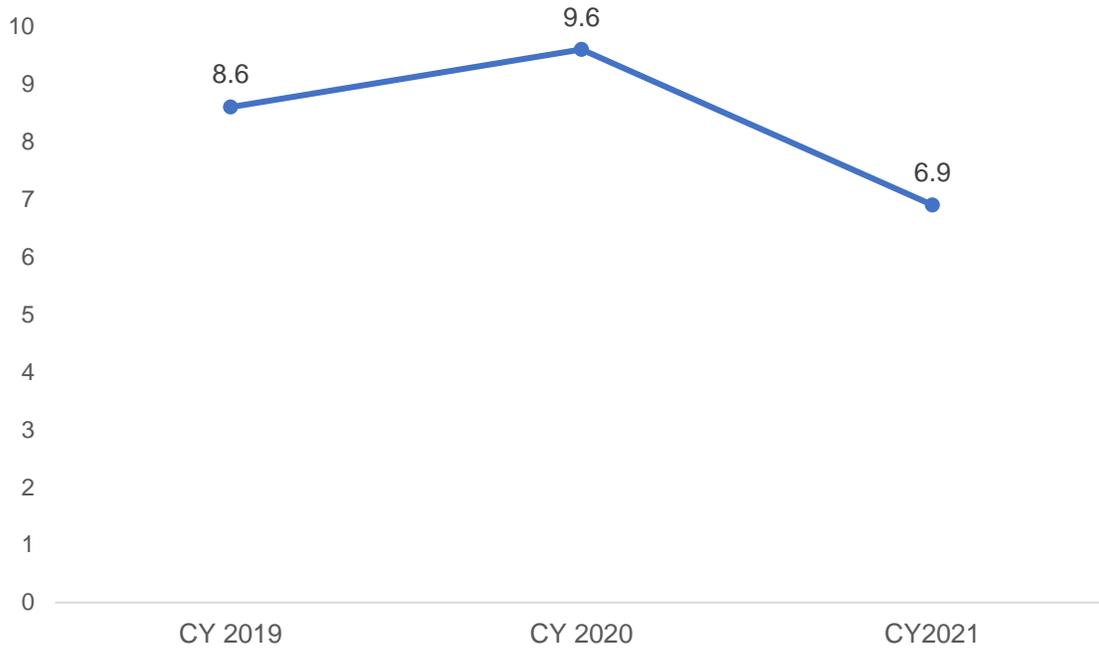
Figure 1.2 Number of Transfer Requests for Calendar Years 2019, 2020, and 2021



Data sources: Cognos SRTS Transfer Report, CY 2019, 2020, and 2021.

Figure 1.3 displays the three-year trend of average number of business days for transfer request resolution for CY 2019-2021. An examination of the internal and external factors that caused barriers to timely appointments for DO and LE/Contracted providers was completed in May to July 2020. A rapid data analysis (RDA) was completed to discover the themes of the barriers reported by providers to QA through a Plan of Correction (POC) form. Common external factors included complications from COVID-19 such as financial, technical, and staffing issues in clinics; clients having limited technical resources; clients unwilling to engage in in-person services; increased referrals; and staff emotional health. Other external factors included client refusal of timely appointments, mislabeled referrals, SA resource shortages, inconsistency in defining “urgent” appointments, and other issues such as traffic. Internal factors included staffing issues, mislabeled referrals, data entry errors, staff training, service conflicts, and a high number of referrals.

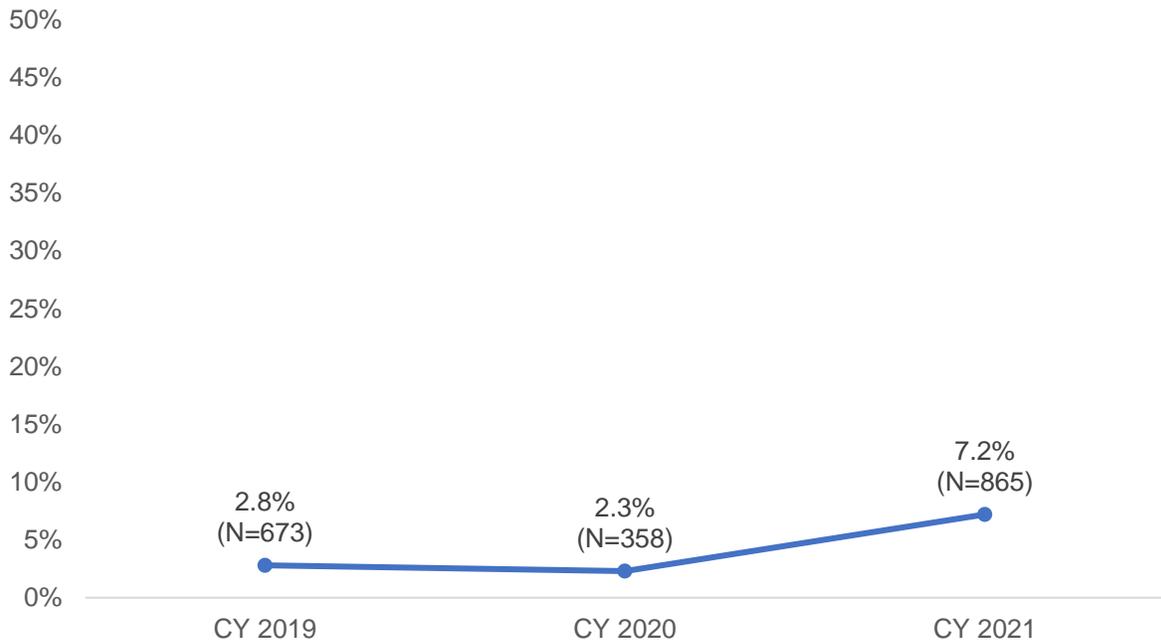
Figure 1.3 Average Number of Business Days for Transfer Request Resolution for Calendar Years 2019, 2020, and 2021



Data sources: Cognos SRTS Transfer Report, CY 2019, 2020, and 2021.

Figure 1.4 shows the three-year trend of the number of transfer requests that required more than two days to be resolved in CY 2019 to 2021. There was an increase of 4.4 Percentage Points (PP) between 2019 and 2021.

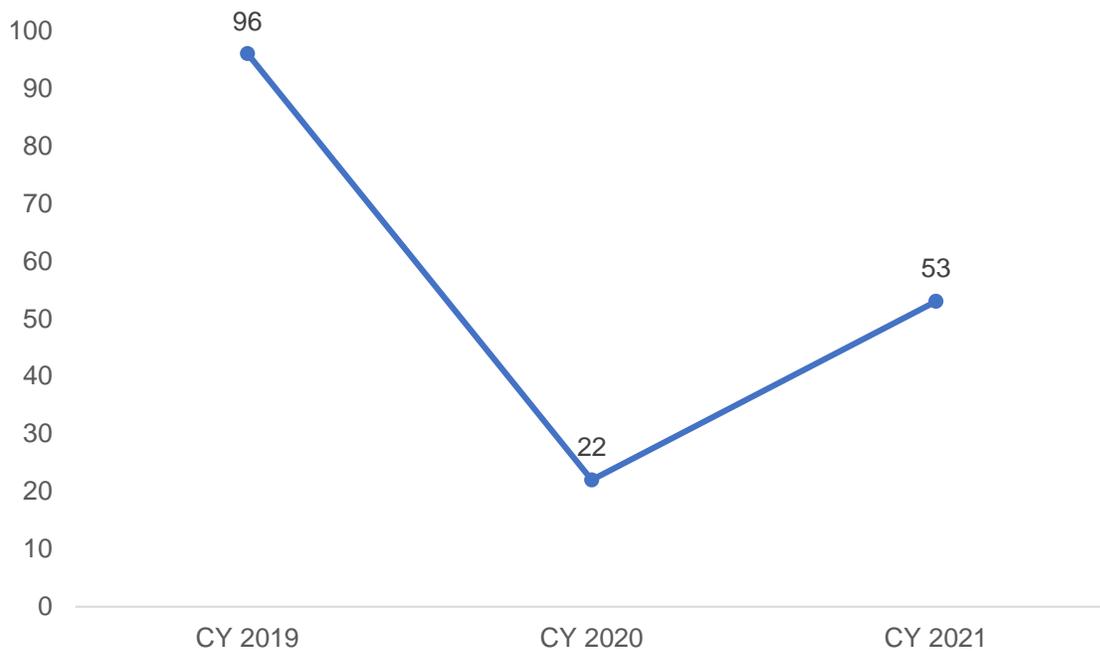
Figure 1.4 Percent of Transfer Requests with More than Two Business Days to Resolution for Calendar Year 2019, 2020, and 2021



Data sources: Cognos SRTS Transfer Report, CY 2019, 2020, and 2021.

Figure 1.5 shows the three-year trend for number of records that required multiple transfer requests to be resolved. These requests tended to quickly over a short period of time when a beneficiary requests transfer to another level of care or request for initial services. Problems that occurred tended to be referrals to programs that were already at capacity, needs for increased level of care and SMHS, or need for primary language support. Again, there was a sharp decrease from CY 2019 to CY 2020 due to COVID-19. There was a moderate rise in multiple transfer requests between CY 2020 to CY 2021.

Figure 1.5 Number of Records that Required Multiple Transfer Requests for Resolution for Calendar Year 2019, 2020, 2021



Data sources: Cognos SRTS Transfer Report, CY 2019, 2020, and 2021.

Multiple Transfer Case Examples

To better understand how multiple transfers impact beneficiaries, below are examples of those who have experienced a series of multiple transfers during their attempt to seek initial services or an increase in the level of care. The clients' and providers' names were changed or not listed to protect privacy.

Three cases were selected. All cases were minors, with two identifying as female and one as male. Based on specific case circumstances, the number of business days to complete the referral request varied from 10 to 127 business days.

Case #1:

Client A is a 9-year-old Hispanic/Latino female whose most recent diagnosis as of February 2022 is Generalized Anxiety Disorder. At the time she was six years old, the following series of **four service requests** occurred over 127 business days:

1. Client A's provider made an SRTS request for an increase in the level of care. The first request was sent to a Service Area Navigation Team and was declined for the determination that the client was "already receiving the appropriate level of care."
2. Two days later, the Service Area Navigation team sent an SRTS request to Client A's provider seeking additional information. The Navigation team declined an increase in services as the request was sent to a program that did

not serve the client's age group and a determination that the client was "already receiving the appropriate level of care."

3. The Service Area Navigation team submitted a third SRTS request to another provider requesting services, as the client has a sibling whose services were being transferred to that provider.
4. The second provider sent an SRTS request to the original requesting provider declining services because the request had been sent to the wrong portal that was not monitored.

Client A continued to receive services from a LE/Contracted provider as of April 2022.

Case #2:

Client B is a 17-year-old Black/African American Filipino female whose most recent diagnosis as of August 2020 is Major Depressive Disorder, Severe, Without Psychosis. At the time she was 14 years old, the following series of **three service requests** occurred over 38 business days:

1. A provider submitted an SRTS referral request to a Mental Evaluation Team (MET) that originally referred Client B outside of SRTS. The provider noted they were at capacity and could not accept the client.
2. The MET submitted an SRTS referral request for services to a second provider.
3. The second provider submitted an SRTS referral request back to MET, noting that the program was at capacity and could not accept Client B.

Based on records, Client B was not enrolled in services until October 2019 following a crisis incident. She remained in services until October 2021.

Case #3:

Client C is a 6-year-old Hispanic/Latino male whose most recent diagnosis as of May 2021 is Disinhibited Attachment Disorder of Childhood. At the time he was four years old, the following series of **three service requests** occurred over 10 business days:

1. A provider submitted an SRTS referral request to a transfer administration, noting they could not provide the client with a timely appointment due to understaffing.
2. The transfer administration submitted an SRTS referral request to a second provider requesting initial SMHS.
3. The transfer administration submitted an SRTS referral to a third provider requesting initial SMHS.

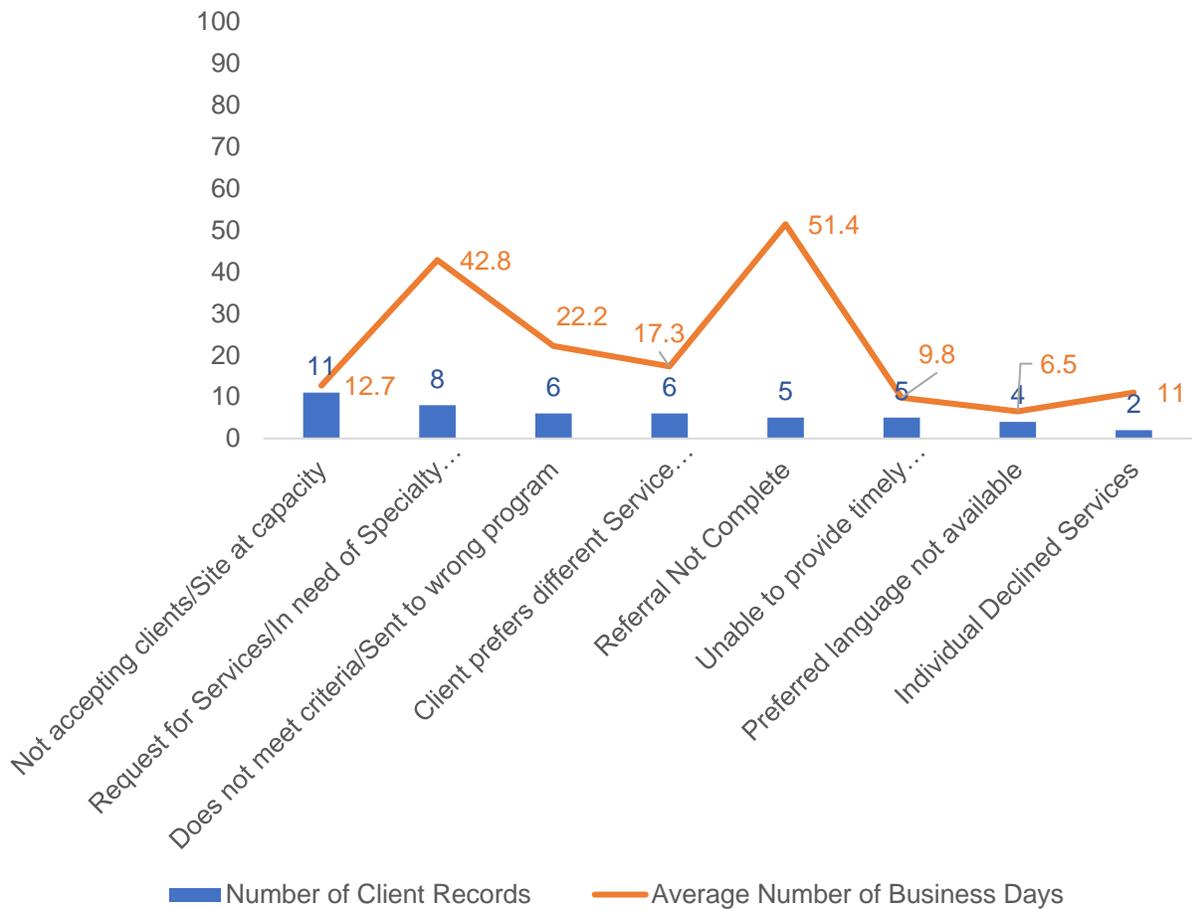
According to records, Client C was enrolled with the third provider and remained in services until August 2021.

Reasons for Transfers

CY 2019 transfer reasons noted in SRTS by providers were reviewed to understand better why beneficiaries were being transferred. Figure 1.6 shows the number of first transfers by reason and the average number of business days until resolution. The most frequent reasons for a first transfer were Not Accepting Clients/Site at Capacity (23.4%) and Requests for Services/In Need of Specialty Mental Health Services (SMHS) (17.0%). The Requests for Services/In Need of SMHS indicate a need for mental health or psychiatry services. The least frequent reasons for transfer were Preferred Language Not Available (8.5%), and Individual Declined Services (4.3%).

The reasons for referral that had the highest average of business days to the resolution were Referral Not Complete with 51.4 average business days, which included referrals with errors, missing documentation, or sent to an inactive location, and Request for Services/In Need of SMHS with 42.8 average business days.

Figure 1.6 Number of First Transfers by Reason and Average Number of Business Days Until Resolution for CY 2019



Data source: Cognos SRTS Transfer Report, CY 2019.

The CY 2019 most frequent reasons for referral were capacity issues and SMHS service needs. There is a need to increase accurate communication regarding a site's

capacity, service type, and availability. The inflated number of business days to resolution by referrals with errors, missing documentation, and being sent to inactive location categories support the improvements planned for the Provider Directory.

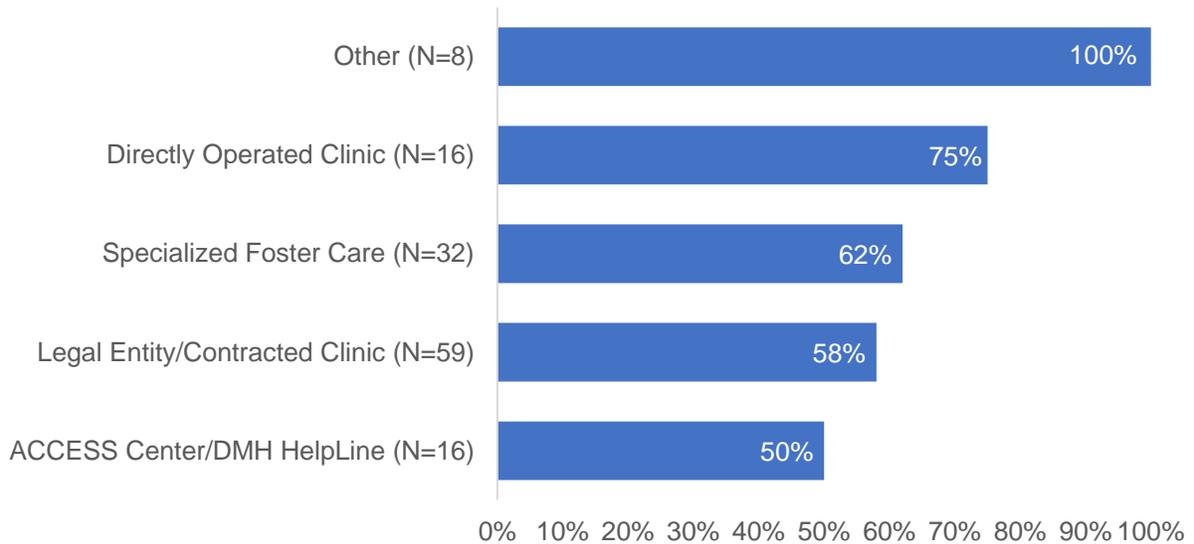
LACDMH 2022 Provider Directory Satisfaction Survey – Provider Version Data

The LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version (*Attachment 1*) was made available to providers on Tuesday, May 3, 2022, during the monthly QA Network Adequacy meeting. The purpose of the survey was to collect provider feedback on the improvements made to the existing Provider Directory. The survey was available for providers to complete over eight business days. Below is a description of the baseline data for the 133 providers who responded to the survey. Before the April 2022 update, the Provider Directory is referred to as the “Old” directory. The “New” directory refers to the Provider Directory after the April 2022 update.

Satisfaction Ratings

Figure 1.7 shows the percent of providers who reported experience with the “Old” Provider Directory by provider type. Providers included in the other category are Medical Hub staff, Navigation Team staff, and Short-term Residential Treatment Program (STRTP) staff. STRTP staff (100%) endorsed having the most experience with the “Old” directory. DO Clinics (75%) and Specialized Foster Care (SFC) (62%) were the second and third most experienced provider types.

Figure 1.7 Responding Provider Experience with the “Old” Directory by Provider Type

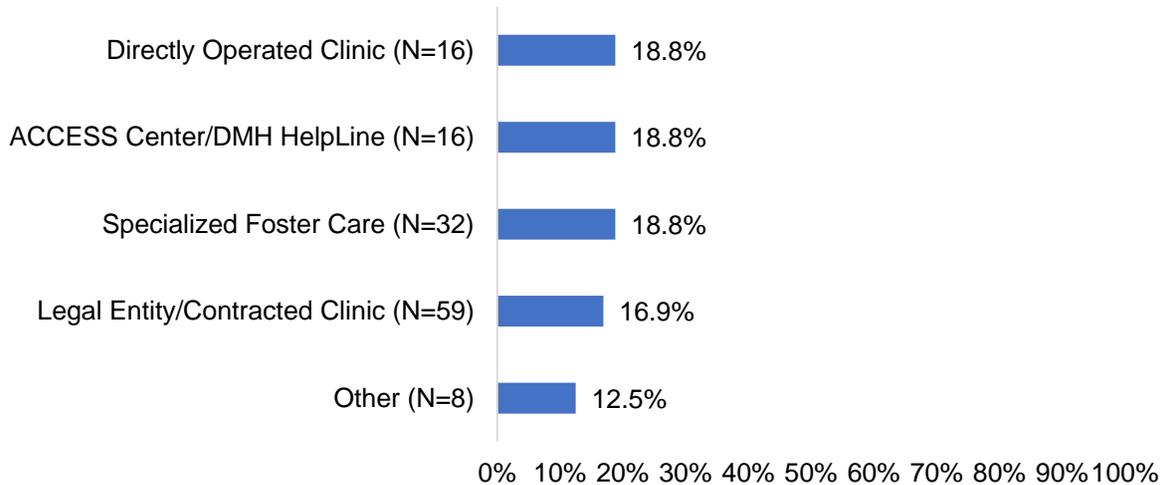


Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, May 2022.

Figure 1.8 displays the percent of responding providers that were Satisfied to Very Satisfied with the “Old” Provider Directory. Of the 83 responding providers that indicated experience with the “Old” directory, the average rating Satisfied to Very

Satisfied for the “Old” directory was 26.5%. ACCESS/LACDMH HelpLine, DO clinics, and SFC had the highest percent of Satisfied to Very Satisfied providers at 18.8%. LE/Contracted clinics followed with 16.9%, and other providers had the lowest percentage of satisfied providers at 12.5%.

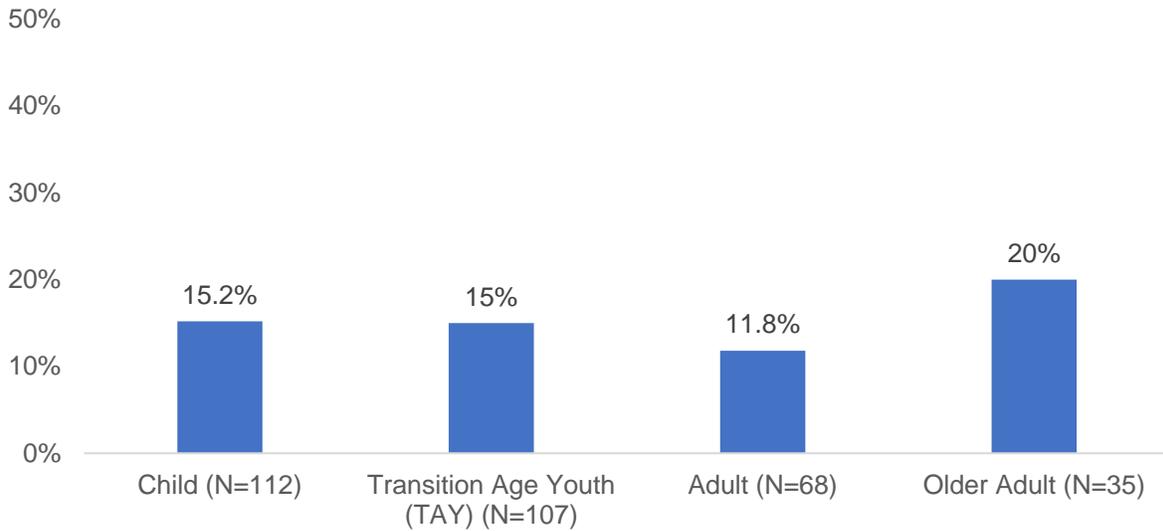
Figure 1.8 Percent of Providers Satisfied to Very Satisfied with the “Old” Directory by Provider Type



Note: A Likert scale was used for collection rating scores: 1-Very Unsatisfied, 2-Unsatisfied, 3-Neutral, 4-Satisfied, 5-Very Satisfied. Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, May 2022.

Figure 1.9 shows the responding provider percent of Satisfied to Very Satisfied ratings for the “Old” directory by age group. Older Adults had the highest rating at 20%, and Adults had the lowest rating at 11.8%.

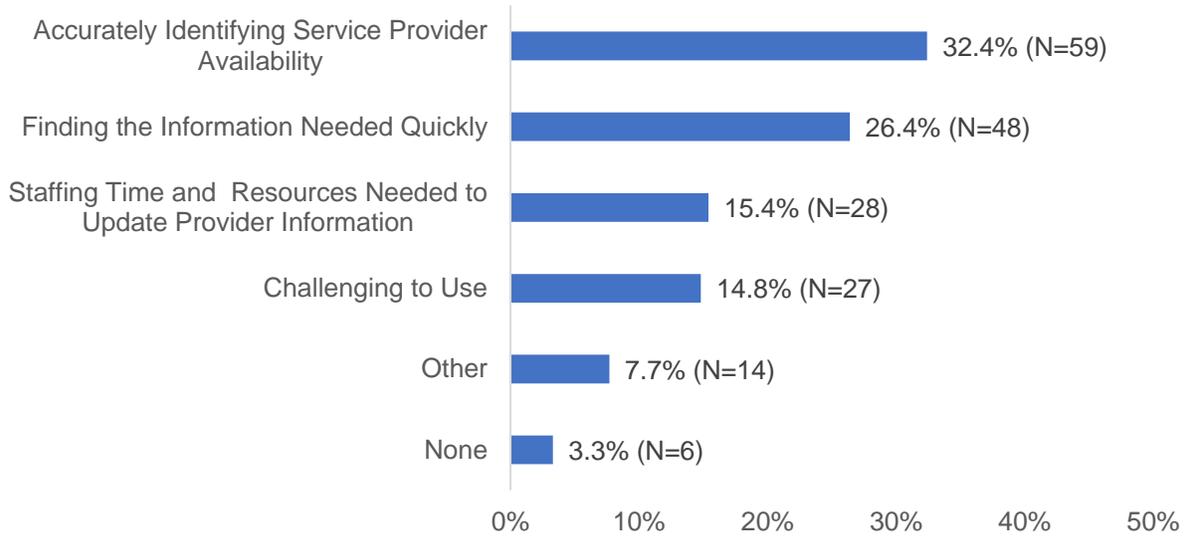
Figure 1.9 Satisfaction Ratings for the “Old” Directory by Age Group Served



Note: This count is duplicated as providers were able to indicate they served more than one age group. A Likert scale was used for collection rating scores: 1-Very Unsatisfied, 2-Unsatisfied, 3-Neutral, 4-Satisfied, 5-Very Satisfied. Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, May 2022.

Figure 1.10 shows the percentage of responding providers' identified challenges with the “Old” Provider Directory. Providers experienced the most challenge with “accurately identifying service availability” at 33.4% and “finding the information needed quickly” at 26.4%. The other (7.7%) and none (3.3%) created the least challenges. Common challenges noted in the other category included the software being slow, outdated provider information or missing providers, and small, difficult to read font.

Figure 1.10 Percent of Responding Providers Identified Challenges with the “Old” Provider Directory

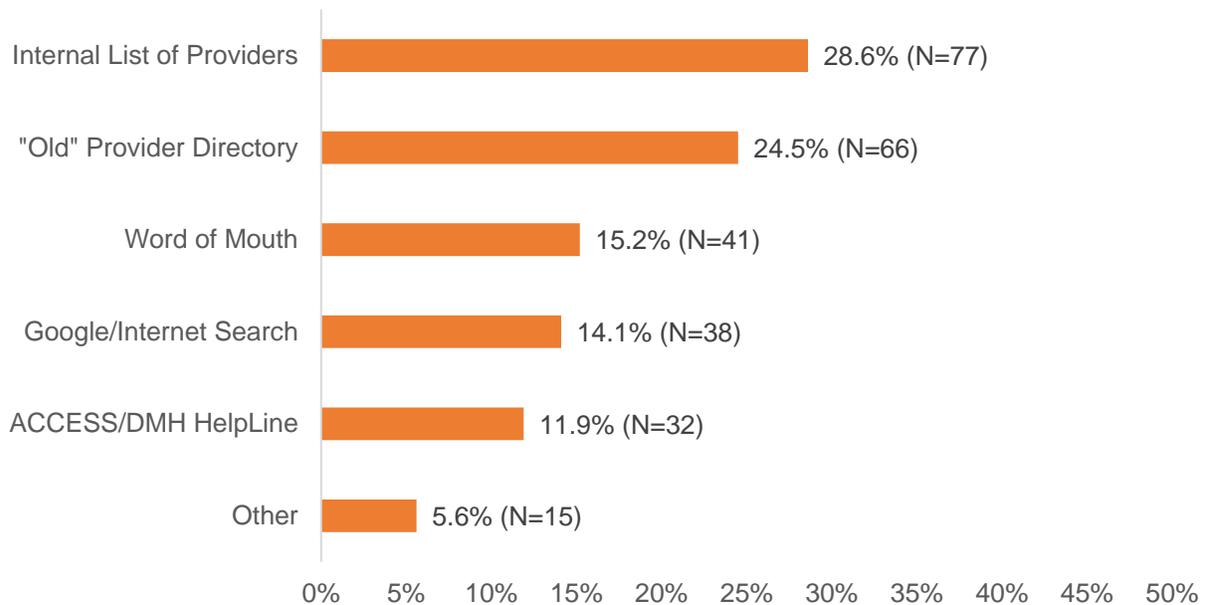


Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, May 2022.

Referrals

Figure 1.11 shows 269 responding providers that reported their source for referral information before releasing the updated Provider Directory. Most providers indicated the use of an internal list (28.6%) or the “Old” Provider Directory (24.5%). Providers were least often relying on calls to ACCESS/DMH HelpLine (11.9%) and other resources (5.6%). The other resources identified included “not using SRTS,” the Department of Children and Family Services (DCFS), building relationships with and directly calling local agencies, the LACDMH website, the Electronic Resource Directory (ERD), Intranet Provider Website, and One Degree, a website with community resources. This data highlights both the inconsistency in capacity knowledge and service availability and the route taken by providers in linking referrals to services

Figure 1.11 Percent of Responding Providers Reported Referral Sources Prior to the “New” Provider Directory



Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, May 2022.

Summary

At least 50% of the responding providers reported previous experience with the “Old” version of the LACDMH Provider Directory. Provider satisfaction with the “Old” directory had an overall average rating of 17.5% for Satisfied or Very Satisfied providers. When viewed by age group served, Older Adults had the highest rating at 20%, and Adults had the lowest rating at 11.8%.

Responding providers indicated the greatest challenges with the “Old” Provider Directory were with “accurately identifying service availability” at 33.4% and “finding the information needed quickly” at 26.4%. However, despite the challenges, most providers indicated use of an internal list (28.6%) or the “Old” Provider Directory (24.5%) to find service locations for referrals.

1.4 Are there state or national standards or benchmarks related to the problem? If so, what are they? How does the MHP/DMC-ODS’s data/performance compare?

In 2016, California Senate Bill (SB) 137 was proposed to require the Department of Managed Healthcare and Department of Insurance to develop provider directory standards. In 2018, the California Department of Health Care Services (DHCS) released a list of provider directory requirements in Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice (IN) 18-020. Table 1.1 shows the requirements initiated by SB 137, DHCS, and the elements LACDMH has worked to incorporate into the updated version of the Provider Directory.

Table 1.1 SB 137 and DHCS Provider Directory Requirements Compared to LACDMH Proposed Updates

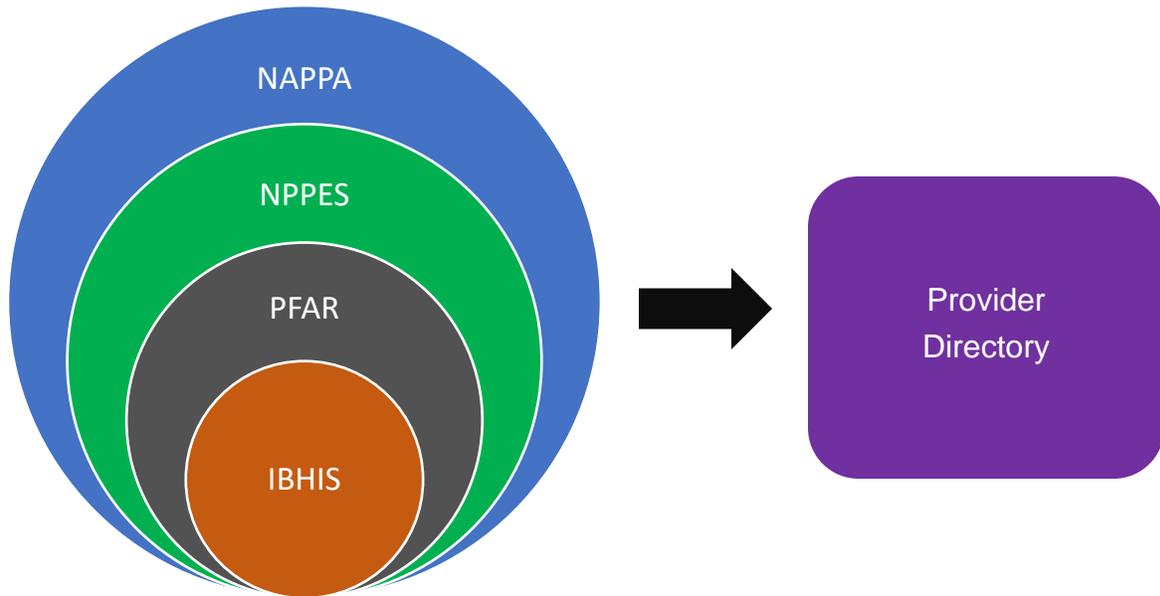
SB 137 Requirements ¹	DHCS Requirements	LACDMH Proposed Updates
<p>Standardization of data</p> <p>Online directory available to the public with no restrictions (online version)</p>	<p>Online directory available to the public, provider directories must be made available on the Plan's website in a machine-readable file and format</p>	<p>Standardization of data</p> <p>Online directory available to the public with no restrictions</p> <ol style="list-style-type: none"> 1. Develop a more simplified directory for the community 2. Develop a Provider Directory training for the community (beneficiaries)
<p>Easily identifiable, accessible, and searchable</p>	<p>Easily understood and readily accessible</p>	<ol style="list-style-type: none"> 1. Develop a separate directory for DO 2. Develop a Provider Directory training for DO, LE/Contracted providers
<p>Updated weekly if significant changes occur (online version)</p>	<p>Updated at least monthly unless the information is made available in an online electronic searchable provider directory, which must be updated no later than 30 calendar days after the Plan receives updated provider information</p>	<ol style="list-style-type: none"> 1. Provide regular, daily updates to the directory via information from the Network Adequacy: Provider and Practitioner Administration (NAPPA) application 2. Providers are required by policy and contracts to update NAPPA every 30 days or immediately if significant changes occur
<p>Provider details:</p> <ol style="list-style-type: none"> 1. The provider's name, practice location or locations, and contact information. 2. Type of practitioner. 3. National Provider Identifier number. 4. California license number and type of license. 5. The area of specialty, including board certification, if any. 6. The provider's office email address, if available. 	<p>Provider details:</p> <ol style="list-style-type: none"> 1. Name and group affiliation 2. Business address(es) (e.g., physical location of the clinic or office) 3. Telephone number(s) 4. Email address(es), as appropriate, e) website URL, as appropriate 5. Specialty, in terms of training, experience and specialization, including board certification (if any) 6. Services / modalities provided, including information about populations served (i.e., perinatal, children/youth, adults) 7. Whether the provider accepts new beneficiaries 	<p>Provider details:</p> <ol style="list-style-type: none"> 1. Provider numbers added next to provider names 2. Telephone Number will display Intake number 3. Type of Provider field added 4. Services field added describing types of services available at the specific location 5. Accepting Referrals field will no longer default to "Yes" and can be updated by the provider 6. Nearby Providers tab will be changed to ACCESS Only <ol style="list-style-type: none"> a. Type of Provider field added b. Services field added

<p>7. The name of each affiliated provider group currently under contract with the plan through which the provider sees enrollees.</p>	<p>8. The provider's cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender)</p> <p>9. The provider's linguistic capabilities including languages offered (e.g., Spanish, Tagalog, American Sign Language) by the provider or a skilled medical interpreter at the provider's office</p> <p>10. Whether the provider's office / facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment</p> <p>11. Type of practitioner, as appropriate</p> <p>12. National Provider Identifier number</p> <p>13. California license number and type of license</p> <p>14. An indication of whether the provider has completed cultural competence training</p>	<p>c. Accepting Referral field renamed Accepting New Clients</p> <p>d. Options under Programs updated</p> <p>e. Available languages expanded beyond the threshold languages</p> <p>7. Added all the required fields from a set list of options to improve consistency across the data collected by providers</p>
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Note: ¹See SB 137 for additional details and specifications per type of provider and requirements for plans.

In September 2021, the QA unit and CIOB created the NAPPA application in response to the State requirement for reporting practitioner and provider details about network adequacy. NAPPA pulls data from Provider File Adjustment Requests (PFAR), the National Plan and Provider Enumeration System (NPPES), and the Department's Electronic Health Record (EHR) system, Integrated Behavior Health Information System (IBHIS), as seen in Figure 1.12. A copy of the Provider Directory must also be available to beneficiaries when requested, supporting online, public-facing access.

Figure 1.12 Provider Directory Data Sources

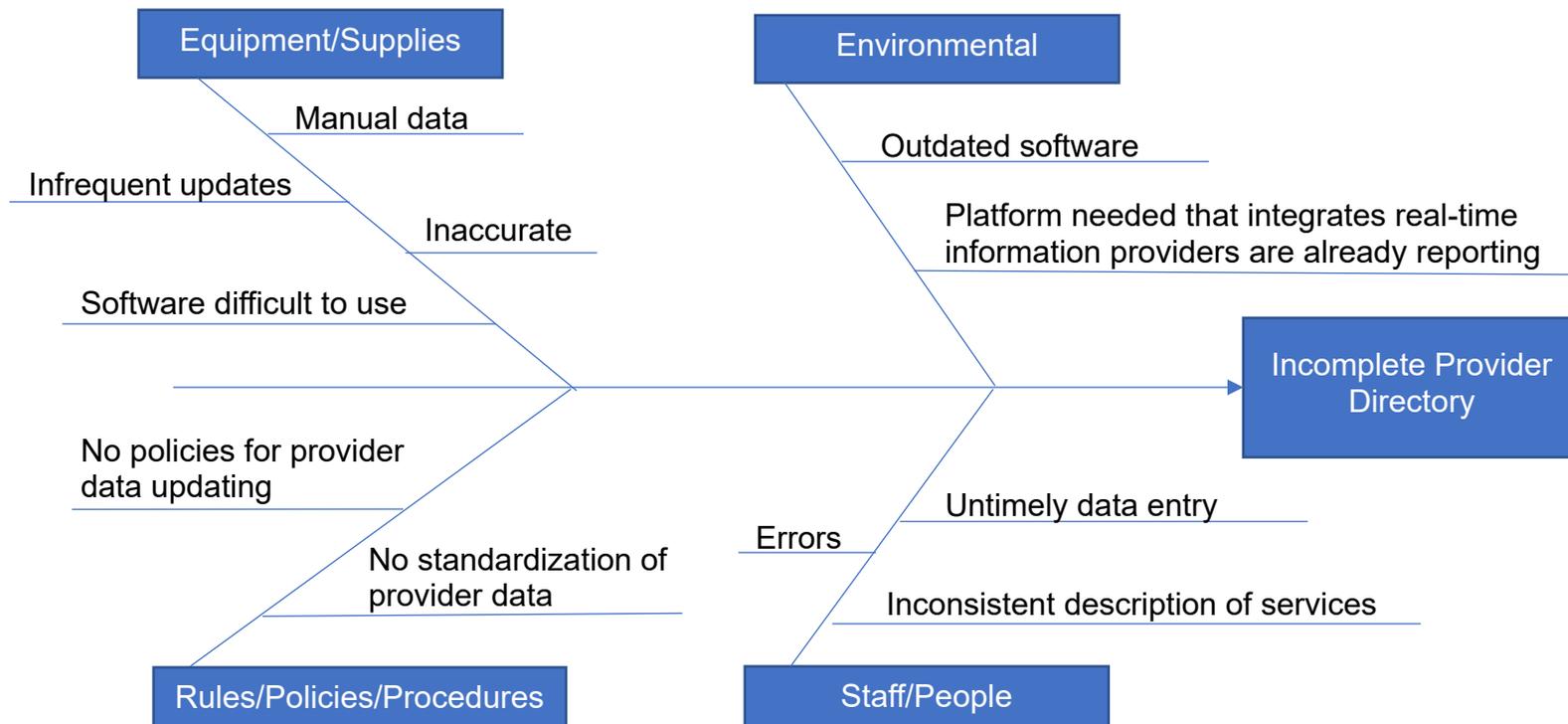


The CIOB and QA units report that there are no performance-related metrics indicative of issues related to the Provider Directory. Information that changes were needed was anecdotal and came directly from the report of LACDMH providers on the difficulties in using the system.

1.5 What are the provisional or potential root causes of the problem as suggested by quantitative information that the MHP/DMC-ODS chose to address and why?

Figure 1.13 illustrates the root causes of the inaccurate LACDMH Provider Directory as evidenced by interviews with CIOB and QA units, the 2021 Wondros study findings, and provider feedback received in the LACDMH 2022 Provider Directory Satisfaction Survey – Provider Version.

Figure 1.13. Provider Directory Root Cause Fishbone Diagram



1.6 Briefly state the intervention(s) selected to address the root causes.

Updated Provider Directory: Phase 1

1. Develop an electronic Provider Directory that incorporates standardized provider demographics and details and adds new functions
 - a. Provider numbers added next to provider names
 - b. Telephone Number will display the Intake number
 - c. Type of Provider field added
 - d. Services field added describing types of services available at the specific location
 - e. Accepting Referrals field will no longer default to “Yes” and can be updated by the provider
 - f. Nearby Providers tab will be changed to ACCESS Only
 - i. Type of Provider field added
 - ii. Services field added
 - iii. Accepting Referral field was renamed to Accepting New Clients
 - iv. Options under Programs updated
 - v. Available languages expanded beyond the threshold languages
2. Develop a separate directory for DO, LE/Contracted providers, and a more simplified directory for the community (beneficiaries)
3. Develop a Provider Directory training for DO, LE/Contracted providers, and the community (beneficiaries)
 - a. Provide regular updates to the directory via information from the Network Adequacy: Provider and Practitioner Administration (NAPPA) application
4. Establish a Provider Directory Stakeholders Workgroup Including members of the Cultural Competency Committee (CCC) or ACCESS Quality Improvement Project (QIP) in providing feedback on the utility of the Provider Directory for clients/caregivers (beneficiaries) and the general community

Click here for [Step 1](#)

WORKSHEET 2: AIM STATEMENT

“What do we want to do?”

2.1 What is the aim/goal of this PIP? The statement should define succinctly: the improvement strategy, population, and time-period of the study. (The statement should be clear and concise; the impact of interventions should be measurable.)

By adding additional provider data fields to the NAPPA application, implementing data update standards, and introducing a comprehensive Provider Directory training highlighting the system’s latest developments, LACDMH will ensure providers have access to real-time program data within six months (such as clinic availability for beneficiaries) as evidenced by a:

- a) decrease in the number of SRTS referrals with greater than two transfers from 6.1% to 5.0%
- b) decrease in the number of business days to transfer resolution from 6.9 days to 5.0 days

Click here for [Step 2](#)

WORKSHEET 3: PIP STUDY POPULATION

“Who do we intend to help?”

3.1 Describe the beneficiary or enrollee population affected by the problem. Provide information such as age, length of enrollment, diagnosis, and other relevant characteristics.

This PIP will impact beneficiaries and incoming individuals seeking services - including individuals of any age and diagnosis. It will mostly impact individuals requesting new enrollment, current beneficiaries seeking additional services, or a higher/lower level of care. LE/Contracted and Directly Operated (DO) providers that provide services to beneficiaries and new enrollees will be impacted by this PIP.

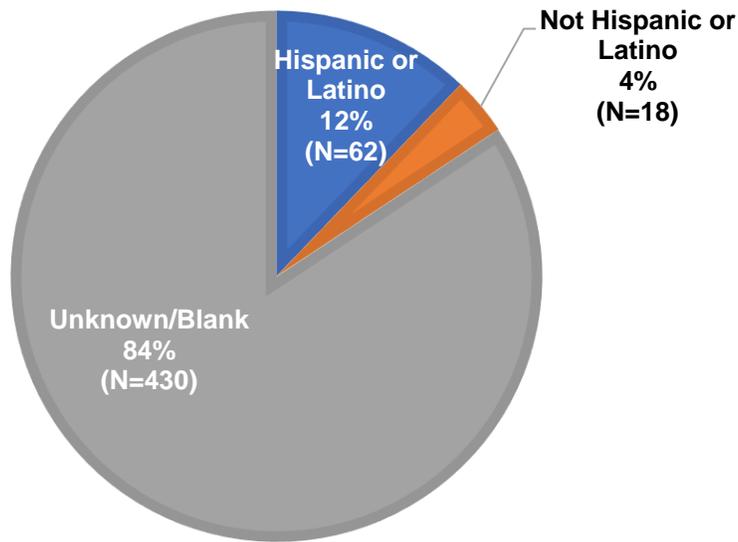
Transfer Record Demographics June 2022 through August 2022

In the past, SRTS data has been accessed through the LACDMH Cognos reporting system. With the transition of LACDMH data to Microsoft Power BI dashboards, a new SRTS reporting system was created. The new system can report transfer demographics such as client age, identified ethnicity, and preferred language.

From June 2022 through August 2022, 510 transfer records with two or more business days to the resolution were identified. Client age was identified for 496 records. The average age was 16.4 years, with a minimum age of 0 and a maximum age of 68.

An identified ethnicity was recorded for the records, which is shown in Figure 3.1. Unknown/Blank ethnicities made up the largest reported ethnicity at 84%. Hispanic or Latino (12%) and Not Hispanic or Latino (4%) followed.

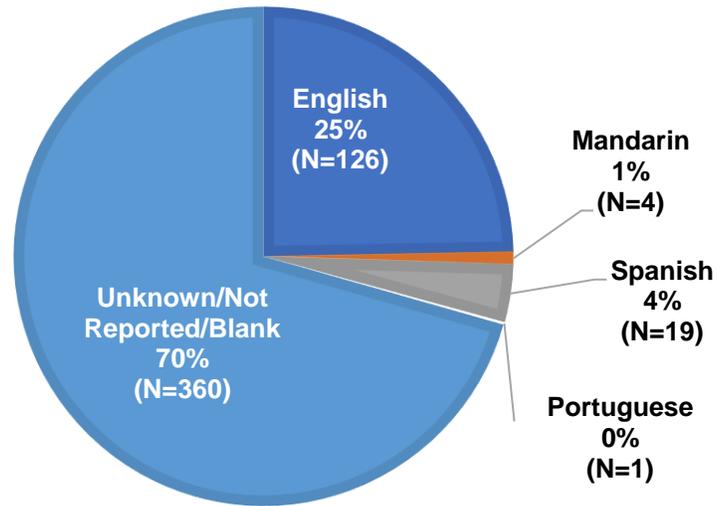
**Figure 3.1 SRTS Transfer Record by Ethnicity
June 2022 through August 2022**



Note: The LACDMH Service Request Tracking Log Power BI Dashboard is newly designed and undergoing revisions and updates. Additional data on race/ethnicity maybe available at a later date. Data source: LACDMH Service Request Tracking Log Power BI Dashboard June 2022 through August 2022, Retrieved September 2022.

Figure 3.2 displays the client's preferred language when the transfer request was made. Of the 510 transfer records, only 151 (29.6%) had a preferred language identified. Unknown/Not Reported/Blank (70%) made up the largest percentage of preferred languages, followed by English (25%), Spanish (4%), Mandarin (1%), and Portuguese (<1%). This sample includes only three of the 13 threshold languages served by LACDMH. However, English makes up only 25% of this sample of SRTS transfer records.

**Figure 3.2 SRTS Transfer Record by Language
June 2022 through August 2022**



Data source: LACDMH Service Request Tracking Log Power BI Dashboard June 2022 through August 2022, Retrieved September 2022.

3.2 Will all affected beneficiaries/enrollees receive the intervention(s) and be included in the PIP study population?

- Yes
- No

3.2 If no, who would be included? (May be a representative sample, a pilot location, or some other subset of the affected population that will serve as an initial pilot).

Not applicable

Click here for [Step 3](#)

WORKSHEET 4: SAMPLING PLAN

“How do we select a smaller group to study?”

A representative sample of the population are included in the PIP. Such a sample may include some subset of the affected population, a pilot location, a particular caseload, or other feature.

- *If the entire relevant population is included in the PIP, skip Worksheet 4.*
- *If the entire population is **not** included in the PIP, complete Worksheet 4.*

4.1 Please describe the sampling frame for the PIP; include the criteria for selection of the sample population.

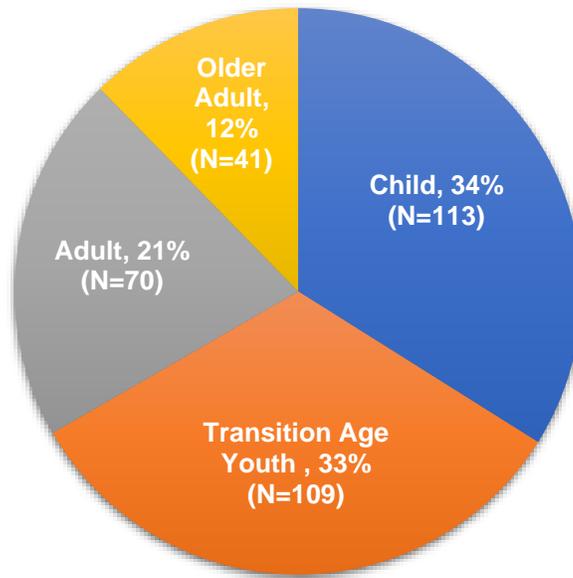
The sampling population includes:

- Beneficiaries seeking changes in services and individuals seeking enrollment in services of all ages that have referral submitted in the SRTS system.
- Providers using the Provider Directory to find locations for referral placement.
- Anyone in the community who is seeking mental health services as the Provider Directory is open to the public.

4.2 Specify the criteria for selection of the sample population. (The sample should be representative of the sampling frame to ensure that the findings from the sample can be generalized to the population as a whole). Ensure that there are a sufficient number of enrollees to take into account non-response, dropout, etc.

Providers who completed the baseline LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version in May 2022 indicated the age groups they served in their programs. Figure 4.1 displays the largest groups being Child (34%) and Transition Age Youth service providers followed by Adult (21%) and Older Adult (12%) providers.

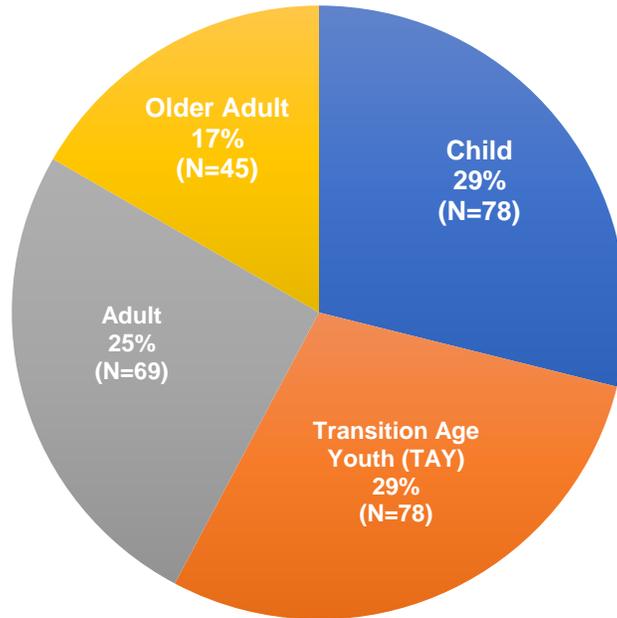
Figure 4.1 Age Groups Served by Providers Responding to the LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version May 2022



Note: Providers were able to endorse serving more than one age group. Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, May 2022.

Similar age group representations were among the responding providers to the LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version in August 2022 .

Figure 4.2 Age Groups Served by Providers Responding to the LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version August 2022



Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, August 2022.

4.3 State the confidence level and margin of error to be used.

- Confidence level: 95%, $z=1.96$
- Margin of error: $z * \frac{\sigma}{\sqrt{n}}$, where σ

Click here for [Step 4](#)

WORKSHEET 5: PIP VARIABLES AND PERFORMANCE MEASURES

“How will we know if what we’re doing makes a difference?”

<p>5.1 What are the variables used to track the intervention(s)?</p> <p>See Table 5.1 and 5.2 below for variables.</p>
<p>5.2 What are the performance measures used to track the outcomes? Please describe how the performance measures assess an important aspect of care that will make a difference to beneficiary health or functional status.</p> <p>See Table 5.1 below for the performance measures.</p>

TABLE 5.1 VARIABLES AND PERFORMANCE MEASURES

Goal	Interventions	Variables (Indicators)	Performance Measures (Outcomes)	Target Improvement Rate
Improve beneficiary and provider access to resources in accurately locating timely services	1. Updated Provider Directory fields and features with comprehensive trainings for providers and the community(beneficiaries)	A. Number of beneficiary transfers in SRTS	i. Number of beneficiaries with multiple transfers in SRTS	1a. Decrease the number of beneficiaries with multiple transfers by 1.1 Percentage Points (PP).
		B. Number of business days to transfer resolution in SRTS	ii. Number of business days to multiple transfer resolution in SRTS	1b. Decrease the number of business days to multiple transfer resolution from 6.9 days to 5.0 days.

TABLE 5.2 VARIABLES AND PROCESS MEASURES

Goal	Interventions	Variables (Indicators)	Process Measures (Outcomes)	Target Improvement Rate
<p>Improve beneficiary and provider access to resources in accurately locating timely services</p>	<p>1. Updated Provider Directory fields and features with comprehensive trainings for providers and the community(beneficiaries)</p>	<p>A. Provider report of success in using the Provider Directory to link beneficiaries to services</p>	<p>i. Provider ratings on the 2022 LACDMH Provider Directory Satisfaction Survey – Provider Version every three months</p>	<p>1a. Decrease the percentage of providers that report <i>accurately identifying service provider availability</i> is a challenge by 10 PP.</p>
				<p>. Decrease the percentage of providers that report <i>finding the information needed quickly</i> is a challenge by 10 PP.</p>
				<p>1e. Decrease the percentage of providers that report <i>staffing time and resources needed to update</i> provider information is a challenge by 5 PP.</p>
				<p>1f. Decrease the percentage of providers that report the directory is <i>challenging to use</i> by 10 PP.</p>

Click here for [Step 5](#)

WORKSHEET 6: IMPROVEMENT STRATEGY (INTERVENTION) AND IMPLEMENTATION PLAN

“What, specifically, will we do to cause the change?”

6.1 Describe the improvement strategy/intervention. (Distinguish between the intervention(s) and the training and administrative supports required prior to implementation).

Include pre-intervention process description, if relevant.

The Vacancy Adjustment and Notification System (VANS) was developed in 2013 as a non-clinical Performance Improvement Project (PIP). VANS was an online application allowing providers to real-time updates for program slots in order to link consumers with timely access to care. In January 2016, the VANS system was linked to the Los Angeles County Department of Mental Health (LACDMH) Service Request Tracking System (SRTS) allowing VANS to be incorporated into the countywide system for tracking access to care.

In 2019, LACDMH management agreed the VANS application would be absorbed into the newly designed Network Adequacy Certification Tool (NACT), an online application used to log the functioning and availability of individual practitioners in the LACDMH system. The NACT evolved into the Network Adequacy Provider and Practitioner Administration (NAPPA) application. Addressing the State data requirements highlighted a need for standardizing the definition and collection of provider-related demographics and data as providers tended to describe information in different ways. A realization that the NAPPA application could supply updated information to the Provider Directory led to a determination that improving this process would also increase beneficiary understanding and access of services and where to locate those services with clear, consistent clinic and provider information. NAPPA was connected to the Provider Directory in 2021, and the QA and CIOB units added additional fields and features to the Provider Directory to make the information included more comprehensive.

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Describe when and how often the intervention will be applied.

- Implementation of standards for providers to update NAPPA application every 30 days or immediately if a significant change occurs, change in staff or site is no longer to accept new clients, the update should be made immediately (QA Bulletin 21-02, March 2021). This was communicated to providers systemwide using the release of QA bulletins and support through the monthly Network Adequacy and QA/QI meetings. This intervention targets the need for accurate and consistent details on provider capacity, available services, location, etc. QA monitors provider adherence to the standards by reviewing monthly counts of providers not accepting beneficiaries, emails from providers, reported issues, and a report on the number of changes in the NAPPA system.
- The Provider Directory update was released one time to providers and the public in April 2022. The release was considered the Phase 1 of the project, which introduced a directory with new search and filtering features and data updated every 24 hours via the NAPPA application. The directory provided improved accuracy of information. It is available to both LE/Contracted and DO providers and to the community.
- Comprehensive trainings on use of the Provider Directory for created for LE/DO providers and the community using the directory to find and link to services. The trainings should assist in the navigation of the directory and how to locate available services. Providers were able to access the trainings on the LACDMH website as needed.

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

Inaccurate provider information is widespread nationally and throughout healthcare. Difficultly finding and connecting with providers is a massive barrier to individuals seeing services. In a study conducted by the Office of the Inspector General (US Department of Health and Human Services, 2014) on managed care providers, 35% of providers were not located at the address listed on the plan and 8% were at the correct location but were not participating in the plan. In a nationwide survey of privately insured individuals seeking specialty mental health services, 44% had used

a provider directory in their search. Approximately, 53% of those survey respondents reported encountering errors. (Busch and Kyanko, 2020). Similarly, in a review of primary care physicians listed with a large commercial insurer spread among four states, only 56% had accurate contact information listed in their directory (Kyle, Tipirneni, Thakore, Dave., & Ganguli, 2021).

Inaccurate provider directories also present challenges to providers who utilize the information for making referrals. Large amounts of staff time and resources are needed to update this information, particularly, with the introduction of State and federal requirements. Improving the efficiency and ease of which providers are able to make changes would improve the likelihood that the directories would be updated.

The Institute for Healthcare Improvement recommends three approaches for high-level patient-flow in hospital settings: 1) shape or reduce demand, 2) match capacity and demand, and 3) redesign the system (Rutherford, Anderson, Kotagal, Luther, Provost, et al., 2020). With this PIP study, LACDMH is working to match capacity with demand by connecting referrals with availability in an efficient and accurate way and redesign the system by improving workflows for providers and beneficiaries requesting referrals. LACDMH has other improvement projects, that may later be incorporated, underway directing referrals to Specialty Mental Health (SMH) and non-SMH in order to shape or reduce demand.

6.3 Does the improvement strategy specifically address cultural and linguistic needs for the population/beneficiaries? If so, in what way?

The updated Provider Directory seeks to better inform beneficiaries, providers, and the public about the availability of cultural and linguistic services at each provider in the MHP. This information is collected from providers via the NAPPA application and made available in the Provider Directory. In conjunction with information on capacity, providers and individuals seeking services can better match with locations that provide their preferred culture and language needs.

6.4 Who is involved in applying the intervention? What are their qualifications?

CIOB and QA units are responsible for applying the updated Provider Directory. CIOB regularly maintains and manages the technology and software for LACDMH. The QA unit is responsible for the monitoring quality, timely access, provider compliance, and communicating standards to providers within the MHP, among many other responsibilities.

CIOB maintains the functionality and technical aspects of the directory and NAPPA application software. QA monitors the fidelity of providers completing the fields in the NAPPA systems. QA also works with CIOB to make updates and improvements to both electronic systems.

6.5 How is the MHP/DMC-ODS ensuring consistency and/or fidelity during implementation of the intervention?

The QA unit regularly monitors the fidelity of providers updating data in the NAPPA application. QA facilitates monthly Network Adequacy and QA/QI meetings to provide information and answer questions for providers about related material. QA also holds a less formal “QA on the Air” monthly meeting to provide additional support to providers. Systemwide bulletins are also released when any specific standards or requirements are made of providers. Providers are also able to contact QA to inform the team of inaccurate information.

TABLE 6.1 IMPROVEMENT STRATEGY SUMMARY

#	Intervention	Date Intervention Began	Frequency of Intervention	Corresponding Variable (Indicator)
1	<i>Implement NAPPA update standards</i>	<i>March 2021</i>	<i>Monthly</i>	<ol style="list-style-type: none"> 1. QA monitors provider adherence to the standards by reviewing monthly counts of providers not accepting beneficiaries, emails from providers, reported issues, and a report on the number of changes in the NAPPA system.
2	<i>Updated Provider Directory</i>	<i>April 2022</i>	<i>One time</i>	<ol style="list-style-type: none"> 1. Provider ratings on the 2022 LACDMH Provider Directory Satisfaction Survey – Provider Version 2. Review of changes in SRTS transfer referral data 3. Track the number of view of the directory in the pre and post intervention

Click here for [Step 6](#)

WORKSHEET 7: DATA COLLECTION PROCEDURES

“What data do we need, and how will we get it?”

7.1 Describe the (planned) methods for ensuring the collection of valid and reliable data. Include MHP/DMC-ODS data entry and collection processes.

Information on SRTS referrals will be collected by running a Cognos report on data for CY 2019, 2020, 2021, and pre-intervention 2022. Data following the release of the SRTS 2.0 in June 2022, an updated program, will be collected from the SRTS dashboard maintained in Power BI.

Information on provider experience of the “Old” and “New” provider directories will be collected through the QI and QA-designed 2022 LACDMH Provider Directory Satisfaction Survey every three months, May 2022 and August 2022.

7.2 What data elements are being collected?

- Provider demographics, satisfaction ratings, and feedback
- Client/Beneficiary demographics for transfers requests in June 2022 through August 2022
- Number of transfer requests in the SRTS system
- Number of business days from referral request to linkage to services in SRTS
- Number of views of the Provider Directory pre and post intervention

7.3 Who is collecting the data? How are they qualified for this task? How will you ensure that all staff collecting data do so in accordance with the plan?

The QI unit reviews data for continuous quality improvement (CQI) projects. The QI team will collect and analyze the necessary data from the Cognos SRTS Transfer Report and the Power BI SRTS Transfer Report. QI also will analyze the provider satisfaction data collected in May and August 2022. No other staff will be collecting data at this time.

7.4 What data collection instruments and electronic data collection/analytic systems are being used (i.e., tools with which raw, original data are collected and/or downloaded for analysis)? Please note if the MHP/DMC-ODS has created any instruments for this PIP.

- The existing LACDMH SRTS system
- Cognos SRTS reports
- Microsoft Power BI SRTS Dashboard
- 2022 LACDMH Provider Directory Satisfaction Survey – Provider Version was created for this PIP
- CIOB count of Provider Directory views

TABLE 7.1 SOURCES OF DATA

#	Variable or PM	Data Source	Frequency of Collection
1	1a. Satisfaction rating from providers 1b. Percentage of providers indicating applicability and usability of the directory 1c. Qualitative feedback from providers	2022 LACDMH Provider Directory Satisfaction Survey – Provider Version data	Every three months
2	Number of beneficiaries with multiple transfers in SRTS	SRTS system transfer reports	Every three months
3	Number of business days to the resolution of transfers	SRTS system transfer reports	Every three months
4	Number of views of the Provider Directory pre and post intervention	Website view count	Monthly

Click here for [Step 7](#)

WORKSHEET 8: DATA ANALYSIS AND INTERPRETATION OF PIP RESULTS

“What do the data tell us, and what did we learn?”

<p>8.1 How often were the data analyzed?</p> <p>Plan: The provider satisfaction survey was collected and reviewed every three months. The provider data was collected in May and August 2022. The SRTS data were collected once for CY 2019, 2020, 2021, and 2022.</p> <p>Actual: The plan was followed.</p>
<p>8.2 Who conducted the data analysis, and how are they qualified to do so?</p> <p>Plan: The QA and QI units reviewed the provider responses to the survey. These units regularly review provider data and feedback with the intent to apply the information for continuous quality improvement.</p> <p>Actual: The plan was followed.</p>
<p>8.3 How was change/improvement assessed?</p> <p>Plan: Change was assessed through a periodic survey of providers for ratings of satisfaction and functionality in addition to qualitative feedback. SRTS data was also reviewed for baseline measurement and pre and post intervention.</p> <p>Actual: The plan was followed.</p>
<p>8.4 To what extent was the data collection plan followed—were complete and sufficient data available for analysis?</p> <p>The data plan was followed. The data appeared complete for the provider survey. However, the number of responding providers was lower in the second measurement. The SRTS data appears to be sufficient.</p>
<p>8.5 Were any statistical analyses conducted? If so, which ones? Provide target level of significance for each measure.</p> <p>Chi squares were completed with a target level of significance was $p < 0.05$. An independent t-test was also completed with a p value of 0.79.</p>
<p>8.6 Were factors considered that could threaten the internal or external validity of the findings examined?</p> <p>The number of SRTS referrals and transfer requests can be impacted by many factors that challenge internal validity, including time of year, flow of referrals, staffing, systemwide changes, etc. The internal validity of the provider survey is also challenged by the number and type of providers that respond.</p>

Concerning external validity, the study's results can only be applied to individuals/beneficiaries whose requests for services and service changes are sent through the SRTS system. There are other avenues in which individuals/beneficiaries are linked to services. Feedback from the Provider Directory only applies to providers utilizing the directory to connect individuals/beneficiaries to services. Some providers continue to use other methods in locating sites for referrals and transfers.

Click here for [Step 8](#)

TABLE 8.1 PIP RESULTS SUMMARY

Performance Measure Description	Target Performance Rate	Baseline Dates/Year	Baseline sample size and rate	1st Remeasure Dates/Year	1st Remeasure sample size and rate	Most recent Remeasure Dates/Year	Most recent Remeasure sample size and rate	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Performance Measures									
1. Number of beneficiary referrals with multiple transfers	-1.1	2021	Sample Size: 865 6.1%	March to May 2022	Sample Size: 323 13.0%	June to August 2022	Sample Size: 509 12.4%	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No P-value: <input type="checkbox"/> <.01 <input checked="" type="checkbox"/> <.05 Other:
2. Number of business days to resolution of transfer request	-1.9	2021	Sample Size: 11,959 6.9 days	March to May 2022	Sample Size: 7,307 5.1 days	June to August 2022	Sample Size: 6,463 8.2 days	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No P-value: <input type="checkbox"/> <.01 <input checked="" type="checkbox"/> <.05 Other:
Process Measures									
3. Percentage of providers that report accurately identifying service provider availability is a challenge	-10 Percentage Points (PP)	May 2022	Sample Size: 83 33.4%	May 2022	Sample Size: 60 24.0% (-8.4PP)	August 2022	Sample Size: 55 52.7% (+28.7PP)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No P-value: <input type="checkbox"/> <.01 <input checked="" type="checkbox"/> <.05 Other:

4. Percentage of providers that report <i>finding the information needed quickly is a challenge</i>	-10PP	May 2022	Sample Size: 83 26.4%	May 2022	Sample Size: 60 24.0% (-2.4PP)	August 2022	Sample Size: 55 32.8% (+8.8PP)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No P-value: <input type="checkbox"/> <.01 <input checked="" type="checkbox"/> <.05 Other:
5. Percentage of providers that report <i>the amount of staffing time and resources needed to update provider information is a challenge</i>	-5PP	May 2022	Sample Size: 83 15.4%	May 2022	Sample Size: 60 8.9% (-6.5%PP)	August 2022	Sample Size: 55 16.4% (+7.5PP)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No P-value: <input type="checkbox"/> <.01 <input checked="" type="checkbox"/> <.05 Other:
6. Percentage of providers that report <i>the directory is challenging to use</i>	-5PP	May 2022	Sample Size: 83 14.8%	May 2022	Sample Size: 60 20.3% (+5.5PP)	August 2022	Sample Size: 55 30.9% (+10.6PP)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No P-value: <input type="checkbox"/> <.01 <input checked="" type="checkbox"/> <.05 Other:

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

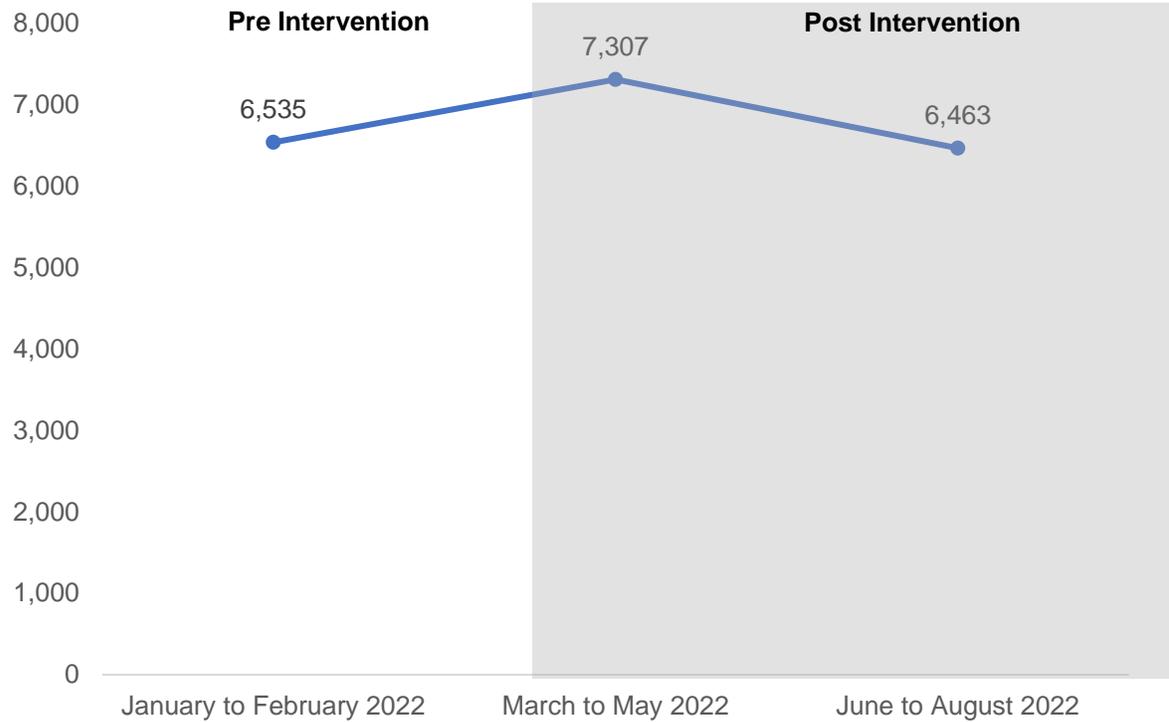
“Did we make a difference, and will it have an ongoing impact?”

Provisional Findings, if applicable: *(For PIPs that are in process at the time of submission, or that do not yet have any remeasurement data, please briefly provide preliminary results or impressions to date)*

SRTS Data Pre and Post Intervention

Below is a review of the SRTS data from CY 2022 pre-intervention, January 1, 2022, through March 8, 2022, and post-intervention, March 9, 2022, through August 31, 2022. Data was collected from the Cognos SRTS Transfer report and the new Microsoft Power BI SRTS Transfer report. Figure 9.1 displays the number of total transfer requests pre and post intervention. There was an increase in transfer requests during the first measurement period following the intervention of the updated Provider Directory. The second measurement period shows a decrease back near pre-intervention levels.

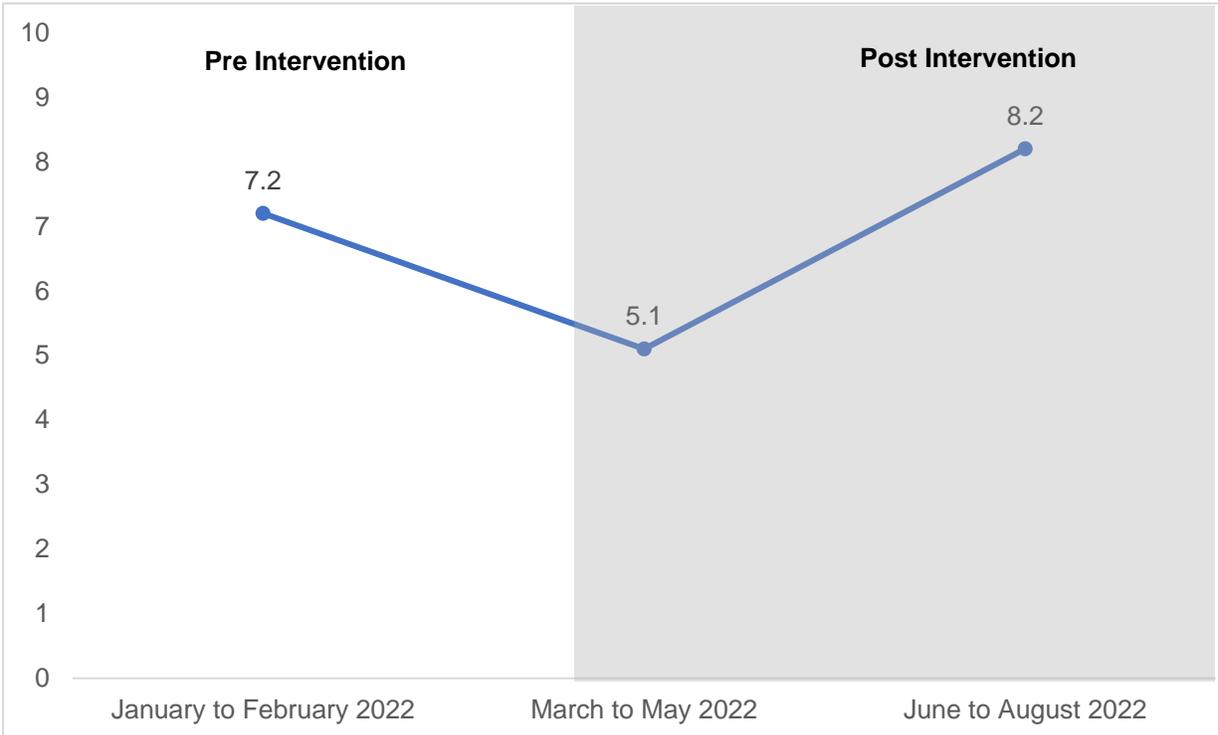
Figure 9.1 Total Number of Transfer Requests for Pre and Post Intervention



Note: The pre-intervention includes up to March 7, 2022. The intervention was applied on March 8, 2022. Data source: Cognos SRTS Transfer Report, January to May 2022. Power BI SRTS Transfer Report, May to August 2022.

Figure 9.2 describes the average number of business days for transfer requests to be resolved pre- and post-intervention. There was a decrease in the number of business days by 2.1 at the time of the first measurement. However, there was an increase of one business day at the second measurement.

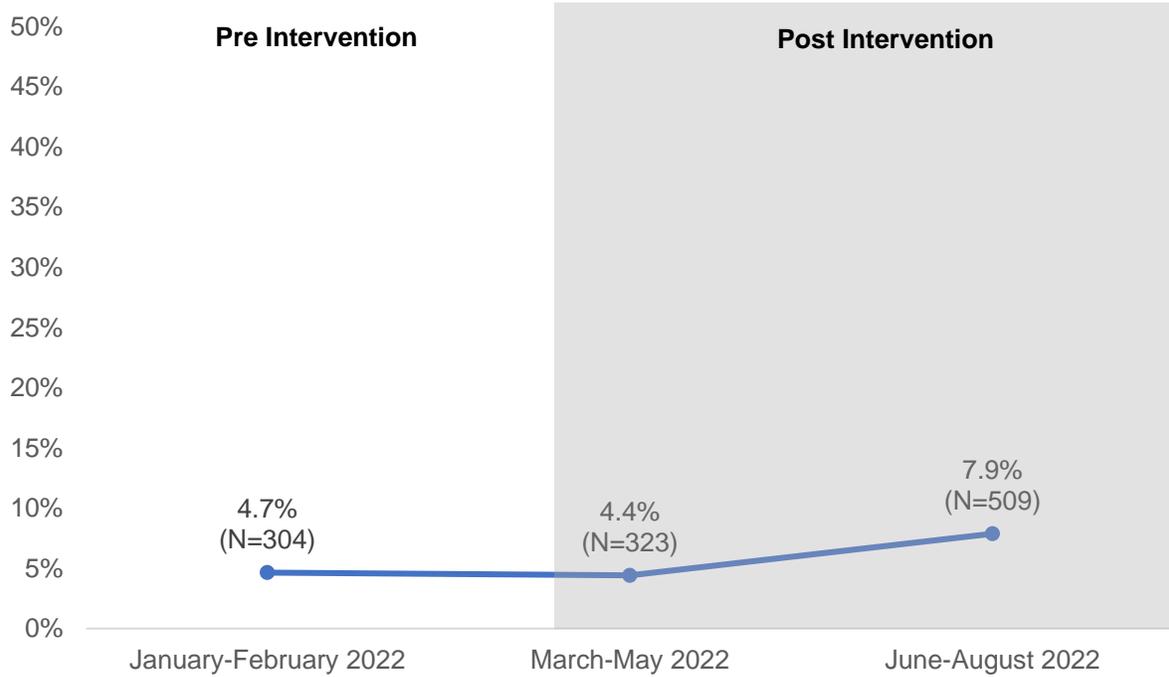
Figure 9.2 Average Number of Business Days for Transfer Request Resolution for Pre and Post Intervention



Note: The pre-intervention includes up to March 7, 2022. The intervention was applied on March 8, 2022. Data source: Cognos SRTS Transfer Report, January to May 2022. Power BI SRTS Transfer Report, May to August 2022.

Figure 9.3 shows the percentage of transfer requests that required two or more business days to resolve pre- and post-intervention. Transfer requests that required more than two business days remained stable until the second measurement, with an increase of approximately 3.2% at the second measurement.

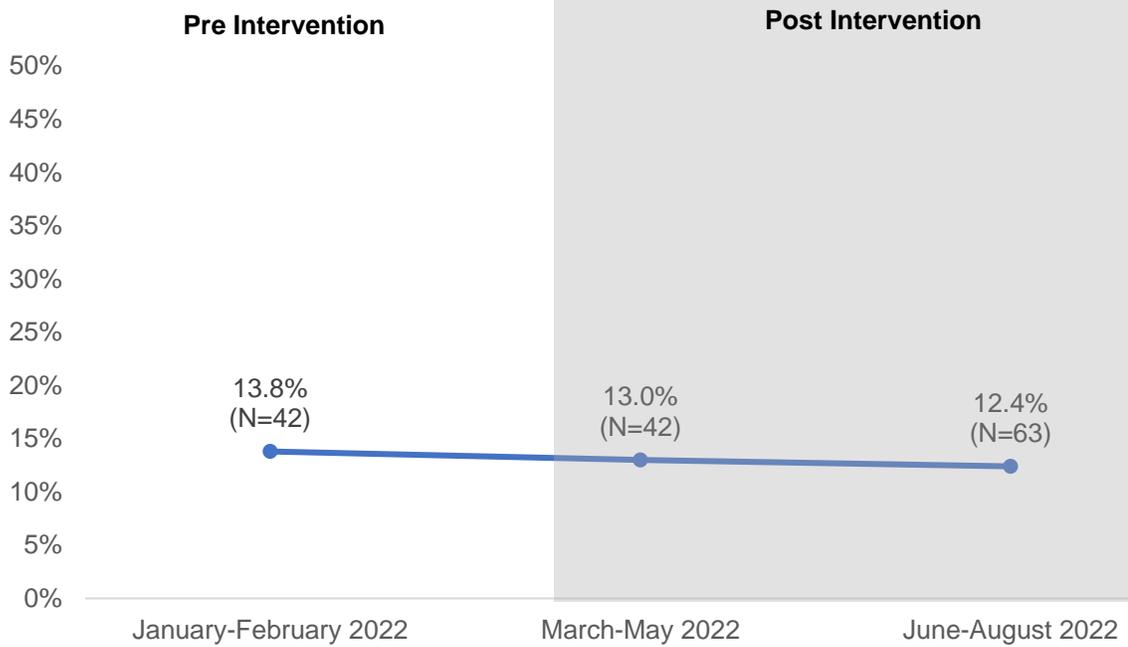
Figure 9.3 Number of Transfer Requests with More than Two Business Days to Resolution for Pre and Post Intervention



Note: The pre intervention includes the up to March 7, 2022. The intervention was applied on March 8, 2022. Data source: Cognos SRTS Transfer Report, January to May 2022. Power BI SRTS Transfer Report, May to August 2022.

Figure 9.4 shows the number of transfer records that required multiple transfer requests for resolution pre and post intervention. The records had a slight decrease over the first and second measurement periods.

Figure 9.4 Percent of Records that Required Multiple Transfer Requests for Resolution for Pre and Post Intervention

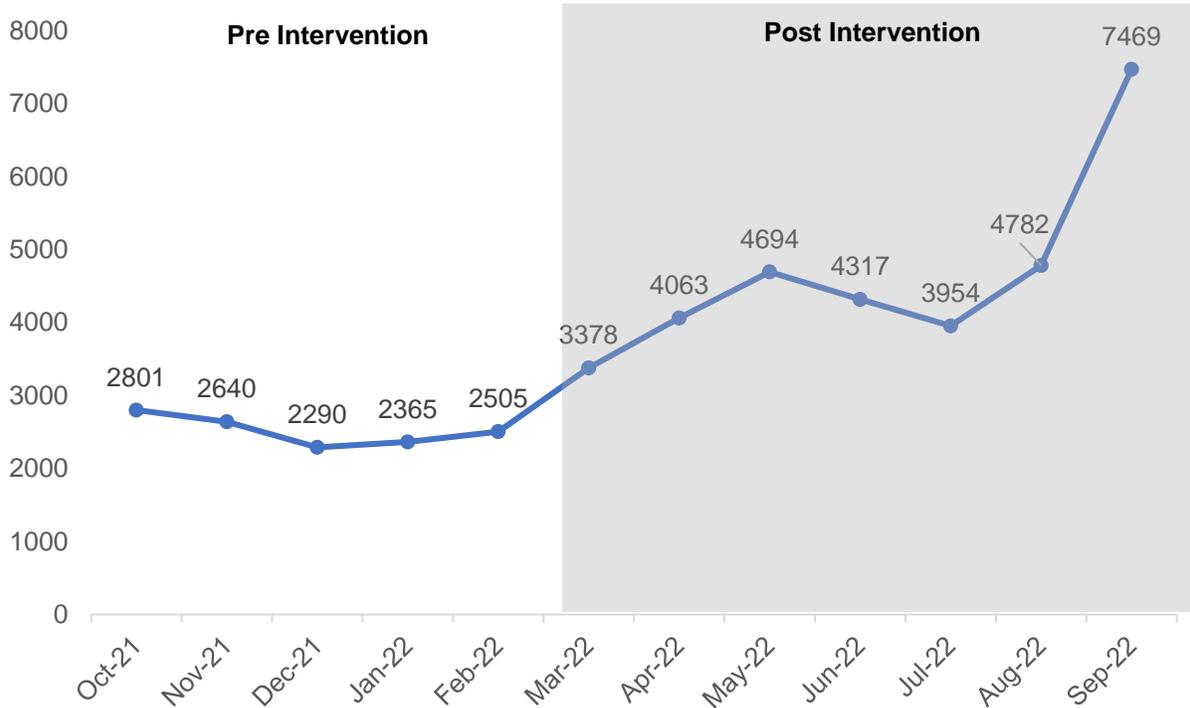


Note: The pre intervention includes the up to March 7, 2022. The intervention was applied on March 8, 2022. Data source: Cognos SRTS Transfer Report, January to May 2022. Power BI SRTS Transfer Report, May to August 2022.

Provider Directory Website

Below is a description of the number of views of the Provider Directory recorded by the LACDMH website from October 2021 to September 2022. Views appear to have increased by 4,091 views between March 2022 and September 2022.

Figure 9.5 Number of Provider Directory Views Pre and Post Intervention



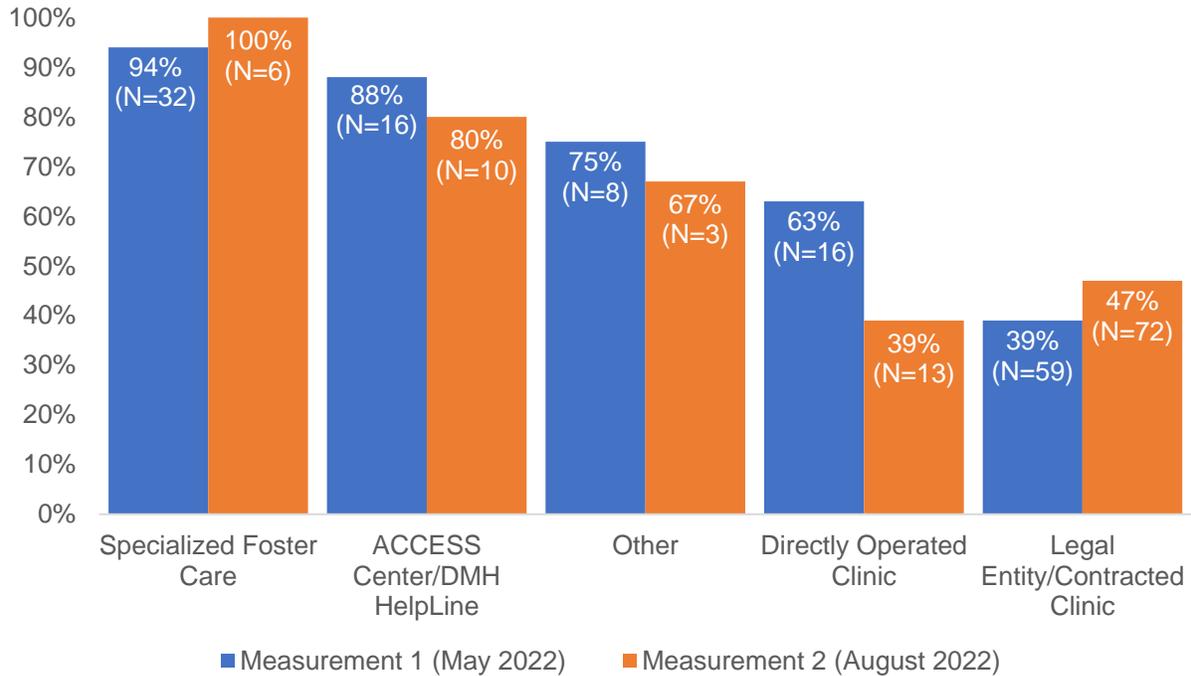
Data source: CIOB count of Provider Directory website views.

LACDMH 2022 Provider Directory Satisfaction Survey – Provider Version Measurement 1 (May 2022) and 2 (August 2022)

Data from responding providers regarding the use of the “New” Provider Directory was collected from providers in May 2022 and August 2022 with the LACDMH 2022 Provider Directory Satisfaction Survey – Provider Version. In May 2022, 131 providers responded to the survey and in August 2022 55 providers responded to the survey.

Figure 9.6 shows the percent of responding providers’ experience with the “New” version of the Provider Directory during the measurement periods. The provider groups with the most experience with the “New” directory were SFC at 94% in May and 100% in August. The provider types with the least experience with the “New” directory were LE/Contracted clinic providers at 39% in May and DO clinic providers at 63% in August.

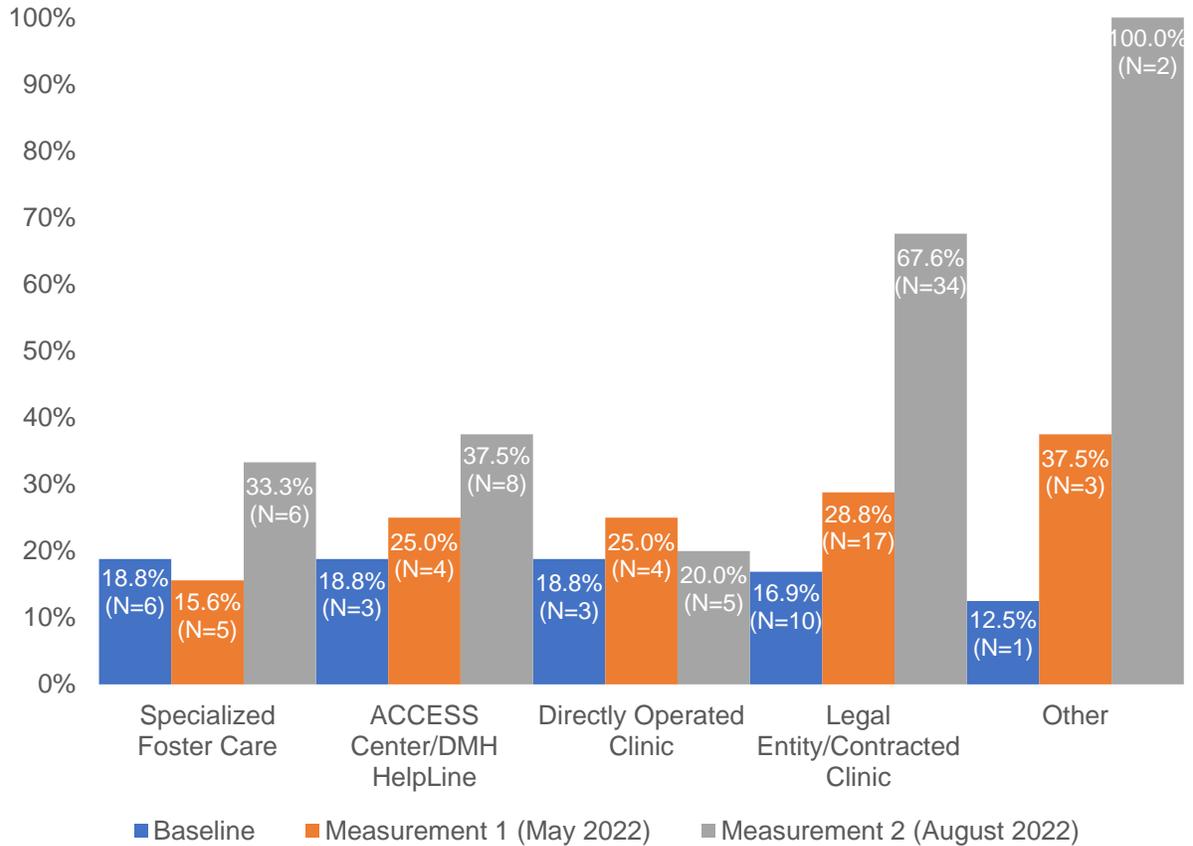
Figure 9.6 Percent of Responding Providers' Experience with the "New" Provider Directories



Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, May 2022 and August 2022.

Figure 9.7 shows the percent of responding providers who endorsed Satisfied to Very Satisfied ratings for the provider directories. The "New" Provider Directory had higher satisfaction rates from four of the five provider types: Other providers at 37.5% (+25PP), LE/Contracted clinic providers at 28.8% (+11.9PP), and ACCESS Center/DMH HelpLine and DO clinic providers at 25% (+6.2PP). One provider type rated the "New" directory lower with SFC at 15.6% (-3.2PP). The overall average satisfaction rating of the "New" Provider Directory was 24.4% (+6.9PP) in May 2022. At the second measurement in August 2022, the "New" Provider Directory rating continued to increase among four of the five provider types: SFC at 33.3% (+17.7PP), ACCESS Center/DMH HelpLine at 37.5% (+12.5PP), LE/Contracted clinic providers at 67.6% (+38.8PP), and other providers at 100% (+62.5PP). One provider type had a decline in satisfaction, DO clinic providers at 20% (-5.5PP). The overall average satisfaction rating of the "New" Provider Directory was 24.4% (+6.9PP) in May 2022. The overall average satisfaction rating for the "New" Provider Directory was 56.4% (+32PP) in August 2022.

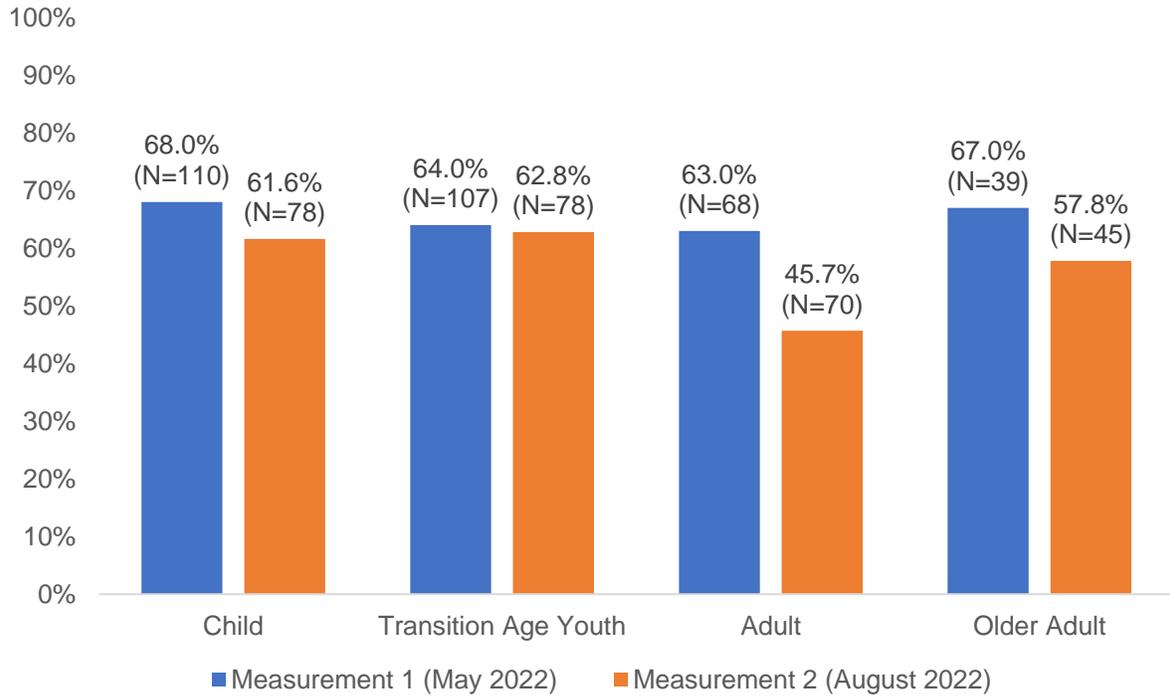
Figure 9.7 Percent of Responding Providers with Satisfied to Very Satisfied Ratings for the Provider Directories



Note: A Likert scale was used for collection rating scores: 1-Very Unsatisfied, 2-Unsatisfied, 3-Neutral, 4-Satisfied, 5-Very Satisfied. Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, May 2022 and August 2022.

An analysis of responding providers by age group served was completed to explore any differences in using the directory from the group as a whole. Figure 9.8 displays the experience with the directories reported by the responding providers by age group served. Experience with the directory was rated slightly lower at the August 2022 measurement with the Adult and Older Adult groups having the most decrease of responding provider experience.

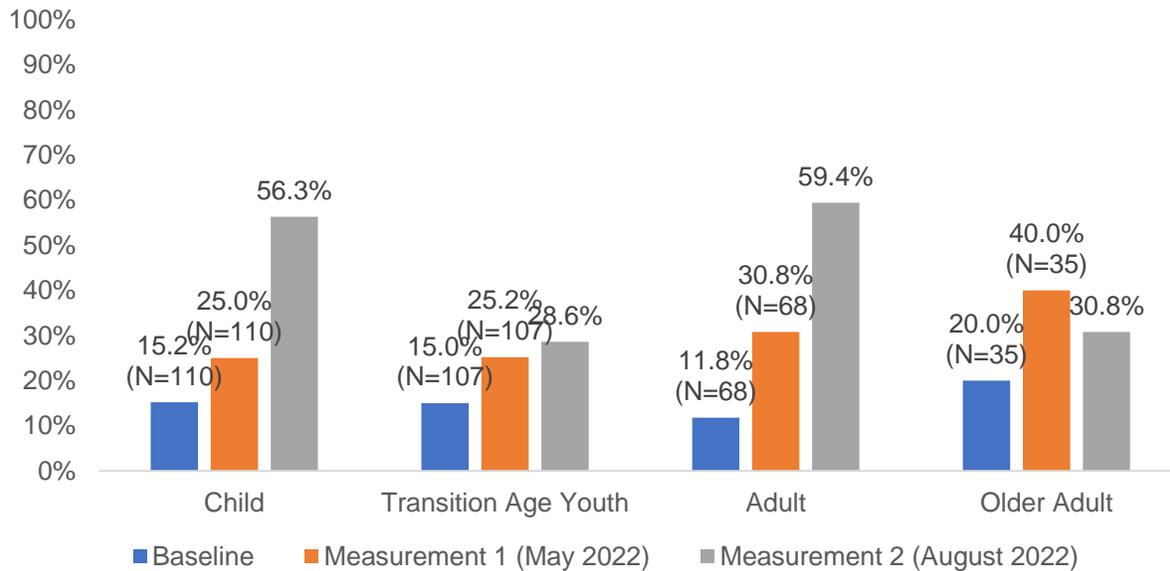
Figure 9.8 Responding Providers' Experience with the "New" Provider Directories by Age Group Served



Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, May 2022 and September 2022.

Figure 9.9 describes the percent of responding providers that were Satisfied to Very Satisfied among age groups served. All of the providers appeared to rate satisfaction with the "New" directory higher than the "Old" version and increased satisfaction over the first (May 2022) and second measurement (August 2022) periods, except Older Adult providers whose satisfaction went down.

Figure 9.9 Responding Providers' Satisfaction Ratings of the Provider Directories by Age Group Served

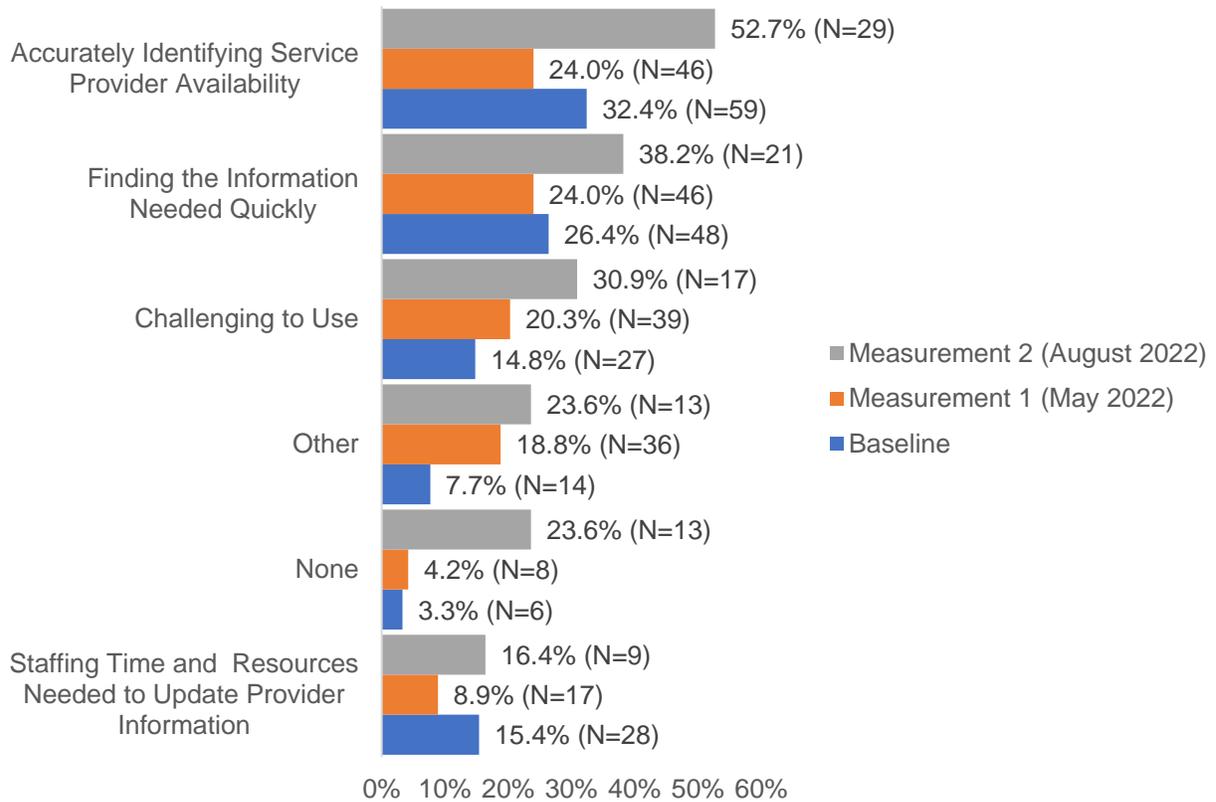


Note: This count is duplicated as providers were able to indicate they served more than one age group. A Likert scale was used for collection rating scores: 1-Very Unsatisfied, 2-Unsatisfied, 3-Neutral, 4-Satisfied, 5-Very Satisfied. Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, May 2022 and August 2022.

Figure 9.10 displays the percent of responding provider identified challenges with the Provider Directory at baseline, the “Old” directory, at the first measurement (May 2022) after the “New” directory was implemented, and the second measurement (August 2022) three months later. The percent of providers that found “accurately identifying service provider availability,” “finding the information needed quickly,” and “staffing time and resources needed to update provider information” decreased in May 2022, then increased in August 2022. Both the Other and None categories increased each measurement period.

Common challenges identified in the other category at first measurement (May 2022) included slow software, no way to search for an agency by name, continued outdated information, missing providers, difficulty reading the small font, a need to know if providers can be found in SRTS, inability to enter a client’s address to find a nearby provider, and “not user friendly.” Similar challenges were identified in the second measurement (August 2022) including slow software, inaccurate provider information, non-specific provider details such as services provided and populations served, zip code and SA searches did not work, insurance information missing, and webpage details were too small.

Figure 9.10 Percent of Responding Provider Identified Challenges with the Baseline, First Measurement (May 2022), and Second Measurement (August 2022)

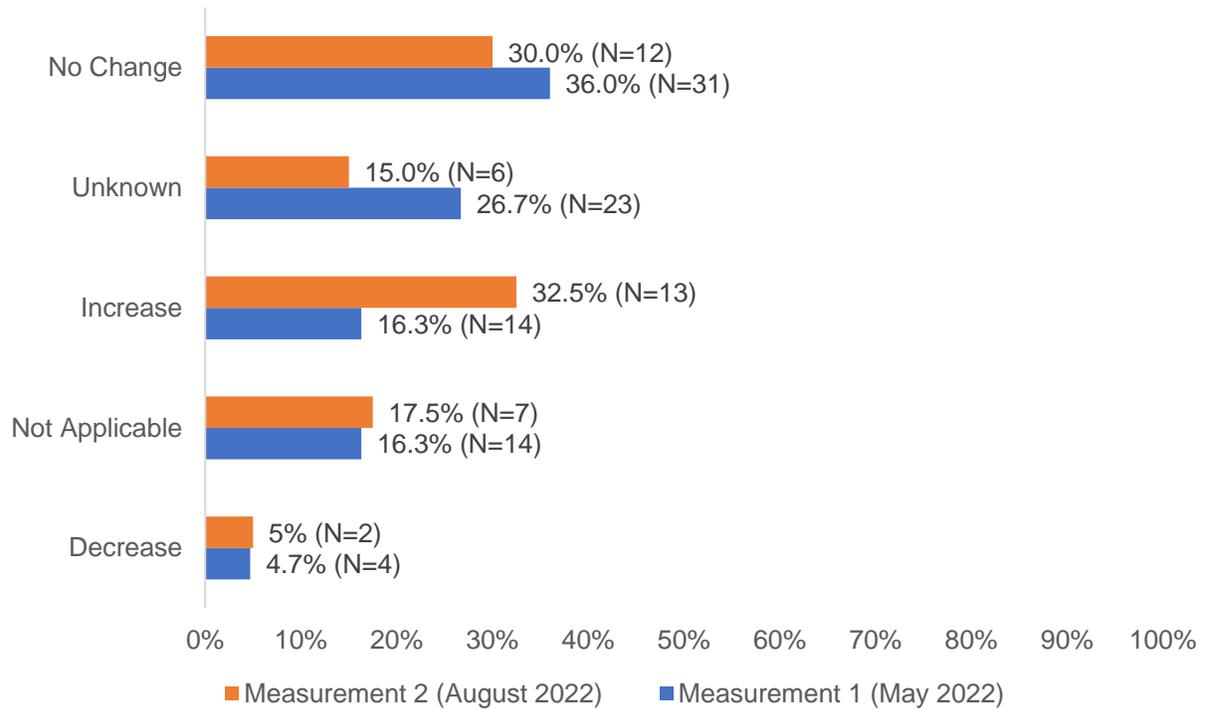


Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, May 2022 and August 2022.

When asked if responding providers are using the “New” Provider Directory for making referrals 85.5% (N=71) indicated “Yes” in the first measurement (May 2022) and 72.7% (N=40) indicated “Yes” in the second measurement (August 2022). Approximately, 36.1% (N=30) responding providers in the first measurement (May 2022) and 52.5% (N=21) in the second measurement (August 2022) rated the “New” directory as Successful or Very Successful on the success at finding locations for referrals using the “New” directory.

Figure 9.11 shows that most responding providers reported no change (36%) and unknown (26.7%) with regard to any change in the number of referrals received by their agency since the implementation of the “New” directory in the first measurement (May 2022). However, at the second measurement (August 2022), most responding providers reported an increase (32.5%) or no change (30%) in referrals was seen.

Figure 9.11 Responding Providers' Experience of Change in Number of Referrals Since Implementation of the "New" Provider Directory



Data source: LACDMH 2022 Provider Directory Satisfaction Survey-Provider Version, May 2022 and August 2022.

Additional Feedback

Responding providers were asked for any additional feedback that they would like to communicate about the “New” Provider Directory. Below is a categorization of common additional remarks from the responding providers. Forty-two remarks were made in the first measurement (May 2022) and 21 remarks were made in the second measurement.

First Measurement – May 2022	
Software/Platform	Functionality
<ul style="list-style-type: none"> Cumbersome Slow Difficult to navigate, not intuitive Jerking, lagging, poor resolution Font too small, not mobile device friendly Not user friendly 	<ul style="list-style-type: none"> Add “Providers Near Me” and make it searchable by client address New provider list is challenging to search Some sites show the same age group twice, one accepting and one not accepting Too complicated for the community and needs to be more easily searchable, not just zip code Improve map accessibility, too much information on one page Filters are not consistently showing requested information Advanced search does not show enough providers or fax numbers
Accuracy	Suggestions
<ul style="list-style-type: none"> Does not seem to reflect updated NAPPA data Some providers not listed in the correct Service Area Accepting new client’s designation is sometimes not consistent with a call to the agency Inaccurate information is delaying referrals Update wait time Some clinics listed as “children” but only serve TAY, unable to determine FSP only programs 	<ul style="list-style-type: none"> Simple Search should be text, grey sites may be perceived as inaccessible Identify providers in SRTS, clarify “referrals only” designation Need home-based, office-based, telehealth designations Directory should have its own webpage with an option to print results, include date provider last updated information, and a specific contact person ACCESS needs insurance content Request for more details about therapy and case management services Use more simple words

Second Measurement – August 2022	
Software/Platform	Functionality
<ul style="list-style-type: none"> • Not user friendly, font too small, too busy looking and takes time to figure it out. • Loading times are long 	<ul style="list-style-type: none"> • Under "what services are available?", it directs you to the MH Plan Beneficiary Handbook, which I found somewhat overwhelming in finding the area of services available. It takes you to the beginning of the book, which can discourage a person to go any further. Perhaps highlighting the specific area where a person can find "what services are available" would help more.
Accuracy	Suggestions
<ul style="list-style-type: none"> • Discrepancy between NAPPA data entered • Information does not seem to be updated very often • The names of the clinics do not have full names only letters, so unable to tell client name of the clinic. Clinics that should be using Provider directory to assist their clients continue to call ACCESS because it's easier, that's exactly what they say. 	<ul style="list-style-type: none"> • A training on how to read the provider directory. We still have agencies sending referrals over even though it's clearly noted "not accepting clients." • It would be helpful if the Provider Directory and the SRTS could be linked. • It would be faster if we can type in the zip code instead of scrolling down the list and search by address or SPA. • It would be great if it is possible to export into excel. • A name of an intake coordinator or email address would be helpful as well, so there is a contact person once a referral is made. • Does not provide providers for infant massage or other specific modalities, does not include HUB, only LA County providers.

Listed below are some opinions responding providers provided in the August 2022 survey period about using the updated directory.

- "It's awful... i just use word of mouth or contact friends to find help if I can't get info on Google"
- "At ACCESS Center it is particularly unhelpful. Please develop tools that work for the task needed and stop forcing ill-suited legacy projects on us. Due to the missing content, this Provider Directory is a bigger barrier to effective client service delivery then before."
- "Being able to view the locations of various providers to the person/caller is extremely helpful. It feels that this directory is being looked at consistently by its creators to ensure it's up to date, which the old directory did not seem to have."
- "Much quicker process for finding new referrals for a client."
- "We are still adjusting to it and find it easier to use when finding agencies with space available."

Summary

The SRTS Transfer report data showed a small increase in transfer requests during the first measurement period (March through May 2022) following the intervention of the updated Provider Directory which returned to pre intervention levels at the second measurement (June through August 2022). The number of business days to resolution of a transfer request increased by one day at the second measurement. Transfer requests that required more than two business days remained stable until the second measurement with an increase of approximately 3.2PP. However, multiple transfers decreased by approximately 1.4PP in the second measurement period.

Views of the Provider Directory increased by 4,091 views between March 2022 and September 2022. QA is making efforts to promote the use of the directory system-wide since the update in March 2022. At this time, there is no way to determine the portion of views that originate from providers versus the community.

Based on feedback collected from providers who responded to the LACDMH 2022 Provider Directory Satisfaction Survey – Provider Version in May 2022 and August 2022, SFC providers reported the most use of the updated Provider Directory. LE/Contracted clinic and DO clinic providers reported using the directory the least. Most responding providers reported increased satisfaction (Satisfied to Very Satisfied) with the updated directory: Other providers at 37.5% (+25PP), LE/Contracted clinic providers at 28.8% (+11.9PP), and ACCESS Center/DMH HelpLine and DO clinic providers at 25% (+6.2PP). The overall average satisfaction rating for the “New” Provider Directory was 56.4% (+32PP). When satisfaction by age group served was reviewed, Older Adult providers reported the least satisfaction with the updated directory.

Providers that responded to the survey indicated that challenges with the updated directory increased over the two measurement periods. “Accurately identifying service provider availability” and “finding the information needed quickly” were the challenges identified most often by responding providers. “Challenging to use” and “other” challenges tending to steady increase. Providers consistently identified issues with usability and accuracy of information.

Most responding providers reported an increase (32.5%) or no change (30%) in referrals was seen.

9.1 What is the conclusion of the PIP?

The updates to the Provider Directory appeared to increase provider satisfaction with the directory. However, changes to the tool created additional challenges that need

to be addressed through updating provider information and the functionality of the directory's platform. It appears providers that serve specific populations have different needs of the Provider Directory and would benefit from separate search options or unique directory pages.

QA and CIOB continually reviewed provider feedback and worked to make minor updates through the PIP process. Larger changes were earmarked for Phase II of the project.

During the measurement periods, there appeared to be limited to no improvements indicated in the SRTS transfer report. Providers likely tried to utilize the updated directory which increased the transfer requests. However, a longer period of measurement maybe needed to display change as providers may need more education and experience with the directory.

9.2 Do changes appear to be the results of the PIP interventions? Please explain.

Despite the reported challenges, providers that responded to the survey reported an increase in satisfaction from with the Provider Directory following the intervention despite a report of increased challenges with the platform functionality and accuracy of information. Data measurements over a longer period of time are needed to observe improvements due to the updated Provider Directory as no other improvements were observed.

9.3 Does statistical evidence support that the change represents a real improvement or difference?

Providers responding to the survey reported an increase in average satisfaction with the updated Provider Directory at 24.4% (+6.9PP) in May 2022 and 56.4% (+32PP) in August 2022. However, the way the data was collected and organized did not allow for a clear, accurate test of significance.

Chi squares were completed on the number of providers that find the "accuracy of identifying service provider availability" a challenge, providers that find the "speed at which needed information can be found" a challenge, providers that find the "time and resources needed to update provider information," and providers that find the directory is challenging to use. Significant differences were found for the "accuracy of identifying service provider availability" ($p=0.02$) and "speed at which needed information can be found" as a challenge ($p=0.00$). These to performance measures significantly increased over the measurement periods indicating that providers reported the challenges increased over time.

A chi square was also performed on the number of multiple transfers and an independent t-test was performed on the number of business days. Neither displayed significant results.

9.4 Did any factors affect the methodology of the study or the validity of the results? If so, what were they?

It is possible the validity of the PIP results could be affected by the wide range of variables that can impact the number of referral requests and transfers. Variations can occur based on community need, staffing, and seasonality. The number of providers accepting new beneficiaries has been high for an extended period of time. This can also decrease the timeliness of referrals and transfers. The QA Unit is reviewing whether community members and beneficiaries are being screened effectively for non-specialty mental health services and transitions to other levels of care. Both challenges may also extend the time to access needed services.

9.5 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?)

Providers who responded to the survey did report consistent increases in satisfaction with the Provider Directory. Measurement over a longer period of time is needed to explore changes in SRTS data.

QA plans to continue improvements and updates to the Provider Directory to better support providers, beneficiaries, and the community.

9.6 How were untoward results addressed?

It was unexpected that the challenges of the directory would increase for providers. However, this circumstance has been seen in previous changes in electronic systems (LACDMH Electronic Consumer Perception Survey). Often providers need time to adjust to the changes and have opportunity to provide feedback about the utility of the changes. Providers also remarked on challenging elements of the software platform, which were not amenable to change.

Additionally, the Provider Directory was too general. Specific providers require different search functions and provider information such as types of treatment available, type of insurance accepted, etc.

QA and CIOB has incorporated this information into plans for Phase 2 of the Provider Directory improvement project. They continue to solicit and incorporate provider feedback from stakeholder groups in their planning for continued updates.

9.7 What is the MHP/DMC-ODS's plan for continuation or follow-up?

LACDMH plans to end this PIP in October 2022. However, the project will continue through collaborative efforts of the QI, QA, and CIOB Units. Below are plans for follow up activities.

- Provider Directory Improvement - Phase 2
 - Create a printable Provider Directory
 - Incorporate new data elements, user friendly functions (icons), and cell phone/tablet views as suggested by stakeholders

- Implement filtering for specific needs with short, initial questions to direct users to specialized directories for service type (outpatient, inpatient, board and cares, etc.) and user type (community member, family member, provider, etc.)
- Implement multilingual versions in paper and electronic version
- Implement screening tools
- Linking Jail Discharge Planner to the directory
- Linking managed care plans to the SRTS, discussions are underway with Molina
- QA/QI will complete spot checks and randomized calls to confirm providers adhere to the NAPPA data update standards
- SRTS data will be reviewed for disparities in age, cultural group, foster care, etc.

Click here for [Step 9](#)

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LACDMH 2022 Provider Directory Satisfaction Survey - Provider Version

Please complete the following survey to share your experience using the redesigned 2022 Provider Directory with the LACDMH Quality Assurance (QA) and Quality Improvement (QI) units. Your feedback will be used to make further improvements to the system.

* Required

1. Please select from below the following program in which you work. *

- Legal Entity (LE)/Contracted Provider Clinic
- Specialized Foster Care (SFC)
- ACCESS Center/HelpLine
- Psychiatric Mobile Response Team (PMRT)
- LACDMH Directly Operated (DO) Clinic
- Other

2. What age group(s) do you serve? Check all that apply. *

- Child
- Transition Age Youth(TAY)
- Adult
- Older Adult

3. Before the release of the "New" Provider Directory in April 2022, how did you find a provider to refer clients to? Check all that apply. *

- Word of mouth
- Provider Directory ("Old" Provider Directory)
- Internal list of providers
- ACCESS/DMH Help Line
- Google / Internet Search
- Other

4. Do you have experience using the "Old" Provider Directory? *

- Yes
- No

5. Please rate your overall experience with the "Old" Provider Directory.

1-Very Unsatisfied, 2-Unsatisfied, 3-Neutral, 4-Satisfied, 5-Very Satisfied *

Very Unsatisfied 1 2 3 4 5 Very Satisfied

6. Please identify below the challenges you had with the "Old" Provider Directory. Check all that apply. *

- Accurately identifying provider service availability
- Finding the information I needed quickly
- Staffing time and resources needed to update my provider information
- Challenging to use
- None
- Other

7. Have you had the opportunity to use the "New" Provider Directory released in April 2022? *

- Yes
- No

8. How would you rate your experience with the "New" Provider Directory?
1-Very Unsatisfied, 2-Unsatisfied, 3-Neutral, 4-Satisfied, 5-Very Satisfied *

Very Unsatisfied 1 2 3 4 5 Very Satisfied

9. Please identify below the elements of the "New" Provider Directory you found useful. Check all that apply. *

- Accurately identifying provider service availability
- Finding the information I needed quickly
- Decreased staffing time and resources needed to update my provider information
- Easy to use
- None
- Other

10. Please identify below the challenges you had with the "New" Provider Directory. Check all that apply. *

- Accurately identifying provider service availability
- Finding the information I needed quickly
- Staffing time and resources needed to update my provider information
- Challenging to use
- None
- Other

11. Are you using the "New" Provider Directory to make referrals? *

- Yes
- No

12. How would you rate your success at finding locations for referrals using the "New" Provider Directory? 1-Very unsuccessful, 2-Unsuccessful, 3-No Change, 4-Successful, 5-Very Successful *

Very Unsuccessful 1 2 3 4 5 Very Successful

13. Have you experienced a change in the number of referrals your program receives since the "New" Provider Directory was released in April 2022? *

- A decrease
- No change
- An increase
- Unknown
- Not applicable

14. Compared to the "Old" Provider Directory, how would you rate use of the "New" Provider Directory? You may skip this question if not applicable.

1-Much Worse, 2-Worse, 3-Neutral, 4-Improved, 5-Much Improved

Much Worse 1 2 3 4 5 Much Improved

15. Please enter any other comments below that you would like to share about the "New" Provider Directory?

