

**The Durham Center  
Committee Reports Summary for the Quality Management Committee – DRAFT  
December 15, 2011**

<b>Committee name:</b>	<b>Quality Management Committee</b>
<b>Meeting date:</b>	<b>December 15, 2011</b>
<b>Report submitted by:</b>	Matt Ruppel, MSW & Tina Howard, MA; Chair: John Barry _____ Date: _____
<b>Members Present:</b>	Lascel Webley, Jr., Area Board; Nancy Henley, MD; Phil Golden, Area Board; John Barry (Chair), MSW, MBA; and Joe Kilsheimer, CFAC.
<b>Members Absent:</b>	Robyn Fenn, CFAC
<b>Staff Present:</b>	Tina Howard, MA, Human Service Evaluator; Lena Klumper, PhD, Quality Management Director; Matt Ruppel, MSW, Grievance Specialist
<b>Staff Absent:</b>	Khalil Tanas, MD, TDC Medical Director
<b>Community Providers Present:</b>	Elaine Shriner, Telecare; Lakisha Perry-Green, Structured Family Interventions and Jackie Crawford, Dreamworks, II
<b>Community Providers Absent:</b>	<b>None</b>

<b>Topic:</b>	<b>Minutes for August 2011</b>
<b>Brief description of Topic:</b>	Minutes were approved as written. Motioned by Phil, seconded by Nancy.
<b>Follow-up items:</b>	None.
<b>Next steps:</b>	None.

<b>Topic:</b>	<b>Minutes for October 2011</b>
<b>Brief description of Topic:</b>	Minutes were approved as amended. Motioned by Phil, seconded by Nancy.
<b>Follow-up items:</b>	Correction to notes related to QIP-Vivitrol Study. It was determined that the study was not under the purview of the Quality Management Committee, but rather Operations. Additionally, this is no longer defined as a study.
<b>Next steps:</b>	Document corrections to minutes and resend to Committee members

<b>Discussion:</b>	<b>Approval: FY 12 Scorecard Elements (Lena)</b>
<b>Brief description of Topic:</b>	Presented a final draft of the key indicators for The Durham Center, called “TDC Scorecard”.
<b>Suggestions Raised:</b>	<p>Dashboard will be renamed Scorecard.</p> <p>Goal 1.1a: Change to reflect how the State has stated the goal</p> <p>Goal 1.2: There are 2 different measures for timeliness of calls answered. TDC currently limited by the communications vendor (CISCO) to measure timeliness in percentage of calls answered within 5 seconds. The State has set the measure as percentage of calls answered within 30 seconds. Request put in to CISCO for change was declined. Plan is to make the change when TDC becomes MCO on 7/1/12. Suggestion to define measure in number of rings rather than number of seconds before call is answered.</p> <p>Goal 1.3: The measure has not been set by the state. Suggestion to remove from Scorecard.</p> <p>Goal 2.2: The state has not set a target. Suggestion to change to all psychiatric hospitalizations. Suggestion to change measure to reflect state average or less.</p> <p>Goal 3: Suggestion to add rate of admissions to community hospitals.</p> <p>Suggestion to continue to amend the Scorecard as more accurate measures are developed.</p>
<b>Next steps:</b>	Lena will contact other MCOs to determine the measure being utilized in timeliness of calls being answered. Scorecard will be revised, populated with available data, and emailed to committee members.

<b>Discussion:</b>	<b>Review of Committee Membership</b>
<b>Brief description of Topic:</b>	This agenda item was tabled.
<b>Suggestions Raised:</b>	None.
<b>Next steps:</b>	Review committee membership during meeting on January 19, 2012.

<b>Discussion:</b>	<b>Confidentiality Forms (re-signing the forms)</b>
<b>Brief description of Topic:</b>	Confidentiality forms were distributed to and signed by all non-Durham Center staff members present.
<b>Suggestions Raised:</b>	None.
<b>Next steps:</b>	None.

<b>Report:</b>	<b>QM Reports from Staff (Lena)</b>
<b>Priority/frequency:</b>	High/Special report, requested by Committee
<b>Brief description of data reviewed:</b>	Special request for analysis of admissions to state psychiatric hospitals.
<b>Analysis</b>	Central Regional Hospital reports an operating cost of \$1,314 per bed day. At that operating cost, the MCO would be charged approximately \$16 million at current bed day utilization rate. Using the operating costs for the State Hospitals in the Wake, Cumberland, and Johnston catchment areas, the cost would be \$23 million, \$6 million, and \$2 million respectively. Total cost approximately \$47 million. The total figure does not include other psychiatric hospital beds.
<b>Actions taken:</b>	None.
<b>Next steps:</b>	Lena will provide committee with updated data regarding utilization rates and cost at next meeting.

<b>Report:</b>	<b>Technical Assistance Reports (Tina)</b>
<b>Priority/frequency:</b>	High/Annual
<b>Brief description of data reviewed:</b>	Year-End Report of technical assistance provided by the Program Specialists.
<b>Analysis</b>	The State contract requires an annual report of technical assistance, but does not define the format or information to be included in report. Program Specialists summarized their primary efforts to assist our direct service providers improve quality, incorporate best practices into treatment, and sustain services. In addition, Specialists regularly communicate with providers to address questions and concerns.
<b>Actions taken:</b>	None
<b>Next steps:</b>	Committee members are asked to review reports and email questions and suggestions for improvements to Tina.

<b>Report:</b>	<b>Authorizations (Tina)</b>
<b>Priority/frequency:</b>	High/Quarterly
<b>Brief description of data reviewed:</b>	Authorization Data
<b>Analysis</b>	<p><b>Adults</b> - Targeted Case Management – MH/SA continues to be requested and approved more than any other service. The number of TCM – MH/SA requests peaked in August, then began to decline in September. The number of requests and appeals for CST continues to decrease. In July, CST was approved at a rate of 6.13 per 1,000 Medicaid eligible. The rate continued to drop in August to 6.19 and September to 5.85 per 1,000 eligible. CST is denied more than any other service. The rates for ACTT have increased 14% since July.</p> <p><b>Children</b> – Very few requests for Multi Systemic Therapy (MST) are received by TDC. This is possibly due to intensity of model. Intensive In-Home is requested and approved more than any other child service.</p> <p><b>Turn-Around Time</b> – The data is not accurate due to Avatar database not “stopping the clock” when an authorization request is placed in pending status. Glitch in computer system is being addressed by developer. UM staff has improved average time for mental health and substance abuse requests.</p> <p><b>Total IPRS Authorizations</b> – 1,303 authorizations processed in August 2011 for 907 consumers; 1,446 authorizations for 1,001 consumers in September 2011. 89% are approved. Adults most frequently approved for basic outpatient while children are approved most often for developmental therapy and basic outpatient.</p>
<b>Actions taken:</b>	Regarding turn-around time, it was recommended that other Avatar users be questioned about their experience and any patches to the system that may have been implemented.
<b>Next steps:</b>	Tina will email UM Director, April, to request comparative figures from Eastpointe LME, who uses same computer system.

<b>Report:</b>	<b>Appeals (Tina)</b>
<b>Priority/frequency:</b>	High/Quarterly
<b>Brief description of data reviewed:</b>	An analysis of appeals of IPRS and Medicaid UR decisions.
<b>Analysis</b>	Three appeals of IPRS services in FY12 to date, 2 for DD services and 1 for ACTT. Two were upheld and the other partially upheld. There were 8 appeals of Medicaid funded services.
<b>Actions taken:</b>	None.
<b>Next steps:</b>	Tina will research final decisions for Medicaid appeals and report back to Committee next quarter.

<b>Report:</b>	<b>Call Center and Provider Assistance Calls (Tina)</b>
<b>Priority/frequency:</b>	High/Quarterly
<b>Brief description of data reviewed:</b>	An analysis of data from Durham Center's Call Center and calls from providers to TDC's UM unit.
<b>Analysis</b>	The Call Center receives an average of 6,400 calls in a quarter. The calls have increased since the 2 <sup>nd</sup> quarter of FY11 which translates to a 32% increase in calls to TDC STR and 100% increase in calls to UM. ¼ of calls to STR involve screenings for services. UM received twice as many calls in October as in August and September. Possibly due to technical problems with ProviderConnect.
<b>Actions taken:</b>	Committee discussed results of the "mystery caller". Only negative response came from a staff person at DCA, which handles after-hours calls for services.
<b>Next steps:</b>	Separate UM Provider Assistance Calls from STR calls in next quarterly report.

<b>Report:</b>	<b>State Generated Data – 1<sup>st</sup> Q FY 12 (Tina)</b>
<b>Priority/frequency:</b>	High/Quarterly
<b>Brief description of data reviewed:</b>	An analysis of contract performance indicators reported by the State Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.
<b>Analysis</b>	The Durham Center was the only LME to meet ALL performance measures, including the standards for NC-TOPPs, the outcome reporting system.
<b>Actions taken:</b>	None.
<b>Next steps:</b>	Committee is asked to review report and email questions to Tina. Report will be presented to the Area Board at their meeting January 5, 2012.

<b>Next Meeting:</b>	<b>January 19, 2012</b>
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