Preventive Behavioral Health Programs

Community Behavioral HealthCare Network of Pennsylvania has implemented The Mihalik Group’s Preventive Behavioral Health Programs. Dr. Scott Daubert, Director of QI & System Integration, discussed the process.

Please give us some background information on CBHNP.
Community Behavioral HealthCare Network of Pennsylvania (CBHNP) was founded in 1994 by 104 agencies and facilities, including the leading community providers in all aspects of mental health and drug/alcohol care. CBHNP is incorporated as a not-for-profit and has been providing managed behavioral health care services for ten years. CBHNP manages both private and public sector contracts for government entities and health plans, including:

- Pennsylvania HealthChoices Medicaid Managed Care – 105,000 covered lives
- Gateway Health Plan Medicare Advantage – 30,000 Medicare-Medicaid dual eligible covered lives
- Pennsylvania ACCESS Plus Medicaid Program – Behavioral Health consultation – 300,000 covered lives
- Blue Cross of Northeastern Pennsylvania and First Priority Health – 600,000 covered lives
- Highmark, Inc. – After-Hours Behavioral Health – 2,500,000 covered lives

CBHNP also administers programs as an Intermediary Service Organization for Mental Retardation funds in Pennsylvania and provides Program Evaluation services for county drug and alcohol programs in Pennsylvania. CBHNP’s corporate offices and primary Operations Center are located in Harrisburg, Pennsylvania.

What was CBHNP doing in the way of Preventive Behavioral Health prior to implementing The Mihalik Group’s programs?
In our Pennsylvania HealthChoices program, CBHNP provided community education and programs on general prevention topics to Medicaid recipients in our coverage territory. However, no formal prevention programs were in place with documented processes and outcomes prior to the implementation of TMG’s programs.

What options had you considered before deciding to outsource the development of the programs?
CBHNP’s QI Committee solicited ideas and feedback from stakeholders, including providers and members, and considered internal development of preventive behavioral health programs. However, while many good ideas were generated, “starting from scratch” was a daunting task. Analysis of our population demographics and likely target groups were consistent with the possible options avail-
Preventing for an Unannounced Survey

According to the Joint Commission, since January 2006, more than 1,371 health care organizations and 322 hospitals were surveyed under the unannounced survey process. As the number of unannounced surveys increases facilities are becoming anxious about the process and expressing concerns about how to prepare and what to expect when JCAHO surveyors unexpectedly appear.

Our TMG staff experienced an increase in the number of requests for an Unannounced Assessment which includes a surprise on-site review of an organization’s compliance with standards and a final report. We interviewed two of our client hospitals to tell our readers about their experiences with TMG’s Unannounced Assessment. The first hospital (H1) provides a full range of patient care services, operates seven ambulatory clinics, and serves as an educational and research center. The second hospital (H2) is a fully accredited acute care hospital. Their programs include inpatient care, pain management, outpatients care, hospice, home care with bereavement and support programs for families and friends.

Please tell us how many individuals were aware of the Unannounced Assessment at your facility?

H1. There were only five staff members that knew about the unannounced visit including our executive leadership team. H2. Only senior leadership was informed.

Please let us know about your preparation plans for the unannounced visit?

H2. We did no special preparation. We have been practicing our response plan and doing ongoing assessments for over a year, and wanted to see how the plan would work when it was time to put it into action. By having an unannounced assessment, we were able to identify opportunities to improve the response plan and notification system, and to develop a sense of urgency in some areas where additional work was needed.

Does your facility have a “Plan of Action” for the day the Joint Commission surveyors arrive?

H2. Yes, one aspect of our plan is that when any JCAHO surveyors arrive, the employee is to bring them to the security office. It is security’s responsibility to verify all the surveyors’ identification. Once verified, the next step is for the security officer to notify the hospital’s JCAHO coordinator of the surveyors’ arrival. Another part of our plan is to check the “Jayco” extranet site every day. Since, by 7:00 am on the first day of the survey, the organization’s extranet site will contain all the information about the survey. On the first day of the assessment I notified our JCAHO coordinator at 7:30 am and as a result our facility’s plan was activated. Our notification plan is to alert all staff via email and also to activate the phone tree. The notification plan worked.

H2. We have a comprehensive plan in place, including notification, rounds on the units, and a document cart. We use our Emergency Call back plan to notify staff about the unannounced visit, it is an effective system for any unexpected event.

Did TMG consultants have difficulty entering your facility?

H2. I met the consultant team outside of the medical center and led them to the hospital’s security office. Staff followed our “Plan of Action” because when two of the consultants told staff who they were, staff immediately escorted them to the security office. At the security office we discovered a few surprises.

H2. The arrival at the front desk, identification, notification, and escort to the area we had identified as the surveyor room went as planned.

How did your staff react to the unannounced visit?

H1. Initially, the staff scurried around a little bit. As soon as they had time to recover they were fine. The staff were also at ease since this was only a mock survey and welcomed the opportunity to have the consultants there. For the opening conference everyone that was scheduled to be in the auditorium arrived promptly. So our opening interviews went very well.

H2. We do so many tracers, that the staff were able to take it in stride.

Were responsible staff able to respond quickly to document requests?

H2. Documents had been duplicated and placed on a rolling document cart. Documents that must be produced at the time of survey are listed, along with who is responsible for producing them (including designated alternates).

Were there any surprises?

H1. The first surprise was that our first point of contact at the security office did not know what to do. The identification process also took longer than expected.

H2. We were pleasantly surprised by how well we were able to respond, but it was also impressive to see how effective an unannounced survey process is in identifying unresolved issues.

Did you find the Unannounced Assessment disruptive to providing care?

H2. Far less so than we had expected. We had expected a more intrusive process, but the consultants were able to effectively manage time and cut to the heart of the issues quickly. The tracers kept moving the process and did not bog down any particular area for a long period of time.

How does the unannounced process compare to previous experiences with announced consultation, if any?

H2. The new survey process means that the day-to-day procedures must be in place at all times. The survey identifies issues where the “rubber meets the road.” The announced process is also important, as there is a timeline for corrective action. The responsible parties are aware that they have deadlines to meet.

What lessons did you learn? Any recommendations?

H1. One of the areas where we had challenges was the Environment of Care. After the mock survey, we developed a specific plan and implemented it. Also, if I had to schedule the assessment over again I would add an extra day and another consultant. The assessment was rushed trying to accomplish and complete everything that was planned on the agenda.

H2. We have learned that it is important to have a plan in place and exercise it regularly to keep everyone prepared.

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able via outsourcing to The Mihalik Group. It was decided that programs could be developed and implemented more quickly in this fashion. We probably saved at least a year’s worth of development time for each program by outsourcing to TMG.

How did you decide to implement programs for Early Identification of ADHD and Improving Treatment Compliance for Adults with Depression?
There were two primary factors in the choice of these two programs. First, our Medicaid HealthChoices costs and services are fairly evenly split between child and adult populations. We wanted at least one program to address each of these primary age groups. Second, ADHD represented the most common diagnosis for our child/adolescent enrollees, and major depression represented the most common diagnosis for our adult enrollees. We were interested in these more broad-based programs for prevention that dealt with the most common issues, rather than a narrower diagnostic focus. In this way, it was felt that a larger audience would be reached.

Please describe the programs.
The Early Identification ADHD program is designed as a one-time mailer to parents of children who are turning five or six years old. The mailing includes an educational newsletter about children’s behavior and a screener for ADHD. The newsletter takes parents through the description of ADHD so the parents can decide whether their child is behaving in a typical way or in a way that may need further evaluation. The information is not designed to diagnose the child. If the parent is concerned about the child’s behavior they are instructed to contact their primary care physician or a behavioral health provider. The mailing also includes a pre-paid self-addressed postcard for members to give feedback about the program. On a quarterly basis, we provide TMG the names and addresses of our members turning six during the calendar quarter. TMG prints a customized cover letter on our letterhead and mails out the materials to our members. This program also includes a quarterly report describing program outcomes and the aggregate results of the information from surveys.

The last mailing also includes a survey for members to give feedback about the program. This program can be used as a preventive behavioral health program or as an intervention for a quality improvement activity to improve treatment compliance. On a monthly basis, we provide TMG the names and addresses of our members diagnosed with depression. The Mihalik Group prints a customized cover letter on our letterhead and mails out the materials to our members. This program also includes a quarterly report describing program outcomes and the aggregate results of the information from surveys.

Tell us about your experience with the implementation of the programs in-house.
Our implementation of these programs collaboratively with TMG staff was very smooth and involved a manageable amount of dedicated staff time. This included Quality Improvement staff to manage the overall schedule of implementation and report on progress to our QI Committee, as well as some initial MIS staff to set up the required monthly and quarterly files. We are approximately one year beyond the initial implementation, and the Preventive Behavioral Health Programs are now an established and important aspect of our overall QI Program. Members have responded positively, in some cases, resulting in calls and discussion with CBHNP about current or potential services.

How were the programs received by the providers?
Despite introductory letters, due to the nature of the programs and the direct mailings to Members, it has been our experience that providers at this point do not have a high level of awareness of our prevention programs. Those that have commented were impressed with the quality and helpfulness of the printed materials. Because the programs are young, CBHNP continues to use our website, provider mailings, and provider meetings to promote prevention program availability with our provider network.

Any other thoughts you would like to add?
The Mihalik Group staff assigned to assist CBHNP throughout this process were uniformly knowledgeable, available, and responsive to questions and issues. CBHNP has initiated and developed multiple projects, both large and small, with multiple partners, and working with The Mihalik Group proved to be one of the easier and more organized of these experiences. We look forward to a continued positive business relationship. CBHNP is currently working on Spanish translations of these Preventive Behavioral Health Programs.
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for the day of survey. I strongly recommend this process to all organizations, as a true picture of the organization emerges. We have made dramatic improvement through the identification of issues raised by the unannounced process.

What were some positives about the experience?

H1. We found that the consultants were open, friendly, organized and informative. They were very committed. Several of them worked through lunch. The consultants were also accommodating. For instance they added briefings during the day to the agenda that were very informative. The staff felt that the consultants gave them an abundance of feedback that was good and helpful.

H2. This process is a real time method for assessing how well the survey plan works, as well as how survey ready the organization actually is.

Did the unannounced assessment meet your expectations of value and relevance?

H1. Yes, it did.

H2. Well worth the time and resources invested.♦

UMBH Scores 100% From NCQA

Congratulations to the University of Miami Behavioral Health (UMBH) who received a score of 100% (again) on their NCQA MBHO survey!

UMBH, a division of the Department of Psychiatry and Behavioral Sciences within the Medical School of the University of Miami, and was granted a full three-year accreditation as a Managed Behavioral Health Organization by the National Committee for Quality Assurance for Commercial, Medicare, and Medicaid members. This was UMBH’s second NCQA survey.

TMG consulted with the University of Miami Behavioral Health as they prepared for another successful NCQA survey.♦