

## Quality Matters: Review of 2009

The annual Quality Improvement and Utilization Management Program Evaluation for the time period October 1, 2008 through September 30, 2009 assesses improvements made within the time period. IMHS has made significant strides in our journey to improve the care and services received by our members, our practitioners and providers and our clients. Highlights of this year's accomplishments are listed below.

IMHS's clinical quality improvement activities all achieved a statistically significant improvement in provision of care to our members.

- Members with Schizophrenia increased their community tenure from 94.3% to 95.1%
- Seven day outpatient follow-up after a hospitalization improved from 30.70% to 38.9%
- Children accessing psychiatric services within sixty days of discharge from an inpatient hospitalization increased from 30.2% to 33.9%.

Non-clinical activities to improve our claims payment and our customer service showed an improvement.

- Claims payment accuracy increased from 91.2% to 94.1%.
- Customer services improved the telephone abandonment rate, decreasing it from 2.60% to 1.09% and increasing the service level from 86.12% to 92.68%.

Our preventative behavioral health programs identify potential perinatal depression through depression screening. Of the 4,842 women screened, 14.4% prenatal screens and 21.2% post-partum screens were positive. Our child safety program educated children and their parents after discharge from the hospital about the value of taking medications as prescribed, safe storage of medications in the home and safety related to firearms kept in the home.

IMHS worked with its contracted provider network to integrate care and services for members through a variety of methods that included:

- Integrated rounds at the Care Manager level,
- Faxing of the discharge assessment to the member's primary care physician when a member has been hospitalized; and,
- Evaluation of practitioner's involvement for members diagnosed with depression and anxiety in both the physical health and behavioral health realm.

Monitoring revealed network behavioral health practitioners coordinate care among themselves for members 85.4% of the time.

Appointment access improved in 2009 as compared to 2008, with 90.4% of practitioners meeting routine appointment availability and 93.8% meeting urgent appointment availability standards.

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Practitioners reported significant improvement in satisfaction with courtesy extended by the Care Management Staff (93%), the Customer Service staff (94.4%) and the Provider Relations staff (92.6%). Practitioners reported an improvement in satisfaction with the length of time it takes to resolve claims concerns from 57% to 75.4%.

Overall satisfaction with being a network practitioner increased from 76.4% to 86.8%.

Members were surveyed using the Experience of Care and Health Outcomes Survey tool. This survey will serve as the baseline for subsequent surveys.

The review of Treatment Records demonstrated an improvement in facets of treatment planning.

Initial applications are processed by credentialing in less than 45 days of receipt.

Case Management services admitted 5,687 members into their program for the time period.

IMHS is proud of the results in its 2009 Annual Quality Improvement and Utilization Management Program Evaluation and looks forward to partnering with all of its clients to achieve continued improvements as we move to 2010.

**If you would like a copy of the complete report, please call the Quality Department at 512-406-7225 or write to us at 504 Lavaca Street, Suite 850, Austin, TX 78701.**