PROGRAM SYNCHRONIZATION AND QA/QI EFFORTS IN A CONSORTIUM MODEL

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LAKESHORE RECOVERY CONSORTIUM

- DOOR COUNTY
- KEWAUNEE COUNTY
- SHAWANO COUNTY
SHARED SERVICES MODEL

• Each County maintains their own individual certification.

• Shared items across consortium:
  ➢ Administrative Services-Tracking of all credentials, background checks, training hours, etc.
  ➢ Publications-Consumer Handbook/Provider Handbook/CCS Brochure/FAQ’s
SHARED SERVICES MODEL (CONT.)

- Provider Network and Network Development
- Electronic Case Management Recordkeeping System - The Clinical Manager (TCM)
- Quality Improvement Plan
- Common forms - Intake paperwork, efficiency tools
- Regional Coordinator
ADVANTAGES

• Consistency
• One change, all change
• Trainings with all at one time
• Service facilitator networking across Consortium
WORLD CLASS CUSTOMER SERVICE (IN 180 SECONDS OR LESS)

• What happens after 150 seconds? 180 seconds?
  ➢ Stress increases
  ➢ People begin to rush
  ➢ Work gets sloppy
  ➢ Miss details
  ➢ Take shortcuts
  ➢ Focus taken off of the process and put onto the clock.
WORLD CLASS COMPREHENSIVE ASSESSMENT AND INTAKE (IN 30 DAYS OR LESS)

- What happens after 25 days? 30 days?
  - Stress increases
  - People begin to rush
  - Work gets sloppy
  - Miss details
  - Take shortcuts
  - Focus taken off of the process and put onto the clock.
WHAT ARE WE DOING?

- Make process as client friendly/user friendly as possible.
- Create efficiency tools
- “Work smarter, not harder”-Customization of our record management system
BARRIERS

• 3 different counties, 3 different ways of doing things
• Various I.T. support across all 3 counties
• Not all utilizing same features of TCM.
• Satisfying 3 different divisions (DCTS, DQA and DHCAA) and 1 office (OIG)
QUALITY IMPROVEMENT (QI)/ QUALITY ASSURANCE (QA)

- QI-Consists of systematic and continuous actions that lead to measurable improvement in services. Where do we want to be and what do we need to do to get there?

- QA-The maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production. How are we going to stay there once we get there?
QUALITY IMPROVEMENT

- Implementation of TARP notes
- County sponsored trainings
- Bi-Monthly Consortium Meeting-Service Facilitator’s and Managers
TARP NOTE

• In the interest of consistency and to prevent notes from becoming too wordy we are requiring that all non-psychotherapy direct contact progress notes be entered in this format.

• T=treatment/recovery plan
• A=assessment/activity
• R=response
• P-plan moving forward
COUNTY SPONSORED TRAININGS

• Recovery Principles
• Person Centered Planning
• Trauma Informed Care
• Empowering Trauma Exposed Children
• CCS 101
QUALITY ASSURANCE

• Weekly/Monthly note audits
• Progress note scoring rubric
• Progress note feedback form
• Supervisory chart audits
<table>
<thead>
<tr>
<th>Item #</th>
<th>Structural item of the progress note.</th>
<th>Score of 2</th>
<th>Score of 1</th>
<th>Score of 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the note structured in the TARP format identifying each category? T-Treatment Plan goal A-Assessment/Activity R-Response/Reaction P-Plan</td>
<td>Note is structured in the TARP format utilizing the T A R P documentation format.</td>
<td>Note does not utilize the exact T A R P documentation format but does cover all categories.</td>
<td>Note is not structured in TARP format nor does it cover all of the categories.</td>
</tr>
<tr>
<td>2</td>
<td>Was a treatment plan goal listed for the meeting that is a current goal on consumer’s treatment plan?</td>
<td>Note begins with current treatment plan goal listed.</td>
<td>Note has current treatment plan goal in body of note.</td>
<td>Note is not linked to current treatment plan goal.</td>
</tr>
<tr>
<td>3</td>
<td>Does the note have a clear statement of the purpose for the meeting, the intervention/activity connected to a treatment plan goal that took place using action words?</td>
<td>The note clearly indicates why the meeting occurred, interventions/activities that took place linked to a treatment plan goal, using action words.</td>
<td>Either the purpose for the meeting was unclear or the activity was not linked to a treatment plan goal.</td>
<td>There is not indication of the purpose for the meeting or linkage of activity to the treatment plan.</td>
</tr>
<tr>
<td>4</td>
<td>Does the note contain the consumer’s response to the session/intervention? How did they respond and participate? What did they get out of the session? Did it help them?</td>
<td>The note included an evaluative statement that was clear regarding response and participation, also utilized clients own words</td>
<td>The note contains an evaluation of the session, but the statement is vague or general (e.g., client was satisfied with the session)</td>
<td>There is no indication of how consumer responded to the session or what was achieved.</td>
</tr>
<tr>
<td>5</td>
<td>Does the note contain information regarding the plan moving forward? When is next scheduled meeting? What will be worked on?</td>
<td>The note contains a specific date for the next meeting and it also includes a brief statement about what will occur in the next session.</td>
<td>The note contains a follow up date or a brief discussion of what will occur in the next meeting, but not both.</td>
<td>There is no indication of a follow-up session or it is unclear when the two individuals will meet again and for what reason.</td>
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<tr>
<td>Evaluation Category</td>
<td></td>
<td></td>
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<td></td>
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<td>---------------------</td>
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<td></td>
<td></td>
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<td>Is the note structured in the TARP format identifying each category?</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>T: Treatment Plan Goal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A: Assessment/Activity</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>R: Response/Reaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>P: Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 pts</td>
<td>1 pt</td>
<td>2 pts</td>
<td></td>
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</tr>
<tr>
<td>The TARP format was used however the provider did not include the plan. All information needs to be included. If there is not a definite date planned for next meeting there needs to be information explaining that (as no date set for next meeting with client, will schedule on future date).</td>
<td></td>
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<td>Was a treatment plan goal listed for the meeting that is a current goal on consumer’s treatment plan?</td>
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<td>0 pts</td>
<td>1 pt</td>
<td>2 pts</td>
<td></td>
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</tr>
<tr>
<td>It does not appear that “decrease social anxiety” is on this client’s treatment plan. If it were on the treatment plan full points would have been given.</td>
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<td>Does the note have a clear statement of the purpose for the meeting, the intervention/activity connected to a treatment plan goal that took place using action words?</td>
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<td>1 pt</td>
<td>2 pts</td>
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<tr>
<td>Taking the client and her mother to graduation does not sound like an activity that is building or enhancing a skill. What did you do relative to the treatment plan. Why did you go with them? Why did they need you along? There do not appear to be any active interventions listed.</td>
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<td>2 pts</td>
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</tr>
<tr>
<td>Giving a point because format is correct. How did you know client was happy and proud? Did client make a statement saying that?</td>
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<td>1 pt</td>
<td>2 pts</td>
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</tr>
<tr>
<td>Missing any information on plan moving forward. There is no indication when and if there will be an upcoming session with client.</td>
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</tbody>
</table>

| Total Score | NONBILLABLE |
ELECTRONIC HEALTH RECORDS

• All Counties utilize The Case Manager (TCM) for their recordkeeping needs.
• All Counties have their own I.S. person
• Susan is the lead.
TECHNOLOGY SIDE QI EFFORTS

• Outside provider access to TCM. Providers enter their own documentation.

• Utilization of TCM for billing authorizations. Provides ability to track through time and space. Who, what, where, when, why how of the billing process.

• Scanning utilized for all paperwork. Provides ability to eliminate necessity for paper files.
ASSESSMENT NEEDS & STRENGTHS

- Agreed Upon Needs & Strengths
AUTHORIZED SERVICES – INFO FOR PROVIDER

• Authorized services - info to send to vendor example
TREATMENT PLAN

- Plan of care summary by domain
- Authorized services example
- Plan of care 1st sheet
- Plan of care - signature page.pdf
LINKING CONTACTS TO OUTCOMES
TECHNOLOGY SIDE QA EFFORTS

- Weekly audit of progress notes for accuracy and “bill-ability”.
- Monthly audits of notes to assure the time authorized is being adhered to. Allows us to identify potential adjustments that may be needed to either increase or decrease hours.
- Allows auditing of “files” at the individual’s fingertips without having to waste time looking for hard copy files.
AUTHORIZED SERVICES – TRACKING

- Authorized services report example.pdf
ACCOUNTS RECEIVABLE REPORTS

• AR rev report example.pdf
SERVICE SUMMARY REPORTS

• service summary example - grouped by client.pdf
• service summary example - grouped by service code.pdf
ACCOUNTS PAYABLE