

QIC/IOM DISCUSSION WORK GROUP PROGRESS REPORT

February 25, 2004

Mission Statement of QIC/IOM Work Group.¹

To adapt the IOM Quality Chasm paradigm and create an organizing framework and vision that includes the perspectives of all stakeholders for quality assessment, quality improvement and systems change in California public mental health. This framework and vision is based upon the values of recovery/wellness, equity/cultural competence and community integration of the clients and family members served.

Tasks

1. Identify ways in which the State QIC promote/encourage achievement of the six aims in ways that will relieve suffering, reduce disability and maintain the health of clients and family members.
2. Identify objectives and strategies at each level of the care system to promote quality.
3. Identify opportunities to apply and disseminate the California mental health quality Aims and Rules, e.g. training, data/information dissemination, advocacy, performance measurement, special studies, draft policy development.

Definitions

Aims – Core and inter-related domains of a quality system of care

Rules – Guidelines for system operation/performance; the means or process necessary to achieve the AIMS consistent with stated values and principles.

¹ Direction from State QIC for Priorities for Calendar Year 2003 – “Define core values and policy directions for quality improvement using the IOM Quality Chasm six Aims.”

Visualizing the Six Aims at Each Level of the Care System

Levels of the Care System	Efficient <i>Administrative and clinical operations that manage human and physical resources in ways that optimize access to appropriate treatment and minimize waste.</i>
Clients and Family Members Needs and Desires	<ul style="list-style-type: none"> • Get well as quickly and as simply as possible with as few services as necessary without withholding services which extend treatment and/or disability • Experience services as easily accessible, convenient, affordable, coordinated (e.g. with primary care, family services, etc.) responsive and culturally/linguistically appropriate • Availability of alternatives such as consumer operated services
MHPs/Providers/Facilities Opportunities and Strategies	<ul style="list-style-type: none"> • Increase numbers of individuals served • Decrease cost per episode of care • Increase numbers of new clients • Decrease lengths of stay, increase number of discharges • Increase revenues, billings, collections • Management of resources <ul style="list-style-type: none"> ○ Human ○ Physical • Diversity of programs, including consumer operated • Proven services at lowest level of care appropriate/possible • Equal access and quality • Support parity in mental health
DMH Opportunities and Strategies	<ul style="list-style-type: none"> • Case rates and other alternative funding mechanism • Incentivize efficiency • Allow for redirection of resources • Monitor for disparities and develop strategies to eliminate identified disparities • Promote and fund prevention and early identification in mental health services • Eliminate waste
Larger Healthcare Environment Opportunities and Strategies	<ul style="list-style-type: none"> • Remove disincentives for return to work and maintenance of disability • Allow for greater flexibility of resource management • Reduce unnecessary regulation resulting in increased costs and inefficiency • Develop financial incentives to reduce disparities.

Levels of the Care System	<p style="text-align: center;">Timely</p> <p style="text-align: center;"><i>Prompt provision of goal-directed services that restore and sustain client and family integration into the community.</i></p>
Clients and Family Members Needs and Desires	<ul style="list-style-type: none"> • Timely access to a variety of services • Timely access to linguistically appropriate services
MHPs/Providers/Facilities Opportunities and Strategies	<ul style="list-style-type: none"> • Providers should have schedules flexible to meet consumer needs • Regularly monitor and report: <ul style="list-style-type: none"> □ Average “next available appointment time” □ Time to assessment □ Wait for follow-up care • Track number of crisis visits for established clients • Track barriers to limited-English speaking clients and families • Track delays in services to limited-English speaking clients and families • Establish targets or benchmarks for performance based upon consumer input • Have a plan for performance improvement
DMH Opportunities and Strategies	<ul style="list-style-type: none"> • Ensure that providers have properly established targets or benchmarks based upon consumer input • Ensure multicultural client input • Provide technical assistance to providers who fall below benchmarks • Provide incentives and rewards for top performers
Larger Healthcare Environment Opportunities and Strategies	<ul style="list-style-type: none"> • Support infrastructure for data collection and analysis that is gender-specific and culturally/ethnically inclusive • Provide targeted funds to improve timeliness • Provide targeted funds to improve timeliness for limited-English speaking clients and families • Change financing, regulations, laws and contracts as necessary to provide performance incentives for timely service delivery

Levels of the Care System	<p style="text-align: center;">Safe</p> <p style="text-align: center;"><i>An emotionally and physically safe, accessible, compassionate, trusting and caring treatment/working environment for all clients, family members and staff.</i></p>
Clients and Family Members Needs and Desires	<ul style="list-style-type: none"> • To be informed about risks for all treatment options • To feel physically and emotionally/psychologically safe • Trusting relationships as a basis for care • Culturally competent, sensitive and knowledgeable • Trauma-sensitive care • Voluntary non-coercive access to services
MHPs/Providers/Facilities Opportunities and Strategies	<ul style="list-style-type: none"> • Adopt a “Do no harm” value: minimize errors, seclusion and restraint, and retraumatization • Provide comprehensive risk assessment • Minimize risk – use the best and fewest meds at lowest doses to achieve results • Ensure interventions free of bias, prejudice and stereotyping • Build safety into all systems for clients, family members and staff • Policies and practice should be free of bias, prejudice and stereotyping
DMH Opportunities and Strategies	<ul style="list-style-type: none"> • Policies and practice should be free of bias, prejudice and stereotyping • Assure compliance with minimum standards • Incentivize safe practices for clients, family members and staff
Larger Healthcare Environment Opportunities and Strategies	<ul style="list-style-type: none"> • Require adherence to uniform standards, laws and regulations • Promote zero-tolerance policies for error and harm

Levels of the Care System	<p style="text-align: center;">Person/Family-Centered</p> <p><i>A highly individualized comprehensive approach to assessment and services is used to understand each individual's and family's history, strengths, needs and vision of their own recovery including attention to the issues of culture, spirituality, trauma and other factors. Service plans and outcomes are built upon respect for the unique preferences, strengths and dignity of each person.</i></p>
Clients and Family Members Needs and Desires	<ul style="list-style-type: none"> • Meaningful involvement in: <ul style="list-style-type: none"> ○ Treatment plans ○ Choice ○ Recovery
MHPs/Providers/Facilities Opportunities and Strategies	<ul style="list-style-type: none"> • Acknowledge the value that “It’s all about clients and family members” • Actively seek client and family participation in policy, oversight, and care • Rational priorities (e.g. housing, employment, health, safety)
DMH Opportunities and Strategies	<ul style="list-style-type: none"> • Rules, financing, documentation, services etc all promote person-centered systems • Clients/families, including those that are multi-cultural, participate in policy development and system operations whenever possible • Pilot culturally-specific client/family treatment approaches and disseminate effective models
Larger Healthcare Environment Opportunities and Strategies	<ul style="list-style-type: none"> • Program policy, law, regulation and funding support person-centered paradigms • Client and family participation is actively promoted as a system component • Policies and funding support choice by clients and family members

Levels of the Care System	Effective <i>Up-to-date, contemporary and culturally/ethnically inclusive evidence-based services in response to and respectful of individual choice and preference.</i>
Clients and Family Members Needs and Desires	<ul style="list-style-type: none"> • Have information in preferred language about effective services to support person centered-choice • Array of effective services are accessible and available • Differences in effectiveness based upon individual difference of race, ethnicity, culture and other factors/values are identified, eliminated and strategies developed to correct them • Risks and benefits are identified
MHPs/Providers/Facilities Opportunities and Strategies	<ul style="list-style-type: none"> • Practitioners are knowledgeable about effective practices across all racial/ethnic groups • Seek to remove barriers and provide resources (infrastructure) • Value “evidence based thinking” • Value and promote practice based evidence • Value and support culturally competent treatment interventions • Carefully consider appropriate adaptation of fidelity • Assure satisfaction of client’s goals and family’s goals for their children and adolescents
DMH Opportunities and Strategies	<ul style="list-style-type: none"> • Only pay for effective services and/or provide incentives • Support dissemination and training of effective practice • Provide tools to support fidelity • Business rules support effective practices • Evidence-based practices are culturally competent • Support innovative approaches for services to racial/ethnic communities • Reward creative incentives for effectiveness in service delivery
Larger Healthcare Environment Opportunities and Strategies	<ul style="list-style-type: none"> • Support research to identify effective services which account for differences of race, ethnicity and culture • Organize financing to reward effective care

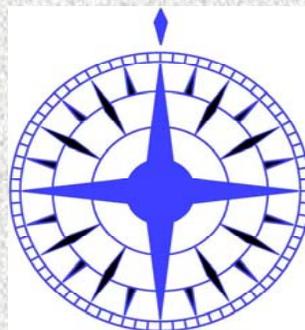
Levels of the Care System	<p style="text-align: center;">Equity</p> <p style="text-align: center;"><i>Fair, culturally and linguistically competent care to all clients and families regardless of their race, ethnicity, age, gender, religion, sexual orientation, disability, diagnosis, or legal status.</i></p>
<p style="text-align: center;">Clients and Family Members Needs and Desires</p>	<ul style="list-style-type: none"> • Equal access to information • Equal access to an array of services • Equal access to quality • Equal access for racial/ethnic groups and limited English speakers • Equal access for males and females
<p style="text-align: center;">MHPs/Providers/Facilities Opportunities and Strategies</p>	<ul style="list-style-type: none"> • Offer an array of services to all consumers/family members regardless of race, ethnicity, age, gender, religion, sexual orientation, disability, diagnosis, geographic location, socioeconomic status or legal status. • Serve all members of the community • Ensure cultural competency of providers • Provide culturally competent assessment, diagnosis and services • Actively seek community representation in governance and leadership • Outreach to underserved populations • Track disparities by racial/cultural groups and by gender
<p style="text-align: center;">DMH Opportunities and Strategies</p>	<ul style="list-style-type: none"> • Track compliance for equitable care • Require cultural competency plans • Track disparities by racial/cultural groups and by gender • Eliminate racial and ethnic bias • Develop strategies to eliminate disparities where identified • Reward incentives for equity in access and service delivery
<p style="text-align: center;">Larger Healthcare Environment Opportunities and Strategies</p>	<ul style="list-style-type: none"> • Provide equitable funding • Address socio-economic disadvantages • Promote social justice • Track disparities by racial/cultural groups and by gender • Develop strategies to eliminate disparities where identified

Leve	Description	Stakeholders	Focus
A	<i>Patients and Communities</i>	<ul style="list-style-type: none"> • Consumers • Family members • Communities • Other service systems • Providers 	<ul style="list-style-type: none"> • information about individuals • empowerment of consumers, families and providers • ability to realize accountability and quality
B	<i>Microsystems of Care</i>	<ul style="list-style-type: none"> • Consumers • Providers <ul style="list-style-type: none"> • peer providers • Clinical administrators and other staff 	<ul style="list-style-type: none"> • efficacy, effectiveness safety and experience of care
C	<i>Healthcare Organizations</i>	<ul style="list-style-type: none"> • Administrators • Non-clinical staff • Employers • Vendors 	<ul style="list-style-type: none"> • evaluation of systems performance for both populations served as well as providers
D	<i>Healthcare Environment</i>	<ul style="list-style-type: none"> • Policy makers • Employers • Purchasers • Payers 	<ul style="list-style-type: none"> • status of populations large scale system performance • public accountability, priorities, financing and prevention

Road Map for the Implementation of the IOM's Quality Chasm Report

Experience of Patients and Communities

True North



**Microsystems
of Care**
Where care occurs

**Health Care
Organizations**

External Environment of Care
Policy/Financing/Regulation