



BlueCross BlueShield of Montana

2018 Behavioral Health Quality Improvement Program Evaluation Executive Summary

This Executive Summary provides an analysis and evaluation of the overall effectiveness and key accomplishments of the Behavioral Health Quality Improvement Program for Health Care Service Corporation (HCSC), Inc.

2018 Accomplishments

1. Offered education to providers on BH HEDIS metrics including Antidepressant Medication Management (AMM), Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and Follow-up After Hospitalization for Mental Illness (FUH). Flyers for IET and FUH were developed and disseminated to providers to reinforce trainings.
2. Created a BH landing page on the Connect Community website to provide members with access to BH content and uploaded information for multiple topics, including Major Depressive Disorder, Eating Disorders, Schizophrenia and the importance of receiving diabetes screenings when diagnosed with Bipolar Disorder.
3. Improved process for monitoring and investigating BH Quality of Care (QOC) and BH Quality of Service (QOS) concerns related to Out of State facilities with access and education received on the Blue2 Inter-Plan Messaging System.

Program Focus for 2019

Based on the review of the 2018 program goals, an increased understanding of barriers to improvement, and attention to lessons learned during the year, the following primary areas for focus of the HCSC BH Quality Improvement Work Plan for 2018 include:

1. Measure, monitor, and continuously improve performance of behavioral health care in key aspects of clinical and service quality for members, providers and customers.
2. Maintain a high level of satisfaction among providers and members
3. Achieve a two-percentage point improvement from baseline over a one-year period for key performance metrics.
4. Continue to monitor HEDIS performance of newly acquired statewide membership.
5. Focus continuous quality improvement efforts on those priority areas defined in the annual BH QI Work Plan;
6. Continue to explore social determinants of health and focus on implementing new initiatives to address identified areas of concern, increase member resources and improve access;
7. Facilitate rounds, annual trainings and other activities as necessary to optimally manage behavioral health complaints and adverse incidents.
8. Increase the 7-day and 30-day rates for both follow-up after hospitalization (FUH) and follow-up after emergency department visits for mental health and substance abuse (FUA and FUM).