

**Addiction and Prevention Services
State Quality Committee**

Final – v2

AGGREGATE ANALYSIS REPORT

Reporting Period **FROM:** July 1, 2010 **TO:** June 30, 2011
Annual Summary FY11

Unit/Team/Department:
PIHP Quality Improvement

Topic/Project:
Access to Care
Appointment Access (VO #14, Grid Row #2)
[Referral Timeliness - time between request for services (initial contact) and
assessment/treatment]

Monitoring Standard:
42 CFR 438.240 (a and b) Quality Assessment and Performance Improvement Program
42 CFR 438.210(b-e) Coverage and Authorization of Services
42 CFR 438.114 Emergency and Post-Stabilization Services
42 CFR 438.206 Availability of Services
42 CFR 438.206 Furnishing of Services and Timely Access

Goal:
The PIHP will track and report quarterly to SRS/AAPS access to care data in a given quarter.
This includes the following: Urgent, IV Drug Users and Routine.
Block Grant Application Goals: 10, 9

Objectives:
To assure the documentation is capturing this utilization report regarding access to care and the
applicable performance guarantees.
To assist in managing access to care performance guarantees.
To evaluate for trends that may require system intervention and education
To allow data to be presented consistently for Committee evaluation and response

Data Collection Activities:
Data was collected from the ValueOptions CareConnect system and the KCPC. Other data
sources include the level of care definitions, KCPC criteria for urgent and the KCPC Client table.
The data set shown has changed as the results of the actions of the Access to Care Workgroup
and input from providers resulting in a complete redesign of this report. A baseline for
comparison was set by the network average taken from data of 7/1/09 to 12/31/10. The
percentage (%) of expected improvement target was set by “reduction in failure rate” formula.
Reduction in Failure Rate (RFR) is the amount of change made divided by the amount of change
that would have been ideal. (i.e. if wanting to increase a rate from 50% to 100%, but only 60%
was achieved, then the RFR would be equal to $(60\% - 50\%) / (100\% - 50\%) = 20\%$)
The quarterly data is now shown as compared to the baseline and expected percentage (%) of
improvement target. The report details is broken by the level of urgency (Urgent, IV Drug Users
and Routine), and funding source including an aggregate. Assessment Offered and First

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Treatment Post Assessment for Urgent; and Routine and First Treatment Post Assessment for IV Drug Users. The Total % Meeting Standard for each quarter and YTD is shown. This report contains 75 days of claims run-out.

Selection Criteria:

1. "Assessment Offered" is the number of days between initial contact date and the assessment offered date to the member. This is taken from the KCPC.
2. "First Treatment Post Assessment" is the number of days between the assessments to the first date of treatment taken from paid claims. This is taken from claims data and the CareConnect system.
3. It is important to note that the KCPC data system does not have the ability to count the number of hours from the initial contact to the assessment offer for the urgent category; therefore the number of days is counted.

Access to Care Standards

Note: These are the minimum standards. All calls for all members are clinically triaged to ascertain if a more urgent level of care is appropriate.

Urgent: Means a service need that is not emergent and can be met by providing an assessment within 24 hours of the initial contact, and services delivered within 24 hours from the assessment. Services must be delivered within 48 hours from initial contact without resultant deterioration in the individuals functioning or worsening of his / her condition. **If the client is pregnant they are to be placed in the urgent category.**

Standard: Members are assessed within 24 hours of initial contact; services delivered within 24 hours of the assessment; not to total more than 48 hours.

IV Drug Users: If a client has used IV drugs within the last six months, and they don't fall into the Emergent or Urgent categories because of clinical need, they will need to be placed in this category. Clients who have utilized IV drugs within the last six months need to be seen for *treatment* within 14 (calendar) days of initial contact. There is not a time standard requirement for the assessment, nor is there an IV Drug User category in the KCPC. These members are categorized as routine but are to receive treatment within 14 days of their initial contact – not within 14 days of their assessment.

Standard: Members receive treatment within 14 days of initial contact.

Routine: Means a service need that is not urgent and can be met by a receiving an assessment within 14 (calendar) days of the initial contact, and treatment within 14 calendar days of the assessment, without resultant deterioration in the individual's functioning or worsening of his or her condition.

Standard: Members assessed within 14 days of initial contact and treatment services are delivered within 14 days of assessment.

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Results:



Kansas Department of Social and Rehabilitation Services

Network Access to Care - Quarterly Trend

Reporting Period: July, 2010 - June, 2011

ATTESTATION:

I attest, based on my best knowledge, information and belief that the data and/or documents pertaining to Medicaid and the SAPT block grant comprising this report are accurate, complete, and truthful, as of the date of submission.

Myron D. Umack
CEO, ValueOptions of Kansas

09/15/2011

Date

AAPS

Level of Urgency	Standard	Baseline	Improvement Target	% Met Q1	% Met Q2	% Met Q3	% Met Q4	% Met YTD
Urgent	Assessment Offered - 24 hrs from contact date	86.9%	87.3%	89.9%	87.3%	91.8%	89.5%	89.6%
	First Tx Post Assess - 24 hrs from assessment date	49.0%	50.5%	55.5%	47.6%	45.8%	42.5%	48.0%
Routine	Assessment Offered - 14 days from contact date	93.0%	93.2%	93.0%	93.0%	93.7%	92.9%	93.2%
	First Tx Post Assess - 14 days from assessment date	38.6%	40.4%	36.2%	36.7%	35.3%	37.3%	36.4%
IV Drug User	First Tx Post Assess - 14 days from contact date	26.4%	28.6%	24.2%	25.3%	29.4%	29.4%	27.5%

Medicaid

Level of Urgency	Standard	Baseline	Improvement Target	% Met Q1	% Met Q2	% Met Q3	% Met Q4	% Met YTD
Urgent	Assessment Offered - 24 hrs from contact date	67.0%	68.3%	71.3%	62.9%	76.6%	74.1%	71.3%
	First Tx Post Assess - 24 hrs from assessment date	14.7%	17.2%	9.8%	11.3%	13.1%	10.4%	11.1%
Routine	Assessment Offered - 14 days from contact date	93.1%	93.3%	92.3%	95.9%	94.0%	94.7%	94.2%
	First Tx Post Assess - 14 days from assessment date	52.9%	54.3%	50.2%	46.2%	49.2%	52.0%	49.5%
IV Drug User	First Tx Post Assess - 14 days from contact date	39.6%	41.4%	38.7%	26.0%	42.1%	43.1%	38.9%

Aggregate

Level of Urgency	Standard	Baseline	Improvement Target	% Met Q1	% Met Q2	% Met Q3	% Met Q4	% Met YTD
Urgent	Assessment Offered - 24 hrs from contact date	82.4%	82.9%	86.1%	82.1%	88.4%	85.7%	85.6%
	First Tx Post Assess - 24 hrs from assessment date	42.0%	43.7%	48.3%	40.9%	39.9%	35.5%	41.2%
Routine	Assessment Offered - 14 days from contact date	93.0%	93.2%	92.8%	93.8%	93.8%	93.4%	93.5%
	First Tx Post Assess - 14 days from assessment date	42.6%	44.3%	40.2%	39.3%	39.2%	41.3%	40.0%
IV Drug User	First Tx Post Assess - 14 days from contact date	28.6%	30.7%	26.5%	25.4%	31.1%	31.5%	29.0%

NOTES:

Social Detox treatment data is included in First Treatment Post Assessment.

First Tx Post Assess: first treatment following the assessment taken from paid claims and CareConnect

Baseline: network average 7/1/09 through 12/31/10

Improvement Target: VO-KS uses a "reduction in failure rate" calculator to determine the improvement target, based on the baseline and a 3% reduction in failure rate

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Quarterly Comparisons FY11 (Note: Chart updated from last quarter due to claims run out)

Baseline Network AVG 7/1/09 to 12/31/10	Improvement Target	Q1 FY11 % that met Standard	Q2 FY11 % that met Standard	Q3 FY11 % that met Standard	Q4 FY11 % that met Standard	% of Change from Q1 to Q2 FY11	% of Change from Q2 to Q3 FY11	% of Change from Q3 to Q4 FY11
			AAPS Urgent	AAPS Urgent	AAPS Urgent			
86.9 %	87.3 %	Assessment Offered 89.9 %	Assessment Offered 87.3 %	Assessment Offered 91.8 %	Assessment Offered 89.5 %	- 2.6 %	+ 4.5 %	- 2.3 %
49.0 %	50.5 %	First TX Post Assessment 55.5 %	First TX Post Assessment 47.6 %	First TX Post Assessment 45.8 %	First TX Post Assessment 42.5 %	- 7.9 %	- 1.8 %	-3.3 %
			AAPS Routine	AAPS Routine	AAPS Routine			
93.0 %	93.2 %	Assessment Offered 93.0 %	Assessment Offered 93.0 %	Assessment Offered 93.7 %	Assessment Offered 92.9 %	0	+0.7 %	-0.8 %
38.6 %	40.4 %	First TX Post Assessment 36.2 %	First TX Post Assessment 36.7 %	First TX Post Assessment 35.3 %	First TX Post Assessment 37.3 %	+ 0.5 %	- 1.4 %	+ 2.0 %
			AAPS IV Drug Users	AAPS IV Drug Users	AAPS IV Drug Users			
26.4 %	28.6 %	Assessment Offered 24.2 %	First TX Post Assessment 25.3 %	First TX Post Assessment 29.4 %	Assessment Offered 29.4 %	+ 1.1 %	+ 4.1 %	0
			Medicaid Urgent	Medicaid Urgent	Medicaid Urgent			
67.4 %	68.3 %	Assessment Offered 71.3 %	Assessment Offered 62.9 %	Assessment Offered 76.6 %	Assessment Offered 74.1 %	- 8.4 %	+ 13.7 %	- 2.5 %
14.7 %	17.2 %	First TX Post Assessment 9.8 %	First TX Post Assessment 11.3 %	First TX Post Assessment 13.1 %	First TX Post Assessment 10.4 %	+ 1.5 %	+ 1.8 %	- 2.7 %
			Medicaid Routine	Medicaid Routine	Medicaid Routine			
93.1 %	93.3 %	Assessment Offered 92.3 %	Assessment Offered 95.9 %	Assessment Offered 94.0 %	Assessment Offered 94.7 %	+ 3.6 %	- 1.9 %	+ 0.7 %
52.9 %	54.3 %	First TX Post Assessment 50.2 %	First TX Post Assessment 46.2 %	First TX Post Assessment 49.2 %	First TX Post Assessment 52.0 %	- 4.0 %	+ 3.0 %	+ 2.8 %
			Medicaid IV Drug User	Medicaid IV Drug User	Medicaid IV Drug User			
39.6 %	41.4 %	First TX Post Assessment 38.7 %	First TX Post Assessment 26.0 %	First TX Post Assessment 42.1 %	First TX Post Assessment 43.1 %	- 12.7 %	+ 16.1 %	+ 1.0 %
Cumulative % Change						- 28.9 %	+ 38.8 %	-5.1 %

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Conclusions:

- Again, the improvements and changes made in the report are due to the contributions of the Access to Care Subcommittee, a provider focus group and the Provider Advisory Committee.
- There was increase compliance in four (4) access parameters, a decrease in five (5) access parameters, and one staying the same from Q1 FY11 to Q2 FY11.
- There was increase compliance in seven (7) access parameters, a decrease in three (3) access parameters, and one staying the same from Q2 FY11 to Q3 FY11
- There was increase compliance in four (4) access parameters, a decrease in five (5) access parameters, and one staying the same from Q3 FY11 to Q4 FY11.
- The cumulative improvement did drop from +38.8 % in the Q2 FY11 to Q3 FY11 data to - 5.1 % in the Q3 FY11 to Q4 FY11 data. However, this is an improvement from the earlier in the year Q1 FY11 to Q2 FY11 cumulative decrease of -28.9 %.
- Overall during FY11 fifteen (15) access parameters increased in compliance %, thirteen (13) decreased in compliance %, and two (2) staying the same.
- In looking at the data on page three, four (4) of the access parameters met the Improvement Target in the “% met YTD” column.
- **It must be kept in mind that provider education on Access to Care expectations has just begun. The data in the future will be carefully reviewed and analyzed for the impact of these efforts and providers’ response to same.**

Preliminary Recommendations to Committee:

- The recommendations from the previous AA have been completed or are in process. This includes:
 - 1) An explanation was added of the three percent reduction formula (RFR) to the Data Collection section of the aggregate analysis.
 - 2) Confirmation has been done regarding federal regulations regarding pregnant women Access Standards.
 - 3) Definitions in this report match how the data is pulled.
 - 4) Regional provider meetings will include clarification to providers and counselors that date offered is not the same as date scheduled in the report definitions and what starting treatment means.
- It is recommended that this report be used as part of provider education and feedback process regarding access to care expectations. ValueOptions will continue to message the access to care expectations to the providers.
- It is recommended that data continue to be trended and provider education continue regarding the access standards in the coming months.
- It is recommended to post this aggregate analysis on the ValueOptions website.

Date Presented to SQC: 11/17/2011

BY: Kim Brown

Recommendations from the Committee for action: Committee approves of the Preliminary Recommendations as shown above.

Person Responsible to follow-up and date due: Kim Brown Due: 2/10/2012