

REPORT TO THE LEGISLATURE
Pursuant to P.A. 188 of 2010
Section 811
Quality Assurance Report

The Quality Assurance Office (QAO), along with the Bureau of Health Care Services (BHCS) within the Michigan Department of Corrections (MDOC) is committed to providing evidence based quality care to prisoners. MDOC embraces Total Quality Management (TQM) as the management framework that guides the provision of necessary medical, dental, and mental health services to Michigan's prisoners. To assist the MDOC in monitoring the quality of the care provided to Michigan prisoners, QAO and BHCS have established a four process approach to ensure prisoners housed in MDOC facilities are receiving medically necessary care in a timely, cost effective manner.

Quality Assurance Office

During the past year, QAO has focused quality monitoring and improvement efforts in three areas. The QAO scope has been data analysis and review of performance with regard to access to care; verification and improvement of vendor reporting of sentinel events; and production of a key set of performance measures allowing comparison of BHCS performance managing chronic disease to providers serving the commercial, Medicaid and Medicare populations.

The QAO analyzed data and processes that impact timely access to care. These processes include a review of prisoner kites; prisoner accommodations; prisoner complaints related to access to care; monitoring and treatment of Hepatitis C; specialty care utilization management and scheduling of offsite appointments; and performance of annual health screens. The BHCS was provided the analysis data and recommendations for each particular area of review. The BHCS has implemented a number of the recommendations provided by the QAO and is currently in the process of reviewing other recommendations for future implementation.

The QAO also monitored performance utilizing Healthcare Effectiveness Data and Information Set (HEDIS) measures. HEDIS measures were developed by the National Committee for Quality Assurance (NCQA) to "ensure that the public has the information it needs to reliably compare performance among [health care] organizations."¹ As this reference to "the public" indicates, HEDIS was not originally developed for use in a Corrections health care context and are not widely used in a Corrections context. Instead, the measures were intended to be used by providers of care to the commercial, Medicare, and Medicaid populations. The QAO chose to implement HEDIS measures because it makes it possible for the BHCS to compare its performance to benchmarks of health services performance in the community, regardless of the funding source for those services. BHCS believes it essential that such comparisons be made on a regular basis as MDOC has been charged by its stakeholders with meeting the 'community standard of care' with respect to prisoner health care. The application of HEDIS measures to the Corrections setting establishes Michigan as a pioneer and leader nationally in this regard.

Seven measures composed of twenty components were completed in FY09 and FY10. These measures rely upon contract year 08 and 09 data; the most recent benchmarks provided by

¹NCQA, 2007, "Volume 1: HEDIS 2008 Narrative", p.12.

NCQA for comparison. The BHCS performed better than providers serving the Commercial, Medicaid, and Medicare populations on most of the measures.

Strategic Plan

The BHCS has developed a three year strategic plan that focuses on improving access to quality care; increasing process standardization within and across all facilities; improving administrative efficiencies that result in cost savings; implementing a fully integrated Continuous Quality Improvement (CQI) system; and developing processes to ensure data integrity within our information systems.

The CQI Medical/Dental, and Mental Health Committees have already been established through a Committee Charter. The purpose of these Committees is to facilitate, communicate, and evaluate measurable improvement of services based on established priorities in order to promote the delivery of quality health and mental health services. Each Committee is working to translate the goals identified above into measurable objectives utilizing the S.M.A.R.T. (specific, measurable, attainable, realistic, time-bound) approach. These objectives will then be reviewed and approved by the overarching Committees, and workgroups will be formed to design, implement and test the process improvements.

Contract Compliance

The BHCS along with the Bureau of Fiscal Management (BFM) are responsible for ensuring vendor contractual compliance with the medical and mental health contracts. As part of the contractual requirements for the medical contract, the BHCS and the vendor are required to perform service level agreement audits which support contract compliance. Areas of non compliance based on the contractual requirements will result in a financial assessment to the vendor and a corrective plan requirement. Financial assessments will be made after the validation of the MDOC and the third party reviewer as needed. Additionally, there are monthly contract and operational meetings for both the medical and mental health contracts that assist in ensuring compliance to the contracts is achieved by both the vendors and the State.

Third Party Review Contract

In October 2009, BHCS entered into a three year third party review contract with Health Management Associates (HMA) to assist the MDOC in monitoring services to prisoners. Independent Third Party Review is a common tool/process in the commercial healthcare industry, but not in the Corrections industry. Year one of the contract consisted of a review of the electronic claims and encounter data, financial review of the managed care provider, pharmaceutical contract review, and a review of the mental health quality improvement plan. Within each of these topics were a series of specific objectives that guided their review. HMA provided reports listing their findings and suggestions for improvement related to each of these topics. In year two and three of the contract, BHCS will work through how to make these process improvements, and will also utilize HMA to assist with monitoring, tracking, site audits, and streamlining of data sources to assist with these quality improvement efforts.

To assist the BHCS and HMA in the analysis of the encounter and claims data, HMA utilized a program called Tableau which resulted in a claims based dashboard that allows BHCS and HMA to analysis data based on disease category, diagnosis, cost, and other factors. This software

provides increased data analysis capability that can be utilized by MDOC staff, and will be a tremendous asset to the BHCS in monitoring, tracking, and predicting current and future needs related to healthcare services for prisoners.

In year two of the contract, HMA will be reviewing the claims and encounter data, pharmaceutical review, contract performance of the managed care provider, CQI for medical, and dental services, strategic planning, on site review of the MDOC pharmacy operations for standardization, utilization of the MDOC Electronic Medical Record (EMR), pharmacy site audits, analysis of Service Level Agreement (SLA) data, process standardization for administrative data, and assisting the BHCS in the review of long term care needs and Medicaid verification.