MDHHS Michigan Department of Health & Human Services | Child and Adolescent Health Center Program

Continuous Quality Improvement
Content Relevant to: CAHC & SWP Models

CAHC MPR #12: The health center shall implement a continuous quality improvement plan for medical and mental health services. Components of the plan shall include, at a minimum:

a) Practice and record review shall be conducted at least twice annually by an appropriate peer, and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of care. A system shall also be in place to implement corrective actions when deficiencies are noted. A CQI Coordinator shall be identified. CQI meetings, that include staff of all disciplines working in the health center, shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues.

SWP MPR #17: The SWP shall implement a continuous quality improvement plan for nursing and mental health services. Components of the plan shall include at a minimum:

a) A CQI Coordinator shall be identified. CQI meetings, that include all staff associated with SWP program, shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues.

b) Practice and client record review shall be conducted at least twice annually by an appropriate peer and/or other peer-level staff of the sponsoring agency, to determine that conformity exists with current standard of care. A system shall also be in place to implement corrective actions when deficiencies are noted.

The CAHC Program has requirements for Continuous Quality Improvement (CQI) for medical and mental health services as defined in Minimum Program Requirements (MPRs) above. For the purposes of this guidance document, the CAHC Program is defined as full clinical, alternative clinical, and SWP models. The elements of these MPRs are specific to the goals of the program and may or may not be the same CQI requirements as your fiduciary. Bringing quality improvement goals down to the site-specific level is the best way to monitor and improve care specific to school-based and school-linked child and adolescent health services. For example, involving all disciplines in site-specific CAHC CQI (breaking down silos) improves both office processes and client outcomes.

There are three different components to the CQI minimum program requirement:

1. Practice and record review for medical and mental health services
2. Corrective action plans for unmet goals
3. CQI team and CQI meetings

At the end of the document, you will find RESOURCES, DEFINITIONS, and SAMPLES. These are optional support documents offered to assist your work and not required for use, as your fiduciary may have specific format(s) that may also be appropriate for these purposes. For more information about Needs Assessment (CAHC MPR #12b and SWP #17c) and/or Client Satisfaction Surveys (CAHC MPR #12c and SWP #17d), reach out to your administrative site consultant.

PRACTICE AND RECORD REVIEW

"Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of care."

Oftentimes, practice and record review happen together during chart reviews. To meet program requirements, each site and/or fiduciary decides how to best accomplish each type of review. Below is a breakdown of what the CAHC Program refers to when using the terms "practice" and "record" for reviews.

Practice Review

Practice reviews are part of quality improvement processes, with the primary purpose of maintaining and improving clinical care. Generally speaking, practice review is a way to identify aspects of site processes that can be improved at the levels of how an individual practices **and** how the site operates as a whole.

Elements of individual practice review are regularly included in reviews and carried out by a peer, collaborating supervisor, and/or Medical Director. Individual practice review of both medical and mental health providers is most often set by the fiduciary as part of ongoing credentialing, practice privileging requirements, or other similar processes.

Practice Review - Individual Practice Examples:

- Differential diagnosis documented is consistent with the documented history of present illness and relevant social/family history
- Plan of care documented is consistent and appropriate for the documented history and assessment
- Follow-up plan is appropriate for the documented history and plan of care
- Emergency management plans for chronic conditions (e.g., asthma action plan, diabetes medical management plan) are completed and signed by parent/guardian and provider, as appropriate
- Protocols/standing orders followed for abnormal or out of range BMI findings
- Parent/guardian consent obtained and documented for psychiatric medication referral

In comparison, individual performance reviews are left up to the fiduciary. The CAHC Program strongly recommend performance reviews of clinical providers (NPs/PAs/RNs) include a collaborating physician and/or CAHC Medical Director. Similarly, performance reviews of Mental Health providers are encouraged and should include Mental Health Clinical Supervisors.

The CAHC Program also observes practice review at the site level by peer and/or other reviews. The site should choose indicators that reflect known child and adolescent health care standards and use their review process to compare the site's practice to these known standards. This requirement to complete practice review may be similar to those of your fiduciary, while other components may differ. Because CAHCs and SWPs serve the child and adolescent population, the program requirements focus on overall monitoring and adherence to standards of care for these services.

Practice Review - Site Level Practice Examples:

- Immunization status is assessed at each visit (best practice threshold 100%)
- Communication with PCP (per Medical Director and/or standing order) documented when risks are identified from risk assessment (best practice threshold 100%)
- Physical activity and nutrition education counseling is offered for all patients with a BMI >85% (best practice threshold 90%)
- CRAFFT+N completed on those ages 10+ (best practice threshold 90%)
- Completion of the treatment plan at or before 90 days of mental health therapy (best practice threshold 100%)

Record Review

Record review is conducted to ensure adequate and complete documentation of required elements relevant to the care of clients. This type of review typically includes the providers and other staff who document in the record. For purposes of program requirements, completeness of the record should consider specific indicators relevant to child and adolescent health services for both medical and mental health.

Record Review Examples:

- BMI recorded in vital signs (best practice threshold 100%)
- Medication allergies are reviewed at each visit (best practice threshold 90%)
- Blood pressure percentiles documented for those ages 16 and under (best practice threshold 90%)
- Family history completed by an adult for all health center clients (best practice threshold 90%)
- DSM documented with assessment (best practice threshold 90%)

For more details and examples:

- CMS Measures Inventory Tool in the RESOURCES section
- Quality Management Plan Indicators with "Meaningful Use" for indicator examples in the SAMPLE section

Practice and Record Review Indicators

To meet CAHC Program requirements, sites should have quantitative measures (indicators) that can be used to monitor and evaluate the quality of practice and services that affect patient outcomes. These indicators usually reflect both standards of care (i.e., practice review) and completeness of documentation (i.e., record review). They may also include components of child and adolescent health services to indicate the work done at the site level, such as completion of risk assessments annually. Best practice is to have each indicator be specific, measurable and identify a minimum threshold (goal). These thresholds are commonly reported as a percentile.

CQI indicators should change to reflect the areas of improvement identified by the team. Consider retiring an indicator where the identified process has met threshold several years in a row. If an indicator needs to kept for other reporting purposes outside of our program, consider adding new indictors your site would like to track. This is important for CQI to remain effective in improving clinical processes and care provided.

See sections below for industry indicator standards commonly used when assessing for medical and mental health chart completeness and standards of care.

- Quality Management Plan Indicators with “Meaningful Use”
- CAHC SMART Goal Resource

Practice and Record Review Twice Annually

The CAHC Program requires practice and record reviews twice annually, at minimum, and this requirement applies to both medical and mental health practices. If your fiduciary requires practice and record review more often, the CAHC Program requirements would be met and exceeded.

Number of Charts Reviewed

The CAHC Program does not have a requirement regarding how many medical or mental health charts to be reviewed annually. The quantity should be sufficient to uncover any areas for improvement in practice requiring corrective action. Additionally, best practice from evidence-based quality improvement data recommends the number of charts be consistent with the experience of the medical or mental health provider being reviewed. The program leaves defining the number of charts up to your fiduciary. It is recommended to review your fiduciary’s policy and procedure.

Appropriate Peer and/or Other Staff

An appropriate peer and/or other staff from the sponsoring agency is defined as “someone doing same work in a comparable environment” or “someone with knowledge of that work and environment”. For example, a clinical provider or mental health provider may be reviewed by an equivalent clinician in the same or different site within the organization doing similar work.

Peer review is done best by a “true peer”. However, this may not be possible for some sites or does not work well organizationally. Because most of our CAHC sites include Advanced Practice Providers (APPs), nurses, and mental health providers in practice and record review, we modified our definition of a “peer” to include those reviewers who may not be “true peers. If necessary, a supervisor with the same credentials may perform the peer review, as they are aware of the scope and quality necessary for the work performed.

Peer review is used in many professions based on the philosophy that peers can verify if each other's work satisfies review specifications, identify any deviations from standards of care quickly and easily, and provide suggestion for improvement in an expedited manner. In the CAHC Program, where clinicians often work in relative isolation, peer review is not only critical, but also beneficial in verifying conformity with standards of care, scope of practice issues and for identifying areas for improvement. It is also very helpful to learn best practices from colleagues. It is essential for clinicians to have the type of review and feedback that can only come from one’s peers, which is why a peer review process is required.

If a “peer” is needed to conduct a peer review process, you can contact your CAHC Site Consultant to facilitate peer review with a clinician from another state-funded health center.

CORRECTIVE ACTION

“A system shall also be in place to implement corrective actions when deficiencies are noted.”

Practice and Record Review Corrective Action

The CAHC Program requires a system be in place to implement corrective action(s) when deficiencies are noted for both medical and mental health services. These are steps taken to ensure acceptable standards of care are identified, met, and monitored when goal(s) do not meet an established threshold. The corrective action plan should be defined in a CAHC CQI Policy and Procedure (or fiduciary P&P with a CAHC-specific addendum). While it is not a program requirement, best practices regarding corrective action plans include specific details about the plan in the P&P.

Care Improvement Process

The CAHC Program requires CQI meetings to discuss and document clinical care issues. As a part of this discussion, these meetings should identify solutions to systematically address barriers, challenges, and/or areas of improvement. This plan is identified as a Care Improvement Process (also commonly referred to as a CQI project). It is best practice to create the plan in a S.M.A.R.T. goal format, as well as utilize a tool or framework (such as PDSA or RE-AIM) to help your team implement, monitor, and evaluate your plan.

At minimum, one Care Improvement Process is selected annually per site. Your site and/or fiduciary may elect to do more than one Care Improvement Process annually. Your Care Improvement Process(es) can come from ideas generated in CQI meetings, Needs Assessment review, client satisfaction surveys, and practice and record reviews. Best practice is to select a goal that is site-specific (versus larger fiduciary generic components) and integrate improvements for both medical and mental health services. However, your site may elect to work on goal(s) for either medical or mental health care.

Integrated Medical and Mental Health Care Improvement Process Examples:

- Decrease the time to first appointment with the mental health provider after referral from the medical provider (e.g., decrease from 4 weeks to 2 weeks)
- Coordinate medication adherence and side effect monitoring between the two CAHC program providers to optimize the mental health schedule
- Increase the percentage of unduplicated users with up-to-date comprehensive risk assessment by creating a system for checking and completing at both medical and mental health visits

Medical Care Improvement Process Examples:

- Ensure three-month follow-up appointments for STI testing
- Improve counseling and documenting process for tobacco use in adolescents
- Improve follow-up and counseling for clients with elevated blood pressures
- Improve percentage of patients with an up-to-date well-child exam

Mental Health Care Improvement Process Examples:

- Increase the number of clients screened for depression
- Decrease the time to first visit after referral from teacher or family member
- Improve jointly-developed goals in the MH plan of care
- Increase the percentage of student body seen for MH services

Refer to PDSA Examples at the end of this document for Care Improvement Process RESOURCES.

CQI MEETINGS

"A CQI Coordinator shall be identified. CQI meetings, that include staff of all disciplines working in the health center, shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues."

The CAHC Program requires your site have a Continuous Quality Improvement (CQI) team that includes staff of all disciplines working at the site. For example, if your CAHC or SWP includes a medical assistant, medical provider, and mental health provider, the CQI meetings would include all staff and ideally the program manager. Although it is not a program requirement, we recommend the Medical Director be included in CQI.

A CQI Coordinator must be identified and is typically designated by the fiduciary. The CQI Coordinator may be someone that works with and/or at the site, such as the Site Coordinator or manager, one of the providers (medical or mental health), or someone from the fiduciary's quality improvement staff.

At minimum, your CQI team must meet quarterly to discuss practice and record reviews, client satisfaction survey results, and any site challenges coming up for the team (including both medical and mental health services). These meetings should have agendas, as well as minutes/notes in order to document attendees and discussion topics. If it is more convenient for your site, these meetings can be scheduled in conjunction with other regularly scheduled meetings (i.e., staff meetings). However, site-specific time should be set aside to discuss CQI, and minutes/notes should reflect unique discussion.

For an example of a CQI meeting agenda, see
CQI Meeting Agenda and Meeting Summary in the SAMPLE section.

CQI DEFINTIONS

Care Improvement Process: an improvement plan or framework used to systematically improve the ways care is delivered to patients. A method used to identify challenges in order to strategize, implement, and evaluate the plan. Frameworks include PDSA model and AIM/RE-AIM.

Corrective Action: steps taken to ensure acceptable performance standards are identified, met, and monitored when an indicator and/or goal does not meet an established threshold.

Indicators: quantitative measures that can be used to monitor and evaluate the quality of important governance, management, clinical, and support functions that affect patient outcomes. These indicators usually reflect completeness of documentation (e.g., Vital Signs, Medication List Reviewed, Medication Allergies Reviewed, Mental Status Exam, etc.) and/or documentation that a standard of care (e.g., BMI documented at all Well-Child Visits, Mental Health treatment plan completed by third visit, follow-up plans, etc.) was met.

Peer: a colleague doing "same work in a comparable environment" or someone with "knowledge of that work and environment." (e.g., a Nurse Practitioner practicing in a SBHC is reviewed by a Nurse Practitioner practicing in the same or different SBHC).

Performance Review: A formal assessment by the employer to evaluate an employee's work performance, identify strengths and weaknesses, offer feedback, and set goals regarding job-related roles and responsibilities with a standard of expectations for performance.

Practice Review: A way to identify and review aspects of site processes that can be improved at the levels of how an individual practices **and** how the site operates.

Threshold (Goal): the desired percentage for indicators that reflects the importance of the indicator in the care process. Ideally, the threshold (goal), or the level of achievement, should be close to 100% for critical indicators (e.g., increase the number of Risk Assessments completed by the third visit from 70% to 90% by end of FY, decrease the time from mental health referral to first appointment, etc.).

CAHC PROGRAM CQI RESOURCES

- CAHC Program CQI PDF
- CAHC How to Write Good Outcome Objectives PDF
- CAHC SMART Objectives Checklist PDF
- CAHC Sample Quality Action Plan (found on the last page of CAHC CQI and Peer Review Resource for MPR#12)
- SWP CQI Essential Elements for SWP Policies and Procedures
- SWP Nursing Chart Review Guidance Document
- E3 CQI Guidance

GENERAL CQI RESOURCES

2022 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)
https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-child-core-set.pdf

AAP Bright Futures Resource on Practice Indicators
https://brightfutures.aap.org/quality-improvement/Pages/Preventive-Services-Measures.aspx

AHRQ: CAHPS Ambulatory Care Improvement Guide: Practical Strategies for Improving Patient Experience
https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html

CMS Measures Inventory Tool
https://cmit.cms.gov/cmit/#/
NOTE: Search "Adolescent Health", "Pediatric Primary Care" Documentation in Child and Adolescent Ambulatory Care".

National Learning Consortium Continuous Quality Improvement (CQI) Strategies to Optimize Your Practice
https://www.healthit.gov/sites/default/files/tools/nlc_continuousqualityimprovementprimer.pdf

Office of Research Integrity US Department of Health and Human Services
https://ori.hhs.gov/education/products/n_illinois_u/datamanagement/dctopic.html

Proposed indicators for global adolescent health measurement by the Global Action for Measurement of Adolescent health (GAMA) Advisory Group
https://www.who.int/docs/default-source/mca-documents/advisory-groups/gama/gama-list-of-indicators-draft-2-v20201020.pdf?sfvrsn=f6d00176_6

RAND Quality of Care for Children and Adolescents: A Review of Selected Clinical Conditions and Quality Indicators
https://www.rand.org/pubs/monograph_reports/MR1283.html

School-Based Health Alliance Planning for Improvement Process
http://ww2.nasbhc.org/infographic/resources/Improvement%20Plan%20Template.pdf

School-Based Health Alliance Blueprint: Program Evaluation and Quality Improvement
https://www.sbh4all.org/resources/the-blueprint/program-evaluation-and-quality-improvement/

TEMPLATES / EXAMPLES / SAMPLES

PDSA Templates

- CMS.gov PDSA Cycle Template https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/pdsacycledebedits.pdf

- School-Based Health Alliance Plan-Do-Study-Act Planning Worksheet https://data.sbh4all.org/library/program_evaluation/Plan-Do-Study-Act-Planning-Worksheet.pdf

PDSA Examples

- AAP Using Quality Improvement to Protect Adolescents against HPV Cancers https://data.sbh4all.org/library/program_evaluation/AAP-HPV-QI-Series-Completion.pdf

- Implementing the Patient Health Questionnaire Modified for Adolescents to improve screening for depression among adolescents in Federally Qualified Health Centers https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7542616/#:~:text=Results,period%20(PDSA%20cycle%205).

SAMPLE Medical / Mental Health Peer Review Meetings

Peer Review is important as it provides a means for clinical review to identify clinical conditions, issues in management, potential risk management concerns.

Definition of a Peer: The CAHC program defines a peer as someone doing "same work in a comparable environment or someone with knowledge of that work and environment." This is inclusive of medical and mental health providers.

Important Points for Developing the Peer Review Process

1. Develop a schedule for meetings with peers in your area
2. Develop an agenda for each meeting
3. Define your reviews- what are you going to discuss, how will you review, how will you report this?
4. Are you looking at evidenced based and clinical practice guidelines?
5. What follow-up is/will be needed?

Schedule for Peer Review

Frequency: Twice annually (at minimum)

Purpose: Ensure that clinical staff (physicians, NPs, PAs, RNs, and mental health providers) are practicing within their scope of practice and providing quality care. Discussion among peers allows for performance improvement and mentoring.

SAMPLE CQI Meeting Agenda and Meeting Summary

Date:
Time:
Location:

ATTENDEES (Roles Identified)

✓ IF PRESENT		
CQI Coordinator:		

AGENDA/SUMMARY OF DISCUSSION

TOPIC	TIME	LEAD(S)	MAIN DISCUSSION POINTS
1.	xx minutes		•
2.	xx minutes		•
3.	xx minutes		•
4.	xx minutes		•
5.	xx minutes		•

ACTION ITEMS

TASKS	PERSON(S) RESPONSIBLE	FOLLOW-UP DATE	STATUS UPDATE

PARKING LOT

TOPICS	NOTES

SAMPLE CQI Meeting Topics

Open Discussion:

- Medical care concerns?
- Mental health care concerns?
- Integrated care concerns?

Status of Practice and Record Review Indicators:

- Any indicators that are below threshold and in need of corrective action?
    - Plan to remedy indicators below threshold
- New indicators needed?
- Any indicators that need to be retired?

Status of Care Improvement Project(s):

- Goal(s) identified?
- Update on PDSA cycle
    - Improvements made?
    - Changes required?

Client Satisfaction Surveys:

- Plan for distribution
- Results
- Any measures that need to be addressed in CQI process?
- Do our surveys reflect what we want to know?

Needs Assessment Process:

- Date of last Needs Assessment?
- What did review of data show?
    - Needs of target population?
    - Gaps in care?
    - Indicators needed to monitor to ensure quality of services provided?

SAMPLE Quality Management Plan Indicators with "Meaningful Use"

These are examples that can be tailored to each center's CQI plan.

INDICATOR	CRITERIA REQUIRED
Demographics are entered in record (MU 50%)	Gender, race, ethnicity, language, DOB entered
Barriers to learning documented (JACHO)	Barriers to learning noted in medical history
Medication Log & Reconciliation (QA/MU 80%)	Patient's medication is recorded and verified at every visit.
Allergy Status (QA/MU 80%)	Allergy status is documented in record Note must have allergy status verified or no known allergies
Up to Date Problem List (QA/MU 80%)	Maintain an up-to-date problem list of diagnosis based on ICD-10 When charting assessments be sure to check PL so your assessment will be recorded on Problem List Use for all chronic diagnosis and significant acute
Current CPE documented (QA/MDHHS)	CPE visit is documented annually Will count if done by PCP within last 12 months- must document date in chart
Risk assessment current (MDHHS)	Use age-appropriate risk assessment Review, sign and date and time by provider and scanned into EMR
Appropriate referrals complete (post-risk assessment)	Review of risk assessment MH referral complete if needed due to at risk for questions which screen for anger/violence/depression/self-harm

INDICATOR	CRITERIA REQUIRED
Smoking status noted with cessation assistance offered All patients over 13 years of age must have smoking status recorded (MU 50%)	Age 13 and up (MU) Discuss risks of smoking, and ask regarding cessation plans Use motivational interviewing
BMI V code noted on Problem List (MU-BMI growth chart/MDHHS	Check height and weight on each visit Record vitals in EMR Note BMI code on Diagnosis/Problem List If addressing BMI during visit add codes for nutrition and physical activity counseling
BMI >85%ile nutrition **and** physical activity counseling are completed (MDHHS)	BMI counseling done at visits when BMI>85%
BMI>85% refer to RD for individual counseling	If patient is not interested, must document
Blood Pressure recorded (MU 50%)	Check BP at each visit Record in vitals If BP noted to be orange or red- indicates over normal range Indicate pre, stage 1 or stage 2 with management plan
Immunizations reviewed at each visit	Assess current MCIR for immunizations Document any immunizations recommended or required Send letter to parent with VIS advising of immunizations needed
Adolescent vaccination schedule (ACIP Guidelines) up to date	Vaccination schedule reviewed with parent/guardian Provider recommends/orders vaccines needed