



Quality

For over seventeen (17) years, the My Choice Family Care (MCFC) Quality Management (QM) program has maintained effective mechanisms for achieving long term care outcomes for enrolled Family Care participants while ensuring and promoting prudent fiscal stewardship. This has been accomplished through an administratively lean and highly effective Quality Management program.

MCFC's Director of Quality, Tovah Bates, Ph.D., directs the Managed Care Organization (MCO) Quality Management Program. MCFC's QM Program is mission-driven and adheres to the parameters of the DHS Family Care Contract. The purpose of the QM Program and the Quality Management Work Plan (QMWP) is to provide a framework for monitoring and evaluating the MCO's performance in managing long term care for Family Care members and to establish pathways for the processes of discovery, remediation and improvement.

The Director of Quality ensures administrative oversight and involvement of senior management on an on-going and consistent basis. Reviewed annually during certification and the External Quality Review, the QM Program and the QMWP, together, exemplify MCFC's commitment to continuous quality improvement.

The QM Program and QMWP permeate all aspects of MCFC operations. QM activities are an integral part of everyday operational functions. The QM Program goals represent specific planned outcomes that are established each year based on the results of the previous year's QMWP evaluation, internal and external audits, feedback from consumers and providers, annual Performance Improvement Projects, and other data sources that may indicate a need to improve performance. In contrast to goals, QM Program objectives are much more subject to change in response to data generated from measuring the program's success in meeting its obligations to members.

Under the direction of the Director of Quality, quality improvement activities are identified and prioritized. Root cause or failure analysis is applied to areas of substandard performance identified in either record reviews or utilization analysis. Recommendations for practice modification, systemic enhancement or team remediation are derived from the failure analysis process.

MCFC's QM program and the QMWP plan integrate monthly member record audits and monthly site visits to monitor Interdisciplinary Team (IDT) performance. The QMWP plan will continue to identify key areas for improving or maintaining the delivery of services and improving or maintaining the quality of participant care.

Health and Wellness Program

In order to address the need to improve or maintain quality of care for our participants, the MCFC's Prevention and Wellness Program's foci include many of the leading health indicators for frail elders and adults with disabilities, found to result in hospitalization, skilled nursing placements, and death:

- 1) Dementia screening and early intervention for participants identified as having signs and symptoms of dementia,
- 2) Falls Risk identification and interventions such as restorative therapies, home safety evaluations for those able to return home, and DME designed to reduce participant falls risk within skilled care and community settings.
- 3) Prevention and management of chronic conditions, such as diabetes and hypertension.
- 4) Pressure Ulcers, including prevention and wound care.
- 5) Influenza and Pneumovax immunization

Chronic disease management is a priority for MCFC. Prevention strategies that empower members and their families to participate in monitoring and controlling their own chronic disease are core to Family Care practice. MCFC has also dedicated significant effort to reducing preventable hospitalizations, improving care coordination, and increasing acute/primary care coordination across all participants.

Performance Improvement Projects

My Choice Family Care's 2017 Performance Improvement Project (PIP) is *Advancing Choice and Control: Improving Self-Directed Supports for My Choice Family Care Members*. The purpose is to improve SDS services that directly benefit Members by:

- Increasing the proportion of MCFC Members self-directing some or all of their services;
- Expanding SDS utilization beyond supportive home care to other service types, focusing first on enhanced tools and resources to foster SDS for transportation services; and
- Improving preventive strategies to mitigate potential risk of Members initiating use of SDS, through rigorous screening and onboarding process of new caregivers whom Members/legal representatives wish to employ.

The 2016 PIP, *Dementia Capable Managed Long Term Care: Improving Early Detection and Care Coordination* led to revised cognitive screening policy and protocol, defined quality targets, and an increase in MCFC participant screening rates. MCFC's 2016 PIP achieved a perfect MetaStar evaluation, meeting 100% of applicable PIP quality indicators.

MCFC's 2015 PIP, *A New Approach to Advance Care Planning for Family Care Members*, broadened care management to include meaningful member discussion in advance of critical end-of-life decisions. The project facilitated an increase in advance care plans and POA documentation, while giving more voice to our Members' end-of-life goals and preferences.