



Quality Incentive Program for Maryland OMS Providers

Goal: To increase effective community mental health outpatient treatment engagement. Some suggestions of quality standards which may improve treatment outcomes are:

- ❖ Availability of urgent appointment for existing members
- ❖ Availability of after- hours phone coverage for emergencies for existing members
- ❖ Availability of appointment with psychiatrist within 14 days of hospital discharge
- ❖ Increased consumer engagement (consumers seen in clinic do not switch to another clinic provider within one year of initial evaluation) – continuity of care

Possible Strategies for Quality Plan to Improve Quality Outcomes

- Prepare and distribute clear written instructions for all consumers to call OMHC immediately when first experiencing possible relapse symptoms
- Have Intake Worker take clinical information from calls for requests for same day appointments and triage for urgency in relaying messages to consumer's therapist and/or psychiatrist
- Schedule one clinician each day as back-up for urgent calls in the event the consumer's own therapist/psychiatrist is not there that day
- For truly urgent cases, have receptionist check with psychiatrist/therapist which consumers scheduled for routine appointments might be able to have their appointment rescheduled without ill effect
- For consumers needing refill requests due to having missed appointment with psychiatrist, hold a "Medication Management Group" daily which consumers must attend in order to get prescription refill with enough medication only to last until the next available appointment with their own psychiatrist
- For consumers who have more than an occasional "no-show", schedule them only for Group Therapy appointments for groups focused on consumers' responsibility in treatment which they must attend regularly for a certain number of sessions before being able to schedule individual appointments again
- Develop Individual Crisis Plans for all consumers specifically outlining who to call under what circumstances and give written copy to consumer
- For consumers who either do not want or do not need ongoing therapy, schedule therapy appointments only every 6 months in order to review and update ITP: treatment plan can be that consumer will call for appointment as needed if relapse symptoms occur and will continue to keep medication management appointments with their psychiatrist



- When stable, space out medication management appointments to every 3 months when clinically appropriate to allow psychiatrist openings for urgent cases and new evaluations
- Use standardized screening for substance abuse and make sure dually diagnosed consumers are referred and engaged in substance abuse treatment which will help prevent frequent relapses and calls for urgent mental health appointments
- Make sure all calls to after-hours covering clinicians are reported to the consumers' own therapist and follow-up calls are made by the OMHC the next day
- Have an OMHC Liaison with those hospitals' ED's most frequented by the OMHC's consumers and encourage policy that each ED notifies clinic immediately if one of their consumers is in the ED
- Have OMHC policy that therapists/psychiatrists can be interrupted to take calls from Emergency Rooms and other doctors on inpatient units
- Hold Intake Groups so that paperwork and general information can be given to several new consumers at once; this will also reduce No Shows for initial diagnostic evaluations
- Hold Aftercare Groups for those recently discharged from a hospital to deal with processing issues of when to notify their clinician, how to handle medication questions and other concerns
- Do not send consumers to ED for getting medications or because they missed an appointment
- For consumers needing treatment who miss appointments, use outreach strategies; do not send termination letters
- Use Recovery Oriented Treatment Model- ask consumers to help define their own goals for treatment rather than having the goal be compliance with those set by the therapist/psychiatrist
- Make use of all other available support systems: On Our Own, NAMI, Peer Support Groups, etc.
- Have OMHC Medical Director meet with Inpatient Medical Directors of hospitals most frequently used by OMHC consumers to coordinate medication management: use only MA formulary drugs or notify OMHC in advance when non-formulary drugs are indicated and used on inpatient; FAX Discharge medications to OMHC
- Track ValueOptions PharmaConnect Alerts and do outreach to consumers for whom early discontinuation of medication alerts have been sent
- Utilize consumer satisfaction surveys to gain information on how to improve services and increase consumer engagement