The following is a summary of the Beacon Health Strategies (Beacon) annual evaluation of its 2012 Quality Improvement (QI) Programs. The complete program evaluation including discussion of the changes, interventions, data and analysis, in detail, is available upon request.

**SELECTED ADMINISTRATIVE CHANGES FOR 2012:**
Beacon's average membership during 2012 was 2,499,344.30. This includes all unique members with eligibility for all lines of business. Beacon added five new health plans in 2012. Beacon was engaged in quality management activities for twelve of the thirteen health plan partners.

**SUMMARY OF CLINICAL CARE AND SERVICE IMPROVEMENTS:**
As a result of the continuous quality improvement process, Beacon improved the clinical care members received in 2012. Below is a table of clinical measures with statistically significant improvements made at p≤0.05 using a one sided test of proportions.

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of members (13+) identified in the HEDIS® Initiation measure who have 1 or more family therapy visits within 168 days (24 weeks) of initiation</td>
<td>4.1% (274/6705)</td>
<td>11.05% (875/7922)</td>
</tr>
<tr>
<td>Percent of discharges for which the member received follow-up within 7 days of discharge (Commonwealth Care - MA)</td>
<td>73% (573/789)</td>
<td>79% (438/557)</td>
</tr>
<tr>
<td>Percent of records with evidence that communication with another BH provider occurred that included collaboration on treatment planning and aftercare planning</td>
<td>75% (323/433)</td>
<td>85% (343/404)</td>
</tr>
<tr>
<td>Percent of records with evidence that the OP treatment provider received information, contacted, collaborated, or in any way, communicated with the PCP</td>
<td>60% (686/1138)</td>
<td>70% (450/641)</td>
</tr>
<tr>
<td>Percent of records where there is evidence that the BHS standardized PCP/BH communication form was used</td>
<td>43% (476/1115)</td>
<td>78% (576/735)</td>
</tr>
</tbody>
</table>

**Other clinical measures that improved, but without statistical significance:**
- Percent of members who screened positive for substance abuse who had evidence of family involvement in treatment in their medical records
- Percent of members ages 13-18 in OP treatment who screened positive for depression who had evidence of a suicide assessment in their medical records
- HEDIS® FUH 7-Day (all LOB); HEDIS® FUH 30-Day (all LOB)
- Percent of records with documentation that a Release of Information was obtained to communicate with the PCP

Complete 2012 QMI Program Evaluation and hard copies are available upon request.
**NEXT STEPS:**
The following is a condensed list of interventions for implementation based on 2012 Annual Evaluation results:

- Continue to provide feedback to providers who participate in chart audits
- Continue to emphasize the importance of communication among all providers at Provider Advisory Council (PAC) meetings and Provider appreciation events
- Continue to emphasize best practices in behavioral health through email blasts, provider bulletins, site visits, PAC meetings, and other events
- Work with Beacon ADHD, Adolescent Depression and Alcohol and Other Drug Quality Improvement (QI) teams to educate providers on the importance of screening for ADHD/depression/drug dependence and involving family in treatment
- Continue to research innovative ways to address identified barriers

Complete 2012 QMI Program Evaluation and hard copies are available upon request.