

The Readmissions Quality Collaborative
Kick-Off Conference June 21, 2012

Psychiatric Services and
Clinical Enhancement System (PSYCKES)

Using PSYCKES to Support Project Activities

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Overview

- Introduction to PSYCKES
- The Quality Indicators
- Using PSYCKES to Support Reducing Readmissions
 - Tracking Prevalence Rates
 - Identifying Readmission Risk
 - Planning Interventions

Introduction to PSYCKES and the Quality Flags

What is PSYCKES?

- A web-based platform for sharing Medicaid claims data
- Comprehensive client information across treatment settings over time
- Secure, complies with the Health Insurance Portability and Accountability Act (HIPAA)
- Supports:
 - Quality improvement
 - Clinical decision-making

Who is in PSYCKES?

- Medicaid enrollees
 - Fee-for-service
 - Managed care
 - Dual-eligible (Medicare/Medicaid): Medicaid data only
- Behavioral health population, i.e., at least one of the following in the past five years:
 - Mental health or substance abuse service
 - Mental health or substance abuse diagnosis
 - Psychotropic medication
- Currently over 3.9 million individuals

What Client Information Is in the PSYCKES Database?

- All Medicaid-reimbursable services for which a claim was submitted, across treatment settings
 - Behavioral health (outpatient and inpatient)
 - Pharmacy (psychotropic and medical)
 - Medical (services, lab tests, and procedures)
 - Living Supports (if Medicaid-billable)
- Up to 5 years of data
- Currently does not include data from Medicare or private insurance
 - For dual-eligible clients (Medicare and Medicaid), includes services but not pharmacy

Quality Indicators: Currently in PSYCKES

- Hospital and Emergency Room Utilization
 - High utilization of inpatient and emergency room (ER) services (4+/year): behavioral, medical, all causes
 - Readmission: 7 and 30 days
 - Preventable admissions: asthma, diabetes, dehydration
- High need / ineffectively engaged: at risk
- Medication-Related
 - Psychotropic polypharmacy
 - Cardiometabolic risk
 - High dose
 - Youth: “too many, too much, too young”

Quality Indicators: In Development

- **“Accountable Indicator”** for the Collaborative: Individuals whose discharge(s) **from your hospital** resulted in readmission
 - To same service type
 - At any institution
 - Within 15 or 30 days of discharge
- Other indicator sets in development
 - Health Promotion
 - Care Coordination
 - (includes medication adherence flag)

Levels of Access to Client Data

- Consent Module: all data, including information with special State and Federal protections
 - Substance abuse
 - Human Immunodeficiency Virus (HIV)
 - Genetic information
 - Reproductive / family planning
- Quality Flag: all data **except** information with special protections
 - Rationale: monitor quality and safety of Medicaid program

Client Information in PSYCKES: Comparison

Access Type	Includes Data with Special Protections? (Substance, HIV, Family Planning, Genetic)	Duration
Provided service in past 9 months	No, get client name only	Up to 9 months after last service
Quality Flag	No, but get all other data	As long as flag is active; up to 9 months after last service
Clinical Emergency	Yes, all data	72 hours
Consent	Yes, all data	3 years after last service

PSYCKES Consent Process Overview

- Designated staff are granted “PSYCKES-Registrar” access - i.e., Consent Module user.
 - Simple task, big responsibility
- Client is asked to sign PSYCKES Consent Form
 - Must use designated form
- Registrar uses Consent Module to attest
 - Signed consent, or
 - Clinical emergency
- Any PSYCKES user (Registrar or not) anywhere in the institution can then access client data.

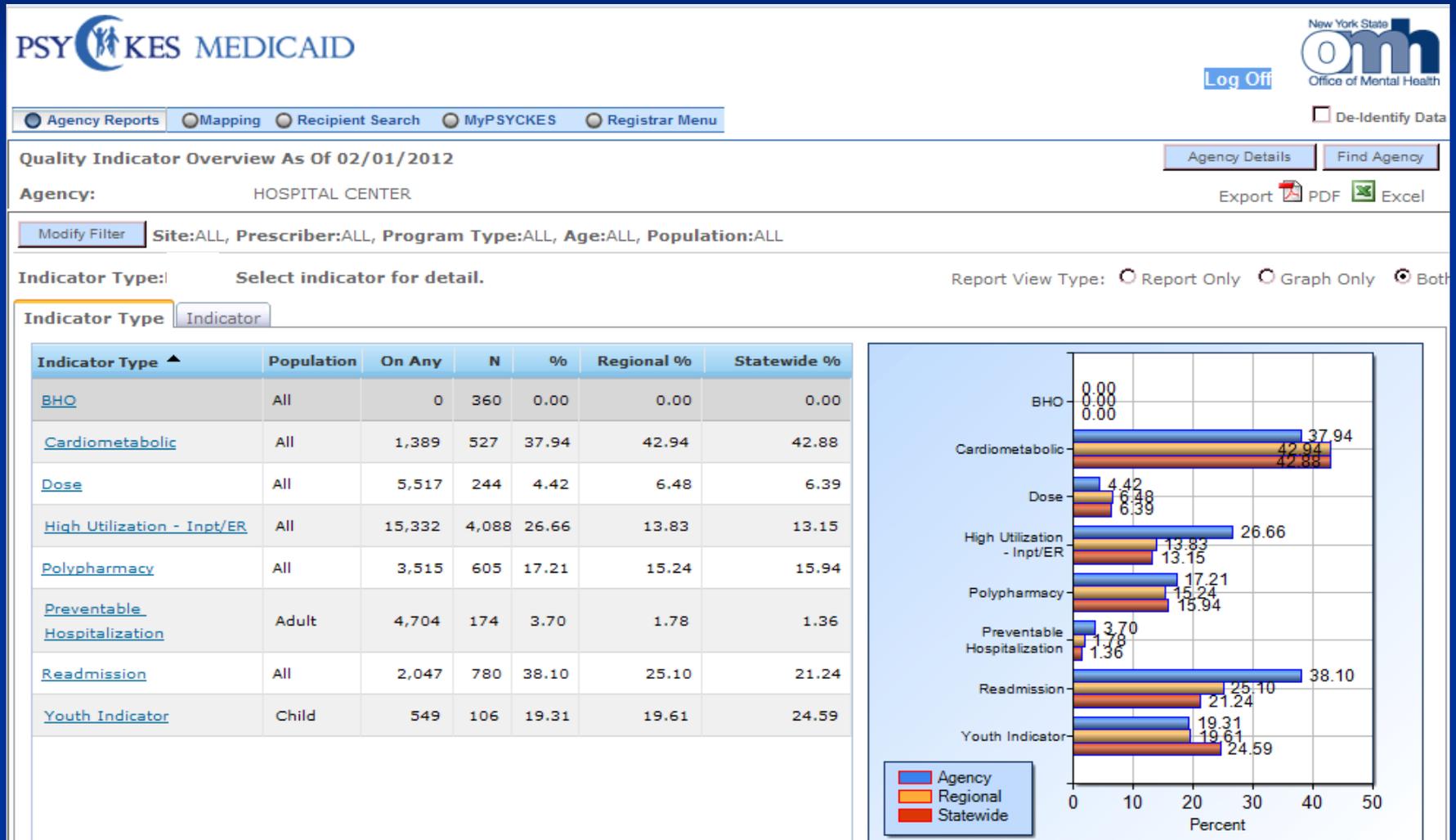
**Using PSYCKES to Track
Readmission
Prevalence Rates**

Using PSYCKES to Track Your Program's Readmission Rate

- Inpatient programs use “Accountable” Readmission Indicator: Individuals whose discharge(s) **from your hospital's** behavioral health inpatient were followed by behavioral health inpatient readmission at any institution
 - Within 15 and 30 days
- Outpatient Programs use current Readmission Indicator: Individuals served at the program discharged from behavioral health inpatient at any institution and readmitted to any institution
 - Within 15 and 30 days

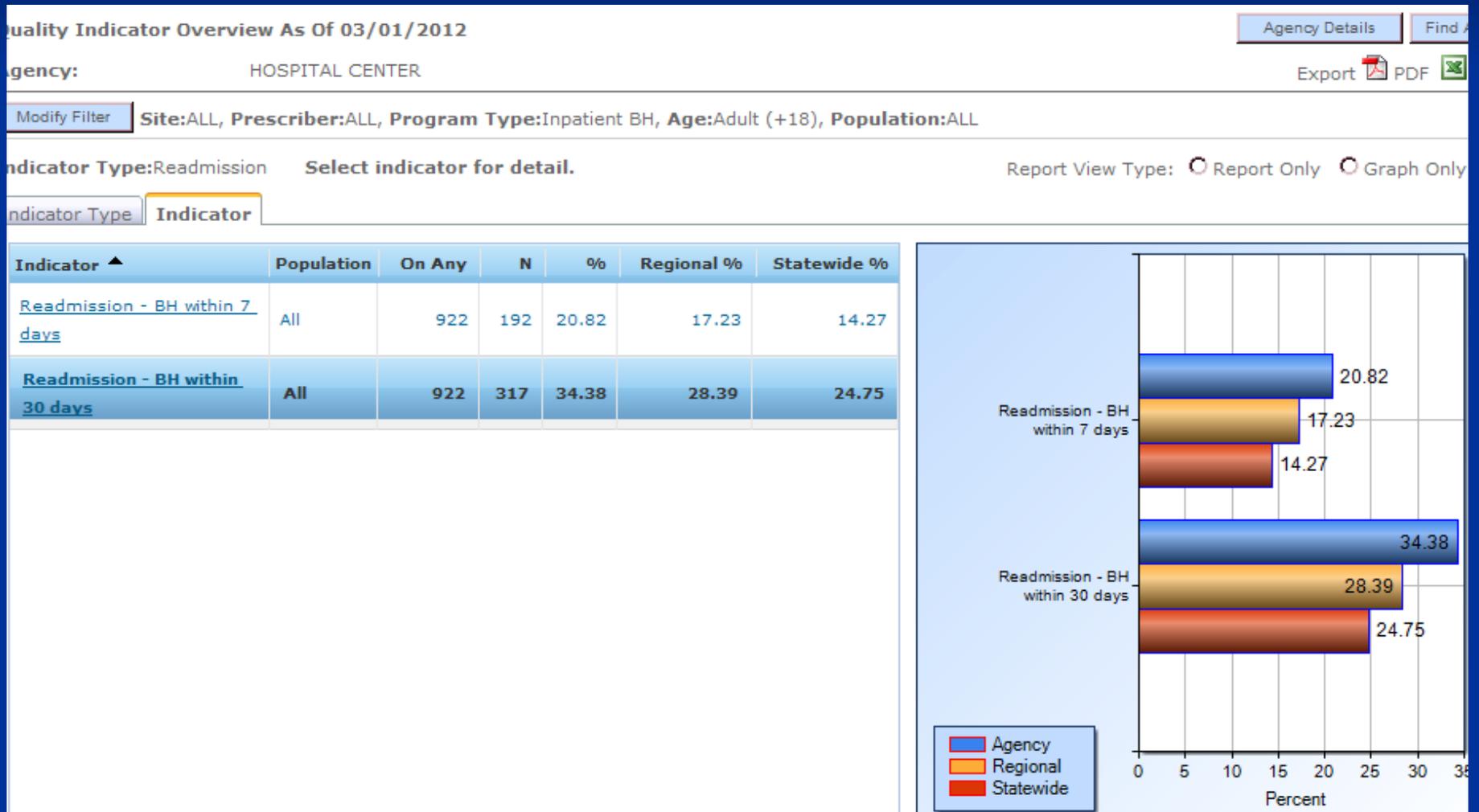
Quality Improvement (QI) Overview

Summary indicators, prevalence rates, state/region comparison



QI Indicators within the Set

click on summary indicator to see indicators within the set



Define Universe of Clients

Filter by Program Type, Site, Age range, Prescriber, etc.

ES MEDICAID

Mapping Recipient Search MyPSYCKES Registrar Menu Usage Report

for Overview As Of 03/01/2012

HOSPITAL CENTER

es: ALL

Age: ALL
(0-17)
Adult (+18)

Population: ALL

Day Treatment (DT)
ER BH
ER Medical
Hospital- Psychiatric Unit
Inpatient BH
Inpatient Medical
MH Clinic (CLINIC)

Submit Reset Cancel

Release: 4.7.1.5

QI Indicator Tabs

Tabs: New QI Flag, Dropped QI Flag, Unduplicated
Click on client's name to access clinical summary

Agency Reports
 Mapping
 Recipient Search
 MyPSYCKES
 Registrar Menu
 Usage Report

Quality Indicator Overview As Of 03/01/2012

Agency: HOSPITAL CENTER

Site:ALL, Prescriber:ALL, Program Type:ALL, Age:ALL, Population:ALL

Indicator Type:Readmission, Indicator:Readmission - BH within 30 days
 Show new/dropped

Recipient ▲	Medicaid ID	DOB	Current Quality Flags	New Quality Flags	Medications
Aaecacc Jhdeeac	Fegjgba Cajgabb	12/31/999 9	4+ Inpt/ER-All, 4+ Inpt/ER-Med, BH Rehosp-7d, BH Rehosp-30d, 4+ Inpt/ER-BH	BH Rehosp-7d, BH Rehosp-30d	
Abaabbi Bbfibcc	Hgfaeff Dceefeld	12/31/999 9	4+ Inpt/ER-All, BH Rehosp-30d, BH Rehosp-7d	BH Rehosp-7d, BH Rehosp-30d, 4+ Inpt/ER-All	CITALOPRAM
Ajbfgfd Ebiabia	Cjfgbf Jcfiha	12/31/999 9	4+ Inpt/ER-All, 4+ Inpt/ER-BH, BH Rehosp-7d, BH Rehosp-30d	BH Rehosp-7d, BH Rehosp-30d	

**Using PSYCKES
to Identify Clients at
High Risk of Readmission
and to Identify Risk Factors**

Quality Flags Associated with Readmission Risk

- Previous readmission within 30 days
- High need, ineffectively engaged
- 4+ Behavioral Health Inpatient / Emergency Department visits in past year

Use across settings

- All settings: Clinical Summary shows quality flags
- Outpatient settings: Download list of flagged clients

Diagnoses Associated with Readmission Risk

- Co-occurring mental health and substance use disorders
 - need consent to see data
- Severe mental illness
 - Schizophrenia / schizoaffective
 - Major Depression
 - Bipolar

Clinical Summary Header

Shows quality flags, diagnoses

Agency Reports Mapping Recipient Search MyPSYCKES Registrar Menu

Summary Common Ground Return to Search Results

Please choose summary period Last 3 months Last 6 months Last Year Last 2 Years

Clinical Report Date: 4/25/2012 (This report contains all available clinical data.) Enhanced PHI Show Hide

Name: [Hjcffj Hebjaad](#) Medicaid ID: BDCHCJI FFDEEHE DOB: 12/31/9999 Age: -

Medicaid Eligibility: SSI Managed Care Plan: No Managed Care(FFS Only)

Quality Flag	Quality Flag Evidence
BHO	High Need - Ineffectively Engaged
Hospital ER utilization	4+ Inpt/ER-All, 4+ Inpt/ER-BH, Readmission - BH within 7 days, Readmission - BH within 30 days

Behavioral Health Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

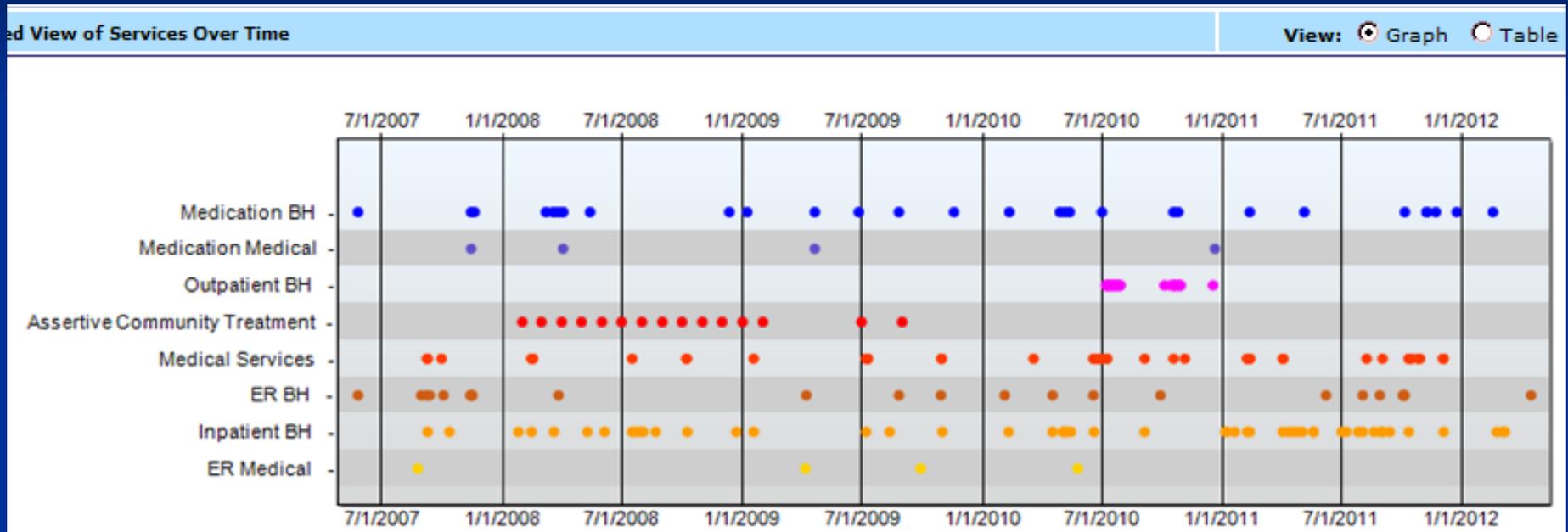
Alcohol Abuse, Substance Abuse, Schizoaffective Disorder, Major Depressive Disorder, Other Psychotic Disorder, Bipolar Disorder, Other Personality, Impulse Control Disorders, Schizophrenia, Delusional Disorder, Adjustment Disorder

Medical Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

Utilization Patterns Associated with Readmission Risk

- Evidence of non-adherence
 - Integrated Graph shows gaps or inconsistency in services and/or medication
 - Medication orders show gaps between pick-ups
 - Frequent change of outpatient provider
 - No outpatient services / medication pick-up between hospital discharge and readmission

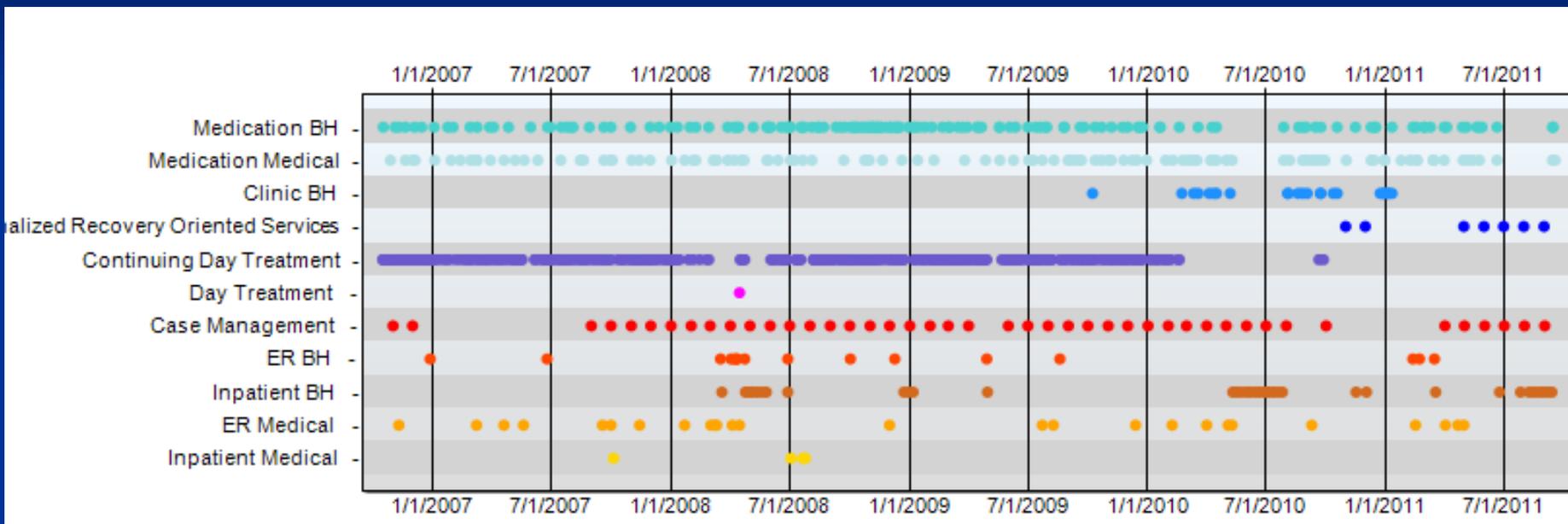
Clinical Summary: Integrated View as Graph, Client 1



All services displayed in graphic form to allow ready identification of utilization patterns, including medication adherence and outpatient, inpatient and ER services.

Note trends supporting “Ineffectively Engaged” flag – scattered dots, little continuity.

Clinical Summary: Integrated View as Graph, Client 2



All services displayed in graphic form to allow ready identification of utilization patterns, including medication adherence and outpatient, inpatient and ER services.

Note service gaps and transitions - e.g., easy to see that transition from Day Treatment to Clinic was followed by inpatient hospitalization.

Pharmacy Data: Behavioral Health and Medical

Drug, daily dose, duration, start date, last pick up, prescriber

Medication Behavioral Health									See All Data
Brand Name	Generic Name	Last Dose	Estimated Duration	First Day Picked Up	Last day Picked Up	Active in Past Month	Most Recent Prescriber	See Detail	
Benztropine Mesylate	Benztropine Mesylate	1 MG	5 Month(s)	10/5/2011	2/16/2012	Yes			
Divalproex Sodium	Divalproex Sodium	1000MG	5 Month(s)	10/5/2011	2/16/2012	Yes		 	
Risperidone	Risperidone	4 MG	1 Month(s)	2/16/2012	2/16/2012	Yes			
Fluoxetine Hcl	Fluoxetine Hcl	30 MG	1 Month(s)	12/23/2011	12/23/2011	Yes	<u>Al-Salem Salim Suliaman</u>		
Haloperidol	Haloperidol	20 MG	3 Month(s)	11/21/2011	12/23/2011	Yes	<u>Al-Salem Salim Suliaman</u>		
Trazodone Hcl	Trazodone Hcl	50 MG	2 Month(s)	10/5/2011	11/21/2011	No	<u>Kedzior Angela B</u>		
Nicotine Polacrilex	Nicotine Polacrilex	40 MG	1 Month(s)	11/8/2011	11/8/2011	No			
Risperidone	Risperidone	4 MG	2 Month(s)	10/5/2011	11/8/2011	No			
Haloperidol	Haloperidol	10 MG	1 Month(s)	10/5/2011	10/5/2011	No	<u>Rathour Satpal Singh</u>		
Haloperidol Decanoate	Haloperidol Decanoate	20 MG/ML	1 Month(s)	10/5/2011	10/5/2011	No	<u>Rathour Satpal Singh</u>		
Benzotropine Mesylate	Benzotropine Mesylate	1 MG	1 Month(s)	5/5/2011	5/5/2011	No	<u>Frischer Katya</u>		
Gabapentin	Gabapentin	600 MG	1 Month(s)	5/5/2011	5/5/2011	No	<u>Frischer Katya</u>		

Pharmacy Data: “See Detail” Trials and Orders

See trials and/or individual orders of each medication

RY detail for Divalproex Sodium Medication

View: Trials Orders Both

Page Orientation: Portrait Landscape Export to

Trials :

Brand Name	Generic Name	Drug Class	First Day Picked Up	Last Day Picked Up	Estimated Duration
Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	10/5/2011	2/16/2012	5 Month(s)
Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	11/18/2009	11/18/2009	1 Month(s)
Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	6/26/2009	6/26/2009	1 Month(s)

Orders :

Pick-Up Date	Brand Name	Generic Name	Drug Class	Strength	Total Quantity	Tabs Per Day	Days Supply	Route	Prescriber
2/16/2012	Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	500 MG	60	2	30	OR	
12/23/2011	Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	500 MG	60	2	30	OR	Al-Sa Suliar
11/8/2011	Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	500 MG	60	2	30	OR	

Pharmacy Data: “See Detail” Orders

Assess adherence, see dose and days' supply

RX detail for Divalproex Sodium Medication

View: Trials Orders Both

Page Orientation: Portrait Landscape

Export to 

Pick-Up Date	Brand Name	Generic Name	Drug Class	Strength	Total Quantity	Tabs Per Day	Days Supply	Route	Prescriber
2/16/2012	Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	500 MG	60	2	30	OR	
12/23/2011	Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	500 MG	60	2	30	OR	<u>Al-Salem Suliaman</u>
11/8/2011	Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	500 MG	60	2	30	OR	
10/5/2011	Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	500 MG	28	2	14	OR	<u>Rathour S Singh</u>
11/18/2009	Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	250 MG	180	6	30	OR	
6/26/2009	Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	500 MG	60	2	30	OR	

Note inconsistent pick-up dates

Outpatient Services: Behavioral Health and Medical

Dates, # of visits, diagnosis, procedures, practitioner, provider

Behavioral Health Services		See All Data				
Service Type	Provider	First Date Billed	Last Date Billed	# of Visits	Diagnosis Most Recent	Procedure(s)
Physician - Psychiatrist	<u>JACQUES JEAN-ROBERT MD</u>	12/3/2011	12/3/2011	1	Unspecified Psychosis [298.9]	- Psy Dx Interview
Physician - Psychiatrist	<u>MAX GREGORY ASA</u>	12/2/2011	12/2/2011	1	Unspecified Drug-Induced Mental Disorder [292.9]	- Medication Management
Physician - Psychiatrist	<u>SAHA AMAL KRISHNA MD</u>	10/11/2011	10/14/2011	3	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]	- Intac Psytx Hsp 45-50 W/E&M - Psy Dx Interview
Physician-NOS	<u>DUFRESNE ALIX MD PC</u>	10/11/2011	10/11/2011	1	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]	
Physician - Psychiatrist	<u>LESCOUFLAIR ELISABETH M.H. MD</u>	8/26/2011	8/26/2011	1	Schizo-Affective Type Schizophrenia, Unspec State [295.70]	

Note poor engagement – only 1-3 services per provider

Hospital/ER Services: Integrated Behavioral/Medical

Service type, provider, diagnosis, admission/discharge dates, length of stay, procedures (supports high utilization flags)

Hospital/ER Services						
See All Data						
Service Type	Provider	Admission	Discharge	Length of Stay	Most Recent Diagnosis	Procedure(s)
Inpatient BH	<u>AREBA CASRIEL INSTITUTE</u>	3/2/2012	4/2/2012	31	Substance Abuse	
Inpatient BH	<u>BELLEVUE HOSPITAL CENTER</u>	2/22/2012	2/23/2012	1	Schizoaffective Disorder	
Inpatient BH	<u>ST BARNABAS HOSPITAL</u>	12/3/2011	12/21/2011	18	Major Depressive Disorder	
Inpatient BH	<u>INTERFAITH MEDICAL CENTER</u>	10/11/2011	11/2/2011	22	Schizoaffective Disorder	
ER BH	<u>JAMAICA HOSPITAL MED CTR</u>	10/2/2011	10/4/2011	1	Me	
CPEP	<u>BETH ISRAEL MEDICAL CENTER PSYCH</u>	10/4/2011	10/4/2011	1	M	

Note repeat ER/
CPEP visits:
10/2-10/4 and
again on 10/4

**Using PSYCKES to Identify
Appropriate Interventions
and Establish Eligibility**

Medication Interventions

- Medication non-adherence
 - Consider depot meds
 - Consider clinical intervention (Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI))
 - Consider facilitating medication fill at discharge
- Previous trials of two antipsychotics at adequate doses for adequate duration
 - Consider clozapine
- Previous unsuccessful alcohol treatment
 - Consider medication-assisted treatment
 - Oral or
 - Injectable

Outpatient Engagement

- Poor attendance in outpatient treatment
 - Consider clinical intervention (CBT, MI)
 - Consider referral for case management / Assertive Community Treatment (ACT) / Assisted Outpatient Treatment (AOT)
- Non-adherent with previous discharge plan
 - Consider enhanced discharge procedures
 - Consider clinical intervention (CBT, MI)
 - Consider peer to bridge time to follow-up
 - Consider facilitating medication fill at discharge

Integrated Dual Diagnosis Treatment

- Co-occurring substance use disorder
 - Consider clinical intervention (Focus on Integrated Treatment (FIT), CBT, MI)
 - Refer to integrated treatment program

PSYCKES Data Can Establish Service Eligibility

Example: ACT Eligibility Criteria

(ACT Program Guidelines, OMH Website)

- High utilization of inpatient services
 - 2 psychiatric hospitalizations in past year, or
 - One hospitalization of 60 days or more
- High utilization of emergency services
- Co-occurring substance use disorder
- Inability to participate/succeed in office-based services

PSYCKES Can Identify Existing Supports

- All settings: Care coordination
- Inpatient Units: Discharge planning
- Emergency Departments: Avert unnecessary admissions
- Outpatient Programs: Collaborate with treatment team

**Using PSYCKES
to Explore Program's Use of
Readmission Reduction
Strategies**

Ad Hoc Reporting: Recipient Search

Searchable by service, program, quality flag, diagnosis, drug, etc.

Example: Clinic service plus 30-day readmission flag

Agency Reports Mapping **Recipient Search** MyPSYCKES Registrar Menu Usage Report

Recipient Search Export PDF

Recipient Last Name: Age Range: Region: County:

Medicaid Id: Indicator:
3+ Inpatient/ER - All
4+ Inpatient/ER - All
4+ Inpatient/ER - Med
4+ Inpatient/ER - Psych
Readmission - BH within 30 days
Readmission - BH within 7 days
High Need - Ineffectively Engaged

SSN (XXX-XX-XXXX): Provider:

Prescriber Last Name: OMH Lic. Programs:

Drug Name: Service:

Active Drug: Service Details:

Managed Care Program:

Consent Status:

Psychotropic Drug Class:
Antipsychotic
Anxiolytic
Mood Stabilizer
Side-Effect Management
Stimulant
Withdrawal Management

Non-Psychotropic Drug Class:
Anti-Infective Agents
Anti-Obesity Agents
Antidiabetic
Antihyperlipidemic
Antihypertensive
Antineoplastic Agents
Biologicals

Behavioral Health Diagnosis:
Anxiety Disorder
Attention Deficit Disorder
Autism & Pervasive Developmental Disorder
Bipolar Disorder
Conduct Disorder
Delusional Disorder
Dissociative Disorder

Medical Diagnosis:
Complications of Pregnancy, Childbirth, and the Puerperium
Congenital Anomalies
Diabetes
Diseases of Skin and Subcutaneous Tissue
Diseases of the Blood and Blood-Forming Organs
Diseases of the Circulatory System
Diseases of the Digestive System

Maximum No. Of Rows to be displayed:

Ad Hoc Reporting: Recipient Search

Search results:

1519 clinic clients flagged for 30-day readmission

<input type="radio"/> Agency Reports <input type="radio"/> Mapping <input checked="" type="radio"/> Recipient Search <input type="radio"/> MyPSYCKES <input type="radio"/> Registrar Menu <input type="radio"/> Usage Report				
Recipient Search				
Selection Criteria: Total No. Of Recipients = 1519			Maximum Number of rows Dis	
Indicator: Readmission - BH within 30 days		Agency: HOSPITAL CENTER		
Rate Code: MH Clinic (CLINIC)		Service: Mental Health Clinic		
Service Details: MHClinic - Hospital Affiliated				
Name ▲	Medicaid ID	DOB	Gender - Age	Quality Flags
Abhhecf Aicqbii	Iceddcb Cgjfaaa	12/31/9999	Iibbacf Hihceab	4+ Inpt/ER-All, BH Rehosp-30d
Abhhecf Aicqbii	Bcchbec Aejdcde	12/31/9999	Abjedhh Icdgace	4+ Inpt/ER-All, 4+ Inpt/ER-Me 4+ Inpt/ER-BH
Abhhecf Aicqbii	Ccefaad Afiaaab	12/31/9999	Cfaifab Ahbagca	4+ Inpt/ER-All, BH Rehosp-7d, Inpt/ER-Med
Abhhecf Aicqbii	Aehachi Jihebbe	12/31/9999	Bfcccbf Adfjida	4+ Inpt/ER-All, 4+ Inpt/ER-BH, Rehosp-7d, 4+ Inpt/ER-Med

Ad Hoc Reporting: Recipient Search

Modify search: Clinic + 30-day readmission flag + Clozapine
Search results: Zero

Recipient Last Name: <input type="text"/>	Age Range : <input type="text" value="Select Age Range"/>	Region: <input type="text" value="Select Region"/>	County: <input type="text" value="Select County"/>
Medicaid Id: <input type="text"/>	Indicator: <input type="text" value="2+ Inpatient/ER - All"/> <input type="text" value="3+ Inpatient/ER - All"/> <input type="text" value="4+ Inpatient/ER - All"/> <input type="text" value="4+ Inpatient/ER - Med"/> <input type="text" value="4+ Inpatient/ER - Psych"/> <input type="text" value="Readmission - BH within 30 days"/> <input type="text" value="Readmission - BH within 7 days"/> <input type="text" value="High Need - Ineffectively Engaged"/>	Provider: <input type="text" value="HOSPITAL"/>	OMH Lic. Programs: <input type="text" value="MH Clinic (CLINIC)"/>
SSN (XXX-XX-XXXX): <input type="text"/>		Service: <input type="text" value="Mental Health Clinic"/>	Service Details: <input type="text" value="MHClinic - Hospital Affiliated"/>
Prescriber Last Name: <input type="text"/>		Managed Care Program: <input type="text" value="Any"/>	Consent Status: <input type="text" value="Consented and Non-Consented"/>
Drug Name: <input type="text" value="CLOZAPINE"/>			
Active Drug: <input type="checkbox"/>			
Psychotropic Drug Class: <input type="text" value="Antidepressant"/> <input type="text" value="Antipsychotic"/> <input type="text" value="Anxiolytic"/> <input type="text" value="Mood Stabilizer"/> <input type="text" value="Side-Effect Management"/> <input type="text" value="Stimulant"/> <input type="text" value="Withdrawal Management"/>	Non-Psychotropic Drug Class: <input type="text" value="Analgesics and Anesthetics"/> <input type="text" value="Anti-Infective Agents"/> <input type="text" value="Anti-Obesity Agents"/> <input type="text" value="Antidiabetic"/> <input type="text" value="Antihyperlipidemic"/> <input type="text" value="Antihypertensive"/> <input type="text" value="Antineoplastic Agents"/> <input type="text" value="Biologicals"/>	Behavioral Health Diagnosis: <input type="text" value="Adjustment Disorder"/> <input type="text" value="Anxiety Disorder"/> <input type="text" value="Attention Deficit Disorder"/> <input type="text" value="Autism & Pervasive Developmental Disorder"/> <input type="text" value="Bipolar Disorder"/> <input type="text" value="Conduct Disorder"/> <input type="text" value="Delusional Disorder"/> <input type="text" value="Dissociative Disorder"/>	Medical Diagnosis: <input type="text" value="Certain Conditions Originating in the Complications of Pregnancy, Childbirth, or the Puerperium"/> <input type="text" value="Congenital Anomalies"/> <input type="text" value="Diabetes"/> <input type="text" value="Diseases of Skin and Subcutaneous Tissue"/> <input type="text" value="Diseases of the Blood and Blood-Forming Organs and Tissues"/> <input type="text" value="Diseases of the Circulatory System"/> <input type="text" value="Diseases of the Digestive System"/>
Number Of Recipients = 0		Maximum No. Of Rows to be displayed: <input type="text" value="50"/>	<input type="button" value="Search"/>

Question and Answer