

Implementing the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES): Learning Collaborative Kickoff

NYS Office of Mental Health
Bureau of Evidence Based Services and Implementation Sciences



Overview

- Welcome
- Using PSYCKES in Programs Certified by the Office of Alcohol and Substance Abuse Services (OASAS)
- The PSYCKES Implementation Process
- Learning Collaborative Activities & Resources
- Brainstorming Exercise
- Next Steps/ Questions and Answers

WELCOME

The PSYCKES Learning Collaborative for OASAS Programs

- PSYCKES is a secure, HIPAA-compliant web-based platform for sharing Medicaid claims data,
 - Currently implemented in over 400 behavioral health programs statewide
- The Learning Collaborative is designed to help OASAS programs integrate PSYCKES effectively into their clinical workflow
- 57+ programs have expressed interest in participating

Information Needs in OASAS Programs

- History at intake is often incomplete, and clients are not always able to provide complete history, particularly regarding medication and the use of emergency and medical services
- Treatment planning requires comprehensive data on client's service history, including behavioral and physical health
- Services across settings are not captured in one record

Value of PSYCKES for OASAS Programs

- Goal: improve client outcomes by providing immediate access to comprehensive, user-friendly information across providers over time
- Support intake assessment and service planning
 - Identify co-morbid conditions
 - Review medication history and adherence
 - Review ambulatory and acute service utilization
- Facilitate care coordination
 - Identify outpatient providers
 - Monitor engagement in services
 - Identify clients at elevated risk for quality concerns

Feedback on PSYCKES from Community Mental Health Workers

- *PSYCKES is a great resource for supervisors reviewing service plans and assessments. It helps us to know what to prioritize.*
- *If clients are seeing multiple medical providers but can't remember all of them, I can use PSYCKES to identify the clinicians and get consent to coordinate with them. This saves us so much time!*
- *We use PSYCKES on intake for every new client. It helps all of us to know where to start and what the client has already tried.*

Benefits of Participation in OASAS Learning Collaborative

- Goal:
Ensure that your staff can effectively access the most comprehensive client data
- Strategies:
 - Receive targeted training and technical assistance
 - Learn from colleagues about strategies for successful implementation
 - Review monthly reports to help you track the progress of your implementation
 - Help shape future development of the PSYCKES application

Impact of Participation on Milestone Achievement, Care Management Learning Collaborative (10/2012-5/2013)

Implementation Milestones	All Programs (n=103)		High Engagement (n=22)		Low-Moderate Engagement (n=81)	
	Count	Percentage	Count	Percentage	Count	Percentage
Implementation team was assembled	65	70.7%	20	91%	45	64%
Implementation plan was developed	55	59.8%	19	86%	36	51%
PSYCKES policies and workflows were developed and approved	44	47.8%	18	82%	26	37%
Agency has access and an assigned a security manager	81	88.0%	22	100%	59	84%
All Users have PSYCKES access and tokens	64	69.6%	18	82%	46	66%
Computers have been prepared for PSYCKES use	70	76.1%	20	91%	50	71%
All relevant staff are trained	47	51.1%	14	64%	33	47%
Program has "Gone Live"	34	37.0%	9	41%	25	36%

USING PSYCKES IN OASAS PROGRAMS

Who is in PSYCKES?

- New York State (NYS) 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:
 - Mental health or substance abuse service
 - Mental health or substance abuse diagnosis
 - Psychotropic medication
- Currently over 3.9 million individuals

What is in PSYCKES?

- 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)
 - Transportation (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

PSYCKES Homepage (www.psyckes.org)

New York State State Agencies Search all of NY.gov

Office of Mental Health

Commissioner Michael F. Hogan, Ph.D. Governor Andrew M. Cuomo

Home News Publications Resources Employment A-Z Site Map

Search OMH Go

Other Languages: Italiano | PyCCK44 | Español | Kreyòl Ayisyen

About OMH | Initiatives | Contact OMH Print



Log Into PSYCKES

About PSYCKES

Calendar

News

Quality Concerns

Initiatives

- Freestanding Clinics
- Hospital Clinics
- Other Initiatives

Resources

- QI Teams
- Clinicians
- Consumers/Families

FAQ's

A to Z Site Map

Contact Us

PSYCKES Medicaid Home

- PSYCKES**
 - ▶ PSYCKES Medicaid
 - ▶ Log into PSYCKES
 - ▶ MyPSYCKES
- Initiatives**
 - ▶ Freestanding Mental Health Clinics
 - ▶ Hospital-Affiliated Mental Health Clinics
 - ▶ Other Initiatives
- Resources**
 - ▶ Quality Improvement Teams
 - ▶ Clinicians
 - ▶ Consumers and Families

Logging in to PSYCKES

- From PSYCKES Homepage, click “Log into PSYCKES
- At Login Page, enter:
 - User ID (first box)
 - Password + token code (2nd box)



 **NEW YORK STATE**
Office of Mental Health

Statement of Access and Confidentiality

WARNING: This computer system is solely for the use of authorized users for official purposes. Users of this system have no expectation of privacy in its use. To ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored and recorded by system personnel. Use of this system evidences an express consent to such monitoring.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system you indicate your awareness of, and consent to, these terms and conditions of use. If you do not agree to the conditions stated in this warning, LOG OFF IMMEDIATELY.



Michael F. Hogan Ph.D.
Commissioner

Userid:

Password or Passcode:

Note: To log-on with a new token, enter just the six digits displayed on the token device.

CORE PSYCKES FUNCTIONS

Three Core PSYCKES Functions

■ Quality Reports

- Allows users to review over 50 quality measures
- Allows drill down to clients meeting criteria

■ Recipient Search

- Find an individual client for clinical review
- Find a group of clients meeting search criteria (search by quality flag, diagnosis, utilization, region, age, etc.)

■ Clinical Summary

- Review individual client's treatment history for the past 5 years

Quality Improvement Use Cases

- To review performance on quality measures compared to regional and state levels
- To identify individual clients flagged for quality concerns

Quality Indicators in PSYCKES

- Psychotropic medication sets
 - Polypharmacy, Dose, Cardiometabolic Risk, and Youth
- Inpatient/ER utilization sets
 - High utilization of inpatient/ER (medical and/or BH)
 - BH Hospital Readmissions
 - Preventable Hospitalization (medical)
- Behavioral Healthcare Coordination: high utilization of behavioral health acute services, medication adherence
- Health Promotion and Coordination: high utilization of medical acute services, diabetes monitoring, annual physicals

Provider Quality Indicator Overview

Quality Indicator Overview As Of 10/01/2013

[Provider Details](#)

[Find Provider](#)

Provider: OASAS Certified Provider

Export PDF Excel

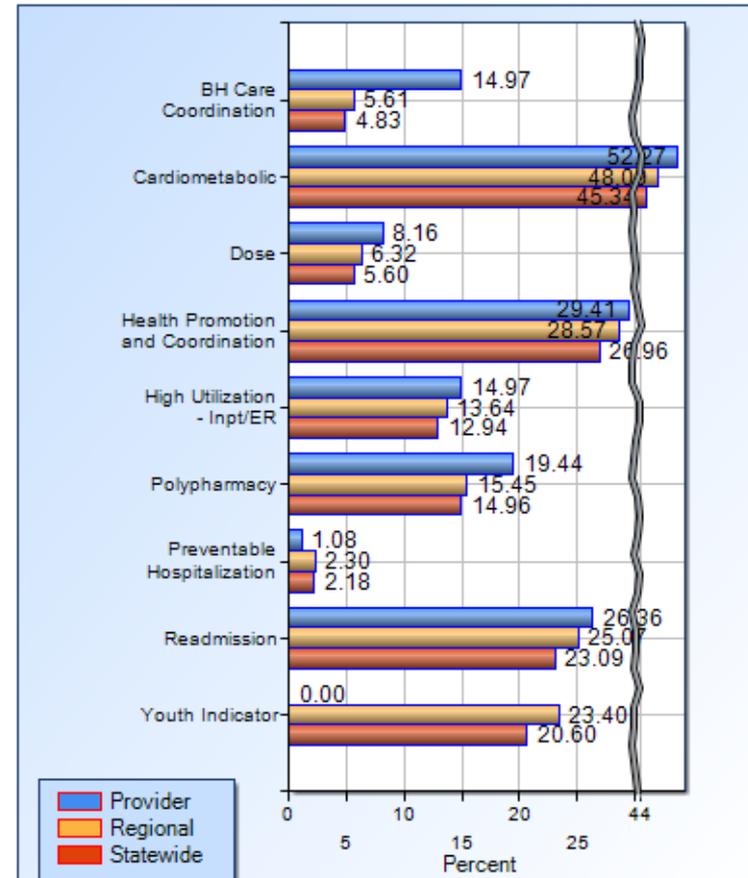
[Modify Filter](#) Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

Select Indicator Set for Details

Report View Type: Report Only Graph Only Both

Indicator Set

Indicator Set ^	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %
BH Care Coordination	All	374	56	14.97	5.61	4.83
Cardiometabolic	All	44	23	52.27	48.09	45.34
Dose	All	147	12	8.16	6.32	5.60
Health Promotion and Coordination	All	374	110	29.41	28.57	26.96
High Need - Ineffectively Engaged	All		9			
High Utilization - Inpt/ER	All	374	56	14.97	13.64	12.94
Polypharmacy	All	108	21	19.44	15.45	14.96
Preventable Hospitalization	Adult	372	4	1.08	2.30	2.18
Readmission	All	110	29	26.36	25.07	23.09
Youth Indicator	Child	0	0	0.00	23.40	20.60



Modify Filters to Select Population of Interest

My OI Report **Statewide Reports** **Recipient Search** **Provider Search** **MyPSYCKES** **Registrar Menu** **Usage Report** De-Identify Data

Quality Indicator Overview As Of 10/01/2013 [Provider Details](#) [Find Provider](#)

Provider: OASAS Certified Provider [Export](#) [PDF](#) [Excel](#)

Sites: ALL

Program Type: ALL
Adult Community Residence (CR_ADULT)
Community Residence (CR)
MHClinic - Free Standing
OASAS Outpatient Services
Personalized Recovery Oriented Services (PROS)

Population: ALL

Attending: ALL

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

Region: ALL

County: ALL

Managed Care Program: ALL
ALL
Affinity Health Plan
Amerigroup New York
CDPHP
Excellus BlueCross BlueShield
Fidelis Care New York
HIP (EmblemHealth)
HealthNow New York Inc.
Healthfirst PHSP, Inc.

Release: 4.8.5

Filter set to OASAS Outpatient Services – Drill down on Indicator Set of interest

Quality Indicator Overview As Of 10/01/2013

Provider: OASAS Certified Provider

Modify Filter

Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:OASAS Outpatient Services,
Program:ALL

Select Indicator Set for Details

Indicator Set

Indicator Set ▲	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %
BH Care Coordination	All	257	23	8.95	10.79	11.48
Cardiometabolic	All	14	8	57.14	62.02	57.10
Dose	All	84	3	3.57	5.98	5.67
Health Promotion and Coordination	All	257	82	31.91	40.40	35.98

Drill Down on Indicator

Indicator Set: BH Care Coordination Select indicator for detail.

Indicator Set **Indicator**

Indicator	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %
3+ Inpatient - BH	All	257	6	2.33	4.37	4.60
3+ ER - BH	All	257	2	0.78	2.22	2.63
4+ Inpatient/ER - BH	All	257	9	3.50	4.84	4.98
Adherence - Antipsychotic (Schz)	(0-64) yrs	6	2	33.33	52.38	58.07
Adherence - Mood Stabilizer (Bipolar)	(0-64) yrs	16	7	43.75	54.84	53.58
Discontinuation - Antidepressant <12 weeks (MDE)	(0-64) yrs	3	2	66.67	46.50	50.19
Readmission - All BH 45 day	All	65	13	20.00	26.75	28.44
Summary	All	257	23	8.95	10.79	11.48



Obtain List of Clients with Quality Flag

Provider: OASAS Certified Provider Export PDF Excel

Modify Filter Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:OASAS Outpatient Services, Age:ALL, Population:ALL, Managed Care Program:ALL

Indicator Set: BH Care Coordination, Indicator: Readmission - All BH 45 day

Indicator Set | Indicator | Site | Unduplicated Attending | **Unduplicated Recipients** | New QI Flag | Dropped QI Flag

Recipient ^	Medicaid ID	DOB	Quality Flags	Medications (BH; excludes enhanced PHI)	Most Recent BH Outpatient Attending
Afaqqha Dcebebb	Ebahab Febbcee	12/31/9999	Readmit-All BH 7d	BUPROPION HCL, PAROXETINE HCL, TRAZODONE HCL	Jones, John
Bajeegc Didbqfd	Bajagaa Hheiibc	12/31/9999	Readmit-All BH 30d		Smith, Jane
Bfiqdf Bfddjed	Cabfeei Bdcffcf	12/31/9999	3+ Inpatient - BH, 4+ Inpt/ER-All, 4+ Inpt/ER-BH, No HbA1c-DM, No Outpt Med, Readmit-All BH 7d	AMITRIPTYLINE HCL, ARIPIPRAZOLE, ATOMOXETINE HCL, MIRTAZAPINE, SERTRALINE HCL	Jones, John
Biiqcdq Dfidbba	Jbhacbb Bfabiie	12/31/9999	3+ Inpatient - BH, 4+ Inpt/ER-All, 4+ Inpt/ER-BH, 4PP(A), Readmit-All BH 30d	HYDROXYZINE PAMOATE, LAMOTRIGINE, PHENOBARBITAL, SERTRALINE HCL, TRAZODONE HCL	Jones, John
Biiicff Afefhbd	Adggbfi Acdfada	12/31/9999	4+ Inpt/ER-All, 4+ Inpt/ER-BH, Readmit-All BH 30d	DIPHENHYDRAMINE HCL	Smith, Jane
Cecefda Ddbibaf	Adedbae Efaaffj	12/31/9999	Readmit-All BH 30d	FLUOXETINE HCL, MIRTAZAPINE, TRAZODONE HCL	None Identified

Recipient Search

- Find individual client
- Find subgroup of clients meeting criteria of interest

Recipient Search – Individual Search

Individual Search

Export  PDF  Excel

To find an Individual enter:

If using name, you may wish to narrow your search by using one or more of these criteria.

Medicaid Id:

Or

SSN (XXX-XX-XXXX):

Or

Recipient Last Name:

And/Or

Recipient First Name:

Recipient Gender:

DOB (mm/dd/yyyy):

Age Range:

Region: County:

Provider:

Service:

Service Details:

Managed Care Program:

Recipient Search: Group Search

Enter any combination of demographic, diagnostic, quality or service utilization criteria

Quality Indicator *:

- Polypharmacy Summary
- Antipsychotic Three Plus
- Antipsychotic Two Plus
- Antidepressant Three Plus
- Antidepressant Two Plus - SC
- Psychotropics Four Plus
- Psychotropics Three Plus
- Cardiometabolic Risk Summary
- AP + Diabetes Risk
- AP + Hyperlipidemia Risk
- AP + Hypertension Risk
- AP + Cardiovascular Disease Risk

Region: County:

Provider:

Service:

Service Details:

Managed Care Program:

Consent Status:

Population:

Psychotropic Drug Class:

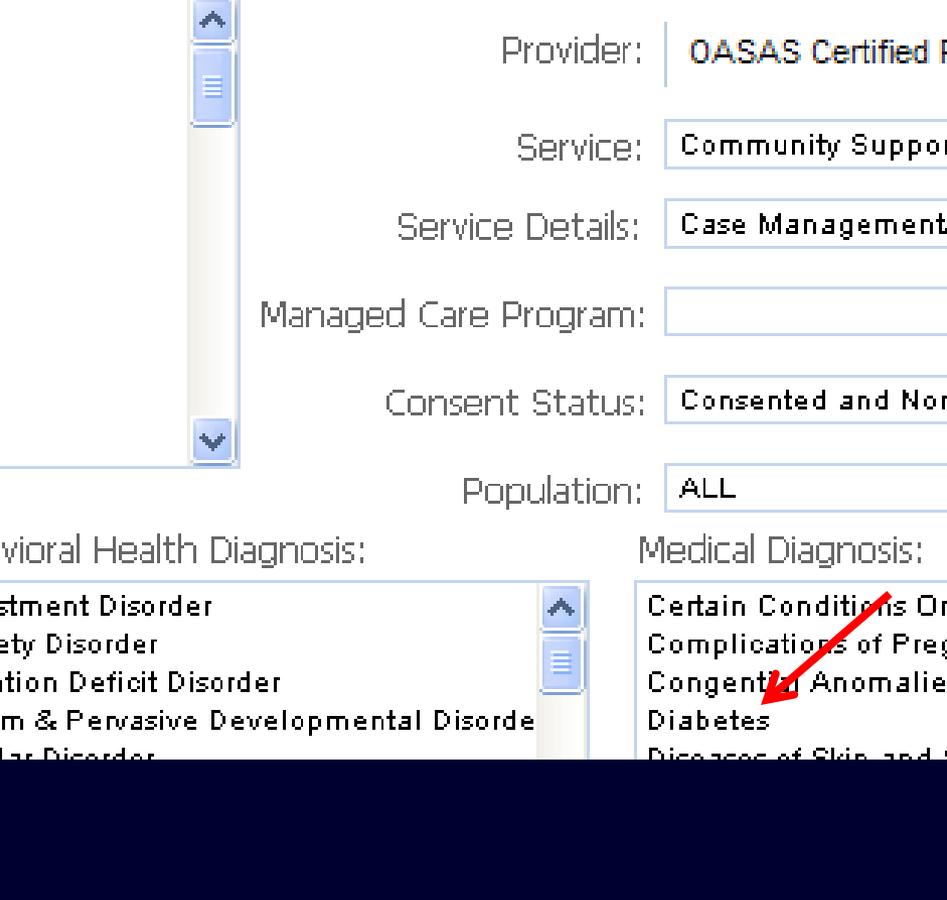
- Sedatives and Anesthetics
- Sedative Agents
- Antipsychotic Agents
- Antidepressant
- Antihyperlipidemic

Behavioral Health Diagnosis:

- Adjustment Disorder
- Anxiety Disorder
- Attention Deficit Disorder
- Autism & Pervasive Developmental Disorder
- Bipolar Disorder

Medical Diagnosis:

- Certain Conditions Originating in the Perinatal Period
- Complications of Pregnancy, Childbirth, and the Puerperium
- Congenital Anomalies
- Diabetes
- Diseases of Skin and Subcutaneous Tissue



Group Search Results

Yields clients meeting search criteria

Link from client name to the Clinical Summary

Selection Criteria: Total No. Of Recipients = 363

Maximum Number of rows

Medical Diagnosis: [Diabetes](#)

Provider: [OASAS Certified Provider](#)

Service: [Community Support/Care Management](#)

Service Details: [Case Management/Health Homes](#)

Name ▲	Medicaid ID	DOB	Gender - Age	Quality Flags
Abhhecf Aicqbii	Cfadbbc Ifefcda	01/01/9999	Ajadidb Dcddbhb	
Agcfib Ihhhiab	Fdqfhb Cejdadf	01/01/9999	Feggfad Eiaeidb	3+ Inpatient - E Inpt/ER-Med, 4 Readmit-All BH
Agcfib Ihhhiab	Cgcefhf Eihfdai	01/01/9999	Abhaebe Djiced	
Agcfib Ihhhiab	Accfcfb Cbadfjh	01/01/9999	Bbcfaej Geedfef	

Clinical Use Cases

- To clarify diagnosis and identify comorbid conditions
- To review all medications prescribed for an individual
- To review services provided to the client (e.g., hospitalizations, clinic services, medical providers)
- To identify clients at risk for poor outcomes

Client Data in PSYCKES

- PSYCKES includes individuals with any behavioral health service, diagnosis or psychotropic medication
- User friendly Clinical Summaries display up to 5 years of Medicaid data across treatment settings
 - Demographics, quality flags, diagnoses
 - Medications (psychotropic and medical)
 - Inpatient and outpatient services (behavioral health and medical)
 - Laboratory and radiology
 - Transportation and living support

Provider Access to Client Data in PSYCKES

Access Type	Includes Data with Special Protections? (SUD, HIV, Family Planning, Genetic)	Duration
Provider documents patient consent	Yes, all data	3 years after last bill
Provider billed and client has Quality Flag	No, but get all other data	While flag is active; up to 9 months after last bill
Provider billed for service in past 9 months	No, client name only	Up to 9 months after last service

PSYCKES Consent Process Overview

- Designated staff are granted “PSYCKES-Registrar” access - i.e., Consent Module user.
- Client is asked to sign PSYCKES Consent Form
 - Must use PSYCKES form printed from consent module
- Registrar uses Consent Module to attest
 - Signed consent, or
 - Clinical emergency
- Any PSYCKES user (Registrar or not) within the institution can then access client data.

Clinical Summary Header

Clinical Summary

Common Ground

Return to Search Results

Export to PDF Excel

OMH PHI **Please choose summary period**

Last 3 months

Last 6 months

Last Year

Last 2 Years

All Available (up to 5 years)

Clinical Report Date: 4/22/2013 (This report contains all available clinical data.) Enhanced PHI Show Hide

Name: Bffdeef Bfaafce

Medicaid ID: EDEEDGH HCIBBJF

DOB: 01/01/9999

Age: 999

Indicator Set	Quality Flag Evidence
BH Care Coordination	Adherence - Antipsychotic (Schz) 3+ ER - BH 3+ Inpatient - BH
Health Promotion and Coordination	Diabetes Monitoring-No HbA1c >1 Yr
High Need - Ineffectively Engaged	Individuals with multiple MH Inpatient or ER admissions or a prior AOT order or forensic MH service use who also have no current connection to TCM (ICM/SCM/BCM) and limited outpatient MH service use (4 or FEWER visits in prior 6 months)
Hospital ER Utilization	4+ Inpt/ER-All, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med Readmission - All BH 30 day Readmission - All BH 45 day Readmission - All BH 7 day Readmission - Hosp BH d/c 30 day Readmission - Hosp BH d/c 45 day Readmission - Hosp BH d/c 15 day

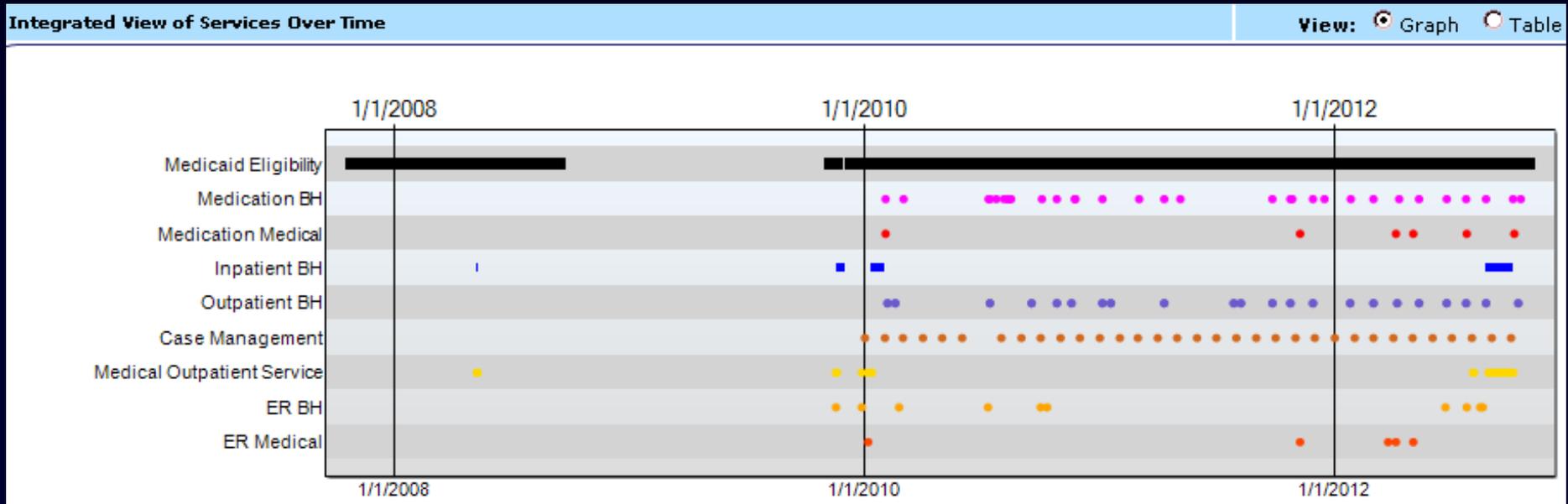
Behavioral Health Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

Other Psychotic Disorder | Major Depressive Disorder | Schizoaffective Disorder | Bipolar Disorder | Schizophrenia | Personality Impulse Control Disorders | Adjustment Disorder | Other Nonpsychotic Mental Disorder | Substance Abuse | Alcohol Abuse | Alcohol Related Organic Mental Disorder

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

Endocrine, Nutritional, And Metabolic Diseases And Immunity Disorders	Diabetes mellitus with complications
Infectious And Parasitic Diseases	HIV infection Intestinal infection

Clinical Summary Integrated Graph



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

Medicaid eligibility is shown in order to distinguish between gaps in services and gaps in coverage.

Clinical Summary: Medications

Separate tables for Behavioral Health and Medical,
Aggregates series of prescriptions in to med trials

Medication Behavioral Health

[See All Data](#)

OMH

Brand Name	Generic Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up	Active in Past Month	Most Recent Prescriber
Alprazolam	Alprazolam	3 MG	10 Month(s) 3 Week(s) 4 Day(s)	8/30/2012	6/25/2013	Yes	Meadow Herbert Morton
Bupropion Hcl Er (Xl)	Bupropion Hcl	300 MG	4 Month(s) 6 Day(s)	3/19/2013	6/25/2013	Yes	Meadow Herbert Morton
Clonidine Hcl	Clonidine Hcl	.4 MG	6 Month(s) 2 Week(s) 3 Day(s)	1/8/2013	6/25/2013	Yes	Abdel-Jawad Yousif M
Haloperidol	Haloperidol	10 MG	11 Month(s) 2 Week(s) 5 Day(s)	8/6/2012	6/25/2013	Yes	Meadow Herbert Morton
Quetiapine Fumarate	Quetiapine Fumarate	400 MG	11 Month(s) 2 Week(s) 5 Day(s)	8/6/2012	6/25/2013	Yes	Meadow Herbert Morton
Risperidone	Risperidone	2 MG	10 Month(s) 3 Week(s) 4 Day(s)	8/30/2012	6/25/2013	Yes	Meadow Herbert Morton

Clinical Summary: Medications

Can drill down from medication trials to individual prescription fills to evaluate adherence

Rx detail for ALL Medication Behavioral Health

View: Trials Orders Both * Calculated fields

Page Orientation: Portrait Landscape

Export to  PDF  Excel

Trials :

Brand Name	Generic Name	Drug Class	First Day Picked Up	Last Day Picked Up	Estimated Duration
Quetiapine Fumarate	Quetiapine Fumarate	Antipsychotic	1/2/2013	1/2/2013	4 Week(s) 2 Day(s)
Strattera	Atomoxetine Hcl	Stimulant	1/2/2013	1/2/2013	4 Week(s) 2 Day(s)
Clonazepam	Clonazepam	Anxiolytic	1/2/2013	1/2/2013	2 Week(s) 1 Day(s)
Lamotrigine	Lamotrigine	Mood Stabilizer	1/2/2013	1/2/2013	4 Week(s) 2 Day(s)

Orders :

Pick-Up Date	Brand Name	Generic Name	Drug Class	Strength	Quantity Dispensed	Days Supply	Tabs per day*	Total Daily Dose*	Route	Prescriber	Pharmacy
1/2/2013	Clonazepam	Clonazepam	Anxiolytic	1 MG	30.00	15.00	2.00	2 MG	OR	Rosenberg Ronald C	CVS ALBANY, L.L.C.
1/2/2013	Lamotrigine	Lamotrigine	Mood Stabilizer	25 MG	60.00	30.00	2.00	50 MG	OR	Rosenberg Ronald C	CVS ALBANY, L.L.C.
1/2/2013	Quetiapine	Quetiapine	Antipsych	100 MG	30.00	30.00	1.00	100 MG	OR	Rosenberg Ronald C	CVS ALBANY, L.L.C.

Clinical Summary: Outpatient Services

Separate tables for behavioral health and medical services
 Aggregates services as episodes of care

Behavioral Health Services		See All Data			
Service Type	Provider	First Date Billed	Last Date Billed	# of Visits	Most Recent Diagnosis
Case Management/ Health Homes	<u>FED EMPL & GLD SER</u> <u>MR. MH</u>	12/1/2012	5/1/2013	5	Unspecified Persistent Mental Disorders Due To Conditions Classified Elsewhere [294.9]
Physician - Psychiatrist	<u>ZENN RICHARD D MD</u>	2/22/2012	4/4/2013	4	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]
Physician-NOS	<u>FELD RANDY JAY MD</u>	1/16/2013	1/16/2013	1	Acute Schizophrenic Episode, Chronic State With Acute Exacerbation [295.44]
Partial Hospitalization	<u>LONG ISLAND</u> <u>JEWISH MED CTR</u>	12/7/2012	1/4/2013	7	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]

Clinical Summary: Inpatient / ER

Distinguishes Inpatient vs. ER, and Behavioral Health vs. Medical
Calculates Length of Stay

Hospital/ER Services

[See All Data](#)

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Diagnosis
Inpatient BH	<u>GLEN COVE HOSPITAL</u>	1/8/2013	4/4/2013	86	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]
Inpatient BH	<u>LONG ISLAND JEWISH MED CTR</u>	12/20/2012	1/2/2013	13	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]
ER BH	<u>NASSAU UNIVERSITY MEDICAL CENTER</u>	11/28/2012	11/28/2012	1	Bipolar Disorder, Unspecified [296.80]

Clinical Summary: Export Data to PDF or Excel

PSYCHOKES MEDICAID New York State om Office of Mental Health Log Off

Agency Reports Mapping Regional Reports Recipient Search Common Ground Trending Reports Registrar Menu De-Identify

Summary

Common Ground Return to Search Results Export to PDF Excel

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

Patient Name: Iaaecie Fffbijd Medicaid ID: BHFBHDF DFEADAI DOB: 11/29/19...

Quality Flag	Quality Flag Evidence
Cardiometabolic	Drug (Olanzapine) and Cardiometabolic Condition (Hyperlipidemia, Hypertension, Obesity)
Polypharmacy	Antipsychotic Two Plus, Psychotropics Four Plus (Clonazepam + Divalproex Sodium + Haloperidol + Olanza

Mental Health Diagnoses (Most Recent Shows First)

Diagnosis
Schizoaffective Disorder

Medical Diagnoses (Most Recent Shows First)

Export Options

Sections

All

Selected

Quality Flag

Mental Health Diagnoses (Most Recent Shows First)

Medical Diagnoses (Most Recent Shows First)

Psychotropic Medication

Non-Psychotropic Medication

Export Cancel

Limitations of PSYCKES Data

- Accuracy dependent on coding and billing
- Data elements limited to what is shown on claims
 - See diagnostic procedures/ labs but without results
- Time lag between services and billing is variable
 - Service data may lag by weeks or months
- Client data affected by hospitalizations (bundled services), loss of Medicaid coverage, moves.

**THE PSYCKES
IMPLEMENTATION PROCESS:
WORKFLOW INTEGRATION**

Essential Workflow Tasks

1. Identify potential PSYCKES clients (Medicaid)
2. Obtain client consent
 - At intake for new admits – need process for current clients
3. Follow protocol for emergency use as needed
4. In Consent Module, enable access to client's data
5. Print PSYCKES Documents and place materials in chart
6. Review PSYCKES Clinical Summary

Best Practice: Integrate into existing workflow

1. Identifying PSYCKES Clients: Policies

- PSYCKES data should be obtained for all eligible individuals
- All clients should be screened at intake for PSYCKES eligibility
- Eligible clients should be consented at the earliest opportunity

1. Identifying PSYCKES Clients: Procedures

- Ask client to bring ID with them at intake
 - Medicaid ID number
 - Social security number
 - 2 forms of identification
- Verify whether client already consented
 - Clients consent once; valid until 3 yrs after last service
 - Flag record, if possible

2. Obtaining Client Consent: Policies

- PSYCKES Consent Form and/or Health Home Consent Form are acceptable
- All clients with capacity should have the opportunity to consent
 - Respect client self-determination
 - Provider has long-term access to PSYCKES data
- Copy of PSYCKES consent form must be given to client

2. Obtaining Client Consent: Procedures

- PSYCKES consent is printed out and available
- Best practice: include PSYCKES consent in intake package
 - Efficient
 - Normalizes PSYCKES
- Specify process for obtaining consent
 - Responsible staff
 - What point in the intake process
 - If client initially refuses, when to ask again
- Develop training / script for introducing PSYCKES consent

3. Emergency Access to Data: Policies

- Specify who is authorized to make determination of a clinical emergency
- Consider developing guidelines for what constitutes a clinical emergency
 - Public health law definition available
 - Danger to self or others
 - Sudden onset
 - Immediate need for treatment
 - Driven by clinical criteria
- If client does not sign consent, provider may still use emergency access

What Is an Emergency?

New York State Public Health Law Section 4900.3

"Emergency condition" means a medical or behavioral condition, **the onset of which is sudden**, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the **absence of immediate medical attention** to result in (a) placing the health of the person afflicted with such condition in serious jeopardy, or in the case of **a behavioral condition placing the health of such person or others in serious jeopardy**; (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person.

3. Emergency Access to Data: Procedures

- Description of emergency / rationale for emergency access must be documented in the record
 - Not sent to the Office of Mental Health
 - Specify who documents emergency
 - Specify where in record it is documented
- Emergency access expires in 72 hours; client should be asked again to sign consent

4. Using The Consent Module: Policies and Procedures

- Designate which staff or categories of staff have “PSYCKES-Registrar” (Consent Module) access
- Designated staff use the Consent Module
 - Look up client
 - Specify reason for access
 - Signed consent vs. emergency
 - Verify client’s identity
 - Proceed to Clinical Summary and print
- ALL PSYCKES users at the agency now have access to the client’s clinical data in PSYCKES

5. PSYCKES Documents in Record: Policies

- The PSYCKES Consent form (original or scanned) must be retained in the record
- The PSYCKES Clinical Summary should be retained in the records of all eligible clients
 - Electronic Protected Health Information (PHI) is saved only on a secure server
- Redisclosure of confidential information
 - Clinical Summary may contain information with special protections (Substance, HIV, family planning, genetic)
 - Agency's existing policies may be sufficient; review existing policies in relation to PSYCKES
 - Can print a version of Clinical Summary that hides information with special protections

5. PSYCKES Documents in Record: Procedures

- Designate staff responsible for filing PSYCKES Consent Form and Clinical Summary in client record
- Specify how/when Clinical Summary will be filed
 - Retain hard copy vs. scan/append to electronic record
 - Which section of record
 - When is it filed/scanned/ appended

6. Reviewing the Clinical Summary: Policies and Procedures

- PSYCKES Clinical Summary should be obtained and reviewed for all eligible clients
 - Consider appropriate times for review: intake, periodic service plan reviews, after hospitalization or change in providers etc.
- Staff reviewing printed summary should have PSYCKES access for “drilling down” on data

**THE PSYCKES
IMPLEMENTATION PROCESS:
MILESTONES**

Implementation Milestones

■ Plan

1. Establish PSYCKES implementation team
2. Develop Implementation Plan

■ Prepare

3. Document workflow, develop Policies and Procedures
4. Complete Protocol for Granting Users Access to PSYCKES
5. Prepare Computers
6. Train Designated Staff

■ Go Live

7. Put PSYCKES and Established Procedures into Practice

■ Support

8. Identify and address challenges

■ Sustain

9. Develop a Plan to Sustain Practices

1. The Implementation Team

- Champion
 - Leadership to achieve buy-in across constituencies
 - Authority to allocate resources
- Implementation manager(s) and point persons
 - Senior enough to implement systems change
 - Close enough to the process to address operational issues
 - One or two individuals
- Implementation team
 - Plan, organize, and implement tasks associated with milestones

2. The Implementation Plan

- Use PSYCKES “Milestones” document, and complete:
 - Person responsible
 - Target Dates
 - Actual Dates
- Implementation team leads monitor progress
 - Meet regularly to review progress vs. plan
 - Update Milestones document
- Report on progress monthly to PSYCKES team

3. Workflow Policies and Procedures

- Plan PSYCKES Workflow: assign each of the 6 essential PSYCKES tasks
 1. Identify potential PSYCKES clients (Medicaid)
 2. Obtain client consent
 3. Follow protocol for emergency use as needed
 4. In Consent Module, enable access to client's data
 5. Print PSYCKES Documents and place materials in chart
 6. Review PSYCKES Clinical Summary
- Plan documentation and tracking
 - Identify Clients
 - PSYCKES eligible
 - PSYCKES consented
 - Retain PSYCKES documents in record
 - Request EMR changes as desired

3. Workflow Policies and Procedures (cont'd)

- Review existing policies for compatibility with PSYCKES
- Develop any needed policies for PSYCKES access and data
- Obtain necessary internal approvals

4. PSYCKES Access: Institutional Level

- PSYCKES Access Protocol distributed in packet
- Chief Executive Officer (CEO) or Executive Director (ED) signs Confidentiality Agreement
 - Required for OASAS Implementation even if agency already has access to PSYCKES
- Security Manager grants access to individual users

4. PSYCKES Access: The Security Management System

- The Security Manager
 - Must be designated by CEO/ED
 - Has access to OMH on-line “Security Management System” (SMS)
- Security Manager grants PSYCKES access in SMS
 - Creates new users and/or grants PSYCKES access
 - Receives and activates security tokens for new PSYCKES users
 - Security Manager and/or PSYCKES access point person distribute tokens to users

4. PSYCKES Access: Policies

- Request access based on planned work flow and task assignments
 - Regular PSYCKES access
 - Consent module (“Registrar”) access
- HIPAA training is required for PSYCKES access
- Staff are not permitted to share User IDs, security tokens or Personal Identification Numbers (PINs)
- Access is revoked for staff who depart or no longer use PSYCKES

5. Computer Preparation

- Internet access
- Shortcuts to PSYCKES home page on
 - Computers
 - Users' profiles/ desktops
 - Be sure to link to home page, NOT login page!
- Browsers compatible with PSYCKES
 - Updates in progress
 - Contact PSYCKES-Help for current information
- Adobe Acrobat/portable document format (PDF) readers

6. Training Considerations

1. Consider whether to conduct training at one time or in phases
2. Request access for users prior to training
3. Train staff
 - Using PSYCKES
 - Internal policies and procedures

6. Training Resources Available

- Webinars
 - Using PSYCKES for Clinicians
 - Consent Module
 - PSYCKES Access and Implementation
- PSYCKES website: www.psyckes.org
 - Print materials
 - Calendar of live webinars
 - Recorded webinars
- PSYCKES Help: PSYCKES-Help@omh.ny.gov

7. “Go Live”

- Designate a specific “Go Live” day, when PSYCKES work flow goes into effect
- Communicate expectation for PSYCKES use: PSYCKES Clinical Summary in charts of all eligible clients
- Provide extra support during early stages
 - Implementation team leadership
 - PSYCKES training point person

8. Address Challenges

- Identify challenges
- Develop a plan to address challenges
- Modify workflow and policies as needed
- Provide additional targeted training

9. Sustaining Use: Ongoing Support and Monitoring

- Monitor PSYCKES use
 - Usage and audit reports in PSYCKES
- Grant and revoke access as staff turns over
 - PSYCKES access for incoming staff
 - Include request for access in orientation paperwork
 - Retrieve tokens / revoke access for departing staff
 - Access should be revoked after 6 months without login
- Ongoing training
 - Integrate into staff training program
 - Individual training plan for new staff

Next Steps for Implementation

- Form PSYCKES Implementation Team; begin engaging staff
- Finalize implementation plan, using Milestones document
- Ensure that agency leadership submits documents for PSYCKES access (if needed)
- Request PSYCKES access for implementation team and other staff as needed
- Begin drafting PSYCKES workflow and policies
- Register for webinars

LEARNING COLLABORATIVE ACTIVITIES & RESOURCES

Learning Collaborative

- Timeline
- Project Expectations
 - Development of Implementation Plan
 - Participation on Monthly Calls
 - Monthly Reporting on Milestones
- Resources
 - Webinar Trainings
 - Technical Assistance & PSYCKES-Help

Project Expectations

- Development of Implementation Plan
 - Milestone Document provided in packet
 - Due February 13 to PSYCKES-Help@omh.ny.gov
- Participation on Monthly Calls
 - Schedule provided in packet
 - Opportunity for shared learning about challenges and implementation strategies
- Monthly Reporting on Milestones
 - Web-based survey due 5th of every month

Resources

- Webinars
 - Using PSYCKES for Clinicians
 - Consent Module
 - PSYCKES Access and Implementation
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 - Print materials
 - Calendar of live webinars
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- PSYCKES Help: PSYCKES-Help@omh.ny.gov

Brainstorming Exercise

- Discussion
 - What implementation challenges do you anticipate?
 - Brainstorm strategies for addressing challenges

Contact Information

- PSYCKES website
 - www.psyckes.org
 - “Contact Us” page
- PSYCKES Help (PSYCKES support)
 - PSYCKES-help@omh.ny.gov
- OMH Help Desk (SMS support)
 - 800-HELP-NYS (800-435-7697)
 - Helpdesk@omh.ny.gov

QUESTIONS & ANSWERS