



**Office of
Mental Health**



**Office of Mental Health
Continuous Quality Improvement Initiative (CQI) for
Health Promotion and Care Coordination:
Project Update**

**Behavioral Health (BH) Care
Coordination Project**

Overview

- Welcome
- Project review & Implementing CQI
- Impact – How did we do?
- How Does Change Happen? – lessons learned
- Planning for Impact in 2015
 - Reviewing your project
 - New Resources
 - Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) Protected Health Information (PHI) Access Module
 - Billing for Health Services in Article 31 Clinics and Diagnostic and Treatment Centers (D&TC)
- Next Steps

Project Review

Where we have
been and where
we are going



OMH CQI Initiative

Launch in January 2013

- Aligned with new directions in health care
 - Increased scrutiny of avoidable emergency room visits, hospitalization and readmission
 - New national Healthcare Effectiveness Data and Information Set (HEDIS) measures related to medication adherence
- Enhanced Medicaid funding for eligible clinics
 - This refers to the enhancement non-state operated clinics have been receiving
 - Enhancement rate applies to all Medicaid services provided, and carries over to managed care plan rates

CQI Project Overview

- Kick Off Training: 1/13
- Select project & develop QI project plan: 3/13
- CPI training for clinical staff: 3/13-12/13
- Implement project plans and report monthly on milestones: 7/13-8/14
- Track delivery of clinical interventions to improve outcomes: 9/14 – ongoing
- CQI Project Update Webinars: sharing lessons learned from high impact clinics

Behavioral Health Care Coordination

PSYCKES Indicators

4+ Inpatient/ER – BH	High Utilization of Behavioral Health Inpatient / Emergency Room (ER)
3+ Inpatient – BH	High Utilization of Behavioral Health Inpatient Services
3+ ER – BH	High Utilization of Behavioral Health ER
Readmission - All BH 45 day	Behavioral Health Rehospitalization within 45 Days
Adherence – Antipsychotic (Schz)	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
Adherence Mood Stabilizer (Bipolar)	Adherence to Mood Stabilizer Medications for Individuals with Bipolar Disorder
Antidepressant < 12 weeks (Depression)	Antidepressant Trial of less than 12 weeks for Individuals with Depression

Implementing CQI



- Project Implementation
- Project Impact

Implementation Milestones

- BH1: CQI team is established & meets monthly
- BH2: All staff are aware of the QI project processes
- BH3: 25%+ of staff completed 10 CPI modules
- BH4: Use PSYCKES to create and update a master list monthly of clients with QI flags
- BH5: Clinicians are aware of clients' QI flag status at point of service and have the PSYCKES Clinical Summary to support treatment
- BH6: QI Team maintains data on all project activities (e.g. clients QI flag status, interventions delivered, etc.)

Implementation Milestones

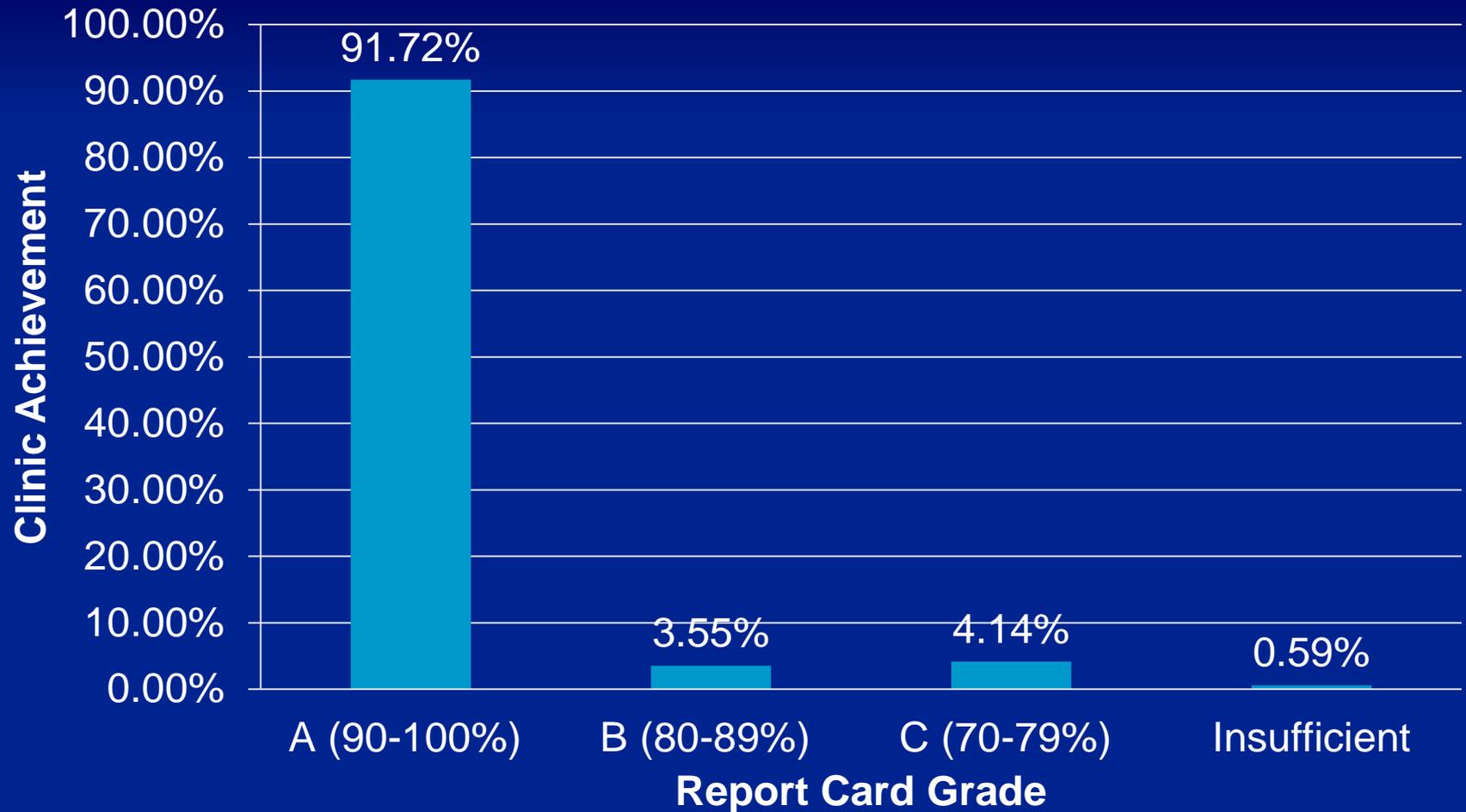
Clinics follow established procedures for high risk clients:

- a. Evaluation of client's risk factors
- b. Development of a treatment plan to mitigate risk
- c. Deliver treatment plan interventions related to the QI flag

For Following High Risk Populations:

- BH7: high utilizers of BH inpatient/ER services or recent hospitalization (past 45 days)
- BH8: low medication adherence
- BH9: substance use issues

BH Milestones Completion



Data from August 2014 Report Card

Implementation: How did you do?

Check Report Card (Sent 12/5/14)

Agency Name	Program Name	Project	Overall Implementation
Advanced Center for Psychotherapy, Inc.	Advanced Center for Psychotherapy Forest Hills	HP	A
Advanced Center for Psychotherapy, Inc.	Advanced Center for Psychotherapy Jamaica Branch	BH	B
Albany County Department of Mental Health	Albany County Mental Health Clinic	HP	A
Albany Cty Dept for Children, Youth & Families	Albany County Children's Mental Health Clinic	BH	A
Allegany Rehabilitation Associates, Inc.	ARA Wyoming County Mental Health Clinic	BH	A
Allegany Rehabilitation Associates, Inc.	The Counseling Center	HP	A
Angelo J. Melillo Center for Mental Health	Angelo J. Melillo Center for Mental Health	HP	A
ARISE Child and Family Services, Inc.	Arise Child & Family Service Outpatient MHC	HP	A
Arista Center for Psychotherapy, Inc.	Arista Center for Psychotherapy	BH	A
Association to Benefit Children	Children's Mobile Mental Health Clinic	HP	A
Astor Services for Children & Families	Astor at Highbridge Clinic	BH	B

Project Implementation

Promoting and sustaining these core clinical and QI processes is critical to your QI project success

Impact:
How did we do?

Impact: Summary

- Participating community-based clinics made significant impact on all 3 adherence measures
- Participating state-operated clinics made significant impact on 1 adherence measure: duration/continuation of antidepressant 12 weeks
- None of the groups had significant reductions in readmissions or high utilization
 - State-operated clinics had a small but significant increase in 3+ ER BH visits

Impact: Adherence Measures

Prevalence as of 8/14, Average Annual Percent Change (AAPC) from 1/13 to 8/14

Community Clinics	Eligible Population	QI Flags N	QI Flags %	AAPC* (95% Confidence Interval)
Low Antipsychotic (AP) Adherence in Schizophrenia	4,547	1,564	34.40%	-8.8 (-15.6,-1.5)**
Low Mood Stabilizer (MS) Adherence in Bipolar Disorder	3,128	1,302	41.62%	-7.9 (-11.5,-4.1)**
Inadequate Antidepressant (AD) Duration	1,504	668	44.41%	-4.7 (-6.7, -2.6)**
State Operated Clinics				
Low AP Adherence	870	199	22.87%	-17.1 (-66.2,103.3)
Low MS Adherence	237	81	34.18%	-1.8 (-62.6,-157.7)
Inadequate AD Duration	44	20	45.45%	-3.5 (-5.0, -2.0)**

*AAPC (1/13 – 8/14): negative AAPC values indicate improvement in performance

**Statistically significant change since baseline (1/13)

Non participating clinics had a significant change in only the mood stabilizer adherence measure with a smaller Average Annual Percent Change (-4.3)

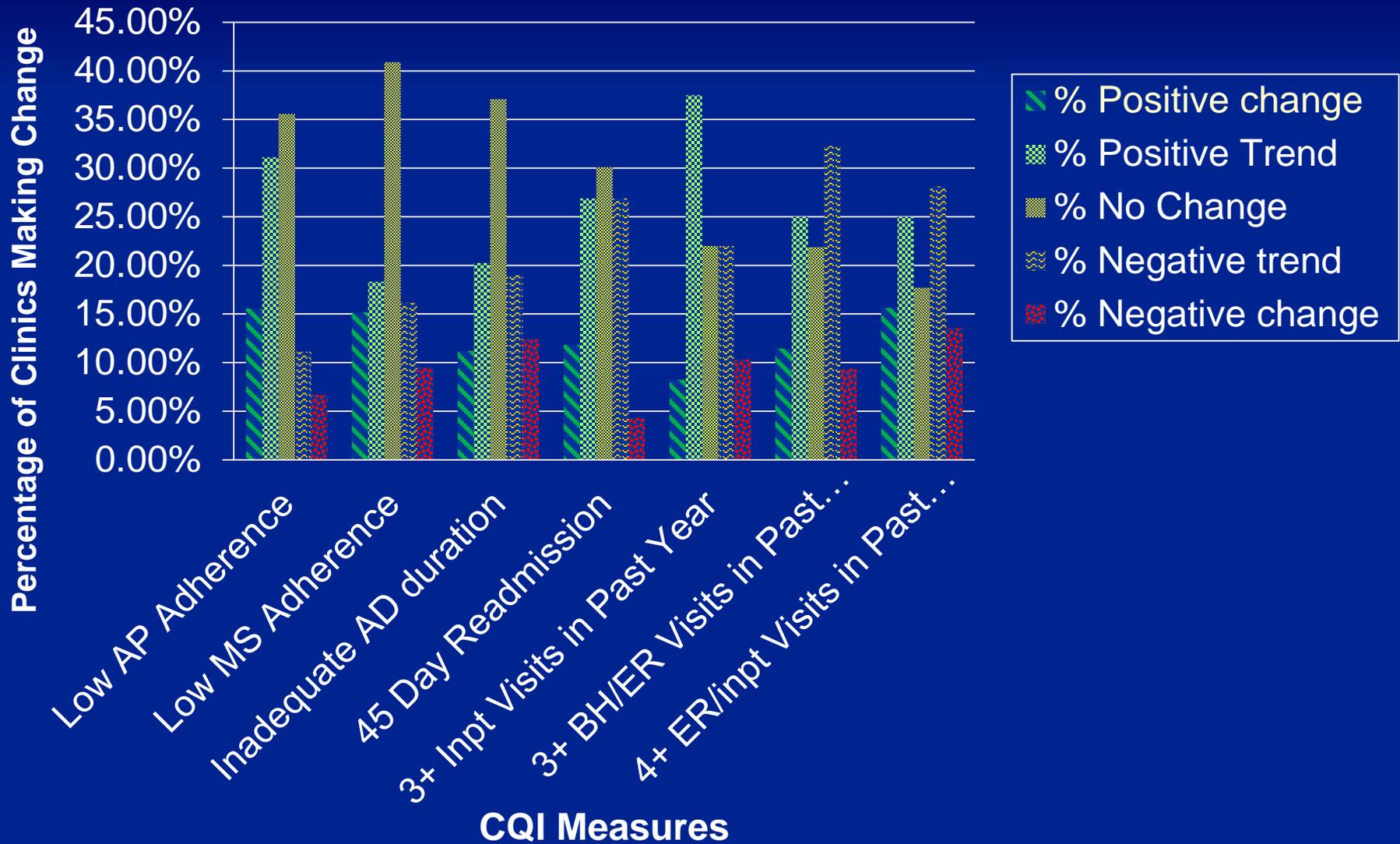
Impact: High Utilization Measures

Prevalence as of 8/14, Average Annual Percent Change (AAPC) from 1/13 to 8/14

Community Clinics	Eligible Population	QI Flags N	QI Flags %	AAPC* (95% Confidence Interval)
Readmission (45 Day)	3,445	779	22.61%	-1.7 (-12.2, 10.2)
3+ BH Inpatient	31,054	593	1.91%	3.4 (-8.3, 16.7)
3+ BH ER	31,054	535	1.72%	15.2 (-21.9, 70)
4+ BH ER/Inpatient	31,054	815	2.62%	8.2 (-5, 23.2)
State Operated Clinics	Den.	QI Flags N	QI Flags %	AAPC (95% CI)
Readmission (45 Day)	550	159	28.91%	10.8 (-22.2, 57.7)
3+ BH Inpatient	2964	118	3.98%	-1.9 (-5.4, 1.7)
3+ BH ER	2964	81	2.73%	12.9 (3.1, 23.6)
4+ BH ER/Inpatient	2964	149	5.03%	4.6 (-0.6, 10)

*AAPC (1/13 – 8/14): negative AAPC values indicate improvement in performance
 Non-participating clinics had no significant changes

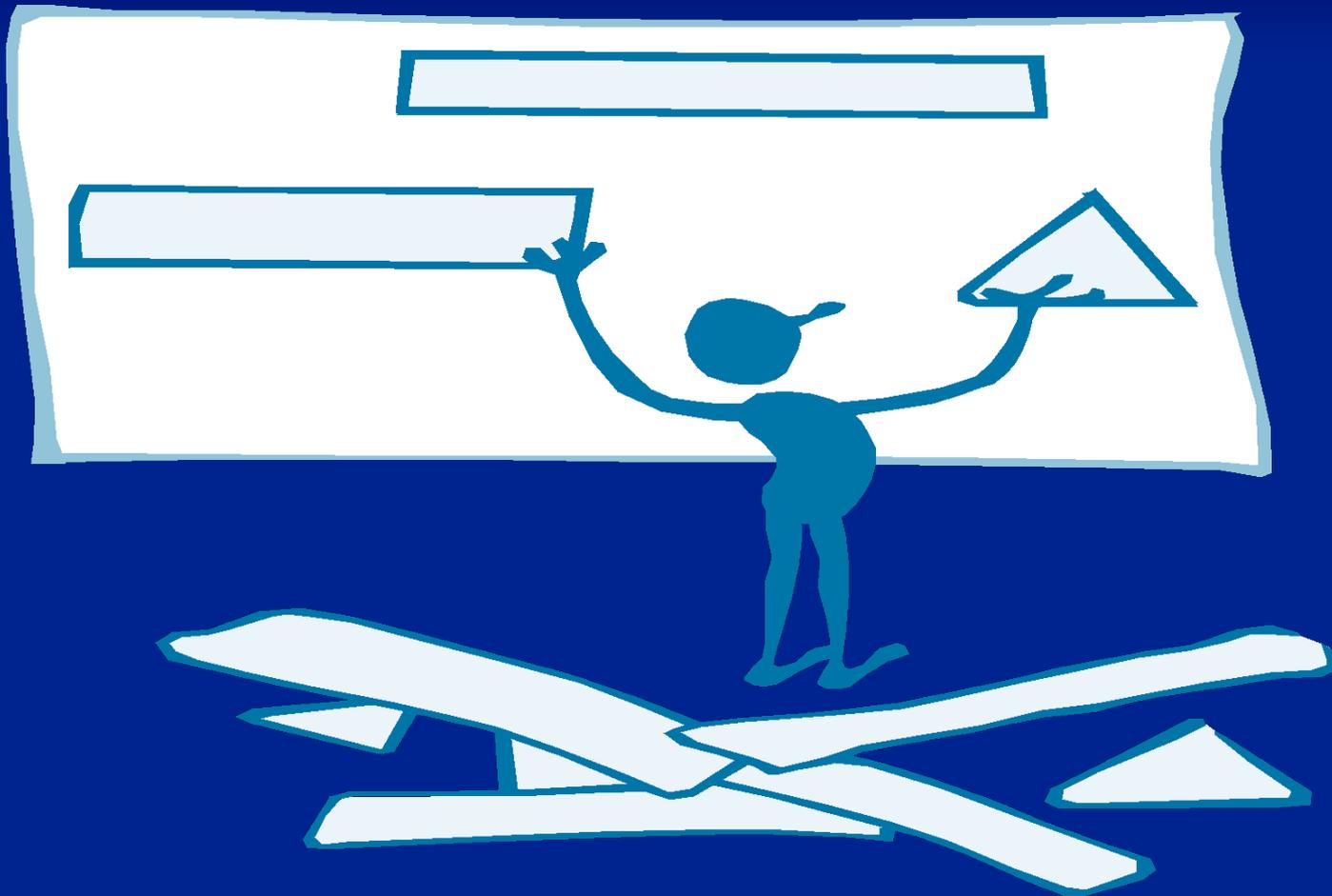
Average Change from 1/2013 to 8/2014 in Participating BH Agencies



Impact: How did you do?

- For each of the measures, even when there was no improvement at the state level, a number of participating clinics made significant change within their program
- Sending out data on your 1st year impact
- Upcoming webinar on understanding the report to support planning for improvement in 2015

How Does Change Happen?



Clinics who made impacts

- We spoke to clinics that made an impact in at least 2 of the 4 high utilization indicators and 2 of the 3 adherence indicators
 - The clinics are located in all regions of the State
 - The clinics are small, medium and large
 - They have challenges unique to their setting
 - How have they been able to make changes?

How to Make an Impact

- Identify and monitor high-risk clients
 - Keep an updated list. Make sure appointment setters, front desk staff and clinicians prioritize these clients
 - Ask new clients about hospitalizations
 - Prioritize adherence and unnecessary hospitalization by including them as goals on the treatment plan
 - Make reminder calls before appointments
 - Review list of no shows and cancelled appointments daily – and follow-up

How to Make an Impact

- Clinician focus on engagement and relapse prevention
 - Clinicians follow-up and reschedule the client after a missed appointment
 - Regular updates to all clinicians about high-risk clients – so any clinician can treat
 - Clinician is alert to symptoms of relapse:
 - Monitor early warning signs
 - Offers phone sessions to clients at risk
 - Offers additional sessions
 - Offers timely referrals to address needs (both clinical and basic needs)

How to Make an Impact

- Team and family approach to treatment
 - Regular clinical team meetings to discuss client issues
 - All clinicians address medication adherence (not just the prescriber)
 - Communicate with all pertinent staff (residential staff, service coordinators) as needed to assure continuity of care
 - Involve family members, church, and any outside support involved in the care of the client to participate in the treatment plan
 - Maintain connections with outside providers in the community to address client's needs

How to Make an Impact

- Create *better* systems
 - Integrate substance abuse and mental health services
 - Accommodate client schedules – evening hours
 - Develop a crisis team
 - Maintain an open access policy
 - Walk-ins
 - “Come here first” (not the ER)
 - Team approach to treatment

Agencies that had significant statistical reduction in 2 of the 3 adherence measures

Medium Sized New York City agency:

“My guess is that in terms of adherence there are 2 things that are being done that may be contributing towards an increase in adherence.

One is that the Program Assistant staff make telephone calls to the consumers on the day prior to their appointments reminding them that they have an appointment with either a therapist or a psychiatrist.

The other is a task that I complete every day. I review a list of "no show" and cancelled appointments for psychiatrists from the previous day. On Mondays, I review the list for Friday and Saturday. For any "no shows" or cancelled appointment I first check the Calendar to determine if the appointment has been rescheduled. If not, I determine who the assigned therapist is and then send an e-mail to him/her and request that they follow-up and respond to my e-mail. In cases where consumers are in Residential Programs I instruct the therapists to follow-up with the staff of the Residential Program. In cases where consumers have a Service Coordinator the therapists follow-up with them.

When I am going to be off I assign this task to the Assistant Director.

Agencies that had significant statistical reduction in 2 or more of the ER/inpatient measures

Medium sized Upstate New York agency

Clinic practices to reduce Emergency Room and Inpatient Admission recidivism:

- Identification and monitoring of current clients as being high risk, with regular updates to all clinic providers on these client's statuses. In the event that an assigned provider is unable to attend to one of these identified clients, any provider from this clinic is able to step in and assist.
- Individual clinic provider's early identification of client's exacerbation of symptoms and responding accordingly based on the individual needs of the client, such as providing increased therapy visits, collaboration with clinic psychiatry staff, etc.
- Identification of clients requiring a higher or different level of care and making the appropriate and timely referrals for a smooth transition for that client.
- Quick connection with outside providers in the community to address client's need, such as through the SPOA process.
- Encourage and support client access to Medicaid Transportation.
- Encourage and support clients in identifying and accessing a primary care physician for all physical health needs and work with this physician, with client approval, to assure continuity of care.
- Accommodate client's schedules, including offering evening hours and services at Satellite Clinics in more rural areas.

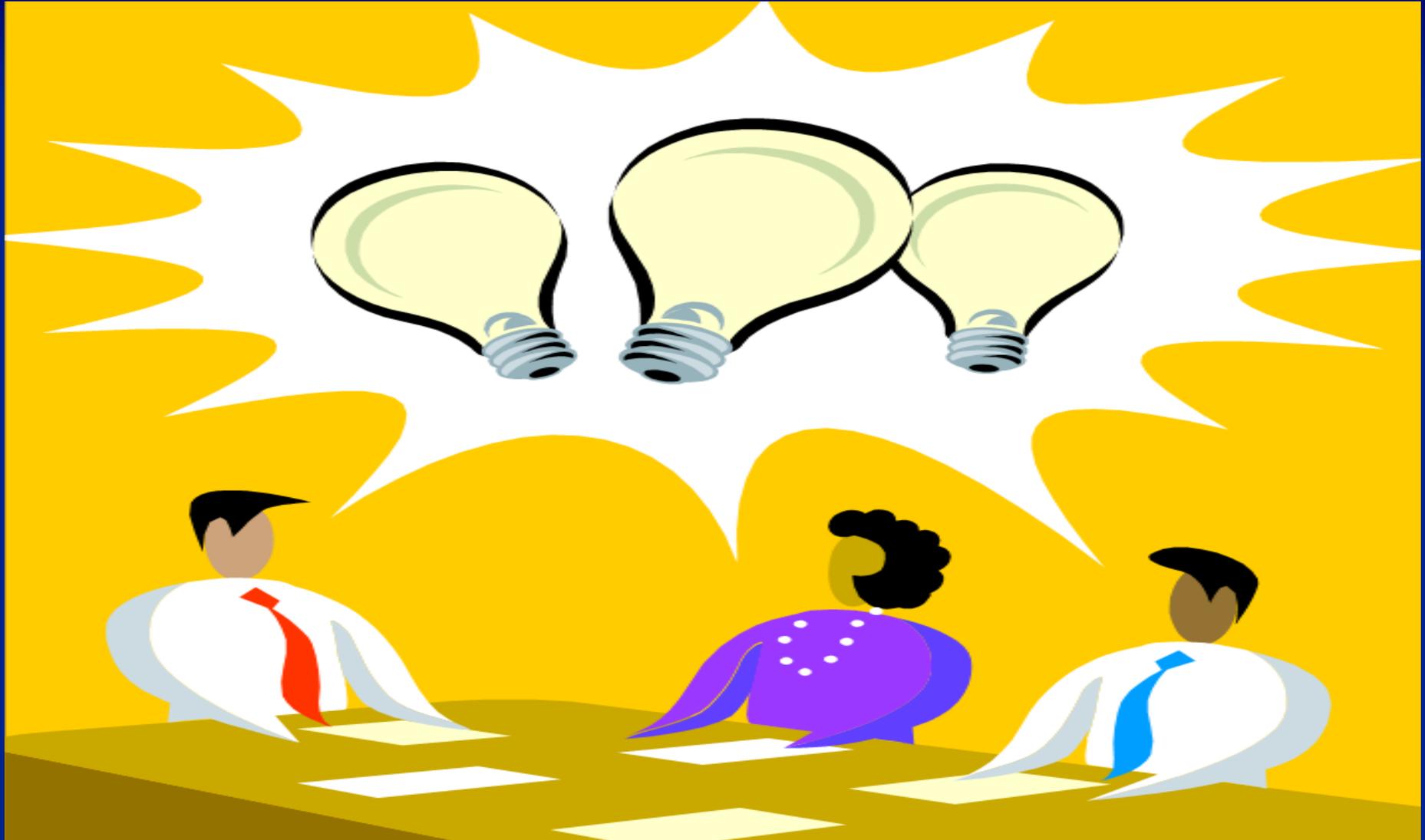
Planning for Impact in 2015

If your clinic has not made
any impact

Why
Not?



Reviewing Your Project



- Review your performance in Medicaid data
 - Did you get a significant change on your project quality measures?
 - Which did you do well on? Which did you did poorly on?
- Review your clinical interventions
 - What strategies did you use to move your project measures?
 - What strategies do you feel were helpful and want to continue? What strategies were not very helpful and you want to change or discontinue?
 - Review CQI strategies from high performing clinics. Which can you do in your clinic?
 - What new strategies will you add to help move the dial?

- Review your infrastructure to support change
 - Are you using supervision and clinical meeting to support client change?
 - Are clinicians accessing the PSYCKES clinical summary to support clinical review?

Develop a plan to implement these new strategies in the next 3 months

Existing Resources and Tools

- Checklists to track interventions delivered
 - Individual client
 - Group of clients
- PSYCKES Clinical Summaries
- Webinars
 - Using PSYCKES for Clinicians
 - PSYCKES for Managers and Administrators
 - PSYCKES PHI Access Module: How to consent clients with or without quality flags
 - Monthly Data Reporting: how to submit monthly QI data

New Resources and Tools to Support Planning

- Implementation Milestone Report Card – emailed 12/5/14
- Will be sent following this training
 - Impact Report Card
 - Successful QI Strategies (document)
 - Summarizes strategies used by high performing clinics
 - QI Strategies Searchable Spreadsheet (Excel)
 - Excel format
 - Organized by strategies, implementation procedures and project indicators
 - Filters allow you to search for strategies for either or both projects

Searchable QI Strategies

Strategy	HP/BH	Workflow processes CQI Meetings	Clinic Staff Aware of Project	Master List	Clinicians aware of Quality Flags	Data collection and review
Clinics periodically evaluate effectiveness of their project strategies—implementation, workflow processes and interventions delivered to address clients' quality concerns. Establish corrective plan, if necessary.	HP/BH	X				
CQI Meeting activities include: review the master list; provide project status; discuss workflow issues, barriers/challenges, successes, policy changes, statistics from health assessments, monthly PSYCKES graph comparing performance to region and state.	HP/BH	X	X	X	X	X
New CQI team members and other staff receive PSYCKES application/use case orientation.	HP/BH	X	X			

PSYCKES PHI Access Module

- 100% of participating agencies have access to PSYCKES
- 41% of participating agencies have access to the PHI Access Module within PSYCKES

PSYCKES PHI Access Module: What is it?

- Some data is only available with consent or in a clinical emergency (HIV, substance use, family planning, genetic)
- The PHI Access Module allows you to attest to:
 - Client consent
 - Clinical emergency
 - Client is under your care (before billing, e.g. at intake, and in the absence of consent)
- Allows you to review Clinical Summary for all your clients, with or without a quality flag

Access to Client Data in PSYCKES

Clients are assigned to provider agencies in one of two ways:

- Automatically: Client had a billed service at the agency within the past 9 months
- Manually: Through the PHI Access Module

Client Data Available in PSYCKES by Type of Access

Access Type	Includes Data with Special Protections? (Substance Use, 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
Attest client is being served at agency	No, but get all other data if positive for QI flag	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

PHI Access Module Procedures

- Monthly Webinar offered on the PHI Access Module reviews:
 - Only staff with “PSYCKES-Registrar” role can use PHI Access Module
 - Clinic decides which staff should have Registrar role: Security Manager designates using Security Management System (SMS)
 - Client is asked to sign PSYCKES Consent Form
 - Must use designated form in the PSYCKES application
 - Registrar uses Registrar Menu to attest to consent, emergency, or service at the agency
 - Any PSYCKES user within the agency/hospital can then access client data

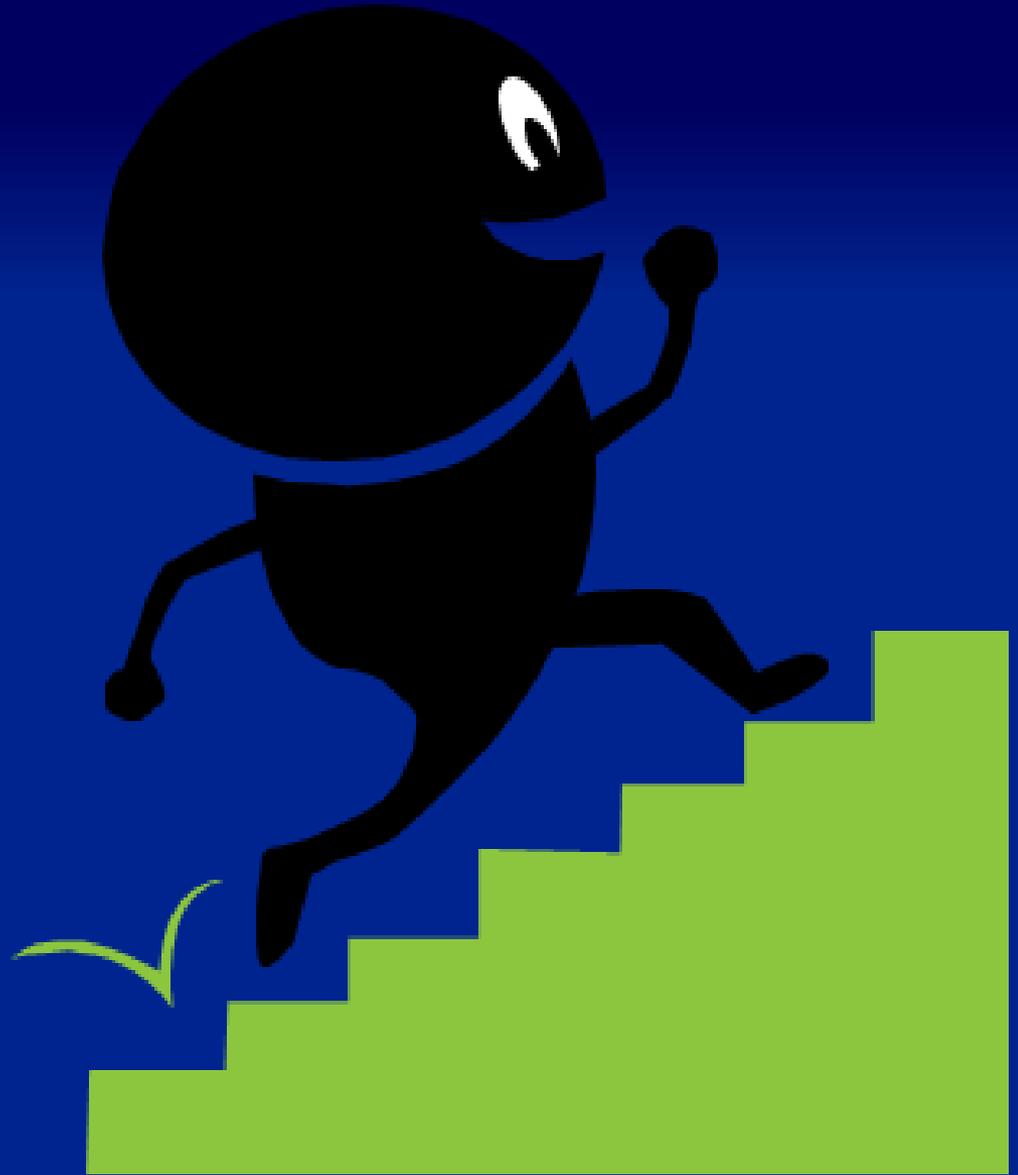
Timeline for Implementing PSYCKES PHI Access Module

- Attend the PSYCKES PHI Access webinar (offered monthly), or view recorded webinar on line, by 4/1/15
- Appoint registrars by 5/1/15
 - Registrars have ability to attest to consent
- Establish consent procedures by 6/1/15
- Completely implement consent and PHI access module procedures by 7/1/15

We want to *move* the dial!



Next Steps



Next Steps

- Review your project plan, procedures and impact (Impact Report Card and will be sent week of Feb 9)
- Revise your project plan & procedures to increase impact (2/1/15 – 5/1/15)
- Implement PHI Access Module (7/1/15)
 - Ensure your PSYCKES Clinical Summaries have all available data (e.g. substance use, HIV, family planning)
- Optional WebEx Webinars will address:
 - Understanding the Impact Report Card
 - Revising your QI Project Plan
 - PSYCKES PHI Access Module
 - Billing for health and crisis services

Contact Information

- [PSYCKES-Help](mailto:PSYCKES-help@omh.ny.gov) - PSYCKES-help@omh.ny.gov
 - PSYCKES Application
- [OMH Help Desk](mailto:helpdesk@omh.ny.gov) - helpdesk@omh.ny.gov
800-HELP-NYS (800-435-7697)
 - Access and token issues
 - Security Management System support
- Contact Us Page – PSYCKES Website