

PSYCKES Utilization Indicators (July 2011): Use of Emergency Room/ Hospital Services

August 11, 2011

PSYCKES Indicator Sets

- Indicators Related to Psychotropic Medications
 - Polypharmacy
 - Cardiometabolic Risk
 - Higher than Recommended Dose
 - Prescribing for Youth
- Indicators Related to Emergency Room/Hospital Services (added July 2011)
 - 4+ ER/Inpatient Services within 12 months
 - Psychiatric Readmission within 7 or 30 days
 - Preventable Hospitalizations

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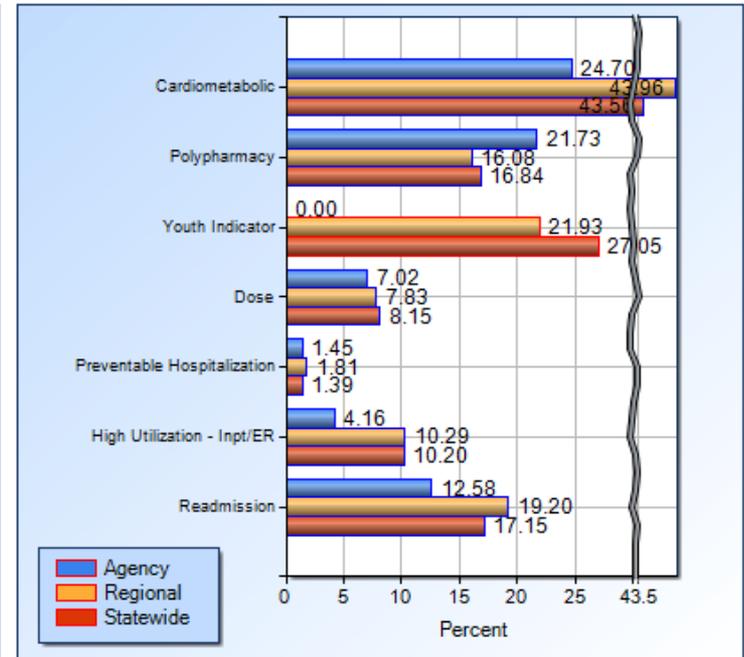
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Selected Indicator: [Select Indicator Type for Details](#)
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 Report View Type: Report Only Graph Only Both

Indicator Type

Indicator Type	Population	On Any	N	%	Regional %	Statewide %
Cardiometabolic	All	506	125	24.70	43.96	43.56
Polypharmacy	All	704	153	21.73	16.08	16.84
Youth Indicator	Child	0	0	0.00	21.93	27.05
Dose	All	969	68	7.02	7.83	8.15
Care Monitoring	All	0	42	0.00	0.00	0.00
Preventable Hospitalization	Adult	1,730	25	1.45	1.81	1.39
High Utilization - Inpt/ER	All	1,730	72	4.16	10.29	10.20
Readmission	All	151	19	12.58	19.20	17.15



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Emergency Room(ER)/Hospitalization

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The New York State Office of Mental Health has developed sets of indicators for PSYCKES focused on utilization of emergency room (ER) and inpatient hospital services, which may be associated with poor coordination of community services or other gaps in care.

Preventable Hospitalizations

The PSYCKES Preventable Hospitalizations indicators are based on Prevention Quality Indicators (PQI) developed by the Agency for Healthcare Research and Quality (AHRQ), which are intended to identify population rates of hospitalizations for conditions that with adequate outpatient care should be preventable. More information regarding the AHRQ PQIs can be found at the [AHRQ Quality Indicators Website](#) ¹. The PSYCKES indicators were developed to identify New York State Medicaid enrollees who may benefit from better coordinated care in the community. The Preventable Hospitalization indicators identify Medicaid enrollees who are hospitalized due to asthma, diabetes, or dehydration. For details about these indicators please see the [Technical Specifications](#) (PDF).

High Utilization of ER/Inpatient Services

The PSYCKES High Utilization of ER/Inpatient Services indicators were developed to identify New York State Medicaid enrollees with four or more emergency room visits or inpatient hospital stays in the previous 12 months. One indicator focuses on four or more psychiatric ER/inpatient services, another on four or more non-psychiatric ER/inpatient services, and the third on four or more ER/inpatient services of any kind. For details about these indicators please see the [Technical Specifications](#) (PDF).

Readmission

The PSYCKES Readmission indicator set focuses on individuals with a psychiatric readmission shortly after discharge. There are two indicators within this set; one identifies New York State Medicaid enrollees with a psychiatric readmission within 7 days of discharge, and the other identifies those with a psychiatric readmission within 30 days of discharge. For details about these indicators please see the [Technical Specifications](#) (PDF).

Comments or questions about the information on this page can be directed to the [PSYCKES Team](#).

Why Add Utilization Indicators?

- Medicaid claims data can show medical and psychiatric services across settings
 - Information often not available to clinics
- Frequent use of inpatient/ER services may suggest gaps in outpatient care or need for outreach/engagement
- Alignment with evolution of state public mental health system
 - Behavioral Health Organization (BHO) metrics include utilization measures
 - Strategies to promote better integration of health and behavioral health services
- Note: Clinics participating in an OMH Quality Improvement project are not required to incorporate utilization indicators into Plan-Do-Check-Act cycles

4+ ER/Inpatient Services

- Eligible: New York State Medicaid enrollees of any age served by OMH licensed provider(s)
- Flagged: Those with four or more emergency room visits or inpatient hospital stays in the previous 12 months
 - 4+ psychiatric ER/inpatient services
 - 4+ medical ER/inpatient services
 - 4+ ER/inpatient services of any kind
- Excludes transfers from one hospital to another
 - “Patient status” field on claim used to determine whether the client is discharged or transferred

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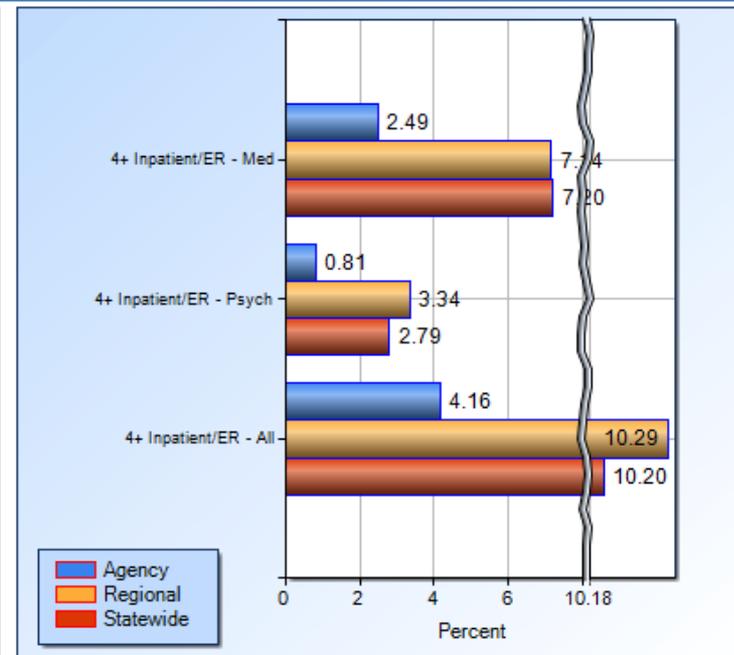
Selected Indicator: High Utilization - Inpt/ER

Indicator Type: High Utilization - Inpt/ER

Report View Type: Report Only Graph Only Both

Indicator Type **Indicator**

Indicator	Population	On Any	N	%	Regional %	Statewide %
4+ Inpatient/ER - Med	All	1,730	43	2.49	7.14	7.20
4+ Inpatient/ER - Psych	All	1,730	14	0.81	3.34	2.79
4+ Inpatient/ER - All	All	1,730	72	4.16	10.29	10.20



Psychiatric Readmission

- Eligible: New York State Medicaid enrollees of any age served by an OMH licensed provider with a psychiatric hospitalization in past 12 months
- Flagged: Those who have 1 or more psychiatric hospitalizations
 - Within 7 days after discharge
 - Within 30 days after discharge

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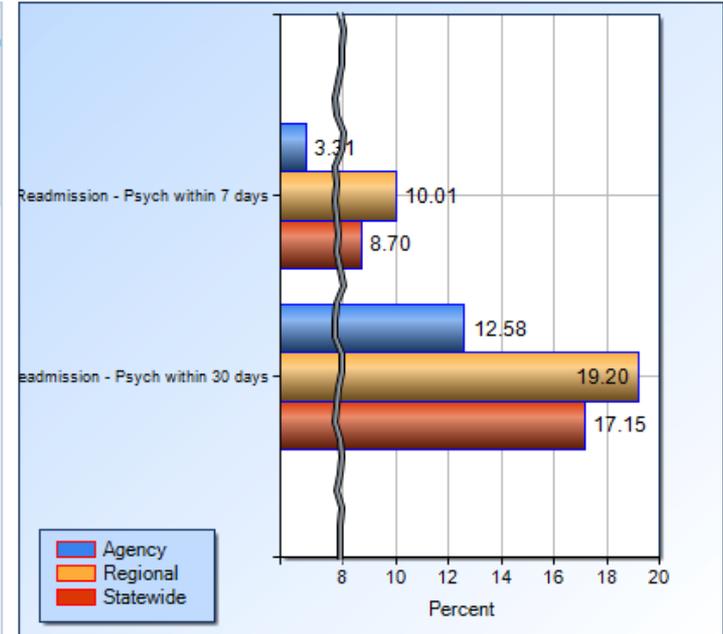
Selected Indicator: Readmission

Indicator Type: **Readmission**

Report View Type: Report Only Graph Only Both

Indicator Type **Indicator**

Indicator	Population	On Any	N	%	Regional %	Statewide %
Readmission - Psych within 7 days	All	151	5	3.31	10.01	8.70
Readmission - Psych within 30 days	All	151	19	12.58	19.20	17.15



Preventable Hospitalization

- Based on Prevention Quality Indicators (PQI) developed by the Agency for Healthcare Research and Quality (AHRQ) to identify hospitalizations that may have been avoided through access to high-quality outpatient care (<http://www.qualityindicators.ahrq.gov/>)
- Eligible: New York State Medicaid enrollees 18 years and older served by an OMH licensed provider
- Flagged: Those who have 1 or more hospitalizations in past 12 months for
 - Asthma
 - Diabetes
 - Dehydration

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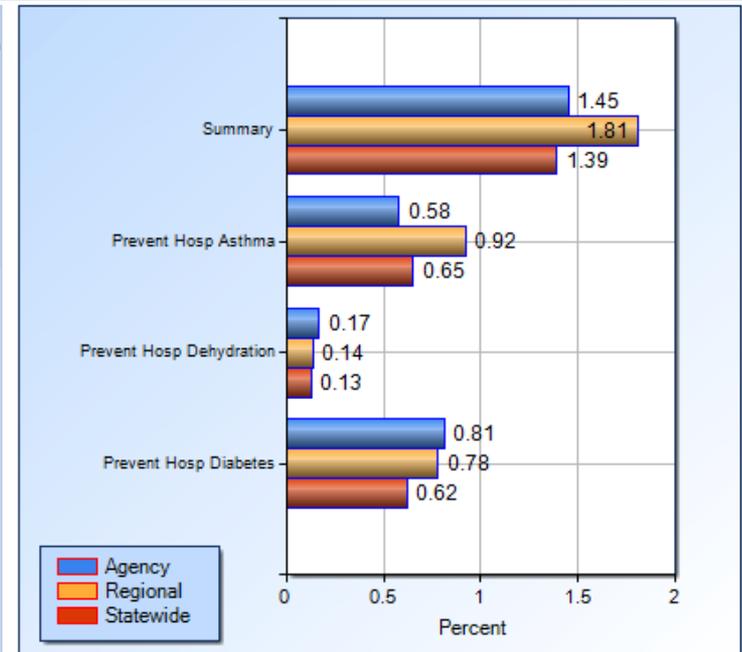
Selected Indicator: Preventable Hospitalization

Indicator Type: Preventable Hospitalization

Report View Type: Report Only Graph Only Both

Indicator Type **Indicator**

Indicator	Population	On Any	N	%	Regional %	Statewide %
Prevent Hosp Asthma	Adult	1,730	10	0.58	0.92	0.65
Prevent Hosp Dehydration	Adult	1,730	3	0.17	0.14	0.13
Prevent Hosp Diabetes	Adult	1,730	14	0.81	0.78	0.62
Summary	Adult	1,730	25	1.45	1.81	1.39



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Selected Indicator: 4+ Inpatient/ER - All Indicator Type:

Indicator Type	Indicator	Site	Unduplicated Prescriber	Unduplicated Recipients	New QI Flag	Dropped QI Flag
Recipient ^	Medicaid ID	DOB	Quality Flags	Medications		
Aaeqefa Icfaccb	Dgicfb Afafbbh	10/24/1947	2AP,CMN-ER/InPt,Readmit-Psy 30d,4+ Inpt/ER-Psych,4+ Inpt/ER-All	CLONAZEPAM, ZOLPIDEM TARTRATE, RISPERIDONE, HALOPERIDOL		
Abefiqi Caqfaif	Cicqjhc Bbaigdd	1/24/1955	4+ Inpt/ER-All,HL,HTN,DM,CVD	CLONAZEPAM, NICOTINE POLACRILEX, QUETIAPINE FUMARATE, NICOTINE, ZOLPIDEM TARTRATE, NICOTINE POLACRILEX		
Abhdbae Ficfefd	Ccfidcb Gdbibca	8/21/1974	2AP,4+ Inpt/ER-Med,4PP(A),PrevHosp-Asthma,4+ Inpt/ER-All	FLUPHENAZINE HCL, CLONAZEPAM, BUPROPION HCL, ARIPIPRAZOLE, TOPIRAMATE		
Adhfhac Efidqcb	Eaeiaac Ijiadai	12/21/1946	4+ Inpt/ER-All,4PP(A),4+ Inpt/ER-Psych	PAROXETINE HCL, METOPROLOL TARTRATE, CLONAZEPAM, TRAZODONE HCL, ARIPIPRAZOLE, MIRTAZAPINE		
Aeacaea Fdcccde	Cccfafh Ieaifca	2/22/1959	4+ Inpt/ER-All			
Afbebec Fhdbbhh	Ffacehd Tereine	8/2/1959	4+ Inpt/ER-All,4+ Inpt/ER-Med	ATENOLOL, DIPHENHYDRAMINE HCL		

Applications of Utilization Indicators

- Coordinate care with other service providers
- Identify clients who could benefit from engagement in outpatient services
 - Use of ER services for less serious conditions may be due to lack of primary care provider
- Identify clients with serious medical conditions
 - Clients flagged by these indicators often have multiple comorbidities

Demo

<http://www.psyckes.org>