

The GNYHA-PSYCKES Quality Collaborative

**Monthly
Data Reporting
Webinar**



April, 2011

Agenda

- Reporting Plan Overview
- Monthly Self-Report Data Elements
- Time Line
 - Monthly Reporting
 - PSYCKES Data Refreshes
- Compiling and Managing Data
 - PSYCKES Data Export
 - Master Spreadsheet
 - PSYCKES Monthly Refresh
- Monthly Data Submission Instrument
 - Where to find it
 - How to complete it
- Questions and Answers

The Quality Collaborative

- 18 participating hospitals
- Share effective strategies, and rapidly advance adoption of best practices
- Track hospital performance in relation to the collaborative, the region and the state
 - Identify and learn from leaders
 - Motivate participants to devote resources and continue improving

Data Reported Monthly by Clinics to the Collaborative

- **Total number of positive cases** identified to date, since start of project (have a cardiometabolic condition *and* are on a high/moderate risk antipsychotic)
 - No longer reporting positive cases in treatment this month
- **Number of clinical reviews** conducted this month
- **Number of medication changes** completed this month: intentional changes off a high or moderate risk medication
- Optional indicator: Number of cases with intentional medication change in progress this month

Data Reported by PSYCKES to the Collaborative

- Monthly: Aggregate of self-report data from participants:
 - Each hospital's data vs. aggregate data for the Collaborative
 - Each hospital's data vs. other Collaborative participants
- Quarterly: From PSYCKES Medicaid Data:
 - Prevalence of the quality concern by diagnosis: Psychotic vs. non-psychotic
 - New starts of high/moderate risk medications by diagnosis
 - Number of clients taken off antipsychotics altogether
 - Data reported by hospital and by clinic, over time
 - Comparison to non-participating hospitals
- Ad hoc analyses as appropriate

PSYCKES Data vs. Self-Report

■ PSYCKES Data

- Prevalence rates: Positive cases vs. all clients with a cardiometabolic condition on ANY antipsychotic
- Broader context: Compares provider prevalence rates with regional and statewide prevalence rates
- Directly from the claims data

■ Self-Report Data

- Percentage of positive cases changed
- Opportunity to verify and edit data, more precise
- Captures clients taken off antipsychotics altogether
- Option to report changes in progress

Targets

- Targets set by Steering Committee
- 30% of positive cases converted (taken off high/moderate risk antipsychotics), based upon self-report
- 20% decrease in prevalence of quality concern, based upon Medicaid data, including:
 - Clients who switched to a lower risk antipsychotic
and
 - Those who discontinued antipsychotics altogether

Monthly Reporting Process and Time Line

- On-line survey opens approximately one week before the reporting deadline
 - Posted on the PSYCKES website “News” Tab
 - CQI Team members are notified by email
- Report by the 10th of each month for Quality Improvement (QI) activities in the previous calendar month
 - Next business day if the 10th falls on a weekend/holiday
 - Not dependent on monthly data refresh
- Each clinic within a hospital reports separately
- PSYCKES team provides aggregate data on the Learning Collaborative call at month-end

Using PSYCKES to Identify Positive Cases

1. Log into PSYCKES and export the “Unduplicated Recipients” report for the Cardiometabolic Summary indicator to Excel
2. Make any corrections needed to the data
3. Sort by clinic/prescriber and distribute
4. In subsequent months, use the PSYCKES “New QI Flag” and “Dropped QI Flag” reports to target follow-up and update the running list.

Unduplicated Recipients List

[Overview](#) | [News](#) | [Quality Indicators](#) | [Demo](#) | [Education and Training](#) | [Forms](#) | [Advisory Committees](#) | [FAQ](#) | [Contact Us](#)

De-Identify Data

[Agency Reports](#) | [Regional Reports](#) | [Recipient Search](#) | [MyPSYCKES](#)

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Quality Indicator Overview As Of 3/1/2011

Agency: SOUTH BEACH PSYCHIATRIC CENTER

Sites: Program Type:

Age: Prescriber: Show new/dropped for last: 1 Month 3 Months [Reset](#)

Selected Indicator: [CARDIOMETABOLIC Summary](#) Indicator Type:

[Indicator Type](#) | [Indicator](#) | [Site](#) | [Prescriber by Site](#) | [Unduplicated Prescriber](#) | **[Unduplicated Recipients](#)** | [All Recipients](#) | [New QI Flag](#) | [Dropped QI Flag](#)

Recipient ^	Medicaid ID	DOB	Quality Flags	Medications
Aececæ Hhhecçb	Afihadd Dbbifdc	8/26/1975	DoseAP, HL	LITHIUM CARBONATE, OLANZAPINE
Afcqdea Hiqacee	Gjfgcfh Cajdeed	10/1/1968	DM, HL	OLANZAPINE
Bcfedcb Efcçhbç	Deajbea Accbcbc	2/29/1972	4PP(A), Obes	CLONAZEPAM, DIVALPROEX SODIUM, ESCITALOPRAM OXALATE, QUETIAPINE FUMARATE
Bdeddba Cfacih	Ghbdiæ Igaçeca	10/15/1982	4PP(A), HTN	ALPRAZOLAM, BUPROPION HCL, MIRTAZAPINE, QUETIAPINE FUMARATE, ZOLPIDEM TARTRATE
Beqçdai Gçbdhbq	Ceefeiç Cicfeie	12/11/1960	4PP(A), CVD, HL, HTN	CLONAZEPAM, OLANZAPINE-FLUOXETINE HCL, ZOLPIDEM TARTRATE
...	Aajiaçb	OLANZAPINE

Monthly Survey: Introduction



[Exit](#)

GNYHA-PSYCKES Quality Collaborative Monthly Data Submission Survey for March 2011, due 04/10/2011

Through this survey, you will report to the Collaborative on your clinic's activities and outcomes in the GNYHA-PSYCKES CQI project.

Key Points:

- Data is due on the 10th of each month (or next business day) for the previous calendar month's activities.
- A separate survey is required for each participating clinic.
- Data from satellite clinics should be included in the data reported for the associated licensed clinic.
- If the list of clinics on your drop-down list needs updating, please contact Kate Sherman at kate.sherman@omh.ny.gov.
- Should you find an error after submitting your data, please do not complete an additional survey. Contact PSYCKES Help at PSYCKES-Help@omh.state.ny.us

1. Please provide your contact information.

First Name

Last Name

Email Address

[Next](#)

Monthly Survey: Data Entry

Monthly Progress Update

Please provide the following updates on your clinic's progress in the QI project.

1. Ambulatory Psychiatry: Please enter the total number of positive cases identified for your project:

(A positive case is a client identified as meeting criteria for the Cardiometabolic indicator set, using PSYCKES and/or other methods as deemed appropriate by QI Team. This should reflect all positive cases enrolled in the program at any time during the calendar month, including those where the target medication is prescribed outside the clinic.)

Total number of positive cases identified to date since start of project:

2. Please enter the number of clinical reviews conducted:

(A clinical review is a thorough review of a client's treatment history and medication regimen by the prescriber, preferably including consultation with the client, and with the treatment team and family as appropriate. For clients whose target medications are prescribed outside the clinic, a clinical review must include outreach to the prescriber.)

Number of clinical reviews conducted during the calendar month:

3. Please enter the number of clients that received an intervention and no longer qualify as a positive case:

(This should reflect the number of positive cases that have completed an intentional medication change such that they no longer meet criteria for the Cardiometabolic indicator set.)

Number of positive cases changed (no longer meet criteria) during the calendar month:

4. Optional Indicator – Please enter the number of clients that received an intervention and have a medication change in progress:

(This should reflect the number of positive cases that have initiated an intentional medication change and are in the process of tapering off high-/moderate-risk medication(s) but have not yet completed the change and still currently meet criteria for the Cardiometabolic indicator set.)

Number of medication changes in process during the calendar month:

COPY OF DATA FOR RECORDS: If you would like a copy of this data submission for your records, PRINT THIS PAGE NOW

Question and Answer

The following resources are available:

- www.psyckes.org
 - Section dedicated to Hospital Mental Health (MH) Clinics
 - Link to monthly survey posted under “News” on Hospital MH Clinics main page
 - Recorded webinars and sample master spreadsheet in Hospital Clinics “Project Tools” menu
- [PSYCKES-Help](#)