

# Implementing PSYCKES in Emergency Settings

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# Overview

- Welcome: The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) Emergency Room (ER) Implementation Initiative
- Introduction to PSYCKES
- The PSYCKES Workflow
- The PSYCKES Implementation Process
- Develop Your Implementation Plan

# **Welcome to the PSYCKES ER/CPEP Implementation Initiative**

- PSYCKES is a secure, web-based platform for sharing Medicaid claims data, currently implemented in over 400 behavioral health programs statewide
- Office of Mental Health (OMH) and Greater New York Hospital Association (GNYHA) are partnering in this initiative to support implementation in ERs and Comprehensive Psychiatric Emergency Programs (CPEPs)
- 44 hospitals are registered to participate in the initiative and today's kick-off

# Information Needs in Emergency Settings

- Decisions need to be made quickly for clients in crisis
- Clients and history often unknown
- Clients in acute episodes not always able to provide complete history
- Services in other settings are not captured in hospital's own records

# Value of PSYCKES in Emergency Settings

- Goal: improve client outcomes by providing immediate access to comprehensive, user-friendly information across providers over time
- Support intake assessment and treatment planning
  - Identify co-morbid conditions
  - Review medication history and adherence
  - Review ambulatory and acute service utilization
- Facilitate care coordination, discharge planning
  - Identify outpatient providers
  - Monitor follow-up post discharge

# Feedback on PSYCKES from ER Users

- “It is helpful to know not only the medications patients are taking, but the dosages, the amount of time medications were used, and the combinations of medications being prescribed.” - *LIJ Zucker Hillside*
- “We can find out immediately if the client has an out-patient provider or case manager.” - *Bronx-Lebanon*
- “We had a client who had Human Immunodeficiency Virus (HIV) and schizophrenia and couldn’t tell us her medications. We saw in PSYCKES that she had just had a complete work-up at another hospital. We were able to request the results and avoid repeating the ‘million-dollar work-up.’” - *Maimonides*

# Benefits of Participation in ER/CPEP Implementation Initiative

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

# Activities of the PSYCKES ER/CPEP Implementation Initiative

- Training and resources for implementation
- Sharing information
  - Survey(s) of participating hospitals
  - Monthly reporting by participating hospitals on implementation progress
  - Monthly summary data on process measures from PSYCKES team, based on hospital self-report
- Periodic conference calls for brainstorming and consultation



# **Introduction to PSYCKES**

# 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 3.7 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)
- 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](http://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

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# ER Page



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## Emergency Room

[Using PSYCKES](#)

### Emergency Departments and Comprehensive Psychiatric Emergency Programs


#### Overview of Project

The New York State Office of Mental Health (OMH) and the Greater New York Hospital Association (GNYHA) are partnering in an initiative to implement the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) in emergency department (ED) and Comprehensive Psychiatric Emergency Program (CPEP) settings. Hospitals that are certified by OMH and/or the Office of Alcohol and Substance Abuse Services (OASAS) are eligible to participate.

#### News

The kick-off training, [Implementing PSYCKES in Emergency Rooms](#), has been scheduled for March 29, 2012, from 1:30 p.m. to 4:30 p.m.. Please see Calendar below to register.

#### Calendar


Date	Time	Title
Thursday, March 29, 2012	1:30 p.m. to 4:30 p.m.	<a href="#">Implementing PSYCKES in Emergency Rooms</a>  <a href="#">Details</a>


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

# 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**



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**Michael F. Hogan Ph.D.**  
*Commissioner*

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# Recipient Search



New York State  
**omh**  
Office of Mental Health

Log Off

☐ De-Identify Data

Agency ReportsMappingRegional ReportsRecipient SearchMyPSYCKESTrending ReportsRegistrar Menu

Recipient Search

ExportPDFExcel

Search for Consented Recipients: ☐

Recipient Last Name:

Medicaid Id:

Prescriber Last Name:

Drug Name:

Active Drug: ☐

Age Range: 

Select Age Range

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

Region: 

Select Region

County: 

Select County

Provider:

OMH Lic. Programs: 

Any

Service: 

Any

Service Details:

Managed Care Program: 

Any

Psychotropic Drug Class:

Antidepressant

Antipsychotic

Anxiolytic

Mood Stabilizer

Side-Effect Management

Stimulant

Withdrawal Management

Non-Psychotropic Drug Class:

Analgesics and Anesthetics

Anti-Infective Agents

Anti-Obesity Agents

Antidiabetic

Antihyperlipidemic

Antihypertensive

Antineoplastic Agents

Biologicals

Mental Health Diagnosis:

Adjustment Disorder

Anxiety Disorder

Attention Deficit Disorder

Autism & Pervasive Developmental Disorder

Bipolar Disorder

Conduct Disorder

Delusional Disorder

Dissociative Disorder

Medical Diagnosis:

Alcohol Abuse

Alcohol Related Organic Mental Disorder

Certain Conditions Originating in the Perinatal Period

Complications of Pregnancy, Childbirth, and the Puerper

Congenital Anomalies

Diabetes

Diseases of Skin and Subcutaneous Tissue

Diseases of the Blood and Blood-Forming Organs

Maximum No. Of Rows to be displayed: 



50

Search

Reset



# Search Results

Click on Recipient Name



Agency ReportsMappingRegional ReportsRecipient SearchCommon GroundTrending ReportsRegistrar MenuMyPSYCKES Info☒ De-Identify Data

## Recipient Search

Export displayed rows to PDF/Excel  Excel 

**Selection Criteria:** Total No. Of Recipients = 1Maximum Number of rows Displayed = 50

Recipient's Last Name: Iaaecie FffbijdAgency:

Name	Medicaid Id	DOB	Gender	Quality Flags
<u>Iaaecie Fffbijd</u>	Bhfbhdf Dfeadai	11/29/1954	F	2AP, 4PP(A), HL, HTN, Obes

Release: 4.2.7





# **The PSYCKES Clinical Summary**

# Clinical Summary:

Report date, client name, demographics,  
managed care plan, quality flags, diagnoses

Select time frame, toggle between show/hide expanded PHI



[Log Off](#)  
☒ De-Identify Data

☐ Agency Reports ☐ Mapping ☐ Regional Reports ☐ Recipient Search ☐ MyPSYCKES ☐ Trending Reports ☐ Registrar Menu

Summary

Common GroundReturn to Search Results

Export toPDFExcel

Please choose summary period

Last 3 monthsLast 6 monthsLast YearLast 2 YearsAll Available (up to 5 years)

Clinical Report Date: 2/22/2012 (This report contains all available clinical data.)

☐ Hide PHI☒ Show PHI

Name: [Ddecfbb Ciecfda](#) Medicaid ID: GEJAAEC FFACHFF DOB: 01/25/1972 Age: 40 Years

Managed Care Plan: NYS CATHOLIC HEALTH PLAN INC

Quality Flag	Quality Flag Evidence
Hospital ER utilization	Readmission - BH within 30 days, Psychiatric ER/Inpt, Medical ER/Inpt

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

Mental Disorders, Alcohol Abuse, Other Nonpsychotic Mental Disorder, Major Depressive Disorder, Bipolar Disorder, Personality, Impulse Control Disorders

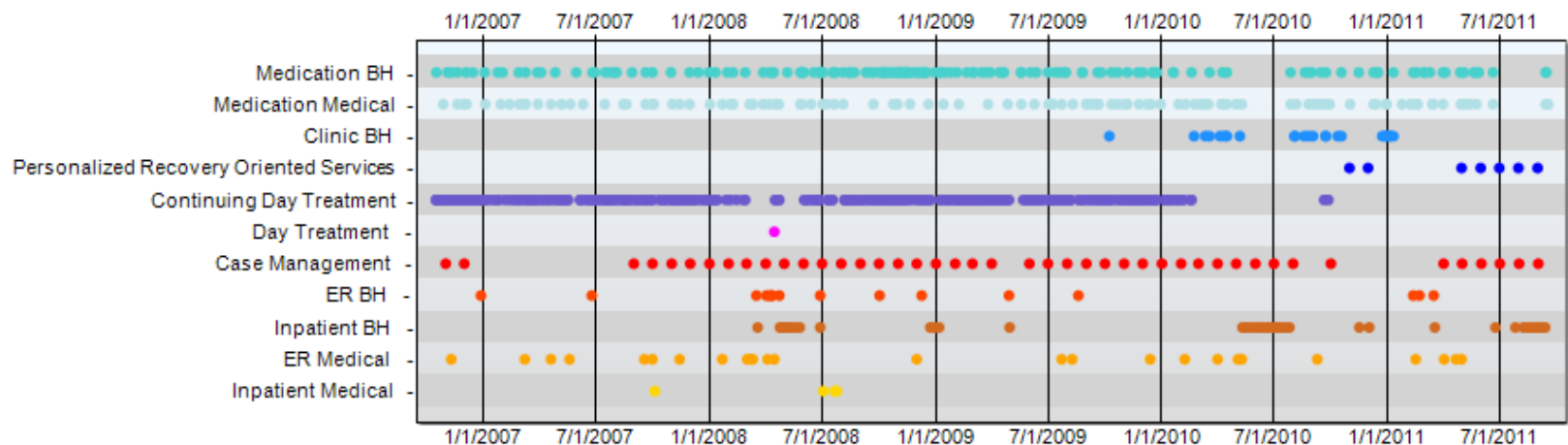
Medical Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

Endocrine, Nutritional, And Metabolic Diseases And Immunity Disorders	Thyroid disorders
Symptoms, Signs, And Ill-Defined Conditions	Residual codes; unclassified   Other nutritional; endocrine; and metabolic disorders   Nausea and vomiting   Other upper respiratory disease

# Clinical Summary: Integrated View as Graph

Integrated View of Services Over Time

View: ☒ Graph ☐ Data



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

# 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
Vyvanse	Lisdexamfetamine Dimesylate	30 MG	5 Month(s)	9/9/2011	1/4/2012	Yes	<a href="#">Laquerre Julius J</a>	
Alprazolam	Alprazolam	1 MG	1 Month(s)	1/3/2012	1/3/2012	Yes	<a href="#">Laquerre Julius J</a>	
Zolpidem Tartrate	Zolpidem Tartrate	10 MG	10 Month(s)	4/21/2011	12/28/2011	Yes	<a href="#">Laquerre Julius J</a>	
Lunesta	Eszopiclone	3 MG	3 Month(s)	11/9/2011	12/13/2011	Yes	<a href="#">Labrenz Bryon Edward</a>	
Venlafaxine Hcl	Venlafaxine Hcl	300 MG	9 Month(s)	4/1/2011	12/2/2011	Yes	<a href="#">Laquerre Julius J</a>	
Hydroxyzine Hcl	Hydroxyzine Hcl	75 MG	1 Month(s)	11/2/2011	11/2/2011	Yes		
Effexor Xr	Venlafaxine Hcl	300 MG	9 Month(s)	4/1/2011	10/26/2011	Yes	<a href="#">Laquerre Julius J</a>	
Lamotrigine	Lamotrigine	25 MG	5 Month(s)	4/1/2011	7/22/2011	No	<a href="#">Tasciotti Nenita Santos Chua</a>	
Clonazepam	Clonazepam	1 MG	1 Month(s)	4/1/2011	4/1/2011	No	<a href="#">Ahsan Sadaf Raoof</a>	
Trazodone Hcl	Trazodone Hcl	100 MG	1 Month(s)	4/1/2011	4/1/2011	No	<a href="#">Ahsan Sadaf Raoof</a>	

# Pharmacy Data:



## “See Detail”

See trials and/or individual orders of each medication

Brand Name	Generic Name	Last Dose	Estimated Duration	First Day Picked Up	Last day Picked Up	Active in Past Month	See Detail
Haloperidol	Haloperidol	8 MG	1 Yr	2/25/2010	1/24/2011	Yes	

CRX detail for Haloperidol Medication

View: ☐ Trials ☐ Orders ☒ Both
Export to  PDF  Excel

**Trials :**

Brand Name	Generic Name	Drug Class	First Day Picked Up	Last Day Picked Up	Estimated Duration
Haloperidol	Haloperidol	Antipsychotic	2/25/2010	1/24/2011	1 Yr
Haloperidol	Haloperidol	Antipsychotic	5/21/2008	6/12/2008	2 Month(s)
Haloperidol	Haloperidol	Antipsychotic	7/18/2006	8/4/2006	1 Month(s)
Haloperidol	Haloperidol	Antipsychotic	5/19/2006	5/31/2006	1 Month(s)





**Orders :**

Pick-Up Date	Brand Name	Generic Name	Drug Class	Strength	Total Quantity	Days Supply	Prescriber	Route	Tabs / Day
1/24/2011	Haloperidol	Haloperidol	Antipsychotic	2 MG	120	30	<u>THEVENTHIRAN RAJAM</u>	OR	4
12/29/2010	Haloperidol	Haloperidol	Antipsychotic	2 MG	120	30	<u>THEVENTHIRAN RAJAM</u>	OR	4
12/6/2010	Haloperidol	Haloperidol	Antipsychotic	2 MG	120	30	<u>THEVENTHIRAN RAJAM</u>	OR	4

# Outpatient Services: Behavioral Health and Medical











## Behavioral Health Services

[See All Data](#)

Service Type	Provider	First Date Billed	Last Date Billed	# of Visits	Diagnosis Most Recent	Procedure(s)	Practitioner	See Provider Detail
Case Management	<a href="#">MENTAL HLTH ASSOC/DUTCHESS MH</a>	2/1/2010	1/1/2012	16	Symptoms, Signs, And Ill-Defined Conditions			
Physician - Psychiatrist	<a href="#">SUSCO MICHAEL C MD</a>	4/13/2010	11/12/2011	24	Other Nonpsychotic Mental Disorder	- Psy Dx Interview - Psytx Hosp 20-30 Min	<a href="#">Parikh Parinda</a>	
Physician-NOS	<a href="#">TOBEY RICHARD C MD</a>	4/12/2010	11/12/2011	2	Other Nonpsychotic Mental Disorder	- Emergency Dept Visit	<a href="#">Parikh Parinda</a>	
CDT	<a href="#">DUTCHESS CNTY DEPT MENTAL HYG</a>	12/23/2010	11/4/2011	30	Major Depressive Disorder	- Psychiatric Service/Therapy		
OASAS Outpatient Services	<a href="#">ST FRANCIS HOSPITAL</a>	4/13/2011	9/6/2011	60	Mental Disorders	- Group Psychotherapy - Psy Dx Interview - Psytx Office 75-80 Min - Psytx Office 20-30 Min	<a href="#">Shapiro Stephen B</a>	
Physician - Psychiatrist	<a href="#">AHSAN SADAF R MD</a>	4/28/2008	4/1/2011	96	Major Depressive Disorder	- Psytx Hosp 20-30 Min - Psytx Hosp 20-30 Min W/E&M		
Physician-NOS	<a href="#">DELAMOTHE JEAN MARTIN MD</a>	3/30/2011	3/30/2011	1	Other Nonpsychotic Mental Disorder	- Anesth Electroshock		
Physician-NOS	<a href="#">RAO MYLAR B R MD</a>	3/23/2011	3/23/2011	1	Other Nonpsychotic Mental Disorder	- Anesth Electroshock		




# Hospital/ER Services: Integrated Behavioral/Medical

Service type, provider, diagnosis, # visits, first/last dates, procedures

Hospital/ER Services <a href="#">See All Data</a>							
Service Type	Provider	First Date Billed	Last Date Billed	# of Visits	Most Recent Diagnosis	Procedure(s)	See Provider Detail
Inpatient BH	<a href="#">NY HOSPITAL</a>	11/12/2011	11/12/2011	1	Major Depressive Disorder		
ER BH	<a href="#">ST FRANCIS HOSPITAL</a>	12/19/2008	11/12/2011	6	Other Nonpsychotic Mental Disorder	- Routine Venipuncture	
ER Medical	<a href="#">ST FRANCIS HOSPITAL</a>	11/17/2008	11/6/2011	15	Symptoms, Signs, And Ill-Defined Conditions	- Emergency Dept Visit - Routine Venipuncture	
Inpatient Medical	<a href="#">ST FRANCIS HOSPITAL</a>	7/15/2008	5/24/2011	4	Mental Disorders		
Inpatient BH	<a href="#">ST FRANCIS HOSPITAL</a>	4/15/2008	1/28/2011	8	Major Depressive Disorder		 
Inpatient BH	<a href="#">ST JOSEPH MEDICAL CENTER</a>	1/10/2011	1/10/2011	1	Other Nonpsychotic Mental Disorder		
ER Medical	<a href="#">KINGSTON HOSPITAL</a>	1/1/2011	1/1/2011	1	Injury And Poisoning		
Inpatient BH	<a href="#">PUTNAM HOSPITAL CENTER</a>	2/19/2008	12/30/2010	2	Major Depressive Disorder		
ER Medical	<a href="#">PUTNAM HOSPITAL CENTER</a>	11/6/2010	11/6/2010	1	Symptoms, Signs, And Ill-Defined Conditions		

# Hospital/ER Services: “See Detail”

Service type, provider, diagnosis, service dates, procedure

Inpatient BH	<u>ST FRANCIS HOSPITAL</u>	4/15/2008	1/28/2011	8	Major Depressive Disorder		
<div> All ER and Hospitalization Services for ST FRANCIS HOSPITAL Provider and Inpatient BH Type <div> Page Orientation: <input checked="" type="radio"/> Portrait <input type="radio"/> Landscape Export to  PDF  Excel </div> </div>							
Date of Service	Service Type	Provider	Diagnosis	Admission Date	Discharge Date	Procedure	
1/28/2011	Inpatient BH	<u>ST FRANCIS HOSPITAL</u>	Major Depressive Disorder, Recurrent Episode, Unspecified Degree [296.30]	1/28/2011	4/1/2011		
11/16/2010	Inpatient BH	<u>ST FRANCIS HOSPITAL</u>	Bipolar Disorder, Unspecified [296.80]	11/16/2010	12/22/2010		
6/15/2010	Inpatient BH	<u>ST FRANCIS HOSPITAL</u>	Bipolar Affective Disorder, Mixed, Unspecified Degree [296.60]	6/15/2010	7/14/2010		
4/24/2010	Inpatient BH	<u>ST FRANCIS HOSPITAL</u>	Bipolar Affective Disorder, Mixed, Unspecified Degree [296.60]	4/24/2010	5/10/2010		
4/12/2010	Inpatient BH	<u>ST FRANCIS HOSPITAL</u>	Bipolar Affective Disorder, Mixed, Unspecified Degree [296.60]	4/12/2010	4/22/2010		
2/24/2010	Inpatient BH	<u>ST FRANCIS HOSPITAL</u>	Major Depressive Disorder, Recurrent Episode, Unspecified Degree [296.30]	2/24/2010	3/19/2010		
10/26/2009	Inpatient BH	<u>ST FRANCIS HOSPITAL</u>	Unspecified Episodic Mood Disorder [296.90]	10/26/2009	10/29/2009		
4/15/2008	Inpatient BH	<u>ST FRANCIS HOSPITAL</u>	Bipolar Affective Disorder, Mixed, Unspecified Degree [296.60]	4/15/2008	7/2/2008		







# Labs and Other Data

Dental, Vision, Labs, X-Ray, Living Support, Transportation

## Dental and Vision

[See All Data](#)

Program/Type	Provider Name	First Date of Service (last 5 years)	Last Date Billed	Number of Visits	See Provider Detail
DENTAL	MADISON CHRISTOPHER R DDS	10/22/2010	10/22/2010	1	
DENTAL	MANLEY JOEL L DDS	6/2/2010	6/2/2010	1	
DENTAL	AUGELLO VINCENT MICHAEL DDS	3/22/2010	3/22/2010	1	
VISION	HELFAND RAYMOND H	3/18/2010	3/18/2010	1	

## Living Support

[See All Data](#)


No Medicaid claims for this data type in the past 1 year


## Lab & X-Ray

[See All Data](#)

Program/Type	Test Name	First Date of Service (last 5 years)	Last Date Billed	Number of Visits	See Provider Detail
X-RAY	INTRAORAL-PERIAPICAL-FIRST FILM	10/22/2010	10/22/2010	1	
X-RAY	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	6/2/2010	6/2/2010	1	

## Transportation

[See All Data](#)

Type	Provider Name	First Date of Service (last 5 years)	Last Date Billed	Number of Visits	See Provider Detail
					

# Clinical Summary: Printed Report

## Clinical Summary Report for Last 3 months

Name : Cagela Jeebba Medicaid ID : Ejjaga Jeebba DOB : 07/11/1978 Age:35 Years  
Managed Care Plan: NYS CATHOLIC HEALTH PLAN INC  
( This report contains all available clinical data. )

### Quality Flag

Quality Flag	Quality Flag Evidence
Polyparmacy	Psychotropics Four Plus (Bupropion Hcl + Trazodone Hcl + Venlafaxine Hcl + Topiramate + Desvenlafaxine Succinate + Hydroxyzine Pamoate + Oxcarbazepine)
Hospital ER Utilization	Readmission BH within 30 days, Psychiatric ER/Inpt, Medical ER/Inpt

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

Behavioral Health Diagnoses - Primary and Secondary Dx (Most Recent Shows First)
Mental Disorders, Other Nonpsychotic Mental Disorder

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

Symptoms, Signs, And Ill Defined Conditions	Residual codes, unclassified   Headache, including migraine   Abdominal pain
---	--

### Medication Behavioral Health

Brand Name	Generic Name	Last Dose	Estimated Duration	First Day Picked Up	Last day Picked Up	Active In Past Month	Most Recent Prescriber
Bupropion Hcl	Bupropion Hcl	30 MG	4 Month(s)	9/30/2011	12/9/2011	Yes	
Hydroxyzine Pamoate	Hydroxyzine Pamoate	200 MG	5 Month(s)	8/27/2011	12/9/2011	Yes	
Oxcarbazepine	Oxcarbazepine	600 MG	2 Month(s)	11/8/2011	12/9/2011	Yes	Tan Ramon K
Topiramate	Topiramate	200 MG	3 Month(s)	10/7/2011	12/9/2011	Yes	Singh Baljinder
Trazodone Hcl	Trazodone Hcl	200 MG	3 Month(s)	10/5/2011	12/1/2011	Yes	
Pristiq	Desvenlafaxine Succinate	50 MG	3 Month(s)	10/5/2011	11/15/2011	Yes	
Venlafaxine Hcl	Venlafaxine Hcl	75 MG	1 Month(s)	11/10/2011	11/10/2011	Yes	Tan Ramon K

### Medication Medical

Brand Name	Generic Name	Last Dose	Estimated Duration	First Day Picked Up	Last day Picked Up	Active In Past Month	Most Recent Prescriber
Lyrica	Pregabalin	150 MG	8 Month(s)	5/5/2011	12/16/2011	Yes	Singh Baljinder
Primipexole Dihydrochloride	Primipexole Dihydrochloride	1.5 MG	5 Month(s)	8/30/2011	12/15/2011	Yes	Singh Baljinder
Cambial	Diclofenac Potassium	50 MG	1 Month(s)	12/8/2011	12/9/2011	Yes	Singh Baljinder
Aciphex	Rabeprazole Sodium	20 MG	2 Month(s)	11/8/2011	12/9/2011	Yes	Gerson David Scott
Amoxicillin Pot Clavulanate	Amoxicillin Pot Clavulanate	MG	1 Month(s)	12/9/2011	12/9/2011	Yes	Beney Christopher Edward
Clindamycin Hcl	Clindamycin Hcl	900 MG	1 Month(s)	12/9/2011	12/9/2011	Yes	Beney Christopher Edward
Mupirocin	Mupirocin	2.2 %	1 Month(s)	12/9/2011	12/9/2011	Yes	Beney Christopher Edward
Prednisone	Prednisone	40 MG	1 Month(s)	12/9/2011	12/9/2011	Yes	Beney Christopher Edward
Primidone	Primidone	50 MG	9 Month(s)	4/8/2011	12/9/2011	Yes	Singh Baljinder
Cambial	Diclofenac Potassium	50 MG	1 Month(s)	10/12/2011	10/12/2011	No	Singh Baljinder
Sumatriptan Succinate	Sumatriptan Succinate	100 MG	2 Month(s)	9/13/2011	10/12/2011	No	Beney Christopher Edward

# **Accessing Clinical Information in PSYCKES: The Consent Module**

# 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
<b>Consent</b>	<b>Yes, all data</b>	<b>3 years after last service</b>

# 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.

# Steps for Consent

1. Find client in database
  - Search by Medicaid ID or Social Security Number
2. Attest to right to access client's data
  - Client signed consent, or
  - Clinical emergency
3. Document verification of client's identity
4. Save and exit  
*OR*  
Save and proceed to Clinical Summary

**Workflow:  
Using PSYCKES in the  
Emergency Setting**

# Essential Workflow Tasks

1. Identify potential PSYCKES clients (Medicaid), and document identification / Medicaid ID number
2. Obtain client consent
3. Determine whether there is a clinical emergency
4. In Consent Module, enable access to client's data
5. Print clinical summary
6. Place clinical summary and consent in client record
7. Review clinical summary



# Best Practice: Integrate PSYCKES into existing workflow

- Staff who verify insurance identify PSYCKES clients
- Clients sign PSYCKES consent when signing other admission paperwork
- Support staff enable access in Consent Module and print clinical summary
- **\*\*PSYCKES clinical summary is available to clinicians in chart of every eligible client\*\***

# 1. Identifying PSYCKES Clients: Policies

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

# 1. Identifying PSYCKES Clients: Procedures

- Identify eligible clients
  - Medicaid enrollees (incl. managed care; dual eligible)
  - Uninsured/other with Medicaid in past 5 years
- Document Identification
  - Medicaid ID number
  - Social security number (future)
  - 2 forms of identification
- Verify whether client already consented
  - Clients consent once; valid until 3 yrs after last service
  - Flag medical record, if possible

## 2. Obtaining Client Consent: Policies

- Only the PSYCKES Consent Form printed from Consent Module is acceptable
- All clients with capacity should have the opportunity to consent
  - Respect client self-determination
  - Provider has long-term access to PSYCKES data
  - In ER Pilot, over 80% of clients whose data was accessed had signed consent
- 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, not emergency setting
- 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 medical record
  - Not sent to OMH
  - Specify who documents emergency
  - Specify where in medical 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-Registar” (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 hospital now have access to the client’s clinical data in PSYCKES**

# 5. Printing the Clinical Summary: Policies

- PSYCKES Clinical Summary should be printed (and/or appended to Electronic Medical Record) for all eligible clients
- Designate which staff have PSYCKES access
- Designate staff responsible for printing PSYCKES Clinical Summary
- Prohibit saving the exported Clinical Summary PDF document anywhere other than on a secure server
  - Hospital's existing policies may be sufficient
  - Review existing policies in relation to PSYCKES

# 5. Printing the Clinical Summary: Procedures

- Access client's Clinical Summary
  - Recipient Search, or
  - Consent Module
- Select time period
  - Default: 3 months
  - Recommended: print past 5 years
- Export clinical summary to PDF, and print
  - If applicable, append PDF document to Electronic Medical Record (EMR)
  - Close PDF without saving (or save to secure server)

## 6. PSYCKES Documents in Medical Record: Policies

- The PSYCKES Consent form (original or scanned) must be retained in the medical record
- The PSYCKES Clinical Summary should be retained in the medical records of all eligible clients
  - Electronic 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)
  - Hospital'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

## 6. PSYCKES Documents in Medical Record: Procedures

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

## **7. Reviewing the Clinical Summary: Policies and Procedures**

- PSYCKES Clinical Summary should be obtained and reviewed for all eligible clients
- Staff reviewing printed summary should have PSYCKES access for “drilling down” on data

# Implementing PSYCKES

# Implementation Milestones

1. Leadership commits to project, forms team
2. Develop implementation plan
3. Document workflow, develop policies
4. Arrange PSYCKES access
5. Prepare computers
6. Train staff



# Implementation Milestones, cont'd

7. “Go live,” provide support during transition
8. Identify and address challenges
9. Integrate into ongoing operations

**\*\* Note: many of these milestones can be pursued simultaneously and are **not** strictly sequential**

# 1. The Implementation Team: Leadership

- Champion
  - Leadership to achieve buy-in across constituencies
  - Authority to allocate resources
- Implementation manager(s)
  - Senior enough to implement systems change
  - Close enough to the process to address operational issues
  - At pilot sites, staff in this role included:  
ER/CPEP Medical leadership, Psychiatry Department  
Administration, Quality Improvement leadership,  
Social Work, Resident
  - One or two individuals

# 1. The Implementation Team: Composition

- Engage all constituencies
  - PSYCKES demonstration to build buy-in
  - Form team; engage liaisons in relevant areas
- Potential team members:
  - Leadership – Psychiatry Dept. and ER/CPEP
  - \*Registration\*
  - Social Work
  - Chief Resident
  - Nursing
  - Medical ER
  - Training / Residency Program

## 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. Procedures and Workflow

- Plan PSYCKES Workflow
  - Assign each of the 7 essential PSYCKES tasks
  - Work with all departments/disciplines involved; may need plan endorsed by
    - Medical ER
    - Nursing
    - Other
- Plan documentation and tracking
  - Identify Clients
    - PSYCKES eligible
    - PSYCKES consented
  - Retain PSYCKES documents in medical record
  - Request EMR changes as desired

# 3. PSYCKES ER/CPEP Policies

- Review existing policies for compatibility with PSYCKES
- Develop PSYCKES policies as per “Guidelines for Policies and Procedures” documents
  - PSYCKES Use in the ER/CPEP
  - PSYCKES Access and Training
- Obtain necessary internal approvals
  - Legal/administrative
  - Forms committee

## 4. PSYCKES Access: Institutional Level

- PSYCKES Access Protocol on website
- Documentation required
  - Confidentiality Agreement signed by CEO
  - Provider Contact Form for the hospital
    - **Required for Consent Module access!**
- When hospital is granted PSYCKES access, “Security Manager” grants access to individual users

# 4. PSYCKES Access: The Security Management System

- The “Security Manager”
  - Must be designated by CEO / Executive Director
  - 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: Individual Users

- Request access based on planned work flow and task assignments
  - Regular PSYCKES access
  - Consent module (“Registrar”) access
- Designate point person to coordinate PSYCKES access for ER/CPEP staff
  - Determine who needs access
  - Gathers user information
  - Security Manager or liaison to Security Manager
  - Consider adding another Security Manager

## 4. PSYCKES Access: User Information Needed

- Name (first and last)
- Title
- Date of Birth
- Gender
- Existing OMH User ID, if any
- E-mail address
- Mailing address
- Type of access needed
  - Regular PSYCKES access
  - Consent module (“Registrar”) access

## 4. PSYCKES Access: Policies

See “PSYCKES Access and Training for ER/CPEP Staff: Guidelines for Policies and Procedures.”

- HIPAA training is required for PSYCKES access
- Staff are not permitted to share User IDs, security tokens or passwords
  - Hospital's existing policies may be sufficient
  - Review existing policies in relation to PSYCKES
- 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
- PDF readers

# 6. Training Timeline

1. Request access for initial cohort quickly
  - Implementation team
  - Point person responsible for PSYCKES training
  - “Super-Users:” tech-savvy, assigned to help others
2. Train initial cohort
  - Use PSYCKES training resources
  - PSYCKES training point person attends “train the trainer” session in May
3. Request access for all ER users
4. Train ER staff
  - PSYCKES users
  - Staff involved in PSYCKES workflow

# 6. Staff Training Outline

- Using PSYCKES
  - Login, Recipient Search
  - Clinical Summary
  - Consent Module
- Internal PSYCKES policies and procedures
  - Workflow and documentation
  - Responsibilities and expectations
  - Policies for PSYCKES use
  - HIPAA / security
  - Language/script for requesting consent

# 6. Training Resources Available

- “Train the trainer” session
- Webinars  
(available to implementation team and all hospital staff)
  - Using PSYCKES for Clinicians
  - Consent Module
  - PSYCKES Access and Implementation
- PSYCKES website: [www.psyckes.org](http://www.psyckes.org)
  - Print materials
  - Calendar of live webinars
  - Recorded webinars
- [PSYCKES Help](http://omh.ny.gov/PSYCKES-Help): PSYCKES-Help AT 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 seen in ER/CPEP
  - Target: 90% of all eligible adults
- Provide a high level of support in ER
  - Implementation team leadership
  - PSYCKES training point person
  - Super-users



## 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 development
- Grant and revoke access as staff turns over
  - PSYCKES access for incoming staff / residents
    - 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 residency training program
  - Individual training plan for new staff

# Next Steps

- Form PSYCKES ER/CPEP Implementation Team; begin engaging staff
- Finalize implementation plan, using Milestones document
- Ensure that hospital leadership submits documents for PSYCKES access
- Request PSYCKES access for initial cohort (implementation team, super users)
- Begin drafting PSYCKES workflow and policies
- Training point person attends “Train the Trainer” session in May

# Begin Developing Your Implementation Plan

- Hospital teams begin completing the Milestone Document
- Discussion
  - What implementation challenges do you anticipate?
  - Brainstorm strategies for addressing challenges

# Contact Information

- PSYCKES website
  - [www.psyckes.org](http://www.psyckes.org)
  - [Emergency Rooms page](#)
  - “Contact Us” page
- [PSYCKES Help](#) (PSYCKES support)
  - PSYCKES-help AT omh.ny.gov
- [OMH Help Desk](#) (SMS support)
  - 800-HELP-NYS (800-435-7697)

# Questions and Answers

