

The GNYHA-PSYCKES Quality Collaborative

Semi-Annual Meeting June 20, 2011



Background

- GNYHA-PSYCKES Quality Collaborative began in December, 2010
- Steering Committee selected the project: Reducing Cardiometabolic Risk
- Eighteen participating hospitals are conducting the Quality Improvement (QI) Project in their affiliated outpatient clinics
- Participating Clinics range in size from just over 100 to nearly 5,000 clients

Background, cont'd

- Monthly data has been reported for 5 months, January through May, 2011
- 63% of hospitals are logging on to PSYCKES monthly to identify positive cases
- 16 of the 18 participating hospitals have converted cases to date
- Site visits are underway; 5 site visits conducted to date

Current Status: Plan-Do-Check-Act Model

- Most participating hospitals have moved from “Plan” stage into “Do” stage
- Current activities are aspects of the “Do” and “Check” stages:
 - Conducting clinical reviews
 - Changing medications
 - Reducing new starts
 - Assessing effectiveness of interventions
- “Act” stage: Institutionalize effective processes in ongoing operations

Current Status: Implementation of Clinical Tools

- 27 Clinics Responded
- Clinical Note
 - 35% are using the PSYCKES Structured Clinical Note
 - 27% are using another/adapted structured note
- New Starts Checklist
 - 11% are requiring use of the New Starts Checklist
 - 30% are using another decision-making tool OR are using the New Starts Checklist but not requiring it

Monthly Report

Month Ended May 31, 2011

GNYHA-PSYCKES Quality Collaborative

**Reducing the Use of Antipsychotics with High or Moderate Risk of Metabolic Side Effects
in Individuals with Cardiometabolic Conditions**

Summary of Monthly Self-Report Data

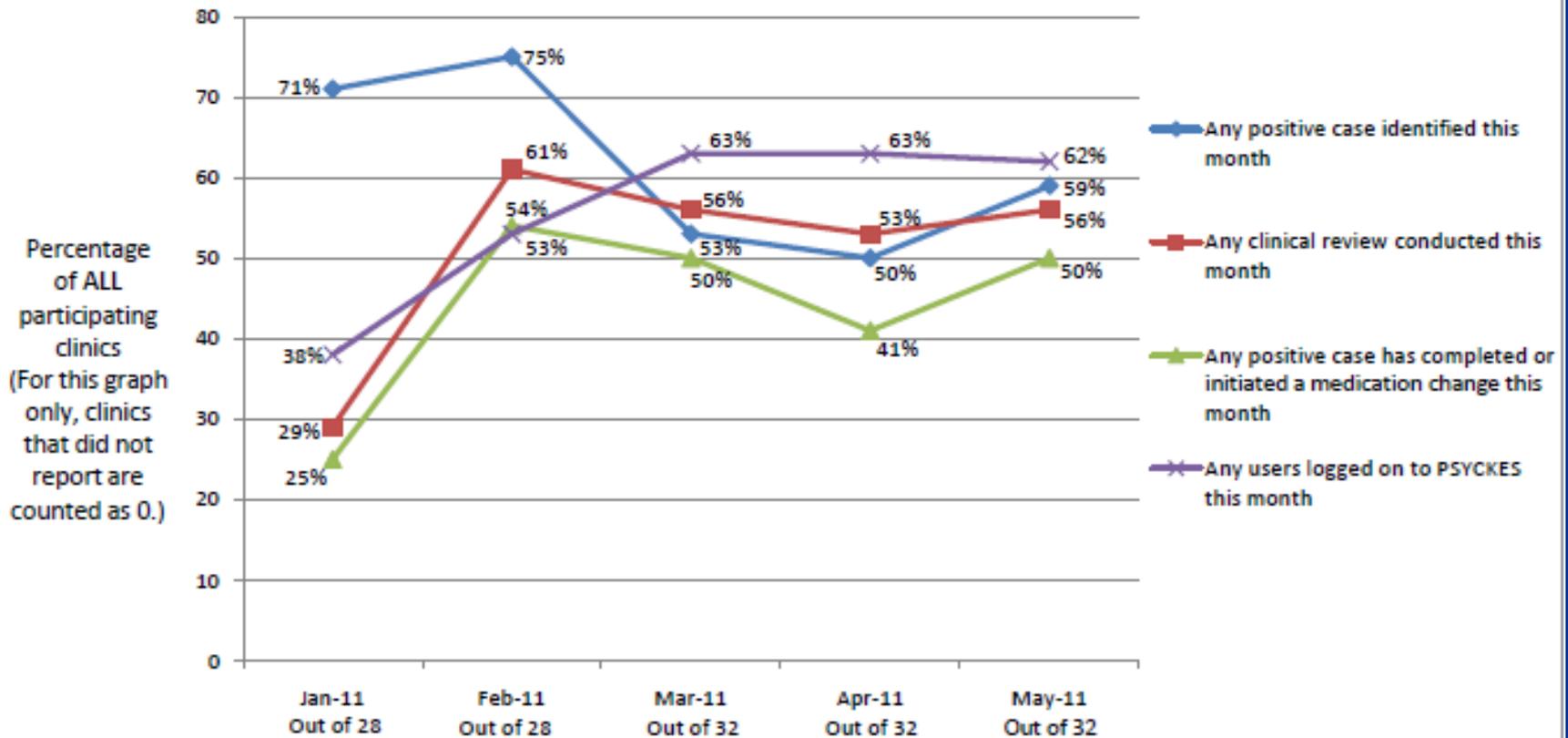
May 2011

- 1,887 positive cases (individuals with cardiometabolic conditions who are on antipsychotic medications posing a high or moderate risk of metabolic side effects) have been identified to date.
- 279 new cases were identified during May 2011.
- 1,933 clinical reviews of medication regimen have been conducted to date.
- 377 positive cases (20% of the total) have completed a medication change, such that they no longer meet the criteria for the Cardiometabolic indicator, since start of project.
- 56 positive cases (3% of the total) currently have a medication change in progress. (22 clinics reporting)

Monthly Report

Month Ended May 31, 2011

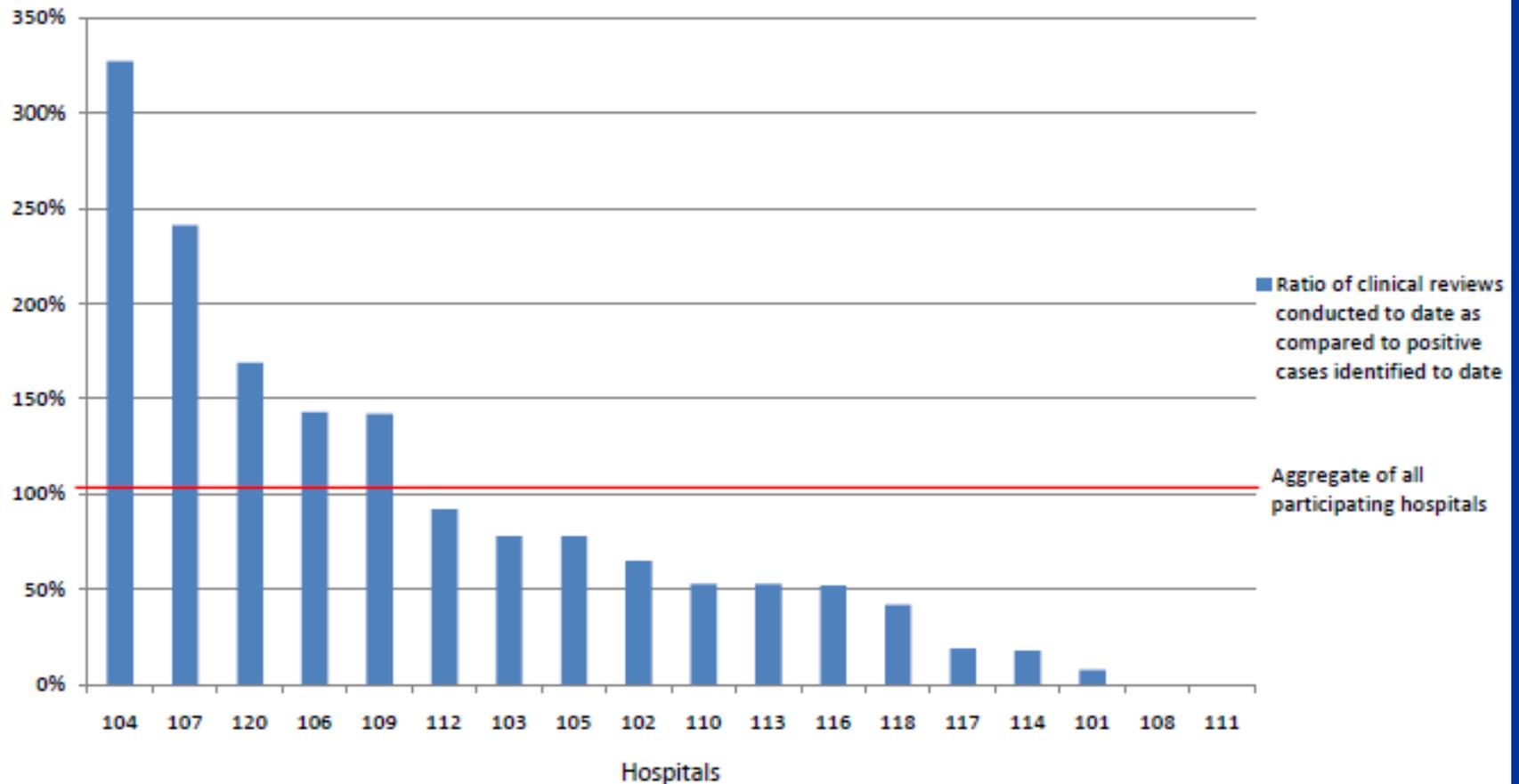
CQI Project Implementation/Activities by Clinic



Monthly Report

Month Ended May 31, 2011

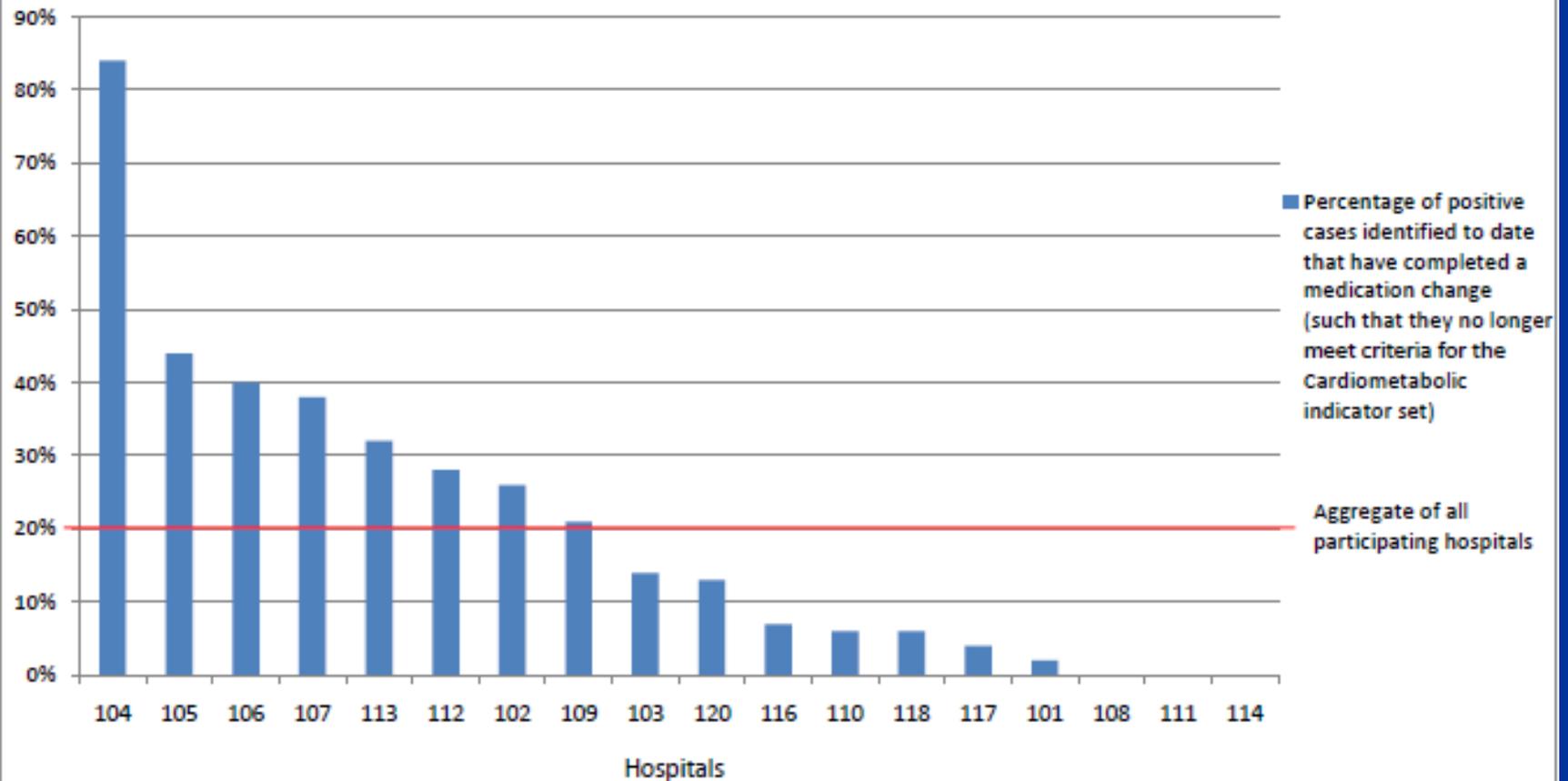
Ratio of Clinical Reviews to Positive Cases
(by Hospital, since start of project, as of May 31, 2011)



Monthly Report

Month Ended May 31, 2011

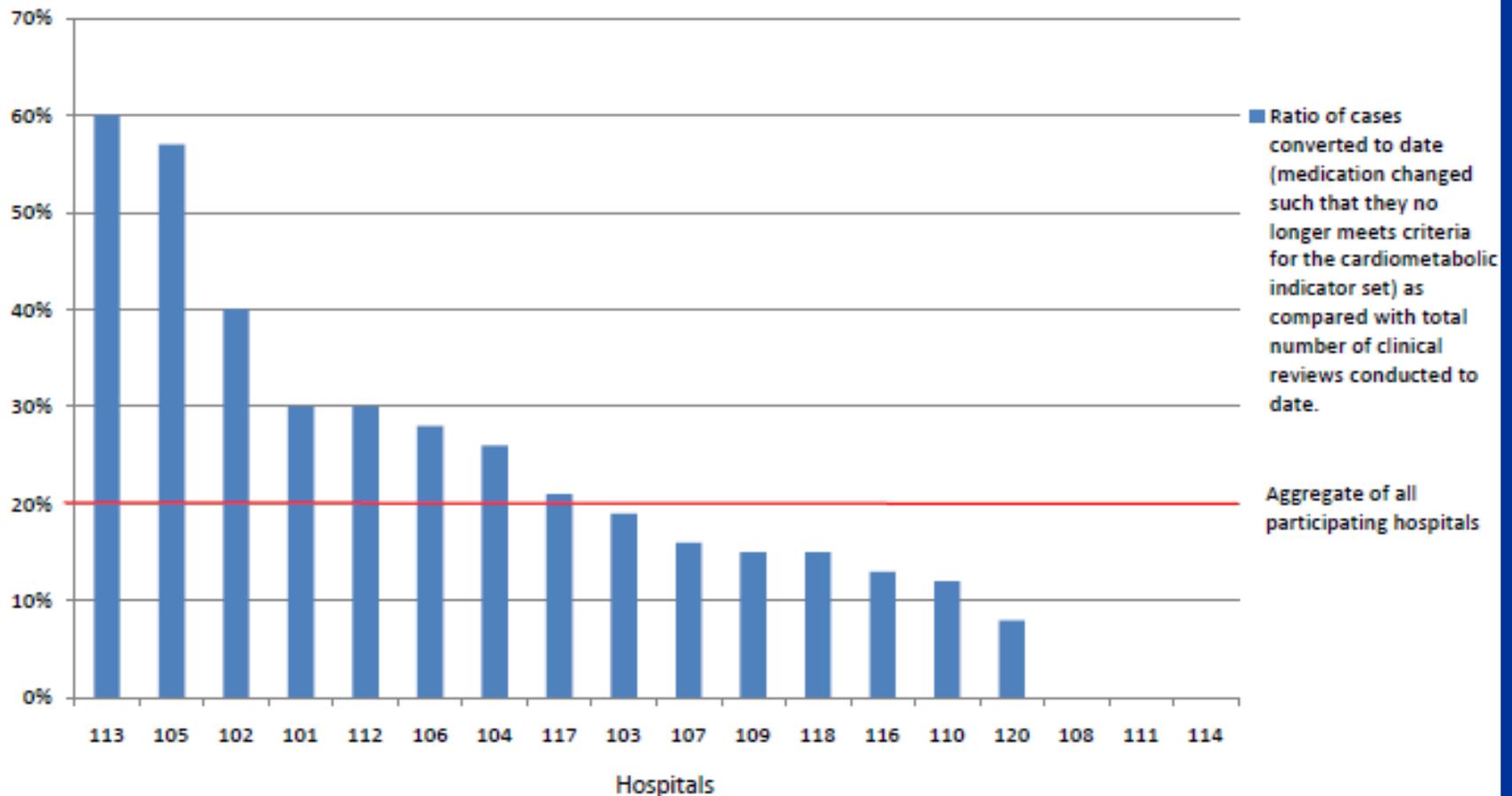
Percentage of Positive Cases Converted
(by Hospital, since start of project, as of May 31, 2011)



Monthly Report

Month Ended May 31, 2011

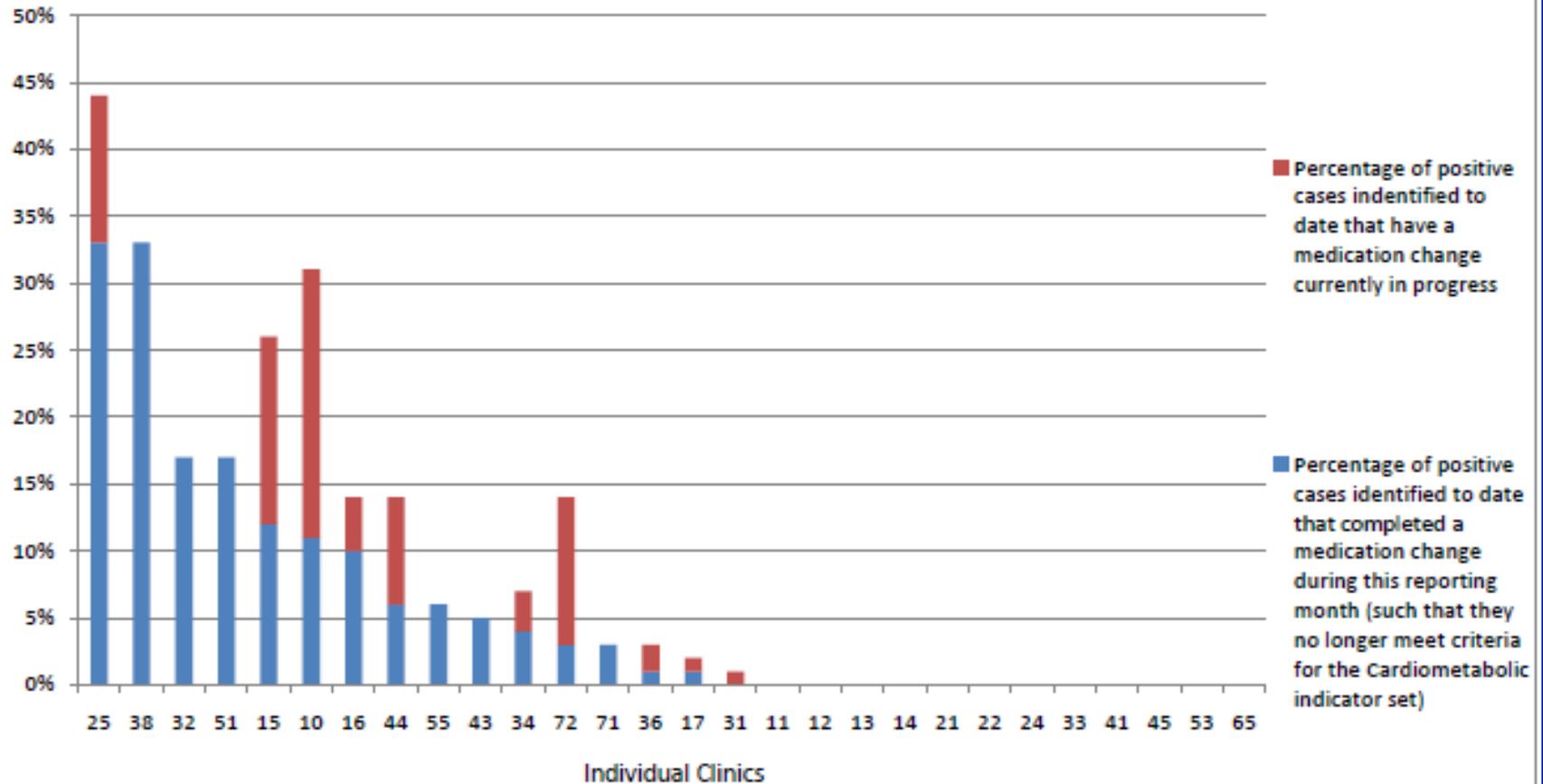
Ratio of Converted Cases to Clinical Reviews
(by Hospital, since start of project, as of May 31, 2011)



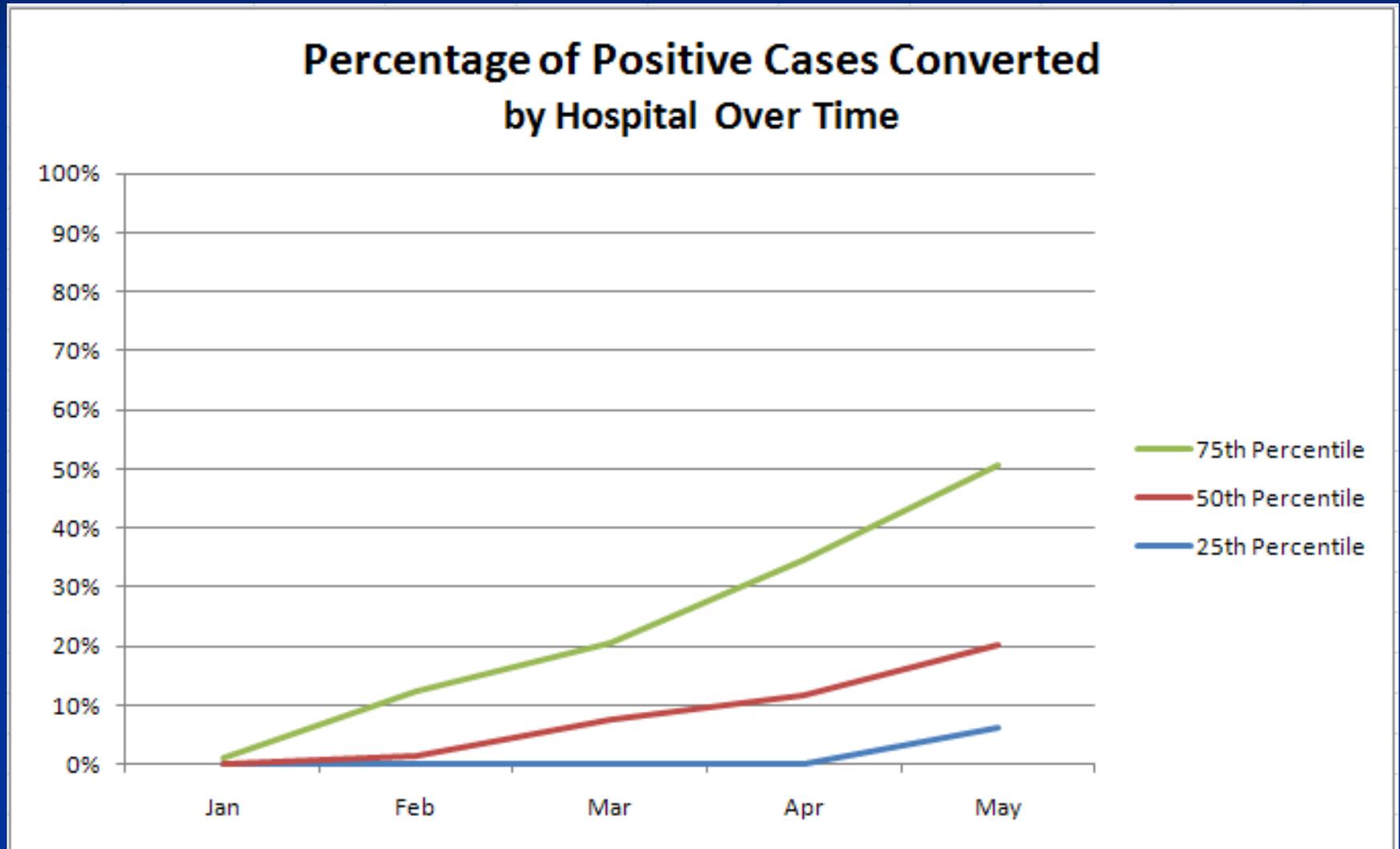
Monthly Report

Month Ended May 31, 2011

Percentage of Positive Cases with Medication Changes
 During this Reporting Month
 (by Clinic, May 31, 2011)

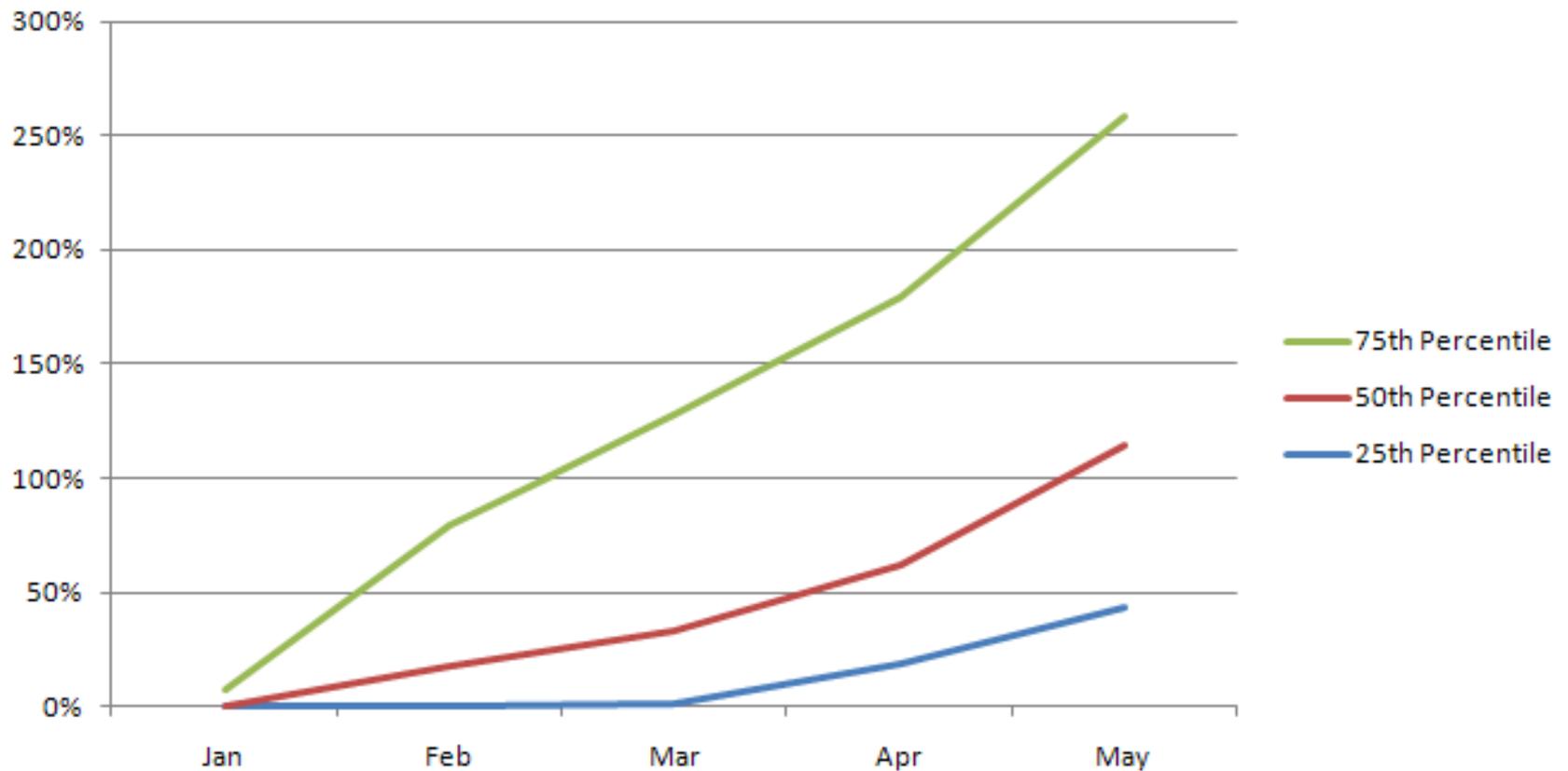


Monthly Data Over Time: Percentage of Positive Cases Converted To Date

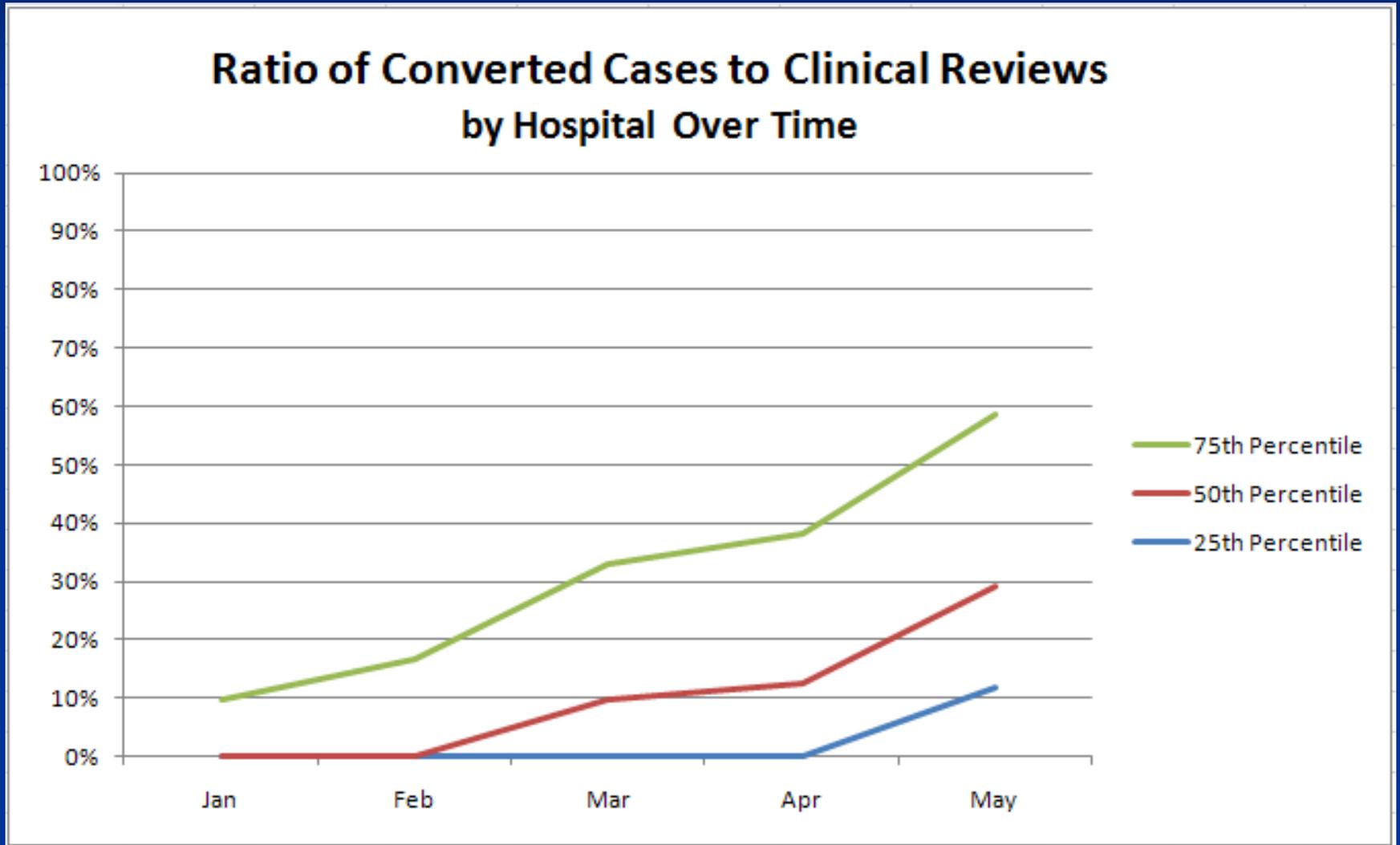


Monthly Data Over Time: Ratio of Clinical Reviews to Positive Cases

**Ratio of Clinical Reviews to Positive Cases
by Hospital Over Time**



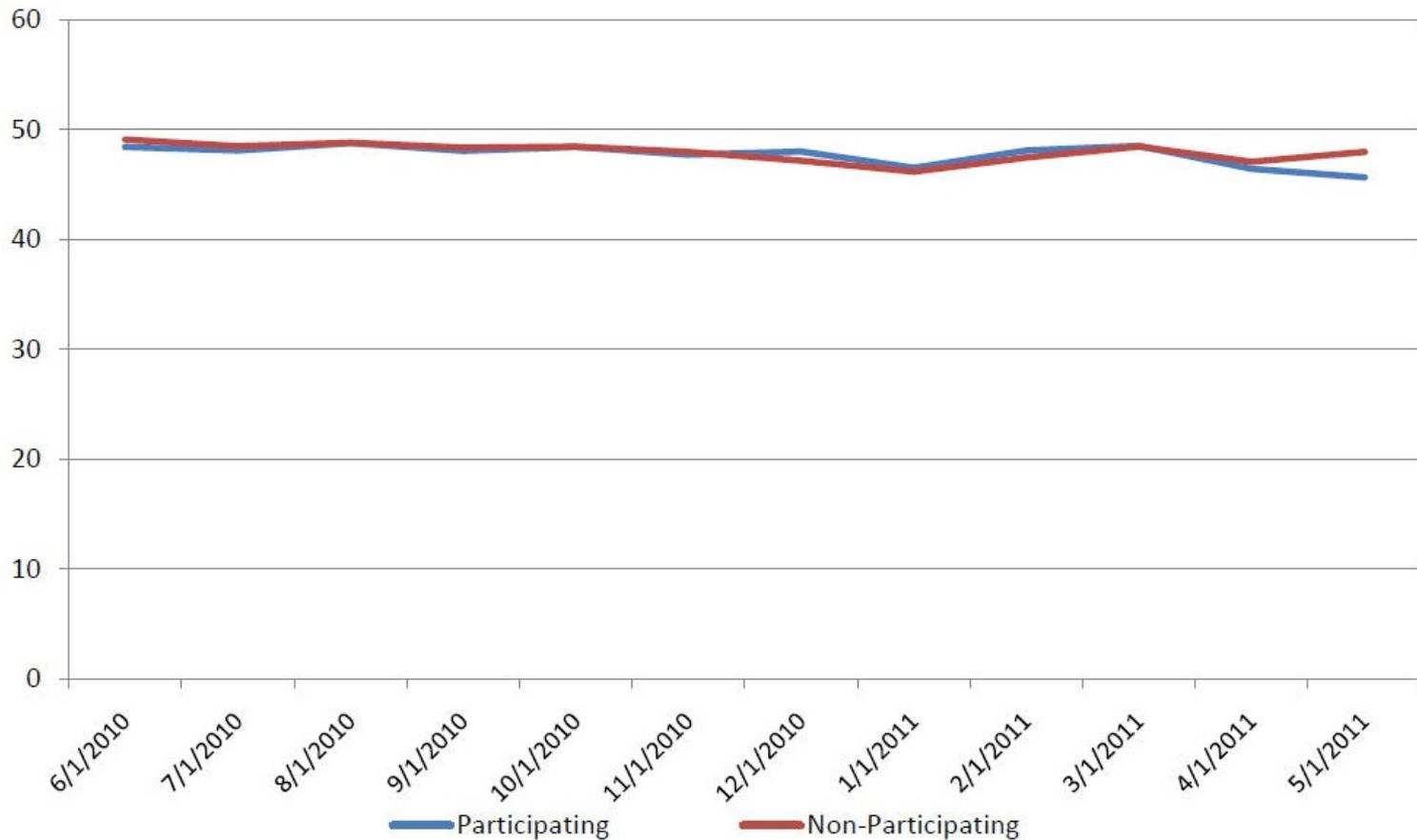
Monthly Data Over Time: Ratio of Converted Cases to Clinical Reviews



Quarterly Report

Period Ended May 1, 2011

Summary CMI by Collaborative Hospital-based Clinics



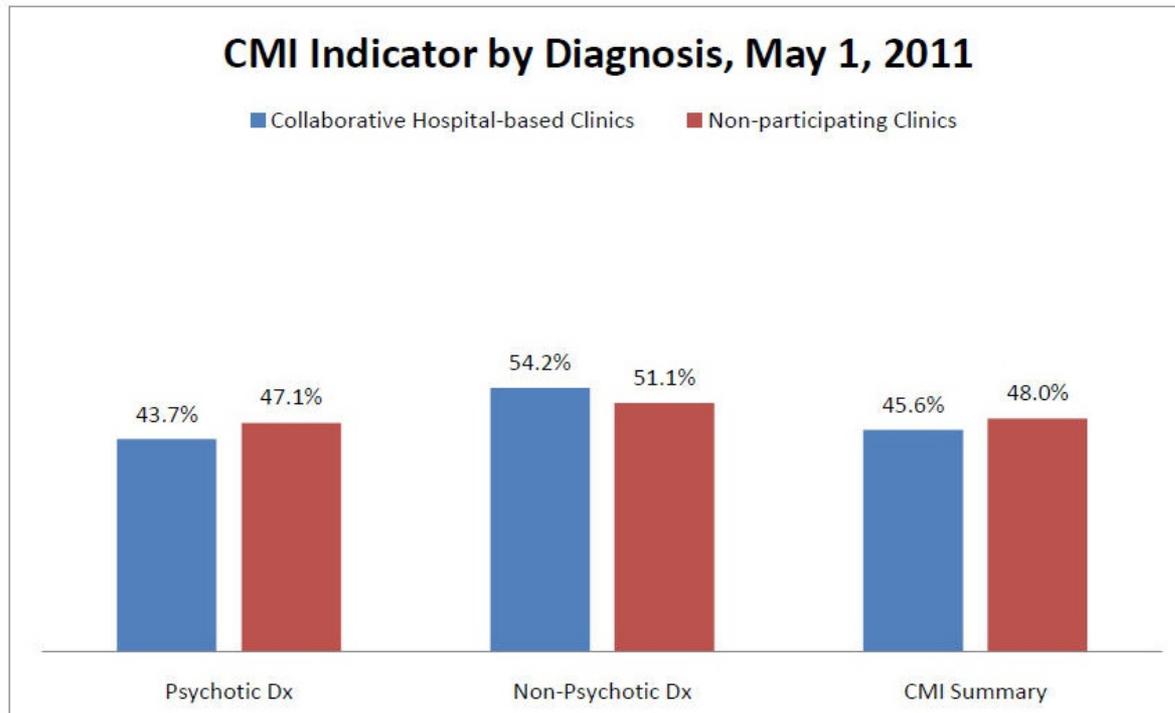
Quarterly Report

Period Ended May 1, 2011

Table 2: GNYHA and PSYCKES Collaborative CMI Prevalence (May 1, 2011)

	Psychotic Dx*			Non-Psychotic Dx		
	High Risk	Denominator	%	High Risk	Denominator	%
Collaborative Hospital-based Clinics	1586	3631	43.7%	446	823	54.2%
Non-participating Clinics	3491	7414	47.1%	1041	2036	51.1%

* Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, Bipolar Disorder, Major Depressive Disorders Severe with/without Psychotic Features (29614, 29623, 29624, 29633, 29634, 29682), Substance Abuse Disorders with Psychotic Features (29211, 29212, 29281), Delusional Disorder, Other Psychotic Disorder, Autism and pervasive developmental disorder.



Quarterly Report

Period Ended May 1, 2011

Table3: Participating Hospital Prevalence Ranking by Percent Change, May 1, 2011
Baseline (1-Dec-10) 1-May-11

Hospital ID	RANK*	% Change**	Baseline (1-Dec-10)			1-May-11			Joinpoint Average Annual Percent Change (95% CI)
			CMI Summary	Psychotic Dx	Non-Psychotic Dx	CMI Summary	Psychotic Dx	Non-Psychotic Dx	
104	1	-19.21%	50.28%	50.00%	51.85%	40.63%	40.6%	40.9%	-41.5 (-59.6, -15.2)
112	2	-17.16%	65.67%	66.33%	63.89%	54.40%	56.0%	50.0%	-40.1 (-56.6, -17.3)
105	3	-15.56%	52.63%	60.00%	50.00%	44.44%	50.0%	42.9%	-1.4 (-24.4, 28.5)
107	4	-14.49%	42.80%	43.06%	40.74%	36.60%	38.0%	25.9%	-26.5 (-35.2, -16.6)
106	5	-14.13%	52.86%	52.14%	56.52%	45.39%	46.2%	41.7%	-28.3 (-49.6, 2)
109	6	-12.95%	48.58%	46.86%	56.52%	42.29%	42.3%	42.4%	-9.3 (-15.1, -3.1)
103	7	-12.36%	45.70%	43.55%	55.94%	40.05%	39.1%	45.2%	-23.5 (-41.9, 0.9)
118	8	-4.00%	45.63%	43.94%	51.95%	43.80%	42.8%	48.4%	-4.9 (-9, -0.5)
114	9	-3.66%	44.29%	43.94%	50.00%	42.67%	40.6%	66.7%	5.1 (-8.3, 20.4)
120	10	-1.39%	41.42%	39.23%	53.06%	40.85%	37.3%	62.8%	0.9 (-4.3, 6.5)
117	11	0.96%	40.94%	34.81%	63.89%	41.33%	34.3%	64.2%	-3.5 (-7.4, 0.6)
101	12	2.42%	49.65%	44.56%	60.44%	50.85%	43.2%	63.6%	4 (-1.2, 9.6)
116	13	3.31%	47.43%	44.97%	62.75%	48.99%	48.4%	52.4%	-1.9 (-8.5, 5.1)
111	14	5.30%	57.44%	57.07%	59.32%	60.49%	58.5%	70.8%	2.6 (-1.7, 7)
102	15	6.28%	45.53%	41.27%	59.65%	48.39%	43.4%	65.1%	13.1 (-71.7, 352.3)
110	16	8.81%	33.11%	28.81%	48.48%	36.03%	31.5%	53.6%	13 (0, 27.7)
113	17	15.24%	54.55%	57.89%	50.00%	62.86%	62.5%	63.6%	8.9 (-9, 30.5)
108	18	NA	0.00%	0.00%	0.00%	50.00%	100.0%	0.0%	NA
Total Participating		-0.06%	47.99%	45.90%	56.80%	47.96%	47.1%	51.1%	
Total Non-Participating		-3.12%	47.09%	46.80%	48.10%	45.62%	43.7%	54.2%	

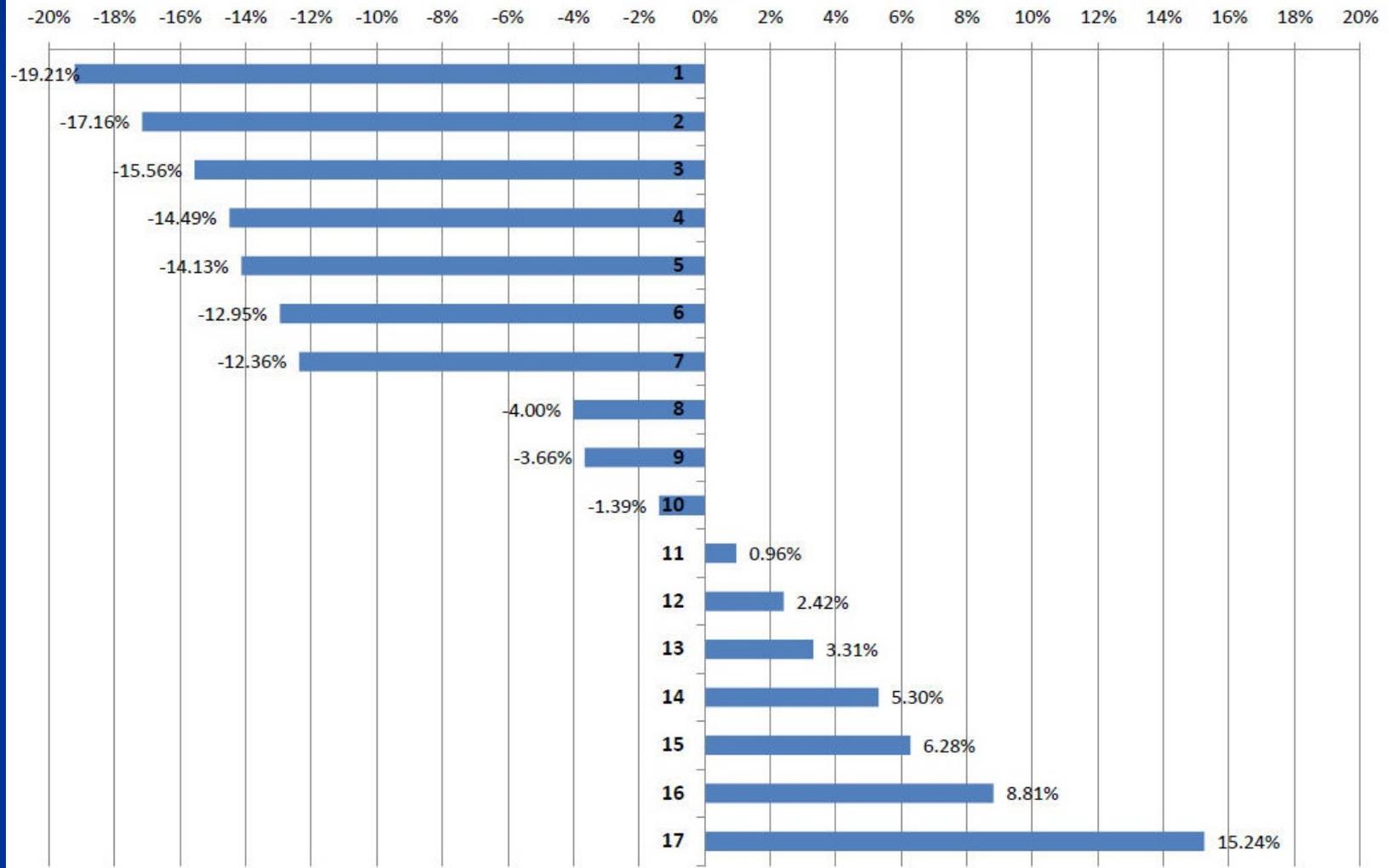
* Ranking is based on the percent change.

** % change reflects the change in prevalence for Summary CMI from baseline to the most recent Report date (May 1, 2011).

Quarterly Report

Period Ended May 1, 2011

PSYCKES and GNYHA Collaborative Hospital Ranking by Percent Change



Quarterly Report

Period Ended May 1, 2011

Table 4a: Hospital CMI Prevalence, New Starts and Discontinued by Diagnosis

Hospital Id	Baseline (December 2010)									1-May-11								
	Psychotic				Non-Psychotic				AP D/C**	Psychotic				Non-Psychotic				AP D/C**
	New Starts*	High Risk	On Any AP	%	New Starts*	High Risk	On Any AP	%		New Starts*	High Risk	On Any AP	%	New Starts*	High Risk	On Any AP	%	
101	3 (3.5%)	86	193	44.6%	2 (3.6%)	55	91	60.4%	8 (5.7%)	2 (3.1%)	64	148	43.2%	4 (7.1%)	56	88	63.6%	11 (9.2%)
102	6 (7.7%)	78	189	41.3%	3 (8.8%)	34	57	59.6%	9 (8.0%)	4 (6.5%)	62	143	43.4%	6 (21.4%)	28	43	65.1%	15 (16.7%)
103	12 (4.0%)	297	682	43.5%	10 (12.5%)	80	143	55.9%	17 (4.5%)	6 (2.2%)	268	685	39.1%	1 (1.8%)	56	124	45.2%	31 (9.6%)
104	3 (4.0%)	75	150	50.0%	2 (14.3%)	14	27	51.9%	6 (6.7%)	3 (5.4%)	56	138	40.6%	0 (0.0%)	9	22	40.9%	6 (9.2%)
105	0	3	5	60.0%	2 (28.6%)	7	14	50.0%	1 (10.0%)	0 (0.0%)	2	4	50.0%	1 (16.7%)	6	14	42.9%	1 (12.5%)
106	14 (11.5%)	122	234	52.1%	1 (3.8%)	26	46	56.5%	6 (4.1%)	2 (1.9%)	108	234	46.2%	0 (0.0%)	20	48	41.7%	19 (14.8%)
107	6 (6.5%)	93	216	43.1%	0	11	27	40.7%	7 (6.7%)	3 (3.8%)	79	208	38.0%	1 (14.3%)	7	27	25.9%	9 (10.5%)
108	0	0	1	0.0%	0	0	0	0.0%		0 (0.0%)	1	1	100.0%	0 (0.0%)	0	1	0.0%	0 (0.0%)
109	10 (6.7%)	149	318	46.9%	7 (17.9%)	39	69	56.5%	16 (8.5%)	7 (5.3%)	131	310	42.3%	1 (3.6%)	28	66	42.4%	12 (7.5%)
110	2 (5.9%)	34	118	28.8%	1 (6.3%)	16	33	48.5%	3 (6.0%)	2 (5.9%)	34	108	31.5%	0 (0.0%)	15	28	53.6%	2 (4.1%)
111	17 (5.0%)	343	601	57.1%	6 (8.6%)	70	118	59.3%	19 (4.6%)	14 (4.3%)	323	552	58.5%	3 (4.0%)	75	106	70.8%	36 (9.0%)
112	3 (4.6%)	65	98	66.3%	0	23	36	63.9%	3 (3.4%)	1 (2.0%)	51	91	56.0%	2 (11.8%)	17	34	50.0%	7 (10.3%)
113	0	11	19	57.9%	2 (28.6%)	7	14	50.0%	1 (5.6%)	0 (0.0%)	15	24	62.5%	1 (14.3%)	7	11	63.6%	1 (4.5%)
114	0	29	66	43.9%	0	2	4	50.0%	4 (12.9%)	0 (0.0%)	28	69	40.6%	0 (0.0%)	4	6	66.7%	7 (21.9%)
116	7 (4.9%)	143	318	45.0%	3 (9.4%)	32	51	62.7%	15 (8.6%)	1 (1.6%)	62	128	48.4%	3 (27.3%)	11	21	52.4%	10 (13.7%)
117	6 (6.4%)	94	270	34.8%	4 (8.7%)	46	72	63.9%	6 (4.3%)	2 (2.2%)	91	265	34.3%	6 (11.5%)	52	81	64.2%	13 (9.1%)
118	5 (3.9%)	127	289	43.9%	2 (5.0%)	40	77	51.9%	15 (9.0%)	2 (1.7%)	121	283	42.8%	0 (0.0%)	31	64	48.4%	13 (8.6%)
120	5 (4.9%)	102	260	39.2%	1 (3.8%)	26	49	53.1%	8 (6.3%)	5 (5.1%)	98	263	37.3%	1 (3.7%)	27	43	62.8%	8 (6.4%)
Total Participating	97 (5.3%)	1823	3969	45.9%	46 (8.8%)	525	924	56.8%	142 (6.0%)	53 (3.3%)	1586	3631	43.7%	29 (6.5%)	446	823	54.2%	198 (9.7%)
Total Non-Participating	227 (6.0%)	3798	8116	46.8%	93 (8.4%)	1107	2300	48.1%	409 (8.3%)	185 (5.3%)	3491	7414	47.1%	84 (8.1%)	1041	2036	51.1%	420 (9.3%)

* New Starts defined as recipients not observed on a high risk AP in the past 6 months. Values in parentheses are percent of High Risk.

** AP discontinued defined as no AP in the past 35 days, among clients who previously met criteria in the month before the report date. Values in parentheses are percent of High Risk.

Survey of Current Practices

- 16 hospitals responded
- Hospitals are most actively engaged in activities related to “Plan” stage
- Important to assess and revise plan based on data from project
 - Most (13/16) hospitals report having a written action plan and monthly meetings to review project data
 - Fewer (9/16) modify the action plan based on evaluation of the data
- Will survey hospitals again at end of collaborative to assess any changes in QI practices

Survey of Current Practices: Feasibility Self-Assessment

- Respondents rated feasibility of 7 critical activities. Those identified as the most difficult to implement were:
 - Ensuring that every positive case receives a clinical review
 - Educating Consumers about the quality concern
- Monthly data suggests that clinics have made progress in implementing systems for reviews
- Site visits to date suggest educating and motivating clients is an ongoing process

Coming Soon: New Release of PSYCKES Application

- New quality indicators available
 - Preventable medical hospitalizations
 - High utilization of Emergency Room / Inpatient Services
 - Rehospitalization within 7 and 30 days
- Care Monitoring notifications
 - Clients who are part of a high-needs population and are possibly experiencing a gap in services, or overusing acute care
 - Provides a prompt to call Care Monitoring if a client has a notification
- Enhanced usability

Coming Soon: Redesigned PSYCKES Public Website

- Same URL: www.psyckes.org
- Dedicated section for the Quality Collaborative
- Improved usability and organization
- More information and resources

Coming Soon: Redesigned PSYCKES Public Website

The screenshot displays the redesigned PSYCKES Public Website. At the top, it features the New York State logo and 'State Agencies' link, a search bar for 'Search all of NY.gov', and a specific search bar for 'Search OMH'. The main header includes the 'Office of Mental Health' logo, the names of Commissioner Michael F. Hogan and Governor Andrew M. Cuomo, and a navigation menu with links for Home, News, Publications, Resources, Employment, and A-Z Site Map. A secondary navigation bar contains 'About OMH', 'Initiatives', and 'Contact OMH', along with a 'Print' icon and 'Other Languages' options.

The main content area is titled 'PSYCKES Medicaid Home' and is organized into three primary sections, each represented by a dark blue arrow pointing right:

- 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

A left-hand sidebar menu lists various site sections: Log Into PSYCKES, About PSYCKES, Calendar, News, Quality Concerns, Initiatives (with sub-links for Freestanding Clinics, Hospital Clinics, and Other Initiatives), Resources (with sub-links for QI Teams, Clinicians, and Consumers/Families), FAQ's, and A-Z Site Map.

Coming Soon: Redesigned PSYCKES Public Website



Initiatives for Hospital Clinics

[Participants](#) [Learning Collaborative](#) [Project Tools](#) [Clinical Resources](#) [Project Impact](#) [Log In](#)

[Log Into PSYCKES](#)

[About PSYCKES](#)

[Calendar](#)

[News](#)

[Quality Indicators](#)

[Initiatives](#)

[Freestanding Clinics](#)

[Hospital Clinics](#)

[Pilots](#)

[Resources](#)

[CQI Team](#)

[Clinicians](#)

[Consumer/Families](#)

[FAQ's](#)

[Site Map](#)

[Contact Us](#)

PSYCKES Medicaid Hospital Clinics

Overview of Project

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News

- News Item

Calendar

Date	Time	Title
Friday June 10, 2011		Monthly data reporting deadline (Hospital & Freestanding Clinics)
Friday	10:00 am to	Using PSYCKES Webinar

Question and Answer

- Resources

- www.psyckes.org

- [PSYCKES-Help](#)