

The GNYHA-PSYCKES Quality Collaborative Outcomes Conference

Project Data

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Overview

- Monthly Self-Report Data
December, 2011
- Quarterly Report of Medicaid Data from
PSYCKES Data Analysis Team
September, 2011
- Preliminary Analysis of Medicaid Data from
PSYCKES Data Analysis Team
January through October, 2011

Background: The Collaborative

- GNYHA-PSYCKES Quality Collaborative began in December, 2010
- Steering Committee selected the project: Reducing Cardiometabolic Risk
- 18 participating hospitals, in 29 outpatient programs
- Clinics reported monthly on project activities
 - Positive Cases Identified to Date
 - Clinical Reviews Conducted
 - Cases Converted
 - Tapers in Progress
- Medicaid data used to track progress and outcomes

Monthly Self-Report Data

December, 2011

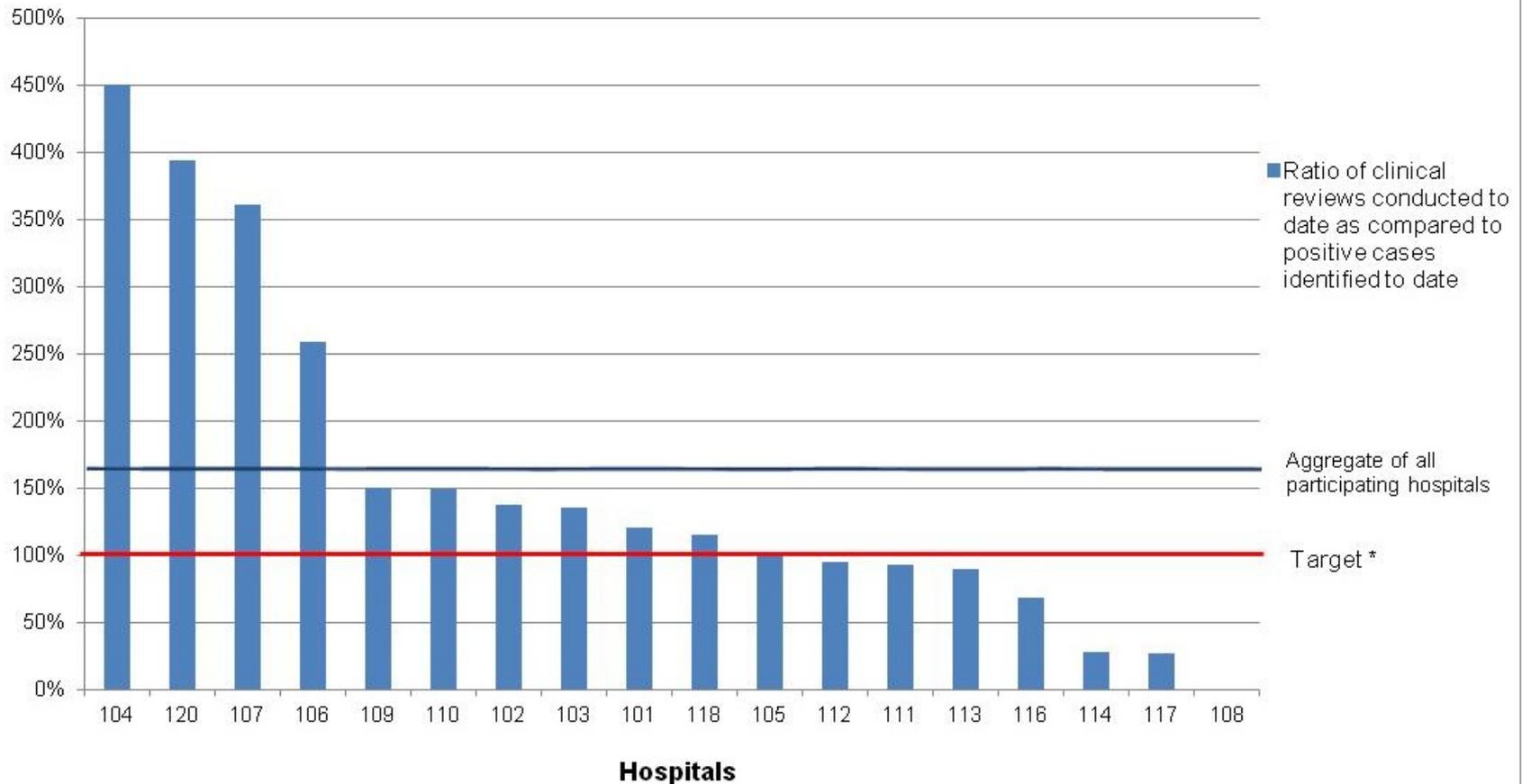
Self-Report Data: Overview

During the course of the project (by Dec 2011):

- 2,338 positive cases were identified
- 3,663 clinical reviews were conducted
- 25% positive cases changed regimens (n=581)
- Additional 1.6% (n=37) had a medication change in progress at year-end

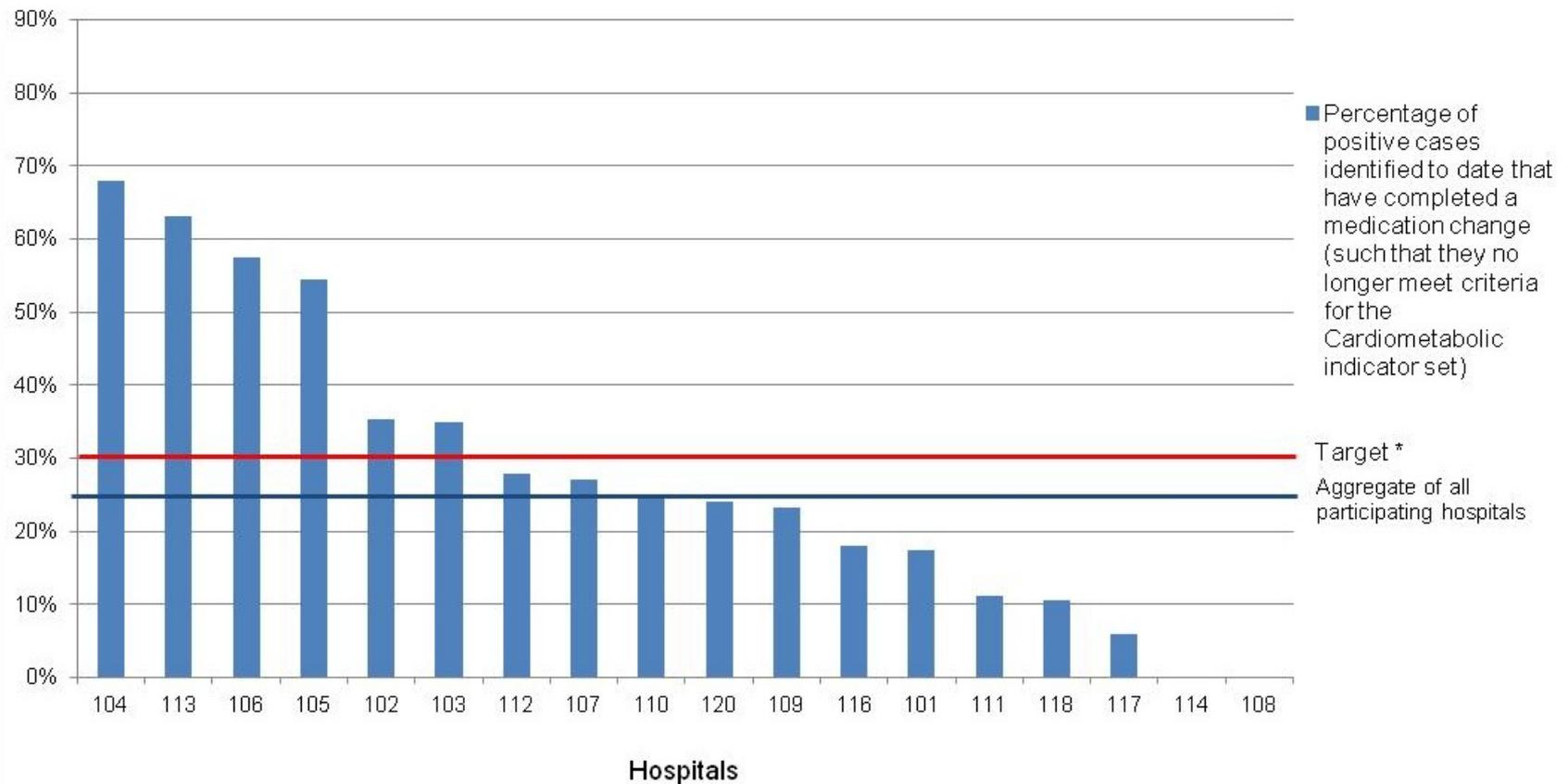
Clinical Reviews Conducted by Hospital

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



Positive Cases Converted by Hospital

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

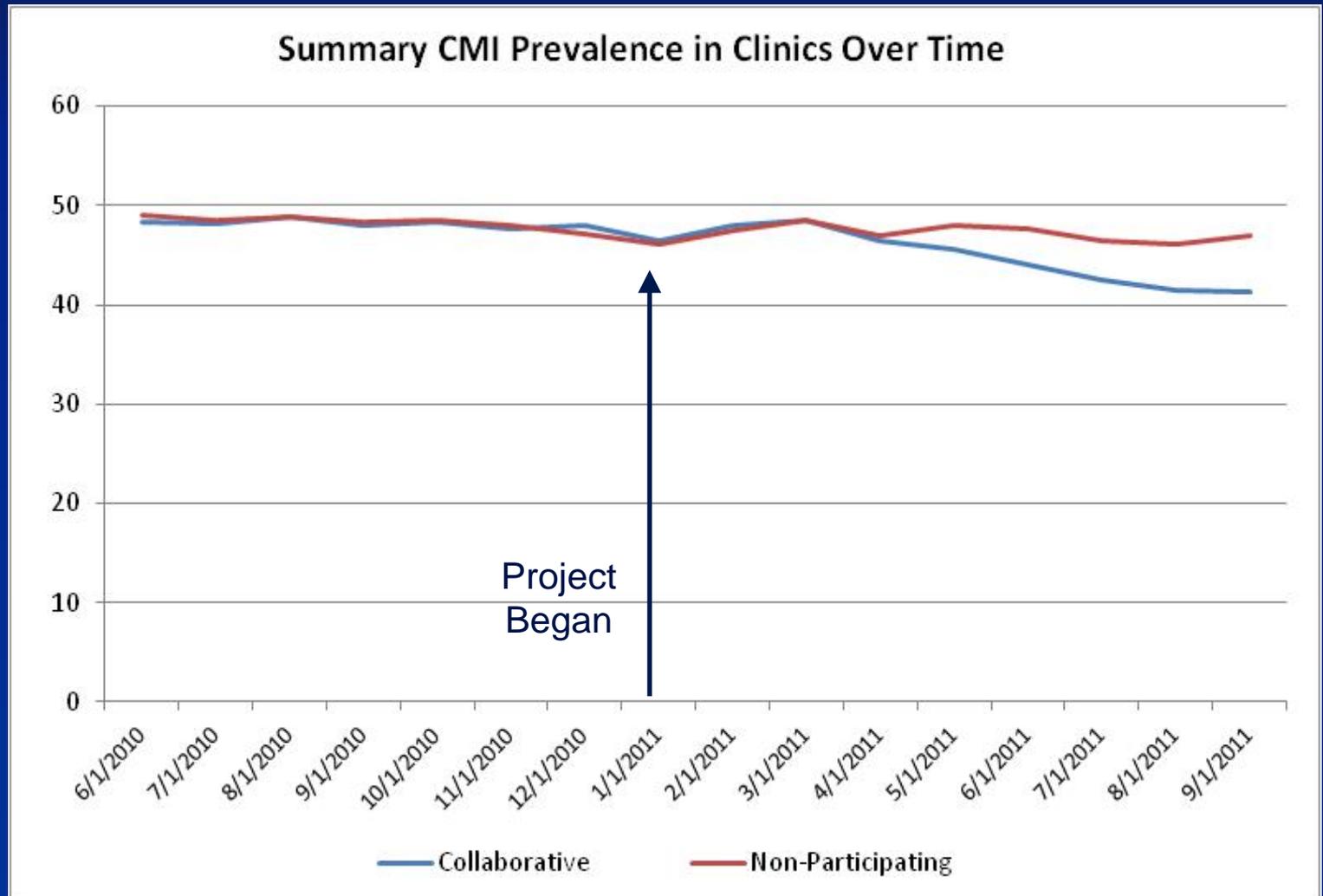


Medicaid Data: Impact on Prevalence and New Starts

September, 2011

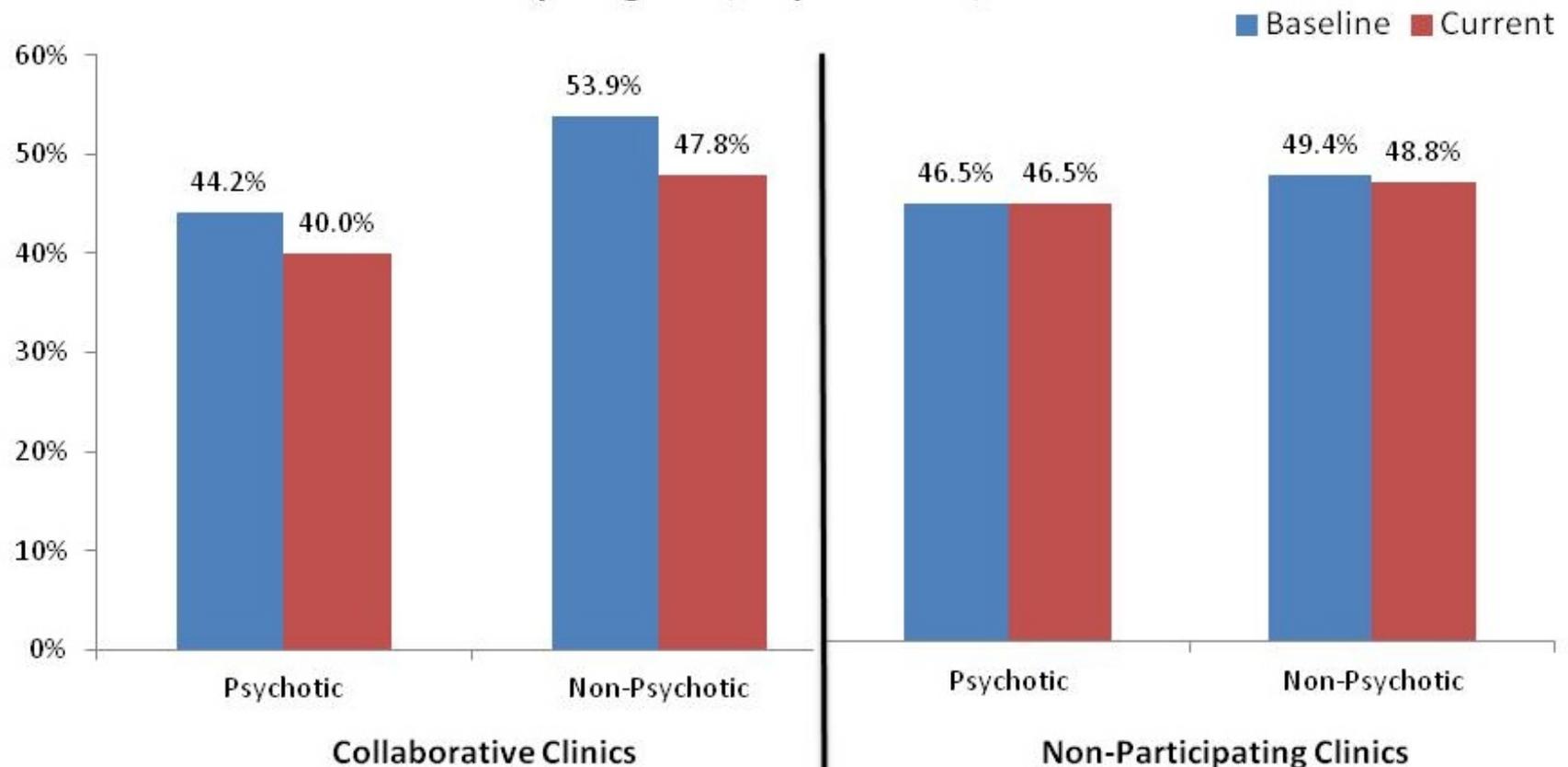
CMI Prevalence: Trends Over Time

Divergence
in
prevalence
rates is
statistically
significant
from
June, 2011,
onward
($p < 0.0001$)



Changes in Prevalence: Psychotic vs. Non-Psychotic

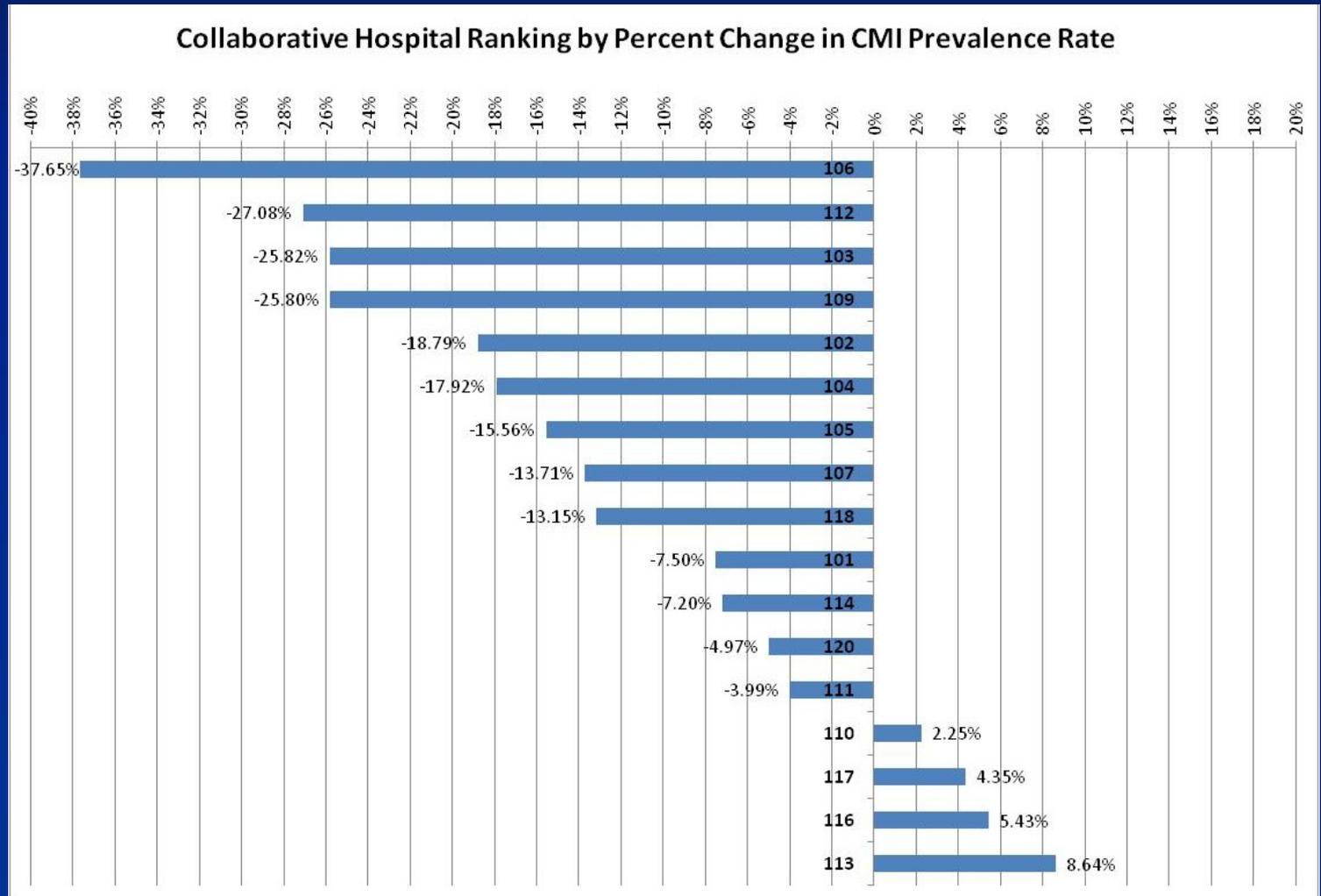
CMI Indicator by Diagnosis, September 1, 2011



Changes in Prevalence by Hospital

5 hospitals achieved statistically significant decreases in prevalence rates.

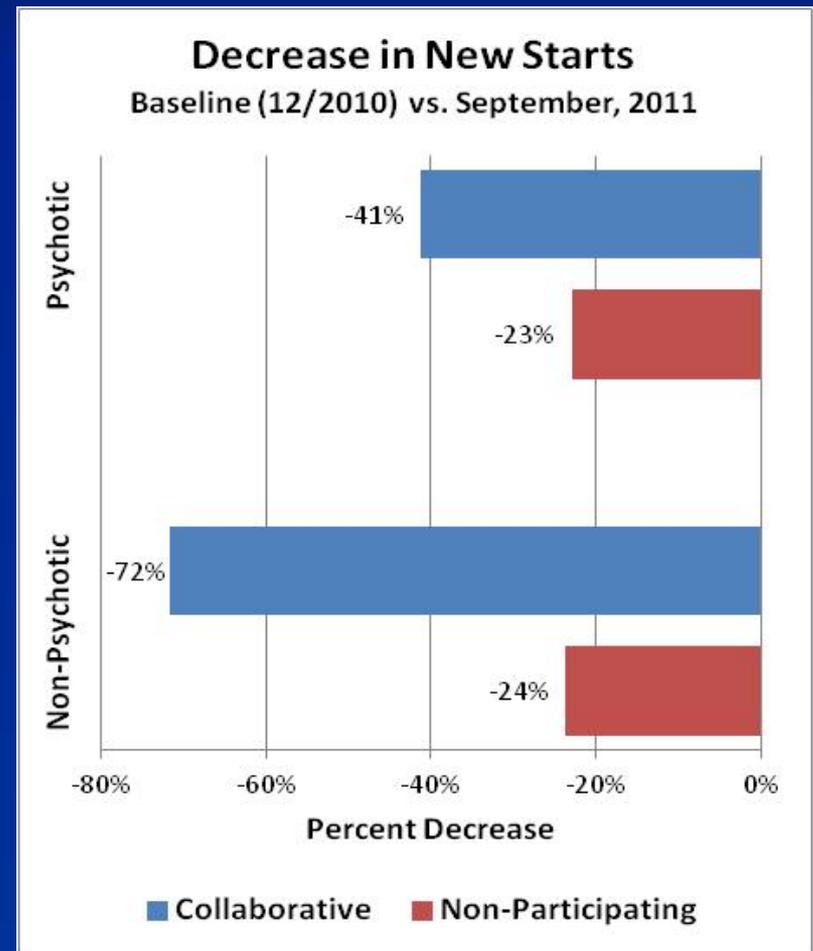
None of the increases in prevalence rates were statistically significant.



Decrease in New Starts: Overall

New starts of high/moderate risk antipsychotics among clients positive for cardiometabolic conditions

Population	Hospital	Dec 2010 (n)	Sept 2011 (n)
Psychotic	Collaborative	97	57
Psychotic	Non-Participating	227	175
Non-Psychotic	Collaborative	46	13
Non-Psychotic	Non-Participating	93	71



Decrease in New Starts: Non-Psychotic Clients

Most collaborative hospital clinics dramatically reduced new starts of high/moderate risk antipsychotics among non-psychotic clients with cardiometabolic risk.

- Baseline: 4 of 18 hospitals had no new starts in the month of December 2010
- At 9 months: 12 of 18 hospitals had no new starts in the month of September 2011

Progress Toward Targets

- Target set by steering committee
 - 30% change in self-report data
 - 20% change in Medicaid data
- Results
 - Self-Report
 - 25% reduction for collaborative
 - 6 hospitals met or exceeded target
 - Medicaid Join Point Average Annual Percent Change
 - -19.4% (95% CI: -23.9, -14.5) for collaborative clinics
 - -3.5 (95% CI: -5.4, -1.6) non-participating clinics

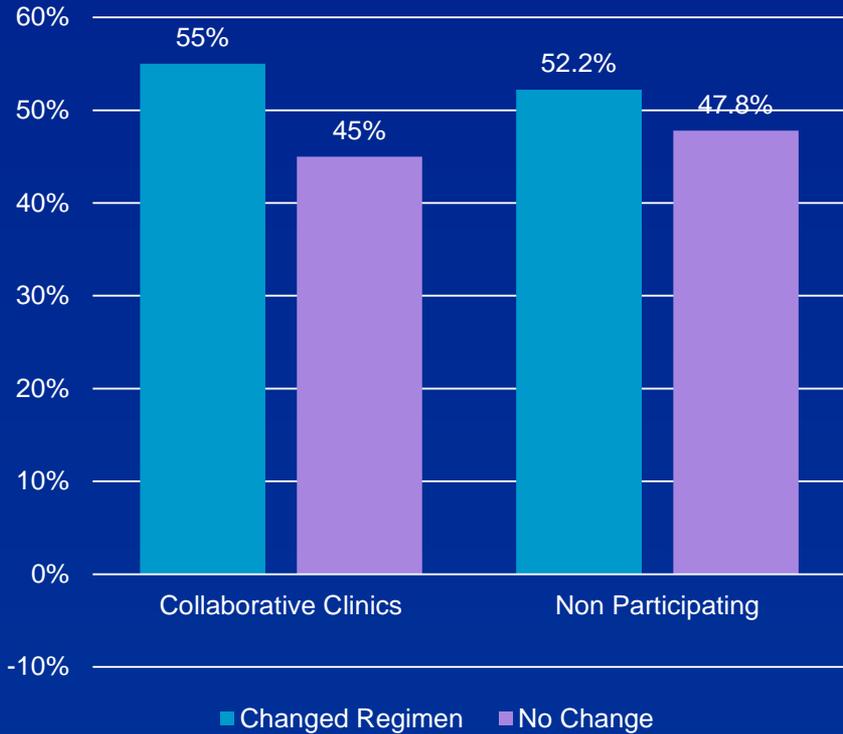
Outcomes :
**Changes in Medication
Regimens, Hospitalizations**
Preliminary Findings

Regimen Changes Observed

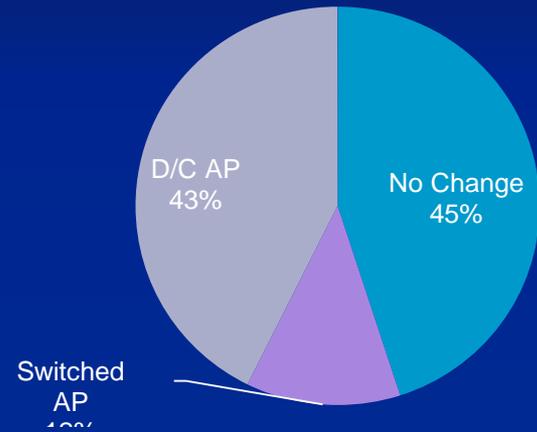
Collaborative v. Non Participating Hospital Clinics

January to October 2011

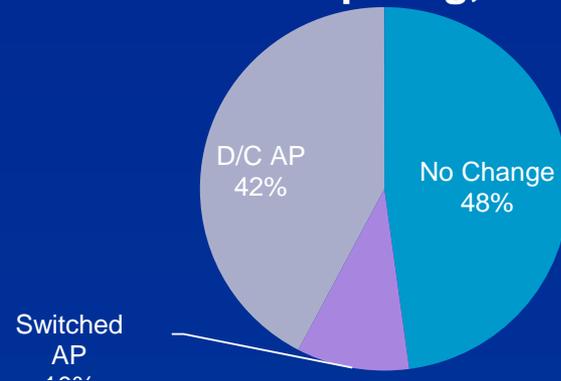
Clients identified by the
Cardiometabolic Summary Indicator in
Hospital-Affiliated MH Clinics, n=9,120



Collaborative Clinics, n=3,339



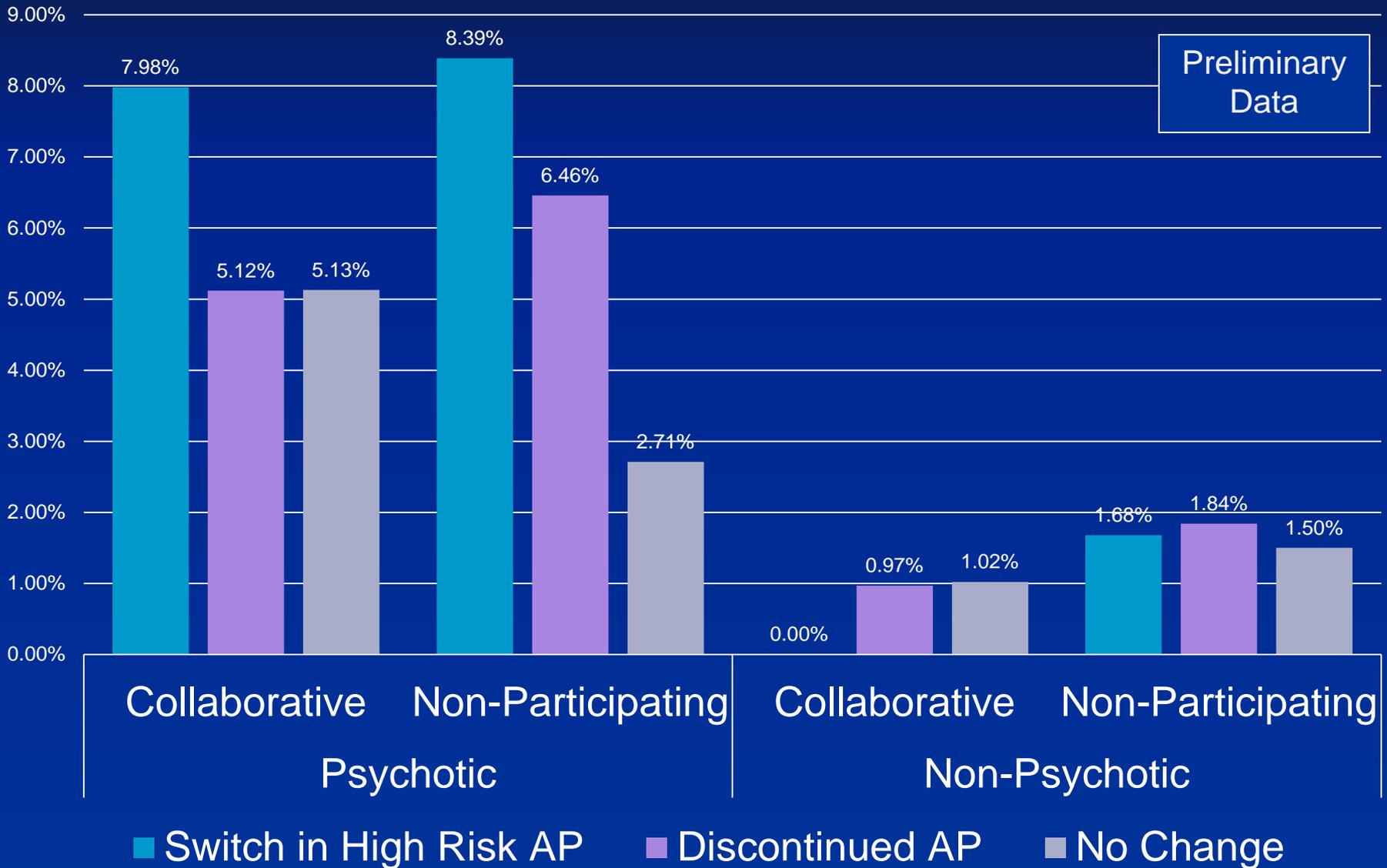
Non Participating, n=5,781



Preliminary Data

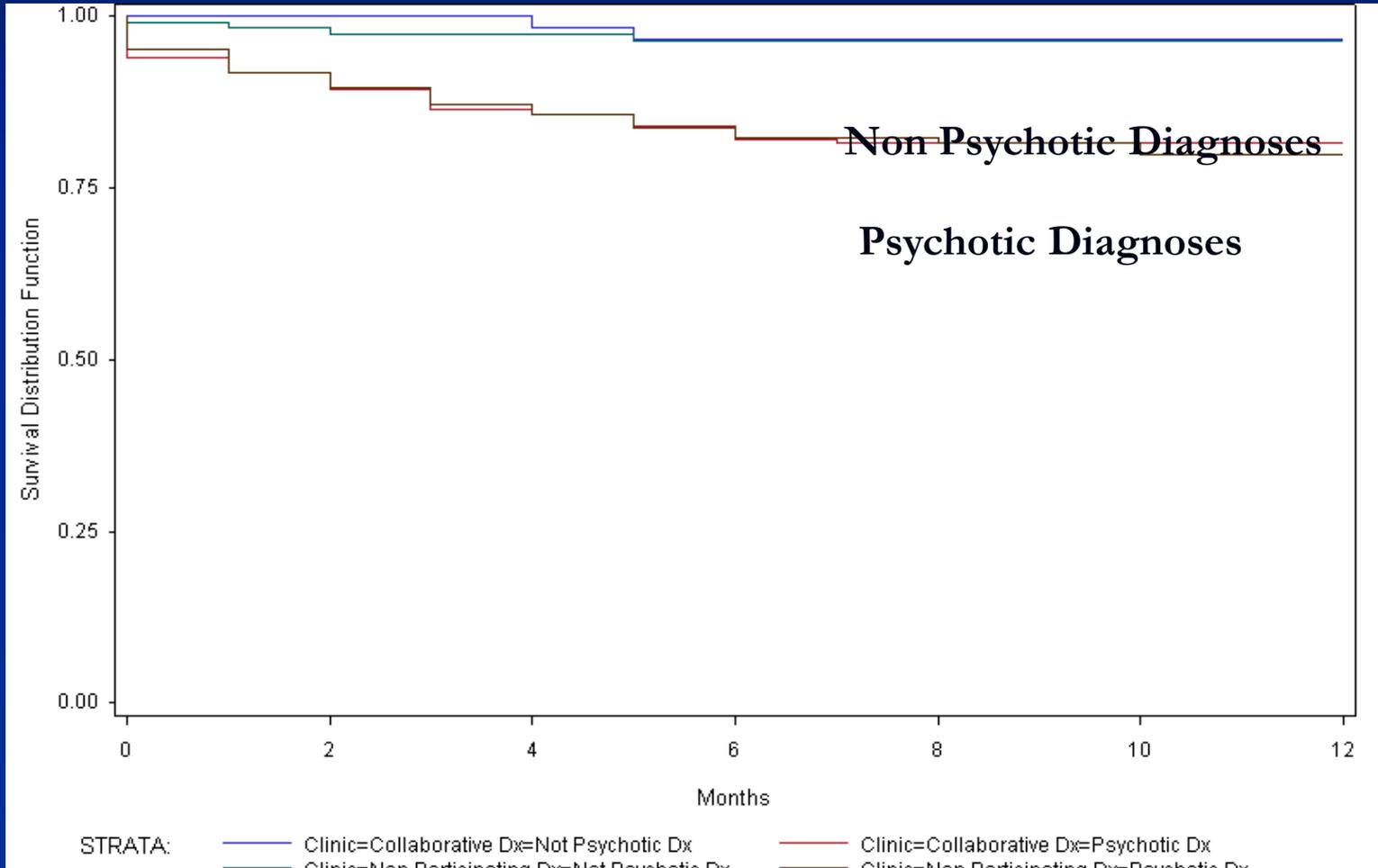
AP = Antipsychotic

Proportion of Recipients Hospitalized Within Three Months by Type of Regimen Change (excluding those hospitalized in same month as event)



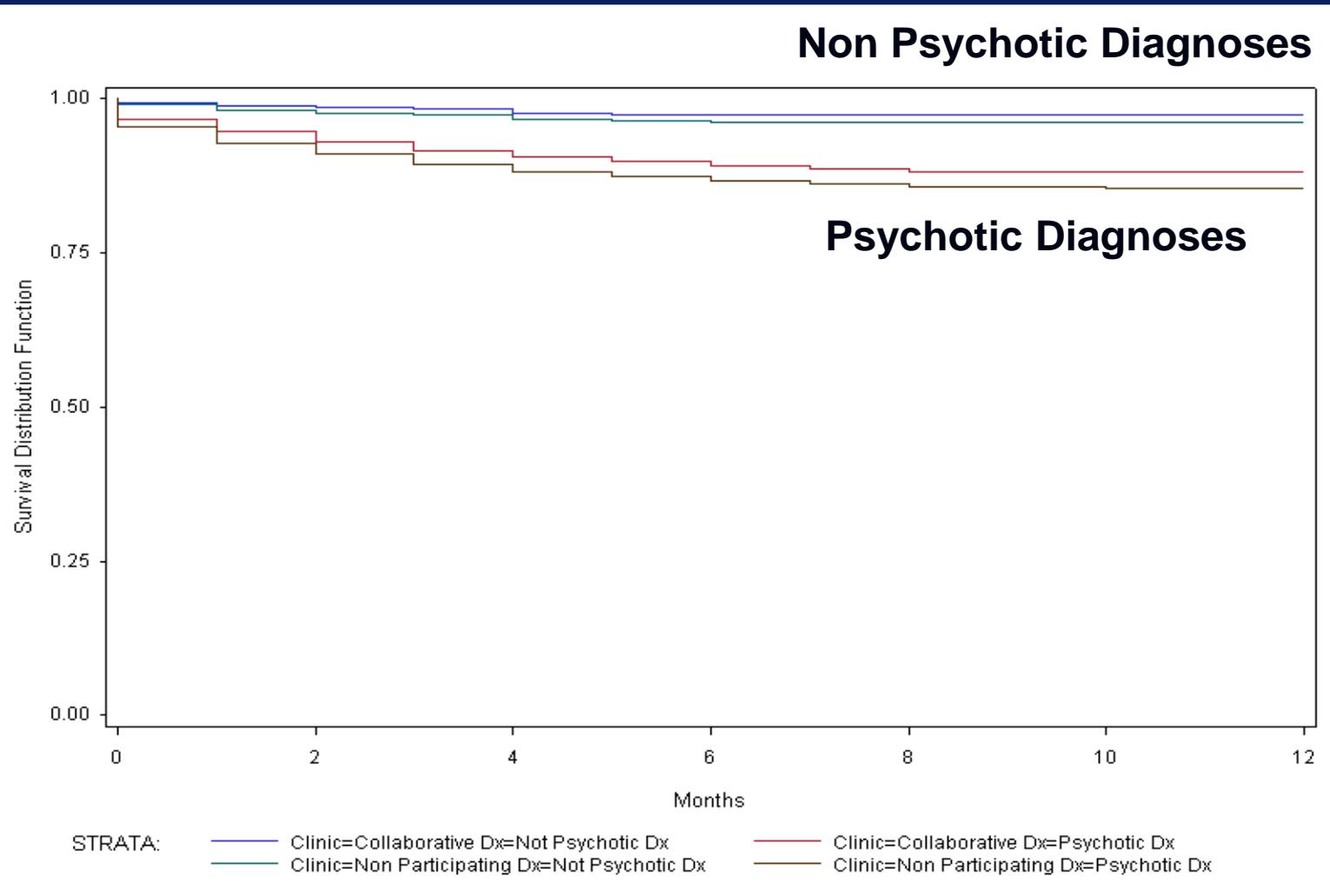
Survival Time to Psychiatric Hospitalization Following AP Switch

(from high/moderate risk to a different antipsychotic)



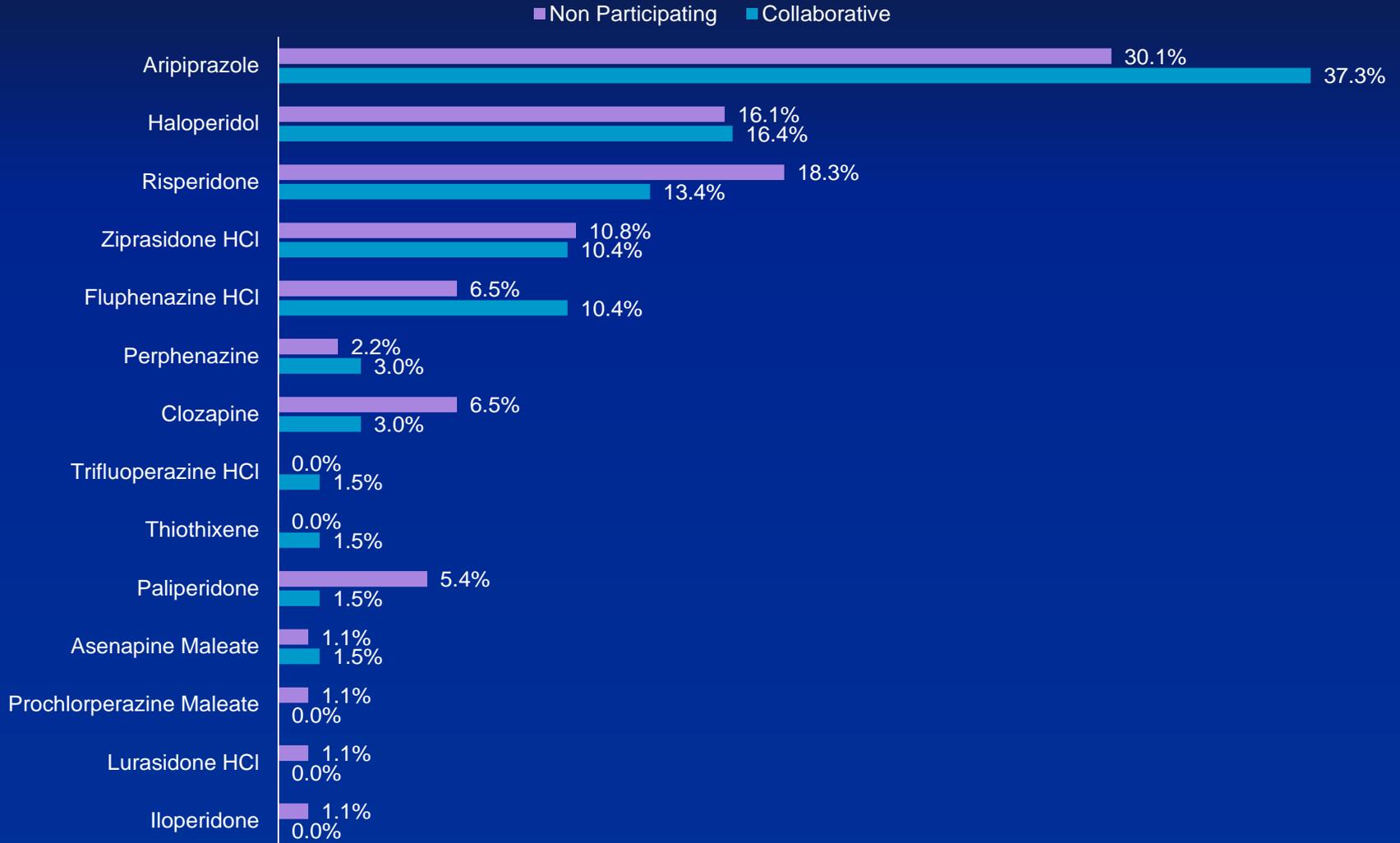
Preliminary Data

Survival Time to Psychiatric Hospitalization Following AP Discontinuation



Preliminary Data

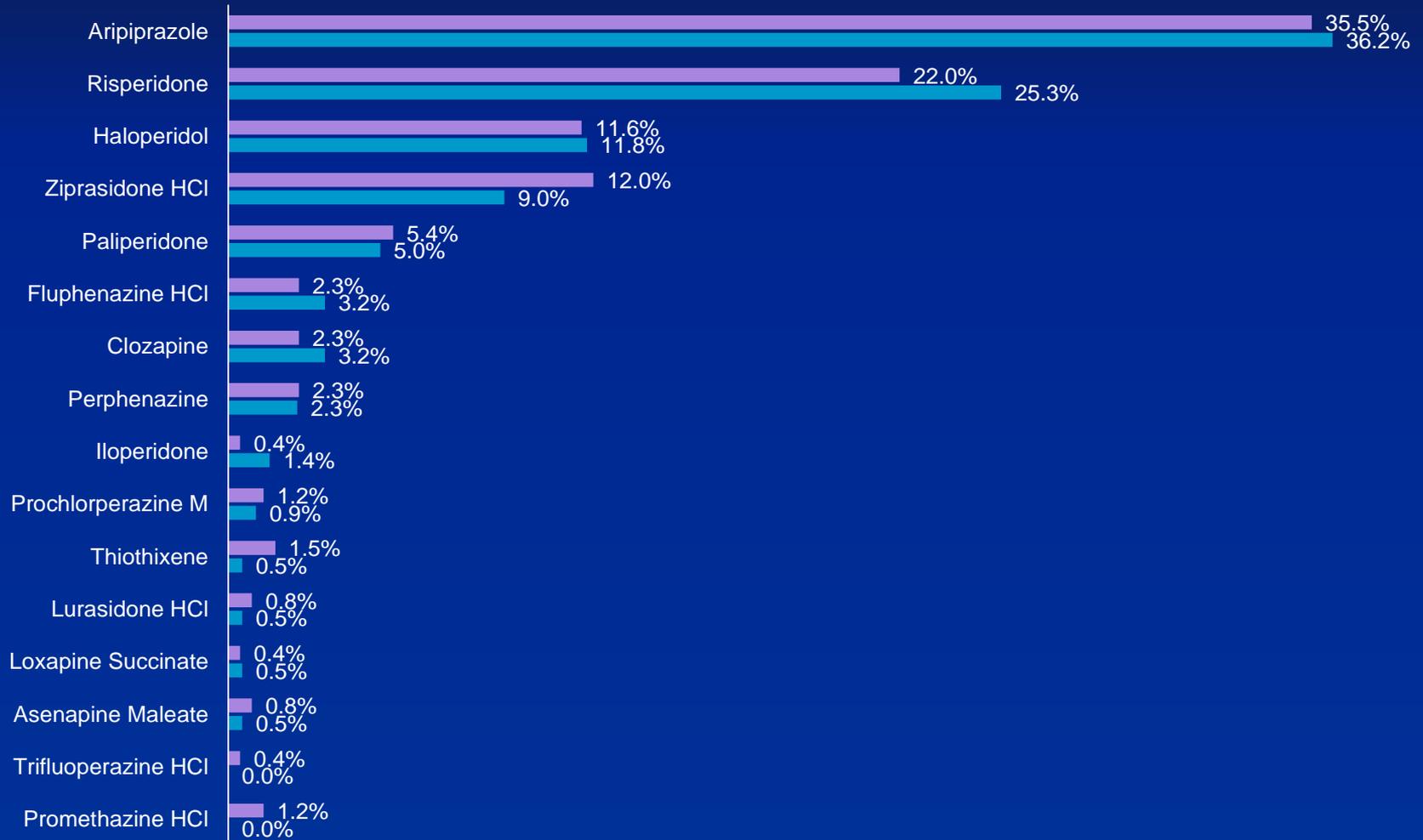
Those on Olanzapine (n=160) with a Psychotic-related Diagnosis were Switched to



Preliminary Data

Those on Quetiapine (n=480) with a Psychotic-related Diagnosis were Switched to

■ Non Participating ■ Collaborative



Preliminary Data

Question and Answer

■ Resources

- www.psyckes.org
- PSYCKES-Help@omh.ny.gov

■ Thank you

- Riti Pritam, MA, Research Scientist
- Erica Van De Wal, Assistant Research Scientist
- Aiko Tani, Assistant Research Scientist
- Nhi Pham, Social Work Intern