

Health Home Implementation Webinars

Session #26– October 23, 2013

The Role of PSYCKES in Health Homes



Agenda

- ▶ Introduction
- ▶ Presentation: Molly Finnerty, OMH PSYCKES
- ▶ Inclusion of PSYCKES into the DOH-5055 - Health Home Sharing of Information Consent form

Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)

Overview for Health Homes

Molly Finnerty, MD,
OMH PSYCKES

Agenda

- PSYCKES Overview
- Using PSYCKES to Support Health Homes
- Next Steps
- Questions

PSYCKES Overview

What is PSYCKES?

- HIPAA-compliant web application that provides access to all Medicaid claims and encounter data for clinical decision-making and quality improvement
 - Includes fee for service and managed Medicaid, but not Medicare or private insurance
- Developed by OMH using data feed from DOH
- Launched in 2008, currently implemented in over 400 Medicaid programs statewide

Three Core PSYCKES Functions

- **Quality Reports: (Home page)**
 - Allows users to examine performance on over 50 quality measures
 - Allows drill down from performance to the individual programs, prescribers, and clients driving the measure.
- **Clinical Summary:**
 - Allows users to review treatment history for the past 5 years for enrollees (all Medicaid services, all settings, FFS and encounter data).
- **Recipient Search:**
 - Find an individual client for clinical review
 - Find a group of clients meeting search criteria (search by quality flag, diagnosis, utilization, region, age, etc.)

Secure Token-Based Login



Statement of Access and Confidentiality

WARNING: This computer system is solely for the use of authorized users for official purposes. Users of this system have no expectation of privacy in its use. To ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored and recorded by system personnel. Use of this system evidences an express consent to such monitoring.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system you indicate your awareness of, and consent to, these terms and conditions of use. If you do not agree to the conditions stated in this warning, LOG OFF IMMEDIATELY.



Userid:

Password or Passcode:

Note: To log-on with a token, enter the six digits displayed on the token.

Login

Secure Login for
PSYCKES

Token



Quality Measures in PSYCKES

- Your Quality Indicator Report is your homepage in PSYCKES
- Indicators are nested within Indicator Sets
- Medication Indicator Sets
 - Polypharmacy, Dose, Cardiometabolic Risk, and Youth
- Appropriate Access and Utilization Sets
 - High utilization of inpatient/ER (medical and/or behavioral health), BH Hospital Readmissions, Preventable Hospitalization (medical), Behavioral Healthcare Coordination (e.g. high utilization measures, and medication adherence measures), Health Promotion and Coordination (e.g. medical high utilization, diabetes monitoring, etc)

Quality Indicator Overview (Homepage)

Compare performance to statewide

Use filters to examine performance for subsets of enrollees

Select Indicator Set to see performance on individual measures

Quality Indicator Overview As Of 06/01/2013

Plan: Plan Name

Modify Filter

Program Type:ALL, Age:ALL, Population:ALL

Select Indicator Set for Details

Indicator Set

Indicator Set ▲	Population	On Any	N	%	Statewide %
BH Care Coordination	All	35,369	2,082	5.89	5.00
Cardiometabolic	All	1,896	771	40.66	41.71
Dose	All	11,465	855	7.46	5.68
Health Promotion and Coordination	All	35,369	9,616	27.19	27.36

Quality Measures within Indicator Sets

Example: BH Care Coordination Indicator Set

Select individual indicator or “Summary” Measure

Indicator Set: BH Care Coordination Select Indicator

Indicator Set	Indicator				
Indicator	Population	On Any	N	%	Statewide %
3+ Inpatient - BH	All	35,369	448	1.27	1.36
3+ ER-BH	All	35,369	436	1.23	1.17
4+ Inpatient/ER - Psych	All	35,369	658	1.86	1.76
Adherence - Antipsychotic (Schz)	(0-64) yrs	1,843	639	34.67	38.10
Adherence - Mood Stabilizer (Bipolar)	(0-64) yrs	1,084	466	42.99	45.42
Discontinuation - Antidepressant <12 weeks (MDE)	(0-64) yrs	550	276	50.18	46.59
Readmission - All BH 45 day	All	2,806	663	23.63	23.14
Summary	All	35,369	2,082	5.89	5.00

QI Report:

Click Modify Filter to focus on Health Home clients

Quality Indicator Overview As Of 08/01/2013

Provider: Main Street Agency

Modify Filter

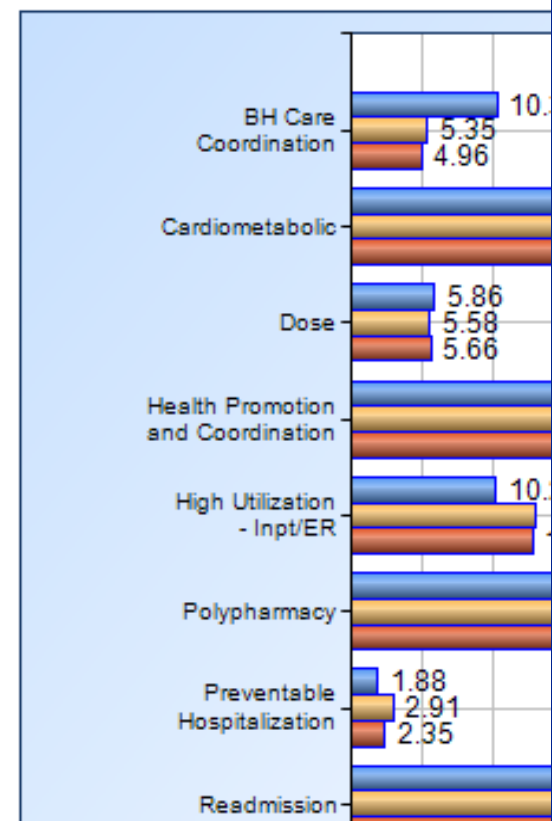
Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

Select Indicator Set for Details

Report View Type: Report

Indicator Set

Indicator Set ▲	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %
BH Care Coordination	All	11,809	1,216	10.30	5.35	4.96
Cardiometabolic	All	1,909	809	42.38	45.22	45.50
Dose	All	4,935	289	5.86	5.58	5.66
Health Promotion and Coordination	All	11,809	3,228	27.34	26.41	27.07
High Need - Ineffectively Engaged	All		136			
High Utilization - Inpt/ER	All	11,809	1,207	10.22	13.05	12.81
Polypharmacy	All	3,738	761	20.36	14.40	14.90
Preventable Hospitalization	Adult	10,786	203	1.88	2.91	2.35



QI Report Filters: Select Health Homes



My QI Report Statewide Reports Recipient Search Provider Search MyPSYCKES Registrar Menu Usage Report

Quality Indicator Overview As Of 08/01/2013

Provider: **Main Street Agency**

Sites: ALL

Attending: ALL

- Program Type:
- ALL
 - Adult Community Residence (CR_ADULT)
 - Assertive Community Treatment (ACT)
 - Case Management/Health Homes
 - Community Residence (CR)
 - MH Clinic (CLINIC)
 - MHclinic - Free Standing
 - Residential Resource Oriented Services (RROS)

Age: ALL
(0-17)
Adult (+18)

Population: ALL

Managed Care Program: ALL

QI Report Filtered for HH: Data will change to reflect filters

Quality Indicator Overview As Of 08/01/2013

Provider: Main Street Agency



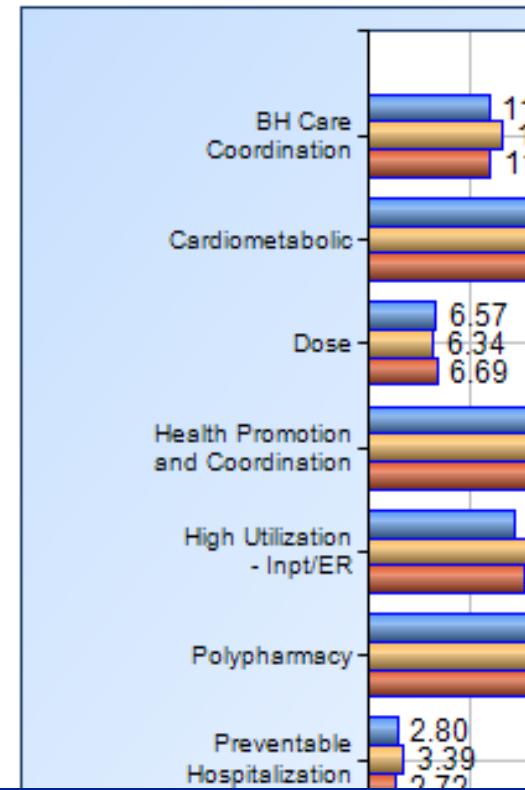
Modify Filter Site:ALL, Attending:ALL, Program Type:Case Management/Health Homes, Age:ALL, Population:ALL, Managed Care

Select Indicator Set for Details

Report View Type: Report

Indicator Set

Indicator Set ▲	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %
BH Care Coordination	All	5,331	634	11.89	13.15	11.94
Cardiometabolic	All	794	338	42.57	46.08	45.90
Dose	All	1,918	126	6.57	6.34	6.69
Health Promotion and Coordination	All	5,331	1,752	32.86	27.04	27.28
High Need - Ineffectively Engaged	All		85			
High Utilization - Inpt/ER	All	5,331	767	14.39	16.42	15.30
Polypharmacy	All	1,382	272	19.68	16.58	19.29



Drill down on indicator of interest

Quality Indicator Overview As Of 08/01/2013

Provider: **Main Street Agency**

[Modify Filter](#)

Site:ALL, Attending:ALL, Program Type:Case Management/Health Homes, Age:A

Indicator Set:Health Promotion and Coordination

Select indicator for detail.

Indicator Set

Indicator

Indicator	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %
Diabetes Monitoring-No HbA1c >1 Yr	All	865	306	35.38	27.05	28.06
No Outpatient Medical Visit >1 Yr	All	4,082	883	21.63	12.62	13.62
No Diabetes Screening- On Antipsychotic	All	1,095	308	28.13	17.84	21.42
4+ Inpatient/ER - Med	All	5,331	468	8.78	10.52	9.92
Prevent Hosp Asthma	Adult	5,280	65	1.23	1.82	1.35
Prevent Hosp Diabetes	Adult	5,280	72	1.36	1.38	1.19

Understand drivers of performance & opportunities for quality improvement

Identify clients with quality flag, click on name to review clinical summary
 Identify Site and Attending performance

Quality Indicator Overview As Of 08/01/2013

Provider: Main Street Agency

Modify Filter

Site:ALL, Attending:ALL, Program Type:Case Management/Health Homes, Age:ALL, Population:ALL, M

Indicator Set:Health Promotion and Coordination, Indicator:Diabetes Monitoring-No HbA1c >1 Yr

Indicator Set | Indicator | Site | Unduplicated Attending | **Unduplicated Recipients** | New QI Flag | Dropped QI Flag

Recipient ▲	Medicaid ID	DOB	Quality Flags	Medications (BH; excludes enhanced P
Aaficee Bdfqfac	Hceebgf Cfidbgj	12/31/9999	No HbA1c-DM, PrevHosp-DM	
Aaifcb Acbadde	Fffdjec Aejffjd	12/31/9999	3+ Inpatient - BH, 4+ Inpt/ER-All, 4+ Inpt/ER-Med, CVD, DM, HL, HTN, No HbA1c-DM, Obes, Readmit-All BH 45d	AMITRIPTYLINE HCL, BENZTROPINE MESYLATE, CLOZAPINE, METOPROLOL TARTRATE, QUETIAPINE FUMARATE
Abaacbf Heddaic	Fbaeadf Jcffbea	12/31/9999	No HbA1c-DM	DIVALPROEX SODIUM, METOPROLOL TARTRATE, RISPERIDONE

Client Data in PSYCKES

- PSYCKES includes individuals with any behavioral health service, diagnosis or psychotropic medication
- User friendly Clinical Summaries displays up to 5 years of Medicaid data across treatment settings
 - Demographics, quality flags, diagnoses
 - Medications (psychotropic and medical)
 - Inpatient and outpatient services (behavioral health and medical)
 - Laboratory and radiology
 - Transportation and living support
 - Medicaid eligibility status and current Managed Care Plan

Clinical Summary Header

Demographics, Quality Flags, Diagnoses

Clinical Summary

[Return to Search Results](#)

Export to PDF Excel

OMH PHI **Please choose summary period**

[Last 3 months](#)

[Last 6 months](#)

[Last Year](#)

[Last 2 Years](#)

[All Available \(up to 5 years\)](#)

Clinical Report Date: 8/8/2013 (This report contains all available clinical data.) Enhanced PHI Show Hide

Name: [Ffdehif Ghbdbaa](#)

Medicaid ID: FCBHFCJ BFCDDIF

DOB: 01/01/9999

Age: 999

Indicator Set	Quality Flags (as of monthly QI report 6/1/2013) ?
BH Care Coordination	Adherence - Mood Stabilizer (Bipolar) Adherence - Antipsychotic (Schz) 3+ Inpatient - BH
High Need - Ineffectively Engaged	Individuals with multiple MH Inpatient or ER admissions or a prior AOT order or forensic MH service use who also have no current connection to TCM (ICM/SCM/BCM) and limited outpatient MH service use (4 or FEWER visits in prior 6 months)
Hospital ER Utilization	4+ Inpt/ER-All 4+ Inpt/ER-BH Readmission - All BH 7 day

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

Anxiety Disorder | Attention Deficit Disorder | Bipolar Disorder | Delusional Disorder | Organic Mental Disorder Due to Medical Condition | Other Nonpsychotic Mental Disorder | Other Psychotic Disorder | Schizoaffective Disorder | Schizophrenia | Schizophreniform Disorder | Somatoform, Factitious Disorder | Substance Abuse

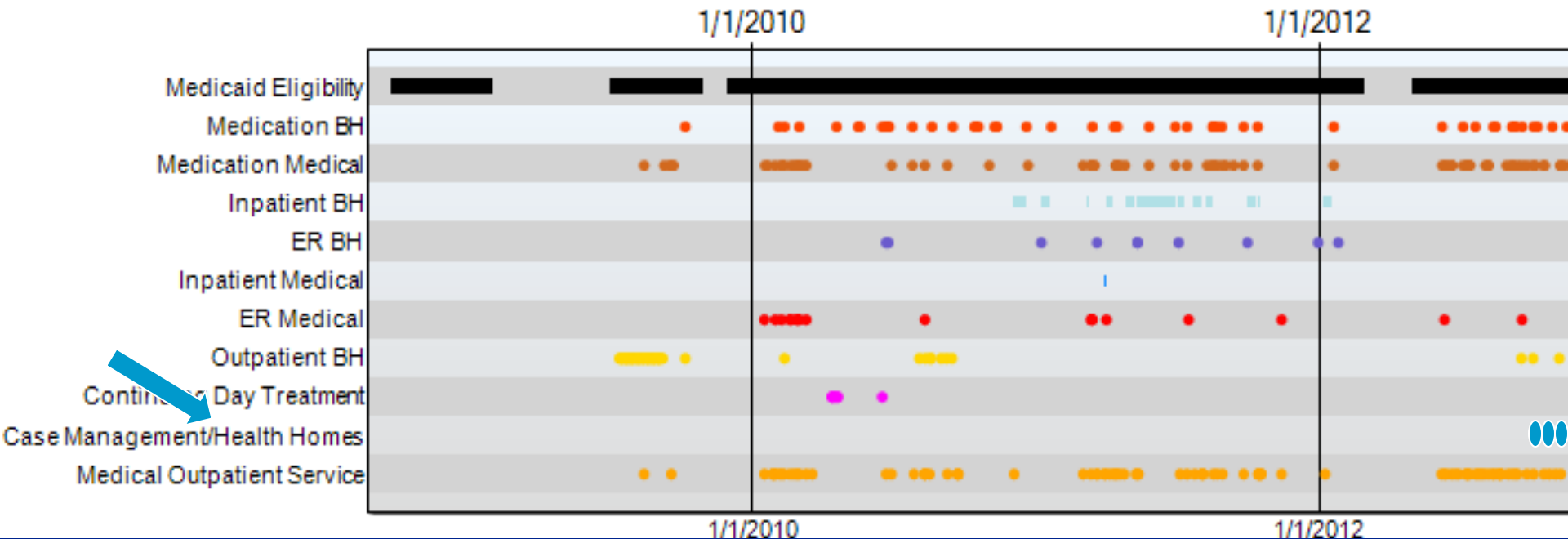
Medical Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

Injury And Poisoning	Complications of surgical procedures or medical care Sprains and strains
Symptoms, Signs, And Ill-Defined Conditions	Nonspecific chest pain
The Digestive System	Esophageal disorders

Clinical Summary: Integrated View of Services Graph

Integrated View of Services Over Time

View



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

Note "Inpatient BH" – scattered dots

Clinical Summary: Medications

Separate tables for Behavioral Health and Medical,
Aggregates series of prescriptions in to med trials

Medication Behavioral Health

[See All Data](#)

OMH

Brand Name	Generic Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up	Active in Past Month	Most Recent Prescriber
Alprazolam	Alprazolam	3 MG	10 Month(s) 3 Week(s) 4 Day(s)	8/30/2012	6/25/2013	Yes	Meadow Herbert Morton
Bupropion Hcl Er (Xl)	Bupropion Hcl	300 MG	4 Month(s) 6 Day(s)	3/19/2013	6/25/2013	Yes	Meadow Herbert Morton
Clonidine Hcl	Clonidine Hcl	.4 MG	6 Month(s) 2 Week(s) 3 Day(s)	1/8/2013	6/25/2013	Yes	Abdel-Jawad Yousif M
Haloperidol	Haloperidol	10 MG	11 Month(s) 2 Week(s) 5 Day(s)	8/6/2012	6/25/2013	Yes	Meadow Herbert Morton
Quetiapine Fumarate	Quetiapine Fumarate	400 MG	11 Month(s) 2 Week(s) 5 Day(s)	8/6/2012	6/25/2013	Yes	Meadow Herbert Morton
Risperidone	Risperidone	2 MG	10 Month(s) 3 Week(s) 4 Day(s)	8/30/2012	6/25/2013	Yes	Meadow Herbert Morton

Clinical Summary: Medications

Can drill down from medication trials to individual prescription fills to evaluate adherence

Rx detail for ALL Medication Behavioral Health

View: Trials Orders Both * Calculated fields

Page Orientation: Portrait Landscape

Export to PDF Excel

Trials :

Brand Name	Generic Name	Drug Class	First Day Picked Up	Last Day Picked Up	Estimated Duration
Quetiapine Fumarate	Quetiapine Fumarate	Antipsychotic	1/2/2013	1/2/2013	4 Week(s) 2 Day(s)
Strattera	Atomoxetine Hcl	Stimulant	1/2/2013	1/2/2013	4 Week(s) 2 Day(s)
Clonazepam	Clonazepam	Anxiolytic	1/2/2013	1/2/2013	2 Week(s) 1 Day(s)
Lamotrigine	Lamotrigine	Mood Stabilizer	1/2/2013	1/2/2013	4 Week(s) 2 Day(s)

Orders :

Pick-Up Date	Brand Name	Generic Name	Drug Class	Strength	Quantity Dispensed	Days Supply	Tabs per day*	Total Daily Dose*	Route	Prescriber	Pharmacy
1/2/2013	Clonazepam	Clonazepam	Anxiolytic	1 MG	30.00	15.00	2.00	2 MG	OR	Rosenberg Ronald C	CVS ALBANY, L.L.C.
1/2/2013	Lamotrigine	Lamotrigine	Mood Stabilizer	25 MG	60.00	30.00	2.00	50 MG	OR	Rosenberg Ronald C	CVS ALBANY, L.L.C.
1/2/2013	Quetiapine	Quetiapine	Antipsych	100 MG	30.00	30.00	1.00	100 MG	OR	Rosenberg Ronald C	CVS ALBANY, L.L.C.

Clinical Summary: Outpatient Services

Separate tables for behavioral health and medical services
 Aggregates services as episodes of care

Behavioral Health Services		See All Data			
Service Type	Provider	First Date Billed	Last Date Billed	# of Visits	Most Recent Diagnosis
Case Management/ Health Homes	<u>FED EMPL & GLD SER</u> <u>MR. MH</u>	12/1/2012	5/1/2013	5	Unspecified Persistent Mental Disorders Due To Conditions Classified Elsewhere [294.9]
Physician - Psychiatrist	<u>ZENN RICHARD D MD</u>	2/22/2012	4/4/2013	4	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]
Physician-NOS	<u>FELD RANDY JAY MD</u>	1/16/2013	1/16/2013	1	Acute Schizophrenic Episode, Chronic State With Acute Exacerbation [295.44]
Partial Hospitalization	<u>LONG ISLAND</u> <u>JEWISH MED CTR</u>	12/7/2012	1/4/2013	7	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]

Clinical Summary: Inpatient / ER

Distinguishes Inpatient vs. ER, and Behavioral Health vs. Medical
Calculates Length of Stay

Hospital/ER Services

[See All Data](#)

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Diagnosis
Inpatient BH	<u>GLEN COVE HOSPITAL</u>	1/8/2013	4/4/2013	86	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]
Inpatient BH	<u>LONG ISLAND JEWISH MED CTR</u>	12/20/2012	1/2/2013	13	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]
ER BH	<u>NASSAU UNIVERSITY MEDICAL CENTER</u>	11/28/2012	11/28/2012	1	Bipolar Disorder, Unspecified [296.80]

Recipient Search

- Find individual client
- Find subgroup of clients meeting criteria of interest

Search for Individual Client

Individual Search

To find an Individual enter:

Medicaid Id:

Or

SSN (XXX-XX-XXXX):

Or

Recipient Last Name:

And/Or

Recipient First Name:

Recipient Gender:

DOB (mm/dd/yyyy):

Recipient Search: Group Search

Enter any combination of demographic, diagnostic, quality or service utilization criteria

nt Search Provider Search MyPSYCKES Registrar Menu Usage Report De-Identify Data

Group Search

Export PDF Excel

Quality 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
- AP + Diabetes Risk
- AP + Hyperlipidemia Risk
- AP + Hypertension Risk
- AP + Cardiovascular Disease Risk

Region: County:

Provider:

Service:

Service Details:

Managed Care Program:

Consent Status:

Psychotropic Drug Class:

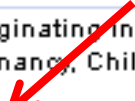
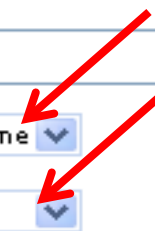
- Sedatives and Anesthetics
- Sedative Agents
- Sedative Agents
- Stimulant
- Lipidemic
- Antidepressive
- Antipsychotic Agents
- Antipsychotics

Behavioral Health Diagnosis:

- Adjustment Disorder
- Anxiety Disorder
- Attention Deficit Disorder
- Autism & Pervasive Developmental Disorder
- Bipolar Disorder
- Conduct Disorder
- Delusional Disorder
- Dissociative Disorder

Medical Diagnosis:

- Certain Conditions Originating in the Perinatal Period
- Complications of Pregnancy, Childbirth, and the Puerperium
- Congenital Anomalies
- Diabetes
- Diseases of Skin and Subcutaneous Tissue
- Diseases of the Blood and Blood-Forming Organs
- Diseases of the Circulatory System
- Diseases of the Digestive System



Group Search Results

Yields group of clients meeting search criteria

Link from the client's name to their Clinical Summary

Selection Criteria: Total No. Of Recipients = 261

Maximum Number of rows Displayed = 5

Quality Indicator: 3+ Inpatient - BH	County: Queens
Region: New York City	

Name ▲	Medicaid ID	DOB	Gender - Age	Quality Flags
Abhhecf Aicqbii	Hcdefda Hacdbhd	01/01/9999	Bgehehg Dfejabg	3+ Inpatient - BH, 4 Inpt/ER-Med, Readm
Aeaaqef Ieeacbc	Abbdejd Idfacgc	01/01/9999	Fcegecd Bcdagce	3+ Inpatient - BH, 4 Readmit-All BH 7d
Aqjcfib Ihhhiab	Cagbjja Cfeeeef	01/01/9999	Ajadidb Dcddbhb	3+ ER-BH, 3+ Inpat Inpt/ER-BH, 4+ Inpt
Aqjcfib Ihhhiab	Cafjbig Fiidbdb	01/01/9999	Aaegffb Gjfacgb	3+ ER-BH, 3+ Inpat Inpt/ER-BH, Adher-M
Aqjcfib Ihhhiab	Fegjcc Eddjggc	01/01/9999	Aebccfe Ifhaeac	3+ ER-BH, 3+ Inpat Inpt/ER-BH, Readm

USING PSYCKES TO SUPPORT HEALTH HOMES

PSYCKES Use Cases for Health Homes

- Evaluation and management of individual clients
 - Intake evaluation
 - Support treatment planning, coordination, and oversight
 - Pharmacy Benefit & Manage Care: Prior Authorization and Communication
- Identify clients in need of special programs/ services/ interventions, e.g.
 - OMRDD clients
 - Low engagement/ high utilizers
 - Low medication adherence
- Case finding for potential Health Home candidates
- Quality management

Evaluation and Management of Individual Clients

- Intake evaluation
 - Summarizes up to 5 years of treatment data
 - Profiles patterns of services/ adherence issues/ engagement
 - All medical and behavioral diagnoses and treatments, all settings
- Support treatment planning, coordination, and oversight
 - Allows all treating providers to monitor services delivered over time, in and out of Health Home network

Evaluation and Management of Individual Clients (cont)

- Pharmacy Benefit & Manage Care:
Prior Authorization and Communication
 - Review Clinical Summary to identify previous medications tried, service history
 - MCOs may also have access - facilitates case review by having same clinical summary

Evaluation and Management of Individual Clients (cont)

- Find a client's Clinical Summary
 - Select tab: Recipient Search - Individual Search
 - Enter Medicaid ID or SS#
 - Link to Clinical Summary to review
 - Can export Clinical Summary to share
 - PDF – printer friendly, easy to read
 - Excel – data friendly
 - CCD coming soon – EMR friendly
 - If need can hide sensitive PHI

Recipient Search – Individual Search

Individual Search

Export  PDF  Excel

To find an Individual enter:

If using name, you may wish to narrow your search by using one or more of these criteria.

Medicaid Id:

Or

SSN (XXX-XX-XXXX):

Or

Recipient Last Name:

And/Or

Recipient First Name:

Recipient Gender:

DOB (mm/dd/yyyy):

Age Range:

Region: County:

Provider:

Service:

Service Details:

Managed Care Program:

Enter Medicaid ID

My QI Report Statewide Reports Recipient Search Provider Search

Individual Search Group Search

Individual Search

To find an Individual enter: If using name

Medicaid Id:

Or

SSN (XXX-XX-XXXX):

Or


Recipient Last Name:

And/Or

Recipient First Name:

Recipient Gender:

DOB (mm/dd/yyyy):



Click on Name to View Clinical Summary

My QI Report Statewide Reports Recipient Search Provider Search MyPSYCKES Registrar Menu Usage

Individual Search Group Search

Individual Search

Selection Criteria: Total No. Of Recipients = 1

Maximum Number of rows

Recipient's Medicaid ID: AA00011B

Name ▲	Medicaid ID	DOB	Gender - Age	Quality Flags
Gigalia Eedajei	Aaaaahh Acfigj	01/01/9999	Fcegecd Bcdagce	3+ Inpatient Adher-AP, Ad HbA1c-DM, O

Clinical Summary

Can Hide Enhanced PHI, and Export

Clinical Summary

[Return to Search Results](#)

Export to  PDF  Ex

OMH PHI **Please choose summary period**

[Last 3 months](#)

[Last 6 months](#)

[Last Year](#)

[Last 2 Years](#)

[All Available \(up to 10 years\)](#)

Clinical Report Date: 8/8/2013 (This report contains all available clinical data.) Enhanced PHI Show Hide

Name: [Ffdehif Ghbdbaa](#)

Medicaid ID: FCBHFCJ BFCDDIF

DOB: 01/01/9999

Age: 9

Indicator Set	Quality Flags (as of monthly QI report 6/1/2013)
BH Care Coordination	Adherence - Mood Stabilizer (Bipolar) Adherence - Antipsychotic (Schz) 3+ Inpatient - BH
High Need - Ineffectively Engaged	Individuals with multiple MH Inpatient or ER admissions or a prior AOT order or forensic MH service use who also have no current connection to TCM (ICM/SCM/BCM) and limited outpatient MH service use (4 or FEWER visits in prior 6 months)
Hospital ER Utilization	4+ Inpt/ER-All 4+ Inpt/ER-BH Readmission - All BH 7 day

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

Anxiety Disorder | Attention Deficit Disorder | Bipolar Disorder | Delusional Disorder | Organic Mental Disorder Due to Medical Condition | Other Nonpsychotic Mental Disorder | Other Psychotic Disorder | Schizoaffective Disorder | Schizophrenia | Schizophreniform Disorder | Somatoform, Factitious Disorder | Substance Abuse

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

Injury And Poisoning	Complications of surgical procedures or medical care Sprains and strains
Symptoms, Signs, And Ill-Defined Conditions	Nonspecific chest pain
The Digestive System	Esophageal disorders

Identifying Clients in Need of Special Programs/ Services/ Interventions

- Use Recipient Search - Group Search to identify populations that may be eligible for special programs/ services
 - “AND” logic between boxes, “OR” logic within box
 - Can select multiple items within a box (use Ctrl button on your keyboard)
- 1. OPWDD populations, special programs
 - Select tab: Recipient Search - Group Search
 - Under Diagnoses, select “Autism” , “Mental Retardation/ Dev Disorder” (+/- “Learning Disorder”)
 - Alternate search: Under services select “OMRDD”

Identifying Clients in Need of Special Programs/ Services/ Interventions (cont.)

2. Poorly engaged in outpatient services/ high ER use
 - Select tab: Recipient Search - Group Search
 - In Quality Indicator box, select flags suggesting poor engagement in outpatient **BH services**:
 - “High Need-Ineffectively Engaged” (High risk, no outpatient service)
 - “3+ER BH” (3 or more ER visits for BH cause)
 - “4+Inpatient/ER BH”, “Readmission all BH 45 day”, or “3+Inpatient BH”
 - In Quality Indicator box, select flags suggesting poor engagement in outpatient **Medical services**
 - “Prevent Hosp Summary” (Preventable Hospitalizations – medical cause)
 - “4+Inpatient/ER Med”
 - “No outpatient Medical Visit >1yr”

Identifying Clients in Need of Special Programs/ Services/ Interventions (cont)

3. Low engagement in medication

- Select tab: Recipient Search - Group Search
- In Quality Indicator box, select one or more flags suggesting poor medication adherence:
 - Adherence - Mood Stabilizer (Bipolar disorder)
 - Adherence – Antipsychotic (Schizophrenia)
 - Discontinuation – Antidepressant <12 weeks (MDE)

Identifying Clients in Need of Special Programs/ Services/ Interventions (cont.)

- Submit search
 - Select numbers of rows you want back (10,000 max)
 - Submit search
- Results
 - Will summarize your search criteria
 - Will include the total number of individuals served by your agency in the past year, meeting criteria
 - List of client name, Medicaid ID, DOB, Gender, active quality flags
- Client names are link to their Clinical Summary:
 - Evaluation of appropriateness for special program
 - Outreach/engagement

Recipient Search: Group Search

Quality Indicators, Services, and Diagnoses may be particularly helpful to identify populations in need of special services

Group Search

Recipient Gender: Quality Indicator: Region:

Age Range: Provider:

Subscriber Last Name:

Drug Name:

Service:

Active Drug:

Service Details:

Managed Care Program:

Consent Status:

Psychotropic Drug Class: Non-Psychotropic Drug Class: Behavioral Health Diagnosis: Medical Diagnosis:

Antipsychotic Anxiety Disorder Attention Deficit Disorder Autism & Pervasive Developmental Disorder Bipolar Disorder Conduct Disorder Delusional Disorder Dissociative Disorder

Antidepressant Antipsychotic Anxiolytic Mood Stabilizer Side-Effect Management Stimulant Withdrawal Management

Analgesics and Anesthetics Anti-Infective Agents Anti-Obesity Agents Antidiabetic Antihyperlipidemic Antihypertensive Antineoplastic Agents Biologicals

Certain Conditions of the Digestive System Complications of Pregnancy Congenital Anomalies Diabetes Diseases of Skin and Allergic Conditions Diseases of the Blood Diseases of the Circulatory System Diseases of the Digestive System

Group Search Results

Link from client name to the Clinical Summary


Selection Criteria: Total No. Of Recipients = 261

Maximum Number of rows Displayed

Quality Indicator: 3+ Inpatient - BH

County: Queens

Region: New York City

Name ▲	Medicaid ID	DOB	Gender - Age	Quality Flags
Abhhecf Aicqbii 	Hcdefda Hacdbhd	01/01/9999	Bgehehg Dfejabg	3+ Inpatient - BH, 4 Inpt/ER-Med, Readm
Aeaaqef Ieeacbc	Abbdejd Idfacgc	01/01/9999	Fcegecd Bcdagce	3+ Inpatient - BH, 4 Readmit-All BH 7d
Aqjcfib Ihhhiab	Cagbjja Cfееееef	01/01/9999	Ajadidb Dcdbdbh	3+ ER-BH, 3+ Inpat Inpt/ER-BH, 4+ Inpt
Aqjcfib Ihhhiab	Cafjbig Fiidbdb	01/01/9999	Aaegffb Gjfacgb	3+ ER-BH, 3+ Inpat Inpt/ER-BH, Adher-M
Aqjcfib Ihhhiab	Fegjcc Eddjggc	01/01/9999	Aebccfe Ifhaeac	3+ ER-BH, 3+ Inpat Inpt/ER-BH, Readm

Case Finding – Health Home Candidates

Health Homes – potential eligibility

- Go to Recipient Search, Group Search
- Under Quality Indicators select “+4 Inpatient/ER-Med”
 - This will identify individuals served in your provider agency with 4 or more Medical hospitalizations, or ER visits associated with a Medical Diagnosis
 - Note: all Medicaid enrollees in PSYCKES have a BH diagnosis or service
- To enrich for SMI population, under BH Diagnoses select “Schizophrenia”, “Bipolar”, “Depression”, “Anxiety”

Recipient Search – Group Search

Case Finding Example:

Clients with diabetes, schizophrenia, and 3+ BH hospitalizations

Quality Indicator *:

- Readmission - All BH 45 day
- High Need - Ineffectively Engaged
- Care Coordination Summary
- Discontinuation - Antidepressant <12 weeks (MDE)
- Adherence - Mood Stabilizer (Bipolar)
- Adherence - Antipsychotic (Schz)
- 3+ ER - BH
- 3+ Inpatient - BH**
- Health Promotion and Coordination Summary
- No Diabetes Screening- On Antipsychotic
- No Outpatient Medical Visit >1 Yr
- Diabetes Monitoring-No HbA1c >1 Yr

Region: County:

Provider:

Service:

Service Details:

Managed Care Program:

Consent Status:

Psychotropic Drug Class:

- Sedatives and Anesthetics
- Sedative Agents
- Sedative Agents
- Sedative
- Serotonergic
- Serotonergic
- Serotonergic Agents
- Serotonergic

Behavioral Health Diagnosis:

- Other Nonpsychotic Mental Disorder
- Other Psychotic Disorder
- Personality & Impulse Control Disorders
- Primary Degenerative Dementia
- Schizoaffective Disorder
- Schizophrenia**
- Schizophreniform Disorder
- Sexual & Gender Identity Disorders

Medical Diagnosis:


- Certain Conditions Originating in the Perinatal Period
- Complications of Pregnancy, Childbirth, and the Puerperium
- Diabetes**
- Diseases of Skin and Subcutaneous Tissue
- Diseases of the Blood and Blood-Forming Organs
- Diseases of the Circulatory System
- Diseases of the Digestive System

Recipient Search – Group Results for Case Finding:

See total number and names of clients who meet criteria
Click on name to review clinical summary

Selection Criteria: Total No. Of Recipients = 22 Maximum Number of rows Displayed

Quality Indicator: 3+ Inpatient - BH	Medical Diagnosis: Diabetes
Behavioral Health Diagnosis: Schizophrenia	Provider: Main Street Agency

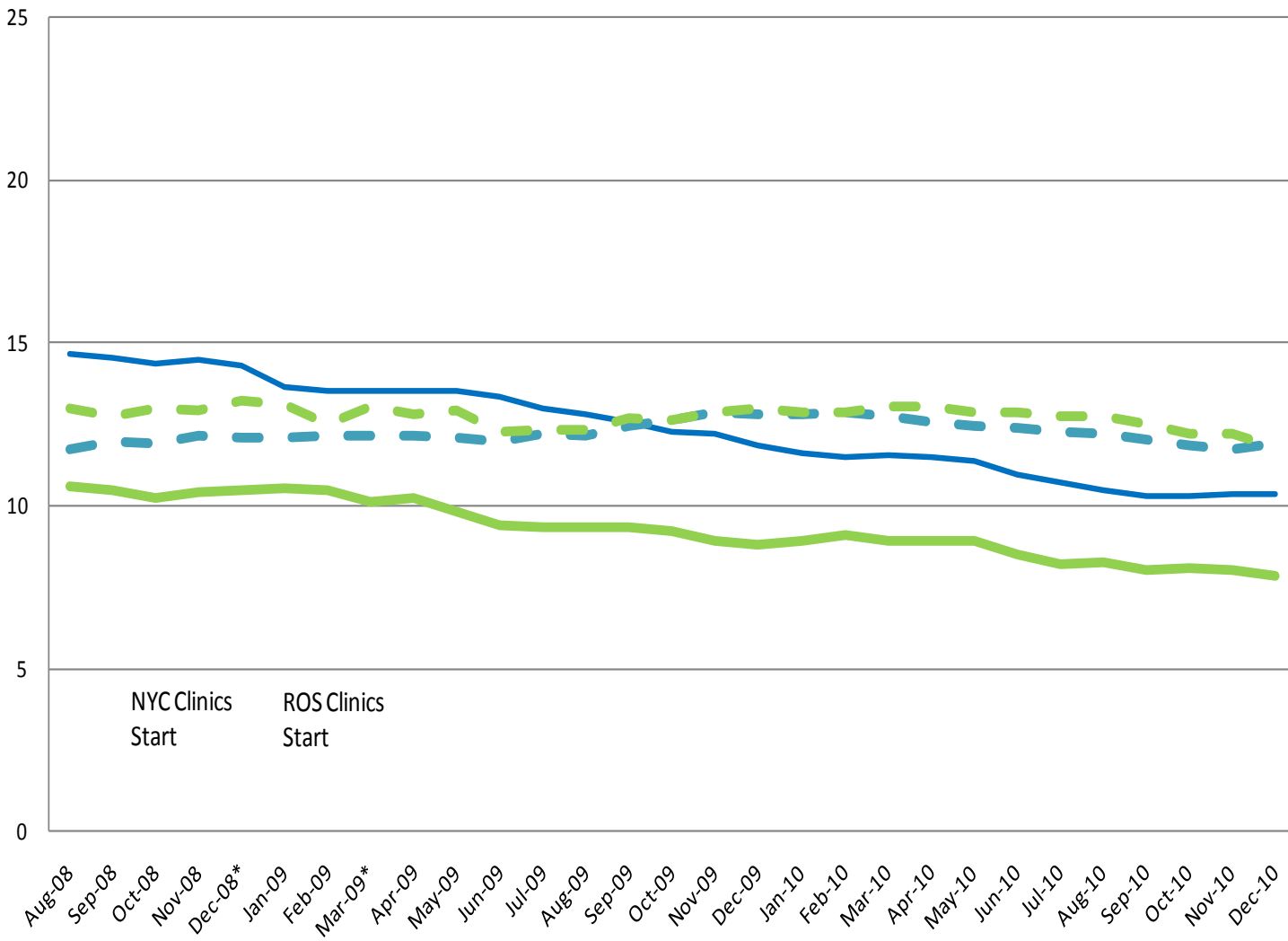
Name ▲	Medicaid ID	DOB	Gender - Age	Quality Flags
Agjcfib Ihhhiab 	Dgiibdb Dcacfjc	01/01/9999	Effjjic Jbhjcd	3+ Inpatient - BH, 4+ DM Screen-AP, No HbA
Agjcfib Ihhhiab	Fccabdc Daejhgj	01/01/9999	Feegccc Fabbdab	3+ ER-BH, 3+ Inpatient Inpt/ER-BH, Adher-MS, 7d
Agjcfib Ihhhiab	Jaafief Cdecgaj	01/01/9999	Ceaeefb Bddceef	3+ Inpatient - BH, 4+ Adher-AP, Adher-MS, N PrevHosp-DM

Quality Management

- Quality Indicator Report tab (Homepage)
 - Identifies performance relative to state comparators
- Understand what is driving your performance
 - Select an Indicator Set and individual indicator or “summary”
 - Select tabs to see performance for sites and prescribers
 - Identify clients in need of quality intervention to improve performance (“unduplicated recipients” tab)
- Track impact of interventions, support CQI
 - Identify clients newly flagged this month (“new QI flag” tab)
 - Identify clients who no longer have quality flags to track impact of interventions (“dropped QI flag” tab)
- Quality improvement efforts supported by PSYCKES can improve performance and yield cost savings

Impact of PSYCKES CQI Initiative on the Statewide Prevalence of Quality Concerns in the Medicaid Mental Health Clinic Population: Longterm Antipsychotic Polypharmacy

Percent of Clients on Longterm Antipsychotic Polypharmacy among those on any Antipsychotic



— NYC - Participating, n=48 - - - NYC - NonParticipating, n=53
— ROS-Participating, n=62 - - - ROS-NonParticipating, n=54

Fiscal Impact: PSYCKES CQI Project, Year 1

- Per person savings highest for schizophrenia in polypharmacy project
- Total savings higher for depression cohort due to higher number of individuals with depression
- Not all cohorts improved in year 1; increased costs associated with youth related to lack of impact for youth in year 1

Estimated Savings Due to PSYCKES CQI (Year 1)			
	Clients N	Cost Difference- in- Difference per Client	Estimated Savings
(Youth) Cohort 1	9935	\$ 19.43	\$ 192,996.65
Cohort 2	8467	\$ 3.21	\$ 27,207.54
(MDE) Cohort 3	7311	\$ (170.80)	\$ (1,248,750.16)
Cohort 4	6601	\$ (120.48)	\$ (795,272.27)
(Schiz) Cohort 5	4980	\$ (225.02)	\$ (1,120,578.07)
Total	46		\$ (2,944,396.31)

Next Steps

Next Steps for PSYCKES for Health Homes

- MOU between OMH and DOH has been signed to support Health Home access
- Revised Health Home consent form includes specific language related to PSYCKES consent
 - If this consent form is signed, no additional PSYCKES consent form is needed
- Meet with Health Homes to identify
 - How PSYCKES can be used now
 - How we can adapt PSYCKES to increase utility

Current Levels of Access to Client Data

Access Type	Includes Data with Special Protections? (SUD, HIV, Family Planning, Genetic)	Duration of Access
Provider documents patient consent	Yes, all data	3 years after last bill
Provider billed Medicaid and client has Quality Flag	No, but get all other data	While flag is active; up to 9 months after last bill
Provider billed Medicaid, client does not have QI flag	No, client name only	Up to 9 months after last service
Clinical Emergency	Yes, all data	72 hours

What Consent Procedures / Access is Appropriate for Health Homes?

- Pre-consent should the level of release should be consistent with other providers for non-consented clients – e.g. quality alerts level of release only?
- If client signs Health Home consent (with PSYCKES language) who should get access?
 - Health Home
 - Care Manager
 - All providers in the health home network?
- Should providers log in to the Health Home to see client data, or should the client be linked to their own provider agency, or both?

Health Home Quality Management

- From QI Report Homepage
 - What is most important to see?
 - A tab that contains all clients in the health home with a quality concern
 - A tab with the performance by provider, and separate client lists under each provider
- Are there search criteria or quality measures that are particularly important to add?

Performance by Provider

Example: BH Hospital Readmission – do HHs want a view like this, or is it better to go directly to a list of clients with this quality flag?

Indicator Set: BH Care Coordination, Indicator: Readmission - All BH 45 day Select Provider

Indicator Set Indicator **Provider**

Provider Facility Name	County	On Any	N ▼	%	
NYC-HHC AGENCY NETWORK	Manhattan		626	219	34.98
BETH ISRAEL MEDICAL CENTER	Manhattan		205	88	42.93
NYC-HHC AGENCY NETWORK	Brooklyn		228	82	35.96
ST. LUKE'S - ROOSEVELT HOSPITAL CENTER	Manhattan		161	73	45.34
NASSAU HEALTH CARE CORP/NASSAU UNIV MED CTR	Nassau		249	67	26.91
NYC-HHC BELLEVUE HOSPITAL CENTER	Manhattan		143	66	46.15
NYC-HHC AGENCY NETWORK	Bronx		156	61	39.10
NYC-HHC AGENCY NETWORK	Queens		172	58	33.72
NYC-HHC METROPOLITAN HOSPITAL CENTER	Manhattan		123	54	43.90
THE LONG ISLAND HOME	Suffolk		138	53	38.41

Summary

- PSYCKES can be used now to support Health Home work for agencies that already have access
 - All screen shots from this presentation are currently in place in PSYCKES
- We want to develop a PSYCKES- Health Home Workgroup to further enhance PSYCKES for Health Homes (Lead agencies, Downstream agencies, and other Stakeholders)
 - Please contact PSYCKES-Help@omh.ny.gov
- We will announce a PSYCKES – Health Home Learning Collaborative for those agencies interested in using PSYCKES in their clinical work after enhanced version is ready

QUESTIONS?

For any questions following the end of the
Webinar please contact

PSYCKES-Help@omh.ny.gov

Inclusion of PSYCKES into the Health Home Patient Information Sharing Form (DOH-5055)

- ▶ PSYCKES language has been approved for inclusion into the DOH-5055 consent form currently in use.
- ▶ Updated version of the DOH-5055 form being finalized to replace current version.
- ▶ The form designation number, DOH-5055 will not change, only the date to reflect the current version.

Inclusion of PSYCKES into the Health Home Patient Information Sharing Form (DOH-5055)

- ▶ New English version to be posted on the Health Home website followed by translated versions.
- ▶ Health Homes will be notified via BML when new version of the form is posted.
- ▶ Before PSYCKES can be accessed, a new signed consent form must be obtained from the member.
- ▶ Do not change consent date in the tracking system when a new consent form is obtained.

Useful Contact Information

- Visit the Health Home website:
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Get updates from the Health Homes listserv. To subscribe send an email to: listserv@listserv.health.state.ny.us (In the body of the message, type SUBSCRIBE HHOMES-L YourFirstName YourLastName)
- To email Health Homes, visit the Health Home Website and click on the tab “Email Health Homes”
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Call the Health Home Provider Support Line: 518-473-5569