Data Notebook Meeting Highlights

August 8, 2013
9 A.M. to 10:00 A.M.

Members Present:
Herman DeBose, PhD
Karen Hart
Lorraine Flores
John Pearson
Herman DeBose, PhD

Staff Present:
Tracy Thompson
Linda Dickerson, PhD
Jane Adcock

Others Present

Mike Reiter, APS Healthcare CAEQRO

Review and Approve Minutes from last meeting

A motion made by Lorraine Flores and seconded by John Pearson: *Meeting highlights from June 19, 2013 approved as written.*

Mike Reiter's information: mikereiter@apshealthcare.org
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Discussion of Data Notebook:
Draft of Sample Data Notebook for Tehama County: project "in-process;" need review and comments by workgroup participants

Linda Dickerson provided members with a copy of the draft of sample Data Notebook for Tehama County entitled, "Module 1: System Performance Indicators (EQRO Data)". Information in this module is taken from the External Quality Review Organization report on the most recent mental health services data available for each county. These reports are prepared by APS Healthcare under contract to the California Department of Health Services. The purpose of the contract is to evaluate the type and quality of services provided under Medi-Cal Specialty Mental Health funding (Short-Doyle).

Each year, EQRO reports are prepared after local site visits and extensive data analysis of the approved billing and claims data. Comprehensive reports for each of 56 counties are found at this website:

http://caeqro.com/webx/Reports%20and%20Presentations/FY2012-13%20EQRO%20MHP%20Reports/

In this discussion guide EQRO data, figures, and text is quoted heavily. The purpose is to extract some major points to help inform local stakeholders, mental health boards, and commissions.

Reviewing this data is intended as a springboard for comments and discussion of not just Medi-Cal funded services, but of any, or all, MH services in your community that you may wish to consider.

- Mike Reiter: I have a concern about the "first visit" information. This information is self-reported data by the mental health plans. No process has been made available to come up with a standard definition of what first visit is. If you are going to use first visit data you must use with extreme caution. I would encourage the subcommittee to push for this because it is a

big issue. Is it the first billable visit or first visit where someone gets treatment? This varies widely. I am most interested on what you think standards ought to be. This is an important thing to lobby for.

- Linda Dickerson: I have extracted and turned information into a data table simply using what the mental health plan claims but without any explanation of a table or spreadsheet. The first question deals with the wait time from your contact to when you actually get to see someone. This is timeliness data.
- Linda Dickerson: I may need to write an entirely different set of text to introduce this concept or quality goal regarding first visit data.
- Linda Dickerson: Timeliness or getting an appointment for a child therapist is not tracked by many plans. Some of that may reflect the shortage of child psychiatrists.
- Karen Hart: A shortage of child psychiatrists is a factor but another reason is because there is a tendency to not make the psychiatrist the first stop in children. This plays a large role on the wait time as well.
- Mike Reiter: In San Francisco every child gets assessed by child psychiatrist. There is a range of opinions on this.

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- Herman DeBose: Is this specific to a particular county? *Answer:* Linda Dickerson stated that Tehama County was selected because it is a small population county and the report is shorter. This shows individualization for Tehama County but the effort to extract this much individual information is considerable. The other issue is how to deal with the information that the mental health plan says it is doing. Tehama County has a population of around 60,000 people.
- Herman DeBose: Are services spread out? It may be difficult for citizens to get access to services because of the area itself. Answer: Linda Dickerson: Yes, the distances comprise one barrier to access.

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<u>Question: What is the effect of appointment wait time on the goal to reduce re-hospitalizations</u>?

- Linda Dickerson: One of the issues is that it is difficult to import figures from EQRO documents. This is one of the major quality improvement efforts in the state. The timeliness in receiving some kind of clinical contact plays an important role in re-hospitalization rates.
- Mike Reiter: There is an unreleased annual report that states "if you have a psychotic diagnosis and don't have a medical visit within 7 days of discharge, the chances of re-hospitalization goes up." Under Medicare if your re-hospitalization rate does *not* meet certain standards or *goes up,* you get a reduction in Medicare reimbursement. This includes any place that has a general hospital license. Counties and hospitals need to work together.

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<u>Question: Are people of all ages and race/ethnicity groups coming in for services, in numbers roughly similar to their proportion of total Medi-Cal clients?</u>

- Linda Dickerson: This is the way we are looking at penetration rate data. Penetration rates are imperfect measures. Forty percent of the Medi-Cal enrolled population in many counties are children (17 or younger). But in some counties, children may comprise up to 80% of the Medi-Cal covered population. So there is a lot of variability. The trend reports for penetration rates for foster youth and transition age youth are important. Foster children are a vulnerable group and the TAY population has special needs and overlaps with young adults. *PAGE 6*

Question: Are people engaged in their services and do they continue to come in for care?

- Mike Reiter: We use this chart as proxy for real data. Engagement would mean consumers should have certain number of visits in so many months. This is difficult to measure.
- Linda Dickerson: Tables can start a springboard for discussion for local stakeholders and mental health board members. One factor I did not include was financial info. But one of the things that Mike Reiter pointer out is the disparity between average dollars spent in services per beneficiary per client. There is a disparity between Hispanics and the white population.
- John Pearson: What about data around individual therapy and group therapy? *Answer:* Linda Dickerson: That data not easily at accessible. Maybe individual counties can inquire or follow up on this issue.
- Herman DeBose: The chart doesn't specify what the service was. We would need to know the specific service.
- Karen Hart: We may need a section for things we *should* be doing even though we may not be currently doing them. This would be things for the mental health boards to think about and ask about. *Answer:* Linda: I could include some optional questions.
- Jane Adcock: This needs to be in the realm of outcomes and program performance.
- Linda Dickerson: The questions on pages 8-15 are included to assist with generating discussions and recognizing that different counties move along at different rates. There is an effort to offer more physical health care to mental health clients.

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- Linda Dickerson: I am working on trying to locate some other data from other sources. There is some criticism around trying to find estimates of need in counties. These are different than penetration rates and it is difficult to come up with reliable data. We are still in the process of developing Module 2 (Consumer Perception Survey Data). We are also developing an Optional Module 3, to get input from those counties which currently are able to report summaries of data about their own MHSA-funded programs. The purpose is so we can use their experience and reports as a basis for expanding the following year's Data Notebook to include a section for structured discussion of MHSA-funded local programs.
- Linda Dickerson: It is quite an effort to quote the EQRO data. It will be difficult task especially for the largest counties. If I had a volunteer that could assist me that would be great.

Review of Proposed Work Plan, Implementation, and Timelines

- Linda Dickerson: We may be able to find exemplary programs and can point to the full report on the websites.

- John Pearson and Herman DeBose discussed some aspects of using the EQRO and other sources of data in their county reports. Herman DeBose advised that he is working on a project to get a complete list of contact information for all the local Mental Health Boards and Commissions. It has been difficult to accumulate this information. John Pearson acknowledged that privacy concerns might underlie some of that reluctance.
- John Pearson and Herman DeBose advised that it may be a good idea to customize the Data Notebook reports for large versus smaller counties based on their EQRO reports.

Public Comment

No Public Comment at this time

Meeting Adjourned

The next Data Notebook Meeting is scheduled for September 12, 2013 from 9 a.m.-10 a.m.

Call #: 1-866-831-0091

Participant Code: 1629962

UPDATED Meeting Schedule:
The next Data Notebook Meeting will be Thursday, October 10, 2013 from 9 a.m.-10 a.m.