



# **DMC-ODS Performance Improvement Projects**

Technical Assistance Webinar for Counties  
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## **FY 2017-18 Active PIPs from Riverside, San Mateo, and Marin – Topic Areas**

- Expanded Access for Youth to Outpatient, Intensive Outpatient, Residential, Case Management, Recovery Support, and Physician Consultation and track improvements via CalOMS discharge codes;
- Continuity of Care for Adults Discharged from Residential Treatment to Lower Levels of care, expand smooth and timely discharged to other services;
- Add ASAM Assessments and Treatment Recommendations for Detained Inmates with SUD for Superior Court and Probation, and provide discharge linkage to community treatment including MAT, track outcomes via CalOMS & Court actions;
- Add ASAM assessments and care management to WM center to increase engagement in SUD treatment and reduce re-admissions to WM; 2 counties
- Provide SUD and MH treatment in integrated manner and evaluate with TPS and CHOIS evaluation tools administered pre and post interventions;



## Road to Recovery – Leigh Steffy/Cat Condon Background on Road to Recovery

- Road to Recovery is a County-operated Outpatient Program designed specifically to meet the needs of clients diagnosed with complex co-occurring Serious Mental Illness and Substance Use Disorders.
- Program Launched in October 2016
- How did we know we had a problem? Review of data from CalOMS and the County EHR showed a lack of successful treatment engagement and completions.
  - From 10/1/16-3/31/17 there were 0 positive treatment completions (defined as CalOMS discharge status of 1,2 or 3)
  - Median length of stay was 40 days



## Road to Recovery – Leigh Steffy/Cat Condon

- Identification of the Problem
- What did the literature say was associated with successful treatment – LOS, engagement, therapeutic alliance/client satisfaction
- What is the format and treatment approach for SMI/SUD clients to improve client Satisfaction, engagement, retention, and positive treatment outcomes?
- Study Population = adults with serious mental illness and SUD per DSM V.
- Convened PIP study group that included a wide range of stakeholders and interviewed and gathered input from SMI/SUD clients on their experience.



## Common PIP Mistakes – Document the Problem – baseline data is critical

- Lack of facts/data
- Challenges creating baseline
- Challenges identifying measures
- For success, support your position with solid baseline data



## Avoiding Common PIP Mistakes - Data

Do a thorough data review before beginning the PIP

- County specific data
  - Review local data linked to your challenge/problem
  - Review system procedures and process linked to your challenge/problem
- National data
  - Helpful background, benchmarks and possible interventions
  - SAMHSA, NIDA, NIMH, NIATX, AHRQ, NCQA, ASAM, NSDUH, etc



## Assess & Ask

- Do we know if this is problem nationally?
- What are the national averages for this problem/issue/condition?
- Is there a norm we are not meeting?
- Is this a problem for our county?



## Avoiding Common PIP Mistakes - Facts

- Identify a problem area or opportunity for improvement in treatment or process, but do not take it “to the bank” without first reviewing your facts and data
  - Include information from clients, families, staff and community partners impacted whenever possible – there are often new insights into the problem and potential solutions
- Client, families, community partner and staff **input** should be obtained on problem
  - What do they see as the barriers to better care?
  - Why do they think the problem is happening?
  - What ideas do they have to fix it?
  - Example, low acceptable of recommended MAT as part of treatment, what is causing lack of willingness





## Avoiding Common PIP Mistakes - Indicators

- Set up a solid foundation to identify the issues leading to the problem
  - A special survey or focus group may be necessary to understand the full extent of the issues surrounding the problem area – **used TPS feedback**
  - Key indicators will flow from a solid analysis – **of data & client feedback**
- Collect document baseline data for your indicators
- Identify effective and meaningful interventions/actions to mitigate the problem.



## Leigh Steffy/Cat Condon – Marin – **Key Indicators/Measures used pre and post**

- **Overall Client Satisfaction:** Treatment Perception Survey and Satisfaction of Clients
- **Client Initiation and Engagement:** HEDIS measure (2 visits in 30 days after admission) – initiation plus engagement
- **Client Retention: Length of Stay** – Used CalOMS and clinical data from EHR to document total length of stay from initiation to treatment improvement, completion, termination
- **Improvements in Behavioral health Domains:** CHOIS – Improvement in psychiatric domains – pre services beginning, monthly and at discharge. - Creating Health Outcomes Integrated Self-Assessment tool.
- **Positive Treatment Completions:** Measure, pre and post CalOMS discharge status of 1,2,or 3.



# Performance Indicators – Leigh Steffy/ Cat Condon

#	Describe Performance Indicator	Numerator	Denominator	Baseline for Performance Indicator (number)	Goal (number)
1	Overall Client Satisfaction	Scores to the client satisfaction questions (#11-14) on the TPS	Total points available on client satisfaction questions (#11-14) on the TPS multiplied by the number of TPS' collected	4.35 (n=5)	4.5+ (out of 5)
2	Satisfaction – Convenience of Treatment Schedule	Scores to the client satisfaction questions (#2) on the TPS	Total points available on client satisfaction questions (#2) on the TPS multiplied by the number of TPS' collected	3.6 (n=5)	4.5+ (out of 5)
3	Client Initiation and Engagement	Of the number of clients initiating treatment [number of clients participating in a second treatment visit within 14 days of assessment for the substance use condition], the number that then engage in at least two additional program days or visits within the next 30 days	Total number of clients at Road to Recovery assessed for a substance use condition	52.3% (n=45/86)	65%



## Performance Indicators Cont. – Leigh Steffy/ Cat Condon

#	Describe Performance Indicator	Numerator	Denominator	Baseline for Performance Indicator (number)	Goal (number)
4	Client Retention - Length of Stay	Number of clients discharged from treatment	Of clients discharged, the total number of days they were enrolled in treatment services [admission date to discharge date with at least one billable service per month]	92 days	150 days
5	Improvement in Behavioral Health Domains	Number of clients that report one full point of improvement in a domain on the CHOIS	Total number of clients completing the CHOIS	Not yet identified	50% have one full point of improvement in a domain
6	Positive Treatment Completions	Number of clients with discharge status of 1, 2, 3,	Total number of clients discharged	15% (n=12/80)	35%



## Leigh Steffy/Cat Condon – Interventions linked to baseline data, input from clients, analysis

Will interventions below improve client satisfaction, engagement, LOS, and improved functioning as reflected in CHOIS?

1. Changing group times to the afternoon;
2. Adding additional sessions;
3. Modifying group sessions and assigning clients based on stage of recovery and level of functioning;
4. Implementing CHOIS self assessment tool;
5. Adding new group counseling topics (such as seeking safety or more individual sessions).



# Sample of Study Interventions – Leigh Steffy/ Cat Condon

#	List each Specific Intervention	Barriers/Causes Intervention Designed to Target	Corresponding Indicator	Date Applied
1	Change in Group Times	Based on: 1) TPS results about convenience of group sessions; and 2) client report about their psychiatric medications making early morning groups challenging to attend.	1, 2, 3, 4, 6	January 2018
2	Added New Group Counseling Sessions	Based on: 1) ASAM Level of Care assessments indicating the need for Intensive Outpatient Services	1, 2, 3, 4, 6	January 2018
3	Menu of Services – Modify Group Counseling Sessions and Assign Beneficiaries Based on Stage of Recovery and Level of Functioning	Based on: 1) Clients with complex health conditions require more flexibility on length and subject matter for groups they attend; 2) Clinical observation about assigning beneficiaries to specific groups based on topic and specific stage of recovery, rather than modality of service; 3) Clinical observation and beneficiary feedback about engagement with specific Evidence Based approaches (e.g. Matrix, Seeking Safety and IDDT)	1, 2, 3, 4, 6	April 2018



# Sample of Study Design and Data Collection Features – Leigh Steffy/ Cat Condon

<p>Will interventions 1-5 (1) changing group times; 2) adding additional sessions; 3) modifying group sessions and assigning beneficiaries based on state of recovery and level of functioning; 4) implementing the CHOIS self-assessment tool; and 5) adding new group counseling session topics</p> <p><b>Improve a client's retention in treatment?</b></p>	<p>Marin WITS Raw CalOMS data: Admission Date, Discharge Date, and Discharge Status</p>	<p>Marin WITS</p>	<p>On a quarterly basis, DMC-ODS Department Analyst staff will analyze discharge data from Marin WITS to calculate the mean LOS. Data will be compared to baseline and prior quarter data, and will be presented to the PIP committee for review. Treatment data can include multiple levels of care without a break of more than 30 days. Data will also be analyzed to determine mean LOS for beneficiaries that successfully vs. unsuccessfully complete treatment</p>	<p>DMC-ODS Department Analyst II</p>
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# Sample of Study Design and Data Collection Features Cont. – Leigh Steffy/ Cat Condon

<p>Will interventions 1-5 (1) changing group times; 2) adding additional sessions; 3) modifying group sessions and assigning beneficiaries based on state of recovery and level of functioning; 4) implementing the CHOIS self-assessment tool; and 5) adding new group counseling session topics</p> <p><b>Improve positive treatment completions?</b></p>	<p>Marin WITS Raw CalOMS data: Discharge Status [values 1, 2, &amp; 3]</p>	<p>Marin WITS</p>	<p>On a quarterly basis, DMC-ODS Department Analyst staff will analyze discharge data from Marin WITS to calculate discharge status to determine the percentage of positive treatment completions. Data will be compared to baseline and prior quarter data, and will be presented to the PIP committee for review.</p>	<p>DMC-ODS Department Analyst II</p>
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## Framework

- **Interventions** are *actions to impact the problem* or improvement you want to make.
- Understand how **they link together!**
- AND how they **link to the study question.**
- **Don't make the PIP overly complex**, start small and if successful bring to scale. Make the process manageable so it can be done well.



## **Baseline and Indicators – Cat Condon and Analysis**

- Client Satisfaction
- HEDIS Measures of Engagement
- Length of Stay
- CHOIS
- Positive Discharge Status – CalOMS, i.e. improvements



## Results so Far – Leigh Steffy/Cat Condon

#	Performance Indicator	Baseline for Performance Indicator*	First Quarter Data (1/1/18 – 3/31/18)	Second Quarter Data (4/1/18 – 6/30/18)	Third Quarter Data (7/1/18 – 9/30/18)	Goal
1	Overall Client Satisfaction	4.35 (n=5)	4.5 (n=14)	4.5 (n=6)	4.5 (n=12)	4.5+ (out of 5)
2	Client Satisfaction: Convenience of Treatment Schedule	3.6 (n=5)	4.5 (n=14)	4.5 (n=6)	4.5 (n=12)	4.5+ (out of 5)
3	Client Initiation and Engagement [Clients who had a treatment visit with 14 days from admission and at least two subsequent treatment visits within 30 days]	52.3% (n=45/86)	53.8% (n=14/26)	55.6% (n=10/18)	59.1% (n=13/22)	65%
4	Client Retention - Mean length of stay	92 days (n=86)	77 days (n=26)	98 days (n=18)	93 days (n=22)	150 days
5	Improvement in Behavioral Health Domains	Not Yet Established	Not Yet Established	Not Yet Established	60% reported one full point increase in a domain (n=6/10)	50% report one full point increase in a domain
6	Positive Treatment Completions	15% (n=12/80)	17.6% (n=3/17)	11.1% (n=2/18)	21.1% (n=4/19)	50%



# CMS Protocol: Validating PIPs – 10 Protocol Steps

1. Select the study topic(s)
2. Define the study question(s)
3. Use a Representative and Generalizable study population
4. Select the study variable(s)
5. Use sound sampling techniques
6. Reliably collect data
7. Analyze data and interpret study results
8. Implement intervention/improvement strategies
9. Plan for “real” improvement
10. Achieve sustained improvement



# Continuous Quality Improvement

- **How not to Assess:**
  - “I think we have an issue with X”.
  - “Oh, ok, let’s make that a PIP.”
- **How to begin to Assess:**
  - “I think we have an issue with X.”
  - “Why do you think there is an issue?”
  - “Well, Dr. Jones says people are never here for their scheduled appointment.” OR
  - “I keep seeing the same patients back in 10 days after discharge.” OR
  - “Clinic X’s patients’ ANSA scores don’t seem to be improving”.
- **Not yet - A PIP doesn’t start here.**



## Improve

- Identify interventions (Do not start a PIP with the intervention and then try to make it work)
  - New treatment we want to try
  - New training we want to try
- The MHP or DMC- ODS should decide what interventions they want to use to try to improve the issue after reviewing the causes and barriers.
- Then put those interventions in to place.
- **A PIP has started.**



## Leigh Steffy/ Cat Condon – Lessons Learned

- Invest the time in your PIP design
  - Engage stakeholders, collect diverse ideas, do literature reviews, find best practices. . .
  - Define success - How will this improve the clients' lives or experiences?
  - Simplify
- Be specific
  - Define all of your terms. (Positive Treatment Completion = CalOMS Discharge status 1, 2, or 3)
  - Write down every step in your data collection process so that anyone can replicate in 3 months or 6 months or a year.
- Check in regularly so you can make adjustments if you need to.
- **Utilize the technical assistance offered to you!**



## Key Issues to Remember in PIP Design

- Preparation and ground work are important for PIP success – train staff on why the PIP is important and what their role is...
- Training is important but is not an intervention. The activity you are training for is the intervention, such as a new treatment program or new process to improve access.
- Create a baseline data set to measure against for improvement
- Measure similar time periods (like quarterly) to understand the changes occurring because of your interventions.
- A PIP IS NOT ACTIVE UNTIL ONE INTERVENTION has started.





## Indicators for Timeliness example

#	Describe Performance Indicator	Numerator	Denominator	Baseline for Performance Indicator	Goal
1	Timeliness to first face to face appointment at Outpatient Clinic RST	Number of episodes where clients had their initial face-to-face service at the RST's within 14 days of referral to RST	Total number of referrals to the RST's where the client received a service	24.8%	50%
2	Timeliness to first outpatient MAT service	Number of episodes where clients had their first outpatient MAT service at the RST's within 28 days of referral to RST	Total number of referrals to the RST's where the client received a service	21.5%	50%
3	Timeliness from residential care discharge to first face-to-face outpatient appointment	Number residential discharges with a face-to-face service at the RST's outpatient within 7 days of discharge	Number of acute discharges for RST clients	38.5%	60%
4	Timeliness from residential discharge to first MAT appointment	Number of acute discharges with an outpatient MAT service at the RST's within 14 days of residential discharge	Number of discharges for Res clients who had MAT at residential program	62.9%	80%



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