



# Office of Mental Health Continuous Quality Improvement Initiative for Health Promotion and Care Coordination

## Project Planning Form

March 2013

# Agenda

- Welcome
- Project Planning Form (PPF)  
Overview
  - Requirements, Design, Sections, Tips
- PPF Demonstration
- Using PSYCKES
- Reminders

# PPF Requirements

- Each clinic must complete one PPF
  - Multi-clinic agencies: each clinic completes a separate PPF; standard information can be copied/pasted into each clinic's PPF
- Complete entire PPF
  - Section 4:a or b; depends on project selection
- Email completed PPF to PSYCKES-Help by March 15

# PPF Design

- User-friendly data entry
  - Expandable answer boxes
  - Check boxes
  - Drop down menu for selections
- Section-specific guidance
  - Reminders about project requirements
  - Procedures to review baseline data in PSYCKES
  - Recommended processes and interventions

# PPF Sections

- Cover Page
- Section 1: Agency/Clinic information
- Section 2: Training Requirements
- Section 3: Project Selection
- Section 4a/b: Clinic workflow processes and clinical strategies/interventions
  - Complete only section for selected project (Health Promotion and Coordination OR Behavioral Health Care Coordination)

# PPF Tips

- QI team develops plan for completing PPF
  - Assign tasks to team members (if applicable)
  - Set data collection deadline in advance of PPF 3/15 deadline
- Review baseline data in PSYCKES and analyze variation (see PPF pages 9-10 and Appendix)
- QI team meets with clinical leadership/staff to discuss clinical strategies/interventions (use Section 4a/b answer prompts as a guide)

# PPF Tips (con't)

- Select a project based on:
  - Baseline performance in PSYCKES
  - “High risk, high volume, problem prone”
  - Alignment with clinic priorities
  - Input from staff
  - Experience gained in Phase I/II
- Obtain approval from relevant staff about PPF content before sending to OMH
- Distribute completed PPF to relevant staff

# PPF DEMONSTRATION

# USING PSYCKES

# Usage Report

## Consent Activity

### Consent Activity During Report Period

Signed Consents	Emergency	Total Consents Entered	Consents Revoked
192 (100%)		192	3

### Consent Activity During Report Period : Details

User Name ▲	User Role Survey Data			Consent Module Use During Report Period					
	Setting	Role in Organization	Licensed Profession	Signed Consents	Emergency	2 Forms of ID	User Attests to Identity	Total Consents Entered	Consents Revoked
Jane Doe	Case Management	Administrative Support		47		33	47	47	1
Anna Lou Jones	Mental Health - Outpatient, State Provider	Administrative Support		35		27	35	35	
Betty Smith	Mental Health - Outpatient	Administrative Support ,Leadership , Quality Management ,SW, RN, NP, Other Clinician/Direct Service	Mental Health Counselor	66		49	66	66	2

# QI Overview Screen

Review the prevalence data for each indicator set  
compare to region and state

Quality Indicator Overview As Of 11/01/2012

Provider: Main Street Health Center

Modify Filter

Site:ALL, Attending:ALL, Program Type:MHClinic - Free Standing, Age:ALL, Popul:

Select Indicator Set for Details

Indicator Set

Indicator

Indicator Set ▲	Population	On Any	N	%	Regional %	Statewide %
<a href="#">BH Care Coordination</a>	All	1,109	124	11.18	6.24	6.32
<a href="#">Cardiometabolic</a>	All	155	68	43.87	42.30	43.02
<a href="#">Dose</a>	All	508	41	8.07	5.21	5.74
<a href="#">Health Promotion and Coordination</a>	All	1,109	293	26.42	22.82	24.97

# Health Promotion and Coordination

Review the prevalence data for all the indicators in both sets

## Quality Indicator Overview As Of 11/01/2012

Provider: Main Street Health Clinic

Modify Filter

Site:ALL, Attending:ALL, Program Type:MHClinic - Free Standing, Age:ALL, Popu

Indicator Set: Health Promotion and Coordination

Select indicator for detail.

Indicator Set

Indicator

Indicator	Population	On Any	N	%	Regional %	Statewide %
<a href="#">Diabetes Monitoring-No HbA1c &gt;1 Yr</a>	All	119	35	29.41	21.70	24.47
<a href="#">No Outpatient Medical Visit &gt;1 Yr</a>	All	1,109	150	13.53	12.99	14.13
<a href="#">No Diabetes Screening-On Antipsychotic</a>	All	239	50	20.92	24.91	29.02
<a href="#">4+ Inpatient/ER - Med</a>	All	1,109	87	7.84	4.73	5.65
<a href="#">Prevent Hosp Asthma</a>	Adult	845	5	0.59	0.78	0.54
<a href="#">Prevent Hosp Diabetes</a>	Adult	845	5	0.59	0.66	0.50
<a href="#">Prevent Hosp Dehydration</a>	Adult	845	2	0.24	0.12	0.11
<b>Summary</b>	<b>All</b>	<b>1,109</b>	<b>293</b>	<b>26.42</b>	<b>22.82</b>	<b>24.97</b>

# Behavioral Health Care Coordination

## Quality Indicator Overview As Of 11/01/2012

Provider: Main Street Health Clinic

Modify Filter

Site:ALL, Attending:ALL, Program Type:MHClinic - Free Standing, Age:ALL, Popu

Indicator Set: BH Care Coordination

Select indicator for detail.

Indicator Set

Indicator

Indicator	Population	On Any	N	%	Regional %	Statewide %
<a href="#">3+ Inpatient - BH</a>	All	1,109	34	3.07	1.12	1.13
<a href="#">3+ ER- BH</a>	All	1,109	27	2.43	1.09	1.18
<a href="#">4+ Inpatient/ER - BH</a>	All	1,109	48	4.33	1.62	1.68
<a href="#">Adherence - Antipsychotic (Schz)</a>	(0-64) yrs	147	45	30.61	26.36	28.00
<a href="#">Adherence - Mood Stabilizer (Bipolar)</a>	(0-64) yrs	79	24	30.38	32.21	31.21
<a href="#">Discontinuation - Antidepressant &lt;12 weeks (MDE)</a>	(0-64) yrs	20	9	45.00	47.32	46.06
<a href="#">Readmission - All BH 45 day</a>	All	148	47	31.76	21.44	19.39
<b>Summary</b>	All	1,109	124	11.18	6.24	6.32

# Unduplicated Recipients - List of Flagged Clients

Click on name to review recipient's Clinical Summary

Indicator Set: Health Promotion and Coordination, Indicator: Summary

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

Recipient ^	Medicaid ID	DOB	Quality Flags	Medications (BH; excludes enhanced PHI)	Most Recent BH Outpatient Attending
<a href="#">Afabcdad Daeeaaa</a>	Bicbdad Ccfgeee	12/31/9999	Inpt/ER-Med, No Outpt Med		None Identified
<a href="#">Afaecfi Fdfhddb</a>	Degabde Bbdcgba	12/31/9999	No Outpt Med	FLUOXETINE HCL	None Identified
<a href="#">Afecdcj Jihbabe</a>	Ccaccie Ifaecaa	12/31/9999	4+ Inpt/ER-All, 4+ Inpt/ER-Med	CLONAZEPAM	None Identified
<a href="#">Afecddb Cbeqaee</a>	Iabejda Bgjabbb	12/31/9999	3+ ER-BH, 4+ Inpt/ER- All, 4+ Inpt/ER-BH, No Outpt Med		None Identified
<a href="#">Affied Difiabq</a>	Cdcdbge Bjbefjc	12/31/9999	No Outpt Med	LORAZEPAM	None Identified
<a href="#">Aqdcbbi Ebfabab</a>	Bhfidje Bgdfdac	12/31/9999	No Outpt Med		Anne Smith-Jones

# Reminder

- Due date: March 15
- Check PPF for completion before sending
- Email to: PSYCKES-Help at [PSYCKES-help@omh.ny.gov](mailto:PSYCKES-help@omh.ny.gov)

# Contact Information

- PSYCKES application and PPF questions

- PSYCKES-Help:

[PSYCKES-help@omh.ny.gov](mailto:PSYCKES-help@omh.ny.gov)

- CPI training modules

- CPI helpdesk:

[cpihelp@nyspi.columbia.edu](mailto:cpihelp@nyspi.columbia.edu)

212-543-5127