

Implementing PSYCKES in Care Management Programs

NYS Office of Mental Health
Bureau of Evidence Based Services and Implementation Sciences



Overview

- Welcome: Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) Care Management (CM) Implementation Initiative
- Using PSYCKES in CM programs
- The PSYCKES Implementation Process
- Learning Collaborative Activities & Resources
- Brainstorming Exercise
- Next Steps/ Questions and Answers (Q & A)

Welcome to the PSYCKES CM Implementation Initiative

- PSYCKES is a secure, Health Insurance Portability and Accountability Act (HIPAA)-compliant web-based platform for sharing Medicaid claims data, currently implemented in over 400 behavioral health programs statewide
 - Mental Health Clinics, inpatient providers, emergency rooms, state operated psychiatric programs, Assertive Community Treatment (ACT) Transition Project teams, care management programs (coming soon)
- 71 CM programs are registered to participate in the current initiative

Information Needs in CM Programs

- History at intake is often incomplete, and clients are not always able to provide complete history, particularly regarding medication and the use of emergency and medical services
- Care coordination and service planning require comprehensive data on client's service history
- Services across settings are not captured in one record

Value of PSYCKES for CM Programs

- Goal: improve client outcomes by providing immediate access to comprehensive, user-friendly information across providers over time
- Support intake assessment and service planning
 - Identify co-morbid conditions
 - Review medication history and adherence
 - Review ambulatory and acute service utilization
- Facilitate care coordination
 - Identify outpatient providers
 - Monitor engagement in services
 - Identify clients at elevated risk for quality concerns
- Information will support Health Home activities

Feedback on PSYCKES from Community Mental Health Workers

- *PSYCKES is a great resource for supervisors reviewing service plans and assessments. It helps us to know what to prioritize.*
- *If clients are seeing multiple medical providers but can't remember all of them, I can use PSYCKES to identify the clinicians and get consent to coordinate with them. This saves us so much time!*
- *We use PSYCKES on intake for every new client. It helps all of us to know where to start and what the client has already tried.*

Benefits of Participation in CM Learning Collaborative

- Goal:
Ensure that your staff can effectively access the most comprehensive client data
- Strategies:
 - Receive targeted training and technical assistance
 - Learn from colleagues about strategies for successful implementation
 - Review monthly reports to help you track the progress of your implementation
 - Help shape future development of the PSYCKES application

Using PSYCKES in CM Programs

Who is in PSYCKES?

- NYS Medicaid enrollees
 - Fee-for-service
 - Managed care
 - Dual-eligible (Medicare/Medicaid): Medicaid data only
- Behavioral health population, i.e., at least one of the following:
 - Mental health or substance abuse service
 - Mental health or substance abuse diagnosis
 - Psychotropic medication
- Currently over 3.9 million individuals

What is in PSYCKES?

- All Medicaid-reimbursable services for which a claim was submitted, across treatment settings
 - Behavioral health (outpatient and inpatient)
 - Pharmacy (psychotropic and medical)
 - Medical (services, lab tests, and procedures)
 - Living supports (if Medicaid-billable)
 - Transportation (if Medicaid-billable)
- Up to 5 years of data
- Currently does not include data from Medicare or private insurance
 - For dual-eligible clients (Medicare and Medicaid) includes services but not pharmacy

Current Quality Indicator Sets

- Hospital/ Emergency Room (ER) related measures
 - High utilization (4+/yr): Behavioral Health (BH), Medical, any cause
 - Psychiatric readmission: 7 days, 30 days
 - Preventable admissions: Diabetes, Dehydration, Asthma
- High need ineffectively engaged
- Medication related indicator sets
 - Psychotropic polypharmacy (by class and over all)
 - Dose (by class of psychotropic)
 - Cardiometabolic (high/moderate risk Antipsychotic (AP) + cardiometabolic condition)
 - Youth (“too many, too much, too young”)

Access to Current Client Information in PSYCKES

Access Type	Includes Data with Special Protections? (Substance Use, Human Immunodeficiency Virus (HIV), Family Planning, Genetic)	Duration
Provided service in past 9 months	No, get client name only	Up to 9 months after last service
Quality Flag	No, but get all other data	As long as flag is active; up to 9 months after last service
Clinical Emergency	Yes, all data	72 hours
Consent	Yes, all data	3 years after last service

PSYCKES Consent Process Overview

- Designated staff are granted “PSYCKES-Registrar” access - i.e., Consent Module user.
- Client is asked to sign PSYCKES Consent Form
 - Must use PSYCKES form printed from consent module
- Registrar uses Consent Module to attest
 - Signed consent, or
 - Clinical emergency
- Any PSYCKES user (Registrar or not) within the institution can then access client data.

PSYCKES Homepage (www.psyckes.org)

New York State State Agencies Search all of NY.gov

Office of Mental Health
Commissioner Michael F. Hogan, Ph.D. Governor Andrew M. Cuomo

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Other Languages: Italiano | Pycckий | Español | Kreyòl Ayisyen

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PSYCKES MEDICAID

Log Into PSYCKES

About PSYCKES

Calendar

News

Quality Concerns

Initiatives

- Freestanding Clinics
- Hospital Clinics
- Other Initiatives

Resources

- QI Teams
- Clinicians
- Consumers/Families

FAQ's

A to Z Site Map

Contact Us

PSYCKES Medicaid Home

- PSYCKES**
 - ▶ PSYCKES Medicaid
 - ▶ Log into PSYCKES
 - ▶ MyPSYCKES
- Initiatives**
 - ▶ Freestanding Mental Health Clinics
 - ▶ Hospital-Affiliated Mental Health Clinics
 - ▶ Other Initiatives
- Resources**
 - ▶ Quality Improvement Teams
 - ▶ Clinicians
 - ▶ Consumers and Families

Logging in to PSYCKES

- From PSYCKES Homepage, click “Log into PSYCKES
- At Login Page, enter:
 - User ID (first box)
 - Password + token code (2nd box)



 **NEW YORK STATE**
Office of Mental Health

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.

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Michael F. Hogan Ph.D.
Commissioner

Userid:

Password or Passcode:

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

Recipient Search

Recipient Search

Export PDF Excel

Search for Consented Recipients:

Recipient Last Name:	<input type="text"/>	Age Range :	<input type="text" value="Select Age Range"/>	Region:	<input type="text" value="Select Region"/>
Medicaid Id:	<input type="text"/>	Indicator:	<input type="text" value="Polypharmacy Summary"/>	County:	<input type="text" value="Select County"/>
Prescriber Last Name:	<input type="text"/>		<input type="text" value="Antipsychotic Three Plus"/>	Provider:	<input type="text"/>
Drug Name:	<input type="text"/>		<input type="text" value="Antipsychotic Two Plus"/>	OMH Lic. Programs:	<input type="text" value="Any"/>
Active Drug:	<input type="checkbox"/>		<input type="text" value="Antidepressant Three Plus"/>	Service:	<input type="text" value="Any"/>
			<input type="text" value="Antidepressant Two Plus - SC"/>	Service Details:	<input type="text"/>
			<input type="text" value="Psychotropics Four Plus"/>	Managed Care Program:	<input type="text" value="Any"/>
			<input type="text" value="Psychotropics Three Plus"/>		
			<input type="text" value="Cardiometabolic Risk Summary"/>		

Psychotropic Drug Class:

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

Non-Psychotropic Drug Class:

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

Mental Health Diagnosis:

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

Medical Diagnosis:

Alcohol Abuse
Alcohol Related Organic Mental Disorder
Certain Conditions Originating in the Perinatal Period
Complications of Pregnancy, Childbirth, and the Puerper
Congenital Anomalies
Diabetes
Diseases of Skin and Subcutaneous Tissue
Diseases of the Blood and Blood-Forming Organs

Maximum No. Of Rows to be displayed:

Search

Reset

Search Results

Click on Recipient Name

PSYCKES MEDICAID New York State **om** Office of Mental Health [Log Off](#)

Agency Reports Mapping Regional Reports **Recipient Search** Common Ground Trending Reports Registrar Menu MyPSYCKES Info De-Identify Data

Recipient Search

Export displayed rows to PDF/Excel Excel

Selection Criteria: Total No. Of Recipients = 1 Maximum Number of rows Displayed = 50

Recipient's Last Name: Agency: [Modify Search](#)

Name	Medicaid Id	DOB	Gender	Quality Flags
Iaencie Fffbiid	Bhfbhdf Dfeadai	11/29/1954	F	2AP, 4PP(A), HL, HTN, Obes

Release: 4.2.7

The PSYCKES Clinical Summary

Clinical Summary Header

Report date, client name, demographics, managed care plan, quality flags, diagnoses

Agency Reports Mapping Recipient Search MyPSYCKES Registrar Menu

[Log Off](#)

De-Identify Data

Summary

[Common Ground](#)

[Return to Search Results](#)

Export to [PDF](#) [Excel](#)

Please choose summary period

Last 3 months
Last 6 months
Last Year
Last 2 Years
All Available (up to 5 years)

Clinical Report Date: 4/25/2012 (This report contains all available clinical data.) Enhanced PHI Show Hide

Name: [Hicffji Hebjaad](#)

Medicaid ID: BDCHCJI FFDEEHE

DOB: 12/31/9999

Age: -7988 Years 4 Months

Medicaid Eligibility: SSI

Managed Care Plan: No Managed Care(FFS Only)

Medicare: No

Quality Flag	Quality Flag Evidence
BHO	High Need - Ineffectively Engaged
Hospital ER utilization	4+ Inpt/ER-All, 4+ Inpt/ER-BH, Readmission - BH within 7 days, Readmission - BH within 30 days

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

Alcohol Abuse, Substance Abuse, Schizoaffective Disorder, Major Depressive Disorder, Other Psychotic Disorder, Bipolar Disorder, Other Nonpsychotic Mental Disorder, Personality, Impulse Control Disorders, Schizophrenia, Delusional Disorder, Adjustment Disorder

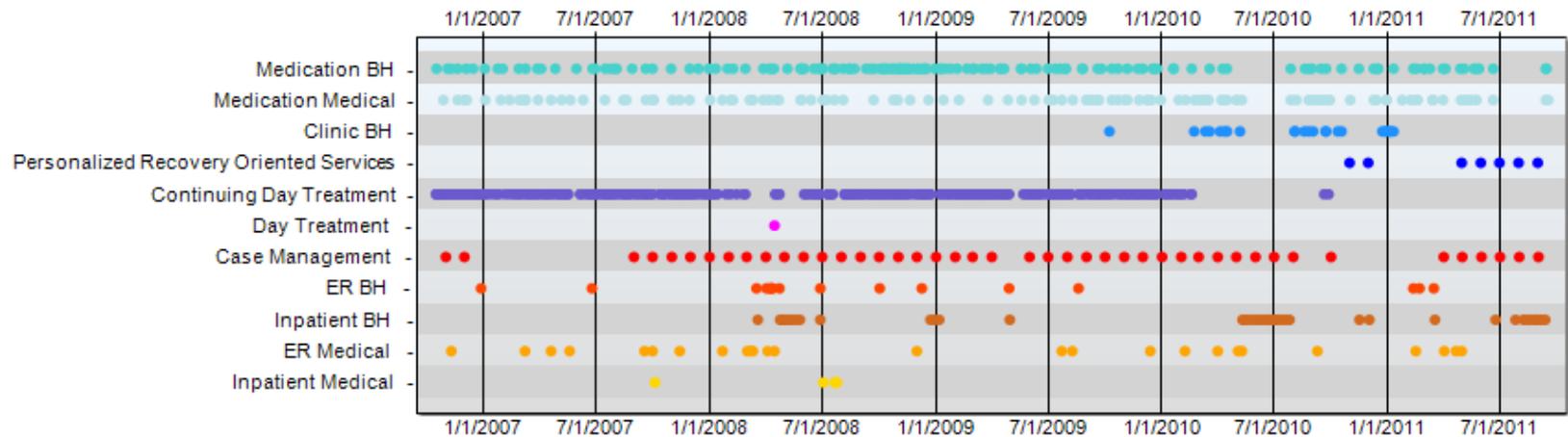
Medical Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

Injury And Poisoning	Open wounds of extremities Other injuries and conditions due to external causes Superficial injury; contusion
Skin And Subcutaneous Tissue	Skin and subcutaneous tissue infections
Symptoms, Signs, And Ill-Defined Conditions	Nonspecific chest pain
The Circulatory System	Cardiac dysrhythmias

Clinical Summary: Integrated View as Graph

Integrated View of Services Over Time

View: Graph Data



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

Note service gaps and transitions- e.g., easy to see that transition from CDT to Clinic was followed by inpatient hospitalization.

Pharmacy Data: Behavioral Health and Medical

Drug, daily dose, duration, start date, last pick up, prescriber

Medication Behavioral Health		See All Data							
Brand Name	Generic Name	Last Dose	Estimated Duration	First Day Picked Up	Last day Picked Up	Active in Past Month	Most Recent Prescriber	See Detail	
Benztropine Mesylate	Benztropine Mesylate	1 MG	5 Month(s)	10/5/2011	2/16/2012	Yes			
Divalproex Sodium	Divalproex Sodium	1000MG	5 Month(s)	10/5/2011	2/16/2012	Yes			
Risperidone	Risperidone	4 MG	1 Month(s)	2/16/2012	2/16/2012	Yes			
Fluoxetine Hcl	Fluoxetine Hcl	30 MG	1 Month(s)	12/23/2011	12/23/2011	Yes	<u>Al-Salem Salim Suliaman</u>		
Haloperidol	Haloperidol	20 MG	3 Month(s)	11/21/2011	12/23/2011	Yes	<u>Al-Salem Salim Suliaman</u>		
Trazodone Hcl	Trazodone Hcl	50 MG	2 Month(s)	10/5/2011	11/21/2011	No	<u>Kedzior Angela B</u>		
Nicotine Polacrilex	Nicotine Polacrilex	40 MG	1 Month(s)	11/8/2011	11/8/2011	No			
Risperidone	Risperidone	4 MG	2 Month(s)	10/5/2011	11/8/2011	No			
Haloperidol	Haloperidol	10 MG	1 Month(s)	10/5/2011	10/5/2011	No	<u>Rathour Satpal Singh</u>		
Haloperidol Decanoate	Haloperidol Decanoate	20 MG/ML	1 Month(s)	10/5/2011	10/5/2011	No	<u>Rathour Satpal Singh</u>		
Benzotropine Mesylate	Benzotropine Mesylate	1 MG	1 Month(s)	5/5/2011	5/5/2011	No	<u>Frischer Katya</u>		
Gabapentin	Gabapentin	600 MG	1 Month(s)	5/5/2011	5/5/2011	No	<u>Frischer Katya</u>		

Outpatient Services: Behavioral Health and Medical

Dates, # of visits, diagnosis, procedures, practitioner, provider

Behavioral Health Services									
Service Type	Provider	First Date Billed	Last Date Billed	# of Visits	Diagnosis Most Recent	Procedure(s)	Practitioner	See Provider Detail	
Physician - Psychiatrist	JACQUES JEAN-ROBERT MD	12/3/2011	12/3/2011	1	Unspecified Psychosis [298.9]	- Psy Dx Interview	Al-Salem Salim Suliaman		
Physician - Psychiatrist	MAX GREGORY ASA	12/2/2011	12/2/2011	1	Unspecified Drug-Induced Mental Disorder [292.9]	- Medication Management			
Physician - Psychiatrist	SAHA AMAL KRISHNA MD	10/11/2011	10/14/2011	3	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]	- Intac Psytx Hsp 45-50 W/E&M - Psy Dx Interview			
Physician-NOS	DUFRESNE ALIX MD PC	10/11/2011	10/11/2011	1	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]	- Psy Dx Interview	Saha Amal Krishna		
Physician - Psychiatrist	LESCOUFLAIR ELISABETH M.H. MD	8/26/2011	8/26/2011	1	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]	- Hospital Dis			
Physician - Psychiatrist	WIENER MICHELE MD	7/27/2011	7/27/2011	1	Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior [303.90]	- Psy Dx Int			
Physician - Psychiatrist	AKERELE EVARISTO OLANREWAJU MD	11/17/2009	7/26/2011	3	Paranoid Type Schizophrenia, Unspecified State [295.30]	- Hospital Dis - Psy Dx Int			

Note poor engagement – only 1-3 services per provider

Hospital/ER Services: Integrated Behavioral/Medical

Service type, provider, diagnosis, admission/discharge dates, length of stay, procedures

Hospital/ER Services

[See All Data](#)

Service Type	Provider	Admission	Discharge	Length of Stay	Most Recent Diagnosis	Procedure(s)	See Provider Detail
Inpatient BH	AREBA CASRIEL INSTITUTE	3/2/2012	4/2/2012	31	Substance Abuse		
Inpatient BH	BELLEVUE HOSPITAL CENTER	2/22/2012	2/23/2012	1	Schizoaffective Disorder		
Inpatient BH	ST BARNABAS HOSPITAL	12/3/2011	12/21/2011	18	Major Depressive Disorder		
Inpatient BH	INTERFAITH MEDICAL CENTER	10/11/2011	11/2/2011	22	Schizoaffective Disorder		
ER BH	JAMAICA HOSPITAL MED CTR	10/2/2011	10/4/2011	1	Mental Illness	- Ther/Proph/Diag Inj Sc/Im	
CPEP	BETH ISRAEL MEDICAL CENTER PSYCH	10/4/2011	10/4/2011	1			
Inpatient BH	NY HOSPITAL	9/2/2011	9/30/2011	28			

Note repeat ER/ Comprehensive Psychiatric Emergency Program (CPEP) visits:
Oct. 2 to Oct. 4 and again on Oct. 4

Labs and Other Data

Dental, Vision, Labs, X-Ray, Living Support, Transportation

Dental and Vision

[See All Data](#)

Program/Type	Provider Name	First Date of Service (last 5 years)	Last Date Billed	Number of Visits	See Provider Detail
DENTAL	MADISON CHRISTOPHER R DDS	10/22/2010	10/22/2010	1	
DENTAL	MANLEY JOEL L DDS	6/2/2010	6/2/2010	1	
DENTAL	AUGELLO VINCENT MICHAEL DDS	3/22/2010	3/22/2010	1	
VISION	HELFAND RAYMOND H	3/18/2010	3/18/2010	1	

Living Support

[See All Data](#)

 No Medicaid claims for this data type in the past 1 year

Lab & X-Ray

[See All Data](#)

Program/Type	Test Name	First Date of Service (last 5 years)	Last Date Billed	Number of Visits	See Provider Detail
X-RAY	INTRAORAL-PERIAPICAL-FIRST FILM	10/22/2010	10/22/2010	1	
X-RAY	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	6/2/2010	6/2/2010	1	

Transportation

[See All Data](#)

Type	Provider Name	First Date of Service (last 5 years)	Last Date Billed	Number of Visits	See Provider Detail
					

Clinical Summary: Export Data to Portable Document Format (PDF) or Excel

PSYCHOKES MEDICAID New York State om Office of Mental Health Log Off

Agency Reports Mapping Regional Reports Recipient Search Common Ground Trending Reports Registrar Menu De-Identify

Summary

Common Ground Return to Search Results Export to PDF Excel

Please choose summary period: Last 3 months Last 6 months Last Year Last 2 Years Latest

Patient Name: Iaaecie Fffbijd Medicaid ID: BHFBHDF DFEADAI DOB: 11/29/19...

Quality Flag	Quality Flag Evidence
Cardiometabolic	Drug (Olanzapine) and Cardiometabolic Condition (Hyperlipidemia, Hypertension, Obesity)
Polypharmacy	Antipsychotic Two Plus, Psychotropics Four Plus (Clonazepam + Divalproex Sodium + Haloperidol + Olanza

Mental Health Diagnoses (Most Recent Shows First)

Diagnosis
Schizoaffective Disorder

Medical Diagnoses (Most Recent Shows First)

Export Options

Sections

All

Selected

Quality Flag

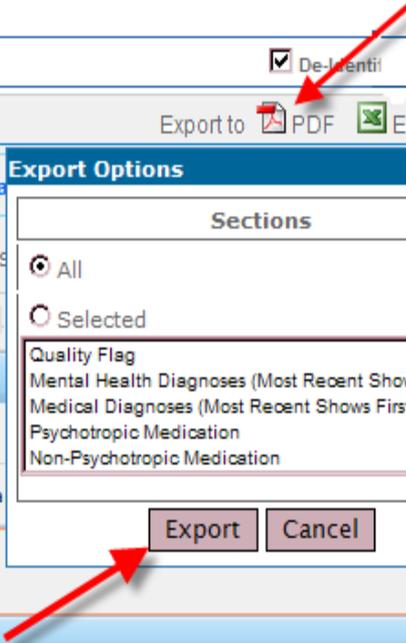
Mental Health Diagnoses (Most Recent Shows First)

Medical Diagnoses (Most Recent Shows First)

Psychotropic Medication

Non-Psychotropic Medication

Export Cancel



The PSYCKES Quality Indicators (QI)

Agency Reports: QI Overview Screen

Quality Indicator Overview As Of 01/01/2012

Agency Details

Find Agency

Agency: **ABC Hospital**

Export PDF Excel

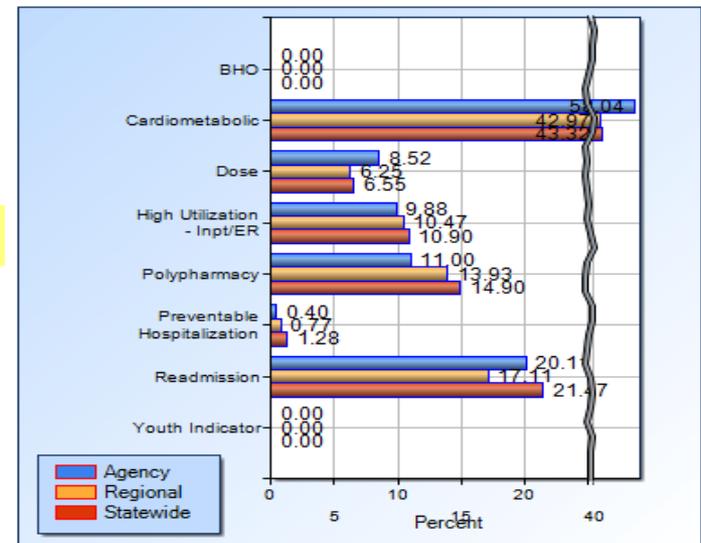
Modify Filter Site:ALL, Prescriber:ALL, Program Type:ALL, Age:ALL, Population:ALL

Select Indicator Type for Details

Report View Type: Report Only Graph Only Both

Indicator Type

Indicator Type ^	Population	On Any	N	%	Regional %	Statewide %
BHO	All	0	7	0.00	0.00	0.00
Cardiometabolic	All	112	65	58.04	42.97	43.32
Dose	All	657	56	8.52	6.25	6.55
High Utilization - Inpt/ER	All	1,265	125	9.88	10.47	10.90
Polypharmacy	All	400	44	11.00	13.93	14.90
Preventable Hospitalization	Adult	1,264	5	0.40	0.77	1.28
Readmission	All	179	36	20.11	17.11	21.47
Youth Indicator	Child	0	0	0.00	0.00	0.00



Drill Down on Indicator Set (e.g. 4+ Inpatient/ER) to Individual Measures (e.g. BH, Medical, All)

Log Off

De-Identify Data

Agency Reports Mapping Recipient Search MyPSYCKES Registrar Menu

Agency Details Find Agency

Quality Indicator Overview As Of 01/01/2012

Agency: **ABC Hospital** Export PDF Excel

Modify Filter Site:ALL, Prescriber:ALL, Program Type:ALL, Age:ALL, Population:ALL

Indicator Type: High Utilization - Inpt/ER Select indicator for detail. Report View Type: Report Only Graph Only Both

Indicator Type **Indicator** ←

Indicator ^	Population	On Any	N	%	Regional %	Statewide %
4+ Inpatient/ER - BH	All	1,265	22	1.74	2.29	3.27
4+ Inpatient/ER - Med	All	1,265	90	7.11	7.24	6.87
4+ Inpatient/ER - All	All	1,265	125	9.88	10.47	10.90

Indicator	Agency (%)	Regional (%)	Statewide (%)
4+ Inpatient/ER - BH	1.74	2.29	3.27
4+ Inpatient/ER - Med	7.11	7.24	6.87
4+ Inpatient/ER - All	9.88	10.47	10.90

Release: 4.6

Quality Indicators Link to List of Flagged Clients

Agency Reports Mapping Recipient Search MyPSYCKES Registrar Menu

[Log Off](#)

De-Identify Data

Quality Indicator Overview As Of 01/01/2012 [Agency Details](#) [Find Agency](#)

Agency: ABC Hospital Export PDF Excel

[Modify Filter](#) **Site:ALL, Prescriber:ALL, Program Type:ALL, Age:ALL, Population:ALL**

Indicator Type:High Utilization - Inpt/ER, **Indicator:**4+ Inpatient/ER - All

[Indicator Type](#) [Indicator](#) [Site](#) [Unduplicated Prescriber](#) **[Unduplicated Recipients](#)** [New QI Flag](#) [Dropped QI Flag](#)

Recipient ^	Medicaid ID	DOB	Quality Flags	Medications
Aabaiæ Hdeaiæh	Efdgccd Ebafiab	12/31/9999	4+ Inpt/ER-All, BH Rehosp-7d, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, BH Rehosp-30d	HYDROXYZINE PAMOATE, OXCARBAZEPINE, QUETIAPINE FUMARATE, TRAZODONE HCL, SERTRALINE HCL
Aabdqiï Caidfcj	Ebfeida Aaidheb	12/31/9999	4+ Inpt/ER-All, 4+ Inpt/ER-Med	
Aabedbi Fhddceb	Fdddadf Dhfhdja	12/31/9999	4+ Inpt/ER-All, BH Rehosp-30d, BH Rehosp-7d, 4+ Inpt/ER-BH	ALPRAZOLAM, MIRTAZAPINE, SERTRALINE HCL
Aæccfh Abbfæqg	Fefecbi Fhdddec	12/31/9999	4+ Inpt/ER-All, BH Rehosp-7d, 4+ Inpt/ER-BH, BH Rehosp-30d	ARIPIPIRAZOLE, CITALOPRAM HYDROBROMIDE, METOPROLOL TARTRATE, OXCARBAZEPINE, ZOLPIDEM TARTRATE, HYDROXYZINE PAMOATE
Aæfeææ Ahqqqiï	Iibfgab Cciëcad	12/31/9999	4+ Inpt/ER-All, BH Rehosp-7d, 4+ Inpt/ER-Med, BH Rehosp-30d	ALPRAZOLAM

The PSYCKES Implementation Process

Essential Workflow Tasks

1. Identify potential PSYCKES clients (Medicaid)
2. Obtain client consent
 - At intake for new admits – need process for current clients
3. Follow protocol for emergency use as needed
4. In Consent Module, enable access to client's data
 - Registrar role
5. Print PSYCKES Documents and place materials in chart
6. Review PSYCKES Clinical Summary

Best Practice: Integrate into existing workflow

1. Identifying PSYCKES Clients: Policies

- PSYCKES data should be obtained for all eligible individuals
- All clients should be screened at intake for PSYCKES eligibility
- Eligible clients should be consented at the earliest opportunity

1. Identifying PSYCKES Clients: Procedures

- Ask client to bring ID with them at intake
 - Medicaid ID number
 - Social security number
 - 2 forms of identification
- Verify whether client already consented
 - Clients consent once; valid until 3 yrs after last service
 - Flag record, if possible

2. Obtaining Client Consent: Policies

- Only the PSYCKES Consent Form printed from Consent Module is acceptable
- All clients with capacity should have the opportunity to consent
 - Respect client self-determination
 - Provider has long-term access to PSYCKES data
- Copy of PSYCKES consent form must be given to client

2. Obtaining Client Consent: Procedures

- PSYCKES consent is printed out and available
- Best practice: include PSYCKES consent in intake package
 - Efficient
 - Normalizes PSYCKES
- Specify process for obtaining consent
 - Responsible staff
 - What point in the intake process
 - If client initially refuses, when to ask again
- Develop training / script for introducing PSYCKES consent

3. Emergency Access to Data: Policies

- Specify who is authorized to make determination of a clinical emergency
- Consider developing guidelines for what constitutes a clinical emergency
 - Public health law definition available
 - Danger to self or others
 - Sudden onset
 - Immediate need for treatment
 - Driven by clinical criteria, not emergency
- If client does not sign consent, provider setting may still use emergency access

What Is an Emergency?

New York State Public Health Law Section 4900.3

"Emergency condition" means a medical or behavioral condition, **the onset of which is sudden**, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the **absence of immediate medical attention** to result in (a) placing the health of the person afflicted with such condition in serious jeopardy, or in the case of **a behavioral condition placing the health of such person or others in serious jeopardy**; (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person.

3. Emergency Access to Data: Procedures

- Description of emergency / rationale for emergency access must be documented in the record
 - Not sent to OMH
 - Specify who documents emergency
 - Specify where in record it is documented
- Emergency access expires in 72 hours; client should be asked again to sign consent

4. Using The Consent Module: Policies and Procedures

- Designate which staff or categories of staff have “PSYCKES-Registrar” (Consent Module) access
- Designated staff use the Consent Module
 - Look up client
 - Specify reason for access
 - Signed consent vs. emergency
 - Verify client’s identity
 - Proceed to Clinical Summary and print
- ALL PSYCKES users at the agency now have access to the client’s clinical data in PSYCKES

5. PSYCKES Documents in Record: Policies

- The PSYCKES Consent form (original or scanned) must be retained in the record
- The PSYCKES Clinical Summary should be retained in the records of all eligible clients
 - Electronic PHI is saved only on a secure server
- Redisdisclosure of confidential information
 - Clinical Summary may contain information with special protections (Substance, HIV, family planning, genetic)
 - Agency's existing policies may be sufficient; review existing policies in relation to PSYCKES
 - Can print a version of Clinical Summary that hides information with special protections

5. PSYCKES Documents in Record: Procedures

- Designate staff responsible for filing PSYCKES Consent Form and Clinical Summary in medical record
- Specify how/when Clinical Summary will be filed
 - Retain hard copy vs. scan/append to PDF
 - Which section of record
 - When is it filed/scanned/append

6. Reviewing the Clinical Summary: Policies and Procedures

- PSYCKES Clinical Summary should be obtained and reviewed for all eligible clients
 - Consider appropriate times for review: intake, periodic service plan reviews, after hospitalization or change in providers etc.
- Staff reviewing printed summary should have PSYCKES access for “drilling down” on data

Implementing PSYCKES

Implementation Milestones

■ Plan

1. Establish PSYCKES implementation team
2. Develop Implementation Plan

■ Prepare

3. Document workflow, develop Policies and Procedures
4. Complete Protocol for Granting Users Access to PSYCKES
5. Prepare Computers
6. Train Designated Staff

■ Go Live

7. Put PSYCKES and Established Procedures into Practice

■ Support

8. Identify and address challenges

■ Sustain

9. Develop a Plan to Sustain Practices

1. The Implementation Team

- Champion
 - Leadership to achieve buy-in across constituencies
 - Authority to allocate resources
- Implementation manager(s) and point persons
 - Senior enough to implement systems change
 - Close enough to the process to address operational issues
 - One or two individuals
- Implementation team
 - Plan, organize, and implement tasks associated with milestones

2. The Implementation Plan

- Use PSYCKES “Milestones” document, and complete:
 - Person responsible
 - Target Dates
 - Actual Dates
- Implementation team leads monitor progress
 - Meet regularly to review progress vs. plan
 - Update Milestones document
- Report on progress monthly to PSYCKES team

3. Workflow and Procedures

- Plan PSYCKES Workflow: assign each of the 6 essential PSYCKES tasks
 1. Identify potential PSYCKES clients (Medicaid)
 2. Obtain client consent
 3. Follow protocol for emergency use as needed
 4. In Consent Module, enable access to client's data
 5. Print PSYCKES Documents and place materials in chart
 6. Review PSYCKES Clinical Summary
- Plan documentation and tracking
 - Identify Clients
 - PSYCKES eligible
 - PSYCKES consented
 - Retain PSYCKES documents in record
 - Request Electronic Medical Record (EMR) changes as desired

3. (cont'd) Policies

- Review existing policies for compatibility with PSYCKES
- Develop any needed policies for PSYCKES access and data
- Obtain necessary internal approvals

4. PSYCKES Access: Institutional Level

- PSYCKES Access Protocol on website
- Chief Executive Officer (CEO) signs Confidentiality Agreement
 - Required for Care Management Implementation even if agency already has access to PSYCKES
- Security Manager grants access to individual users

4. PSYCKES Access: The Security Management System

- The Security Manager
 - Must be designated by CEO/Executive Director (ED)
 - Has access to OMH on-line “Security Management System” (SMS)
- Security Manager grants PSYCKES access in SMS
 - Creates new users and/or grants PSYCKES access
 - Receives and activates security tokens for new PSYCKES users
 - Security Manager and/or PSYCKES access point person distribute tokens to users

4. PSYCKES Access: Policies

- Request access based on planned work flow and task assignments
 - Regular PSYCKES access
 - Consent module (“Registrar”) access
- HIPAA training is required for PSYCKES access
- Staff are not permitted to share User Identifications (ID)s, security tokens or Personal Identification Numbers (PIN)s.
- Access is revoked for staff who depart or no longer use PSYCKES

5. Computer Preparation

- Internet access
- Shortcuts to PSYCKES home page on
 - Computers
 - Users' profiles/ desktops
 - Be sure to link to home page, **Not** login page!
- Browsers compatible with PSYCKES
 - Updates in progress
 - Contact PSYCKES-Help for current information
- PDF readers

6. Training Considerations

1. Consider whether to conduct training at one time or in phases
2. Request access for users prior to training
3. Train staff
 - Using PSYCKES
 - Internal policies and procedures

6. Training Resources Available

- Webinars
 - Using PSYCKES for Clinicians
 - Consent Module
 - PSYCKES Access and Implementation
- PSYCKES website: www.psyckes.org
 - Print materials
 - Calendar of live webinars
 - Recorded webinars
- [PSYCKES Help](#)

7. “Go Live”

- Designate a specific “Go Live” day, when PSYCKES work flow goes into effect
- Communicate expectation for PSYCKES use: PSYCKES Clinical Summary in charts of all eligible clients seen in Care Management
- Provide extra support during early stages
 - Implementation team leadership
 - PSYCKES training point person

8. Address Challenges

- Identify challenges
- Develop a plan to address challenges
- Modify workflow and policies as needed
- Provide additional targeted training

9. Sustaining Use: Ongoing Support and Monitoring

- Monitor PSYCKES use
 - Usage and audit reports in PSYCKES
- Grant and revoke access as staff turns over
 - PSYCKES access for incoming staff
 - Include request for access in orientation paperwork
 - Retrieve tokens / revoke access for departing staff
 - Access should be revoked after 6 months without login
- Ongoing training
 - Integrate into staff training program
 - Individual training plan for new staff

Next Steps for Implementation

- Form PSYCKES Care Management Implementation Team; begin engaging staff
- Finalize implementation plan, using Milestones document
- Ensure that agency leadership submits documents for PSYCKES access (if needed)
- Request PSYCKES access for implementation team and other staff as needed
- Begin drafting PSYCKES workflow and policies
- Register for webinars

Learning Collaborative Activities & Resources

Learning Collaborative

- Timeline
- Project Expectations
 - Development of an Implementation Plan
 - Participation on Monthly Calls
 - Monthly Reporting on Milestones
- Resources
 - Webinar Trainings
 - Technical Assistance & PSYCKES-Help

Resources

- Webinars
 - Using PSYCKES for Clinicians
 - Consent Module
 - PSYCKES Access and Implementation
- PSYCKES website: www.psyckes.org
 - Print materials
 - Calendar of live webinars
 - Recorded webinars
- PSYCKES Help

Brainstorming Exercise

- Discussion
 - What implementation challenges do you anticipate?
 - Brainstorm strategies for addressing challenges

Contact Information

- PSYCKES website
 - www.psyckes.org
 - “Contact Us” page
- PSYCKES Help (PSYCKES support)
 - [PSYCKES-help](#)
- OMH Help Desk (SMS support)
 - 800-HELP-NYS (800-435-7697)
 - [Helpdesk](#)

Q & A

