

# **PSYCKES Initiatives: Outcomes and Lessons Learned**

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# 3 PSYCKES Initiatives

- PSYCKES for State operated hospitals (2003)
- PSYCKES-CQI Initiative in free-standing mental health clinics (2008)
  - Ongoing quality reports on all Medicaid enrollees
  - PHI (Protected Health Information) shared with treating clinic
    - First release: DUR (Drug Utilization Review Board) outliers only
    - All clients – consent required for non-outliers
    - Consent module being rolled out
- GNYHA-PSYCKES Quality Collaborative
  - PSYCKES-Medicaid for hospital-affiliated clinics (2010)

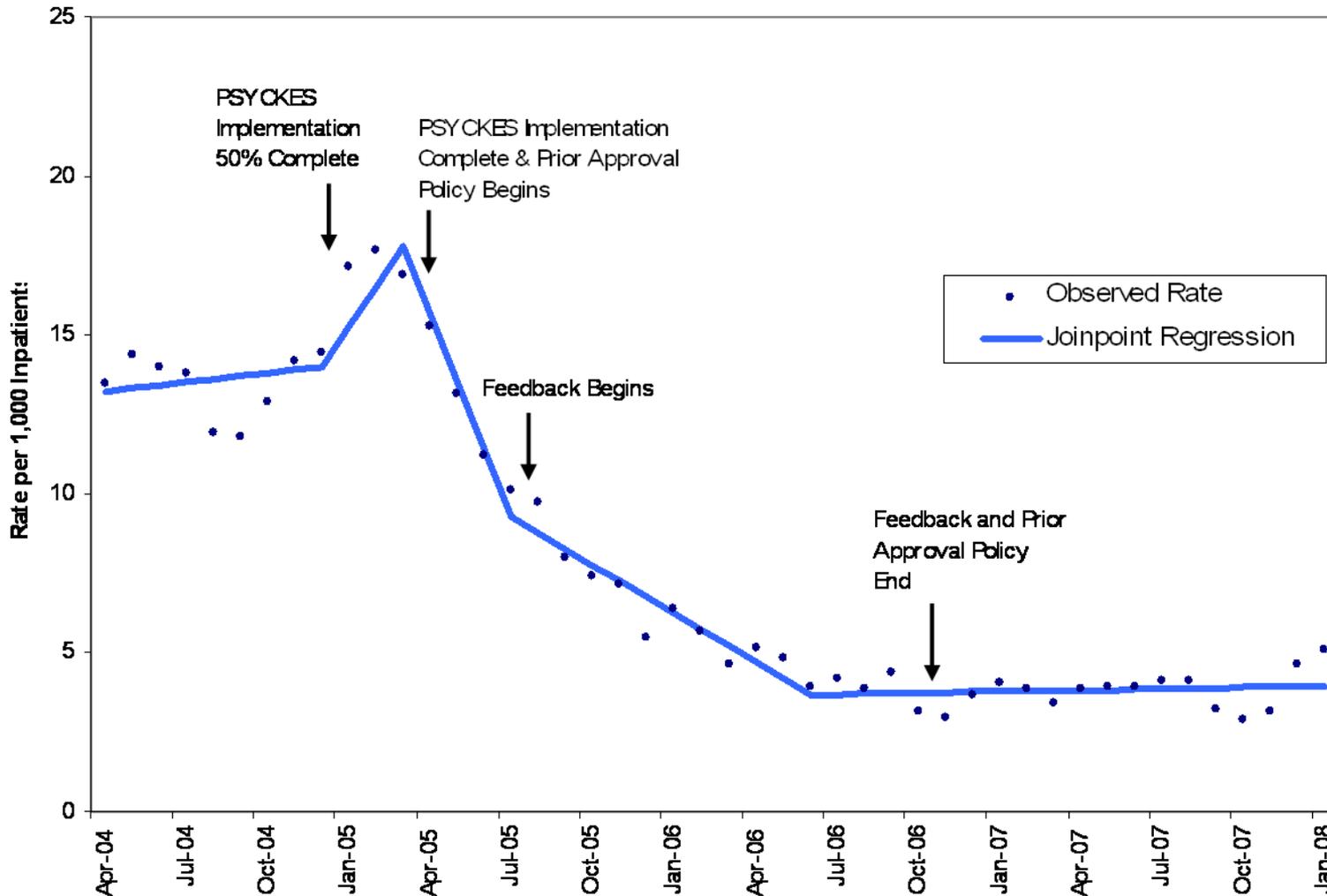
**PSYCKES for  
State Operated Hospitals  
(2003)**

# State Operated Hospitals: Decreasing Antipsychotic Polypharmacy

- Participating sites: 20 state adult psychiatric hospitals, including 3 forensic hospitals
- Interventions:
  - Implementation of PSYCKES (2 hour on site training)
  - Prior approval policy for new starts of polypharmacy by Medical Director
  - Added feedback (circulate list of patients on polypharmacy that did not have prior approval by email, and discuss list in meetings)

# Impact in OMH State Hospitals

Rates of Inpatient Antipsychotic Polypharmacy (3 or More):  
April 2004 to January 2008



# State Hospitals Project: Lessons Learned

- Creating a prior approval policy, even when it was not monitored or enforced, had a large impact on antipsychotic polypharmacy
- Introducing monitoring and feedback on the policy resulted in a large additional reduction in the prevalence of polypharmacy
- The impact of the policy and feedback persisted in the short term, even after it had been stopped
- On long term follow-up, the prevalence had increased, but had still not returned to baseline 3.5 years after the end of the policy and feedback

**PSYCKES-CQI Initiative in  
Freestanding  
Medicaid Clinics**

# Development of Quality Indicators for PSYCKES-Medicaid

- Scientific Advisory Committee proposed quality concerns (Essock et al, 2009)
  - 6 Workgroups: Schizophrenia, bipolar disorder, depression, youth, women, and older adults
  - 79 proposed quality concerns
- Stakeholder input to prioritize quality indicator development
- Developing and refining indicator definitions based empirical review and field testing
- Current indicators:
  - Psychotropic Polypharmacy Indicator Set (2008)
  - Cardiometabolic Indicator Set (2008)
  - Dose (2010)
  - Youth (2010)

# Scientific Advisory Committee

<b>Co-Chairs</b>	Jeff Lieberman M.D., Lloyd Sederer M.D.
<b>Coordinators:</b>	Susan Essock Ph.D., Molly Finnerty M.D.
<b>Members</b>	Steve Bartels, M.D., M.S.; Robert Buchanan, M.D.; Peter Buckley, M.D.; Joseph Calabrese, M.D.; Pat Deegan, Ph.D.; Lisa Dixon, M.D., M.P.H.; Robert E. Drake, M.D., Ph.D.; Graham Emslie, M.D.; Bob Findling, M.D.; Jean Frazier, M.D.; Larry Greenhill, M.D.; Don Goff, M.D.; Kimberly Hoagwood, Ph.D.; Dilip Jeste, M.D.; John Kane, M.D.; Stephen Marder, M.D.; Barry Meyers, M.D.; Alexander Miller, M.D.; Andy Nierenberg, M.D.; Mark Olsson, M.D., M.P.H.; Steve Roose, M.D.; Lon Schneider, M.D.; Nina Schooler, Ph.D.; Kathy Shear, Ph.D.; Brad Stein, M.D., Ph.D.; Scott Stroup, M.D., M.P.H.; Mike Thase, M.D.; Karen Wagner, M.D., Ph.D.; and Kathy Wisner, M.D., M.S.

# Project Description

- 332 participating clinics
- Clinics select one PSYCKES project and use PDCA (Plan Do Check Act) cycles to decrease prevalence of the selected quality concern
- Participating agencies used PSYCKES-Medicaid to:
  - Identify positive cases
  - Track performance
  - Obtain client-level data for clinical use
- Project Reporting
  - Monthly reporting on key project outcomes
  - 92% response rate

# Technical Assistance

- OMH Provided Training and Technical Assistance
  - Workshops, webinars and help desk support
  - Educational materials: 3 CMEs, 3 project brochures, 11 scientific summaries, CQI (Continuous Quality Improvement) and PSYCKES handbooks
  - Clinical and CQI consultation
- OMH Developed Guide to “Best Practices in Medication-Focused CQI”
  - Site visits and conference calls with agencies to explore implementation strategies and challenges (Fall 2009-2010)
  - Identification of best practices associated with project success
  - Sharing lessons learned across sites

# Project Impact

# Project Impact: Medicaid Data

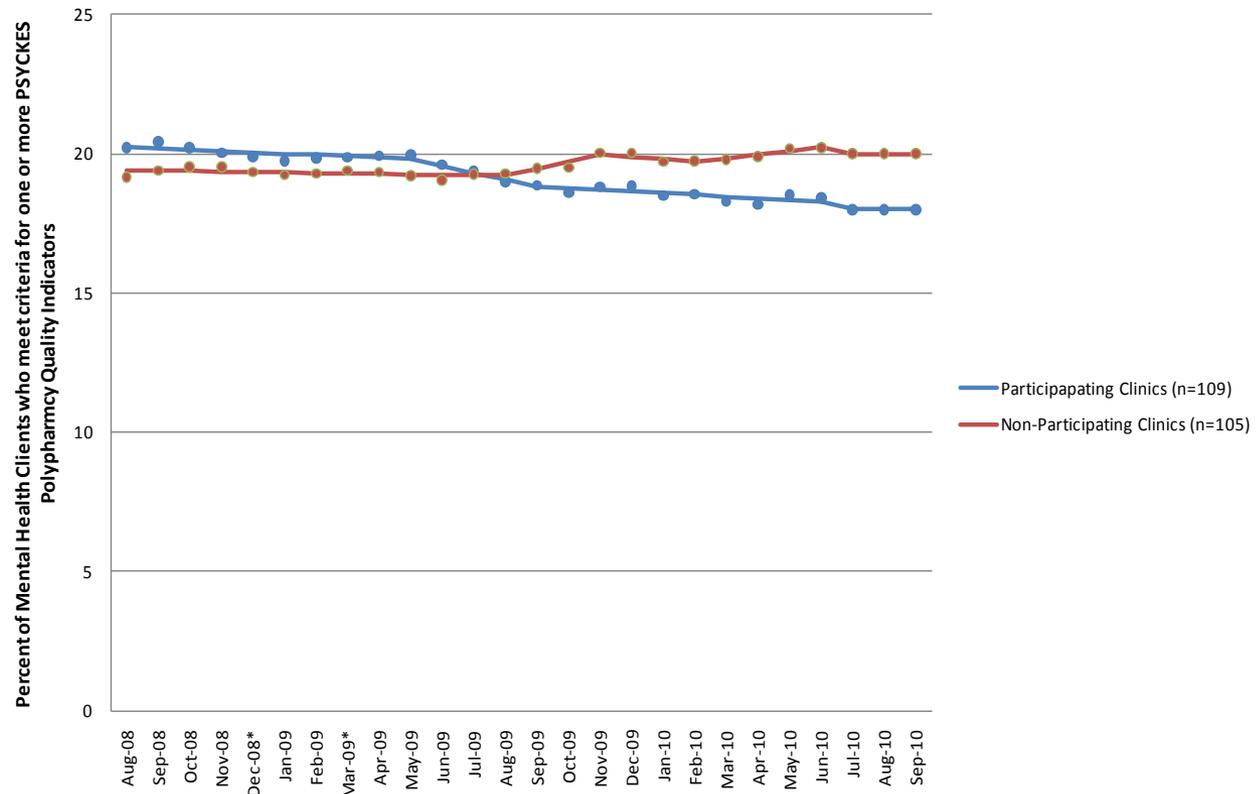
- Decrease in prevalence of quality concerns is the goal
- Decreases in prevalence of polypharmacy and cardiometabolic indicators are generally encouraging
  - Trends in participating vs. non-participating clinics are significantly diverging

# Polypharmacy Summary Indicator

Participating clinics have seen a decrease of 10.7% in prevalence of the Polypharmacy Summary Indicator in Medicaid data.

Non-participating (hospital-based) clinics have seen a 1.1% increase in prevalence.

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

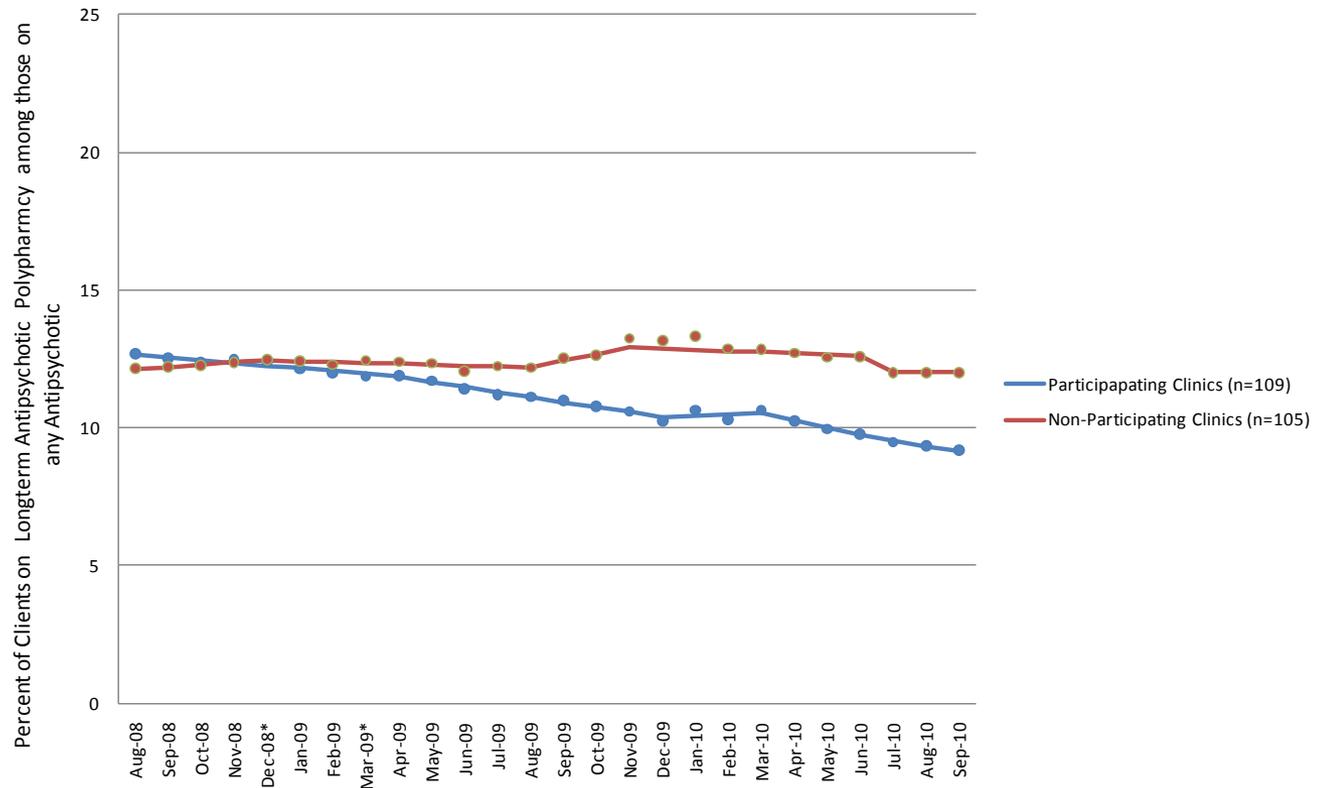


# Antipsychotic Polypharmacy

Participating clinics have seen a decrease of 22.7% in prevalence of the Antipsychotic Polypharmacy Indicator in Medicaid data.

Non-participating (hospital-based) clinics have seen a 1.8% decrease in prevalence.

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

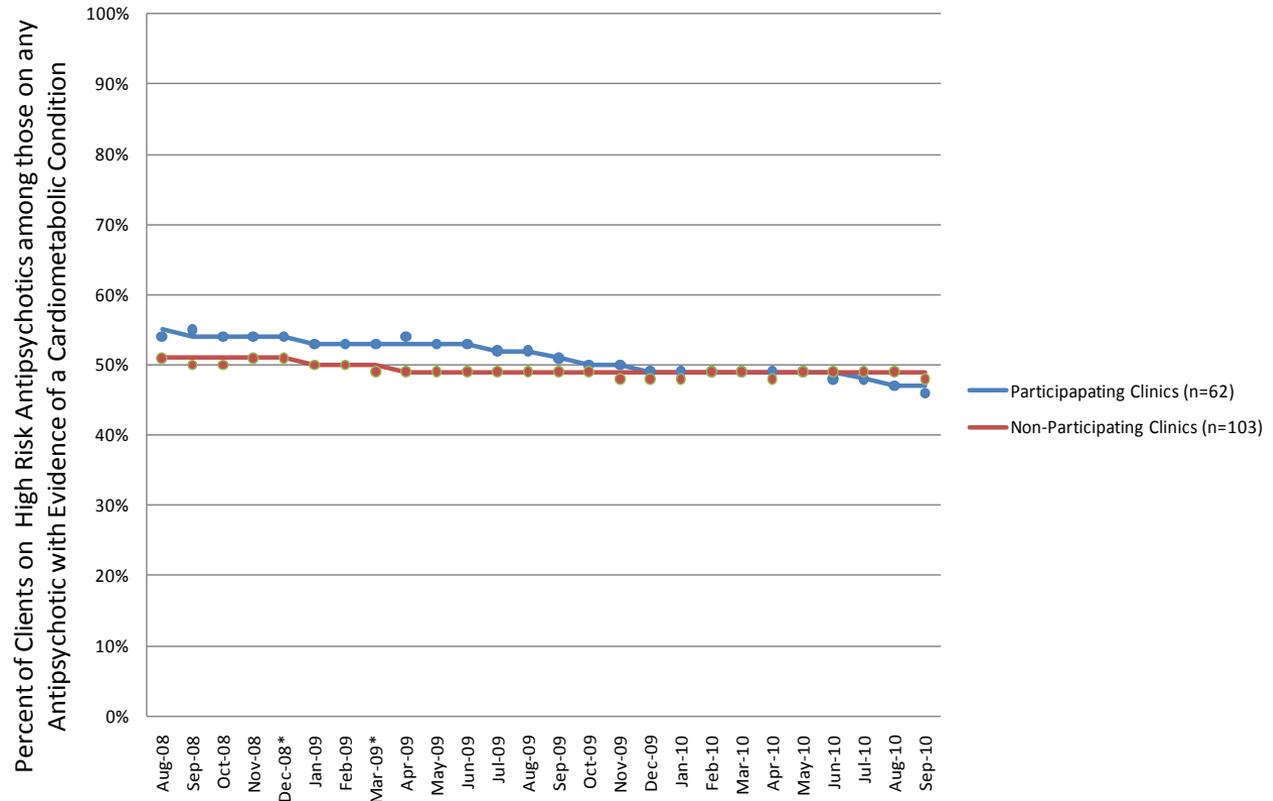


# Cardiometabolic Risk Summary Indicator

Participating clinics have seen a decrease of 12.6% in prevalence of the Cardiometabolic Summary Indicator in Medicaid data.

Non-participating (hospital-based) clinics have seen a 2.5% decrease in prevalence.

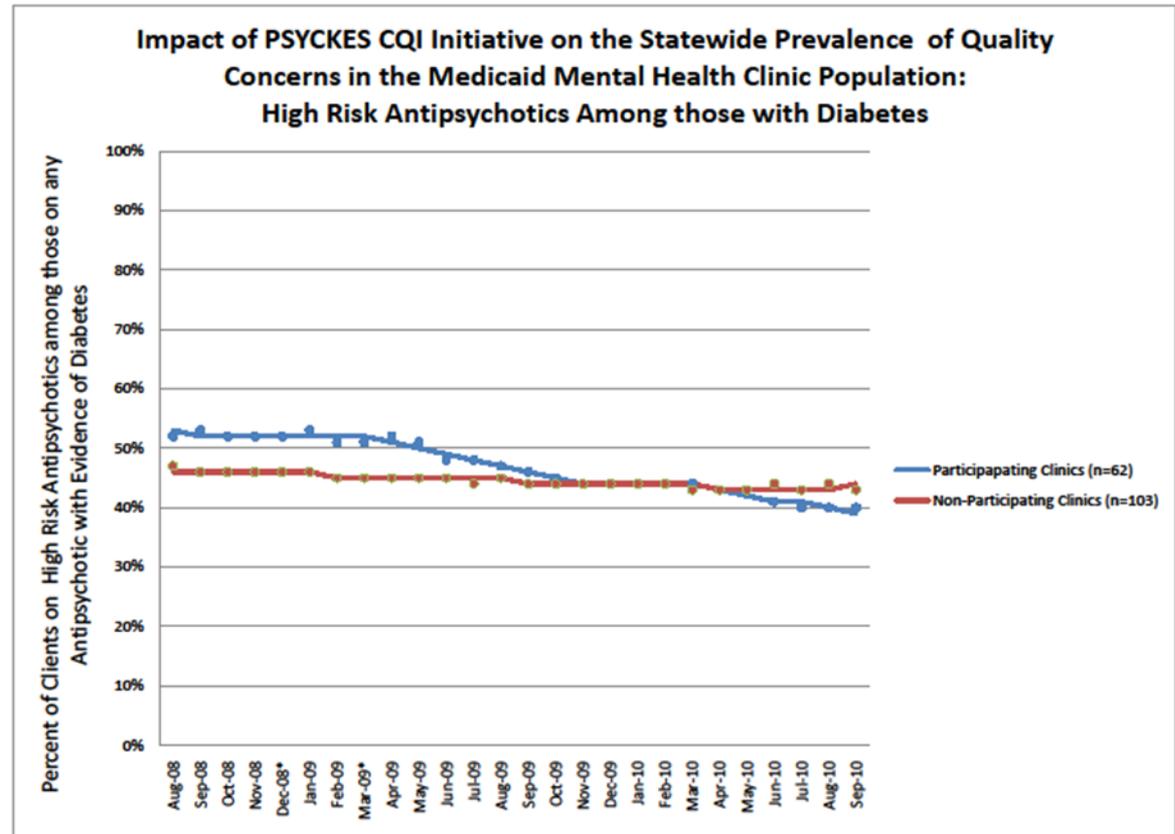
Impact of PSYCKES CQI Initiative on the Statewide Prevalence of Quality Concerns in the Medicaid Mental Health Clinic Population:  
Cardiometabolic Summary Indicator



# Use of Higher-Risk Antipsychotics in Clients with Diabetes

Participating clinics have seen a decrease of 21.9% in prevalence of the Diabetes Indicator in Medicaid data.

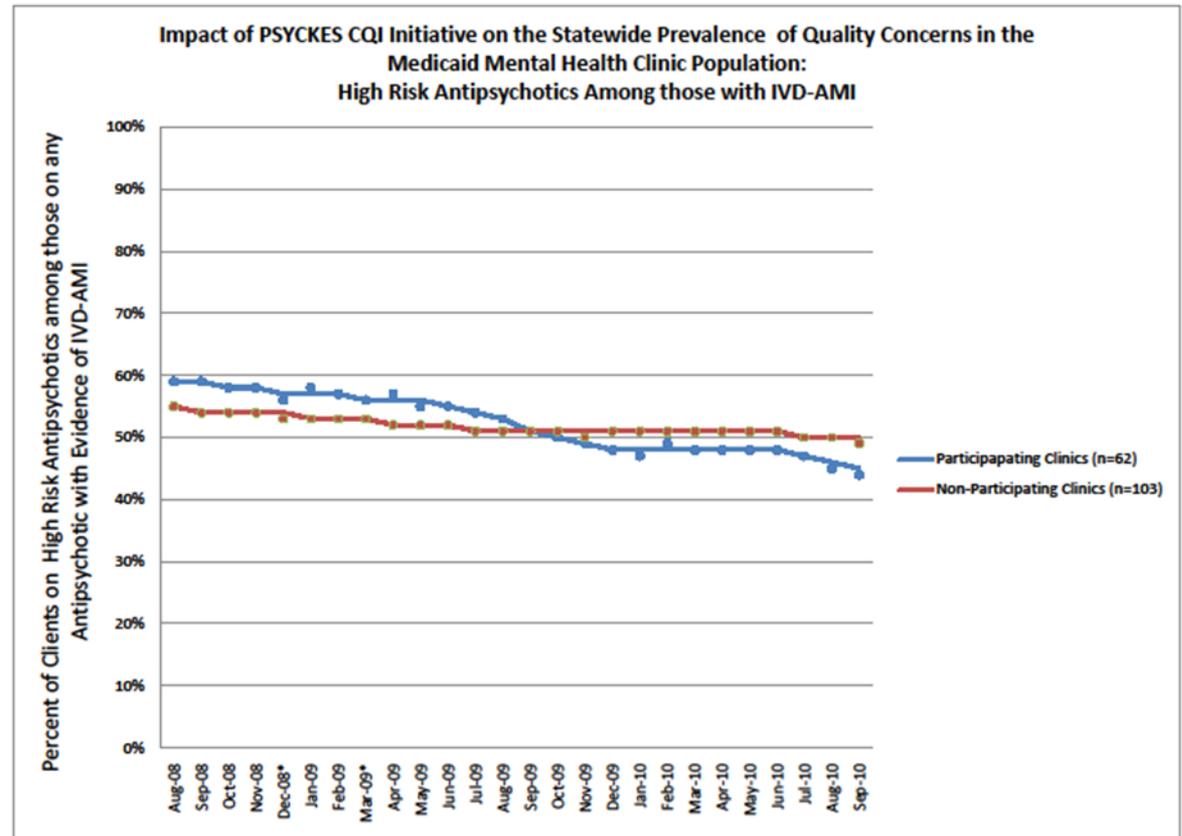
Non-participating (hospital-based) clinics have seen a 3.8% decrease in prevalence.



# Use of Higher-Risk Antipsychotics in Clients with AMI-IVD

Participating clinics have seen a decrease of 20.6% in prevalence of the IVD Indicator in Medicaid data.

Non-participating (hospital-based) clinics have seen a 7.1% decrease in prevalence.

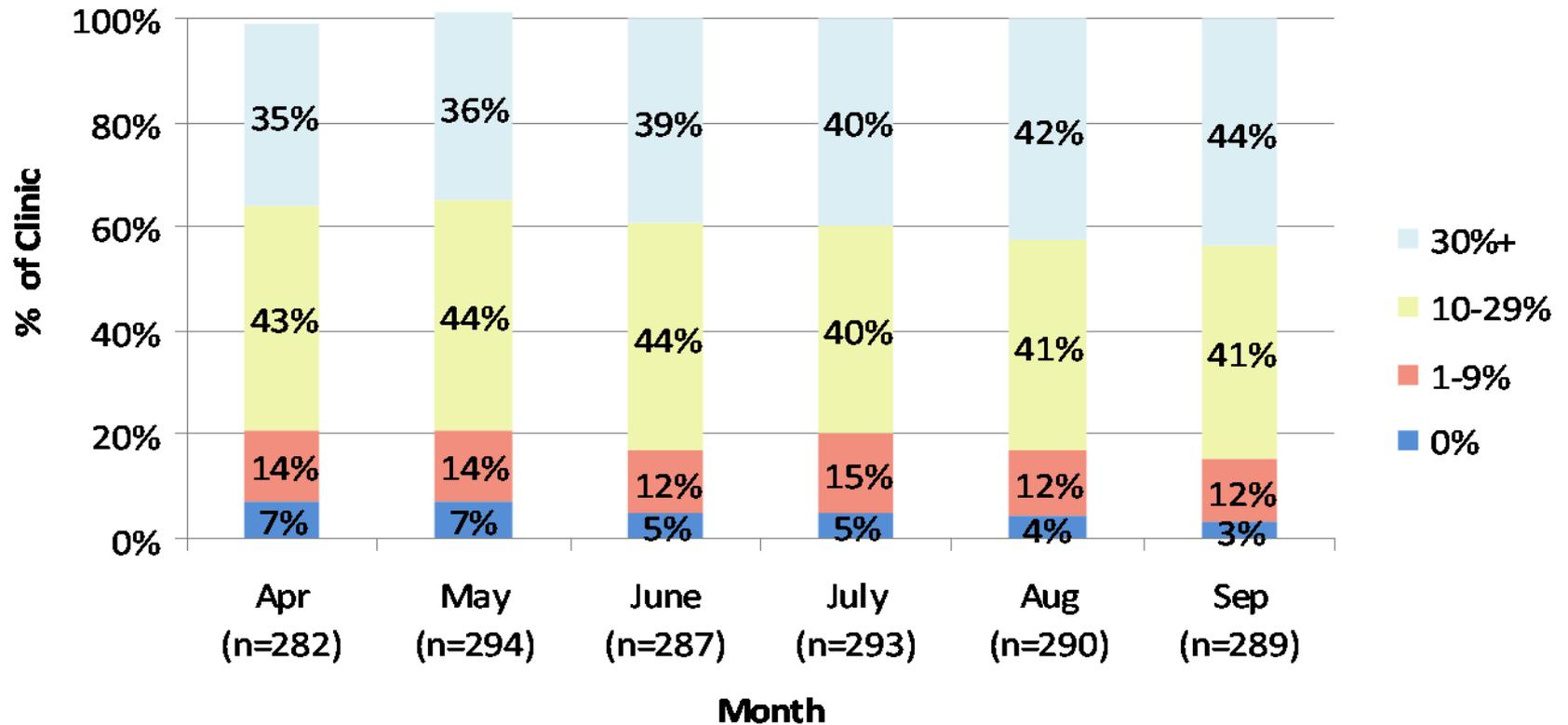


# Impact: Clinic Self-Report Data

- Clinics asked to report on key data elements
  - Tracking these outcomes is the “CHECK” phase of the PDCA cycle, and is a critical component of a successful CQI project
  - Captures intentional change in medication regimen
- 40+% of clinics have achieved 30% or greater rate of change (at 1.5 years after implementation)

# Clinic Conversion of Outliers

## % of Clinics



Based on self-report data submitted by clinics with at least 10 positive cases.

# Impact by Region: Cardiometabolic Risk

Region	# of Positive Cases	# of Reviews	# Converted (%)
NYC	1,776	2,879	784 (44%)
Central	193	438	57 (30%)
Hudson River	274	611	68 (25%)
Long Island	166	143	46 (28%)
Western	627	537	224 (36%)
Statewide	4,165	6,337	1,474 (35%)

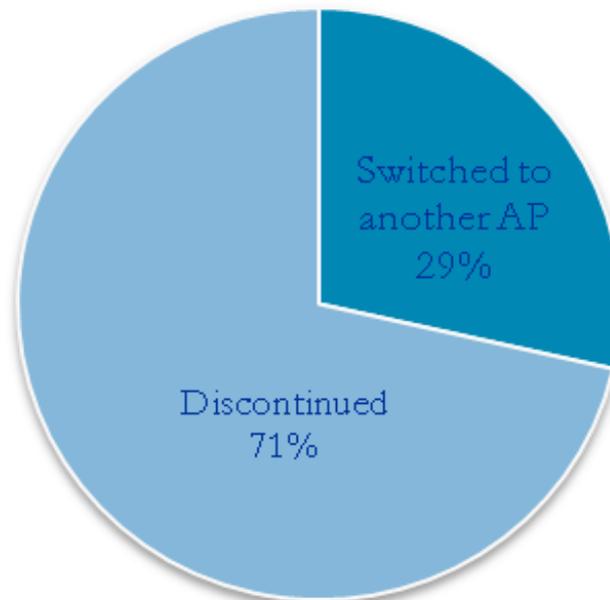
Based on self-report data submitted by clinics for September 2010, n=93.

# Cardiometabolic Indicator:

## Discontinuation of Higher Risk Antipsychotics

- Majority of clients flagged do not have a psychotic disorder.
- Among Clients Who Discontinued Higher-Risk Antipsychotics:

- 71% discontinued antipsychotics altogether
- 29% switched to a lower-risk antipsychotic



# PSYCKES-CQI: Lessons Learned

- PDCA can be successfully applied to support changes in prescribing practices in a wide variety of Mental Health clinics
- Greater impact was seen on antipsychotic indicator than for other polypharmacy indicators
- Greater impact was seen for cardiometabolic indicators that were associated with more severe medical conditions (Diabetes, MI/IVD) vs. less severe conditions (HTN, HL)
- Most individuals flagged for the cardiometabolic indicator did not have a psychotic disorder

**GNYHA-PSYCKES**  
**Quality Collaborative**

# Expansion to Hospital-Affiliated Clinics

- Approximately 25%-30% of all individuals meeting criteria for the psychotropic polypharmacy or cardiometabolic indicator sets are served in hospital-affiliated clinics
- Hospital affiliated clinics are well positioned to be successful users of the PSYCKES system and the QI (Quality Improvement) program
  - More expertise in using data
  - More experience with quality improvement
  - More physician leadership
  - More familiarity with health information technology

# Prevalence of the Quality Concern in Hospital-Affiliated Clinics

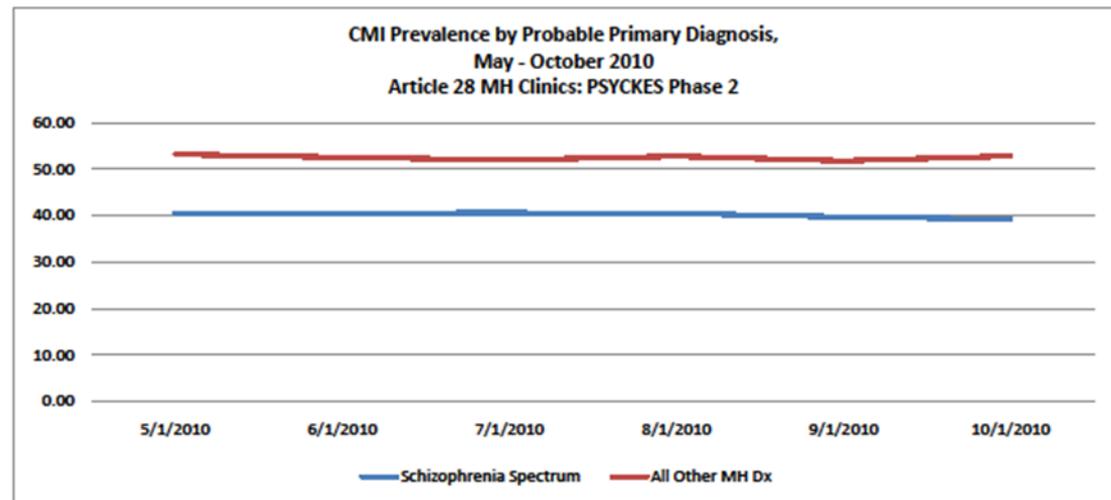
## Schizophrenia Spectrum vs. Other Diagnoses

As of October 1, 2010:

- 39.3% prevalence rate among schizophrenia spectrum clients
- 52.8% prevalence rate among clients with other diagnoses
- 1507 schizophrenia-spectrum clients flagged for quality concern
- 3030 clients with other diagnoses flagged

Project metrics for CMI outliers under article 28.\*\*

Report Date	Schizophrenia Spectrum		All Other MH Dx	
	denom_p	numer_p	denom_np	numer_np
5/1/2010	40.56	3718	53.21	1508
6/1/2010	40.57	3680	52.57	1493
7/1/2010	40.62	3570	52.03	1450
8/1/2010	40.51	3520	52.80	1426
9/1/2010	39.77	3802	51.84	1512
10/1/2010	39.30	3835	52.84	1507



\*\* the people with missing dx were grouped under non-psychotic