

# **GNYHA-PSYCKES Quality Collaborative Reporting Plan**

- 1) Participating Clinics/Hospitals will report to the Collaborative monthly:**
  - a. Total number of positive cases identified to date since start of project
  - b. Number of clinical reviews conducted this month
  - c. Number of cases in which an intentional medication change off a high-/moderate-risk antipsychotic was completed this month
  - d. Optional: Number of cases with intentional medication change in progress this month
  
- 2) The Collaborative will report to participating clinics/hospitals in order to help them manage the project:**
  - a. Monthly – All data elements above, from participating hospitals' self-report:
    - i. Each hospital's own data vs. the aggregate data for the whole Collaborative
    - ii. Each hospital's own rank in relation to other Collaborative participants
  - b. Quarterly – From Medicaid data, relative to non-participating Art. 28 clinics:
    - i. Prevalence by diagnosis, by hospital, by clinic, over time\*\*
    - ii. New starts by diagnosis, by hospital, by clinic, over time\*\*
    - iii. From Medicaid data, number of clients taken off antipsychotics altogether
  
- 3) The Collaborative will conduct ad hoc analyses from time to time based on the needs and interests of the participating hospitals (including but not limited to):**
  - a. Service Utilization Patterns
  - b. Survey of Current QI Practices
  - c. Physician Survey

**Overall Project Targets:**

- a. 30% decrease in prevalence, based on self-report
- b. 20% decrease in prevalence, based on Medicaid data, (including both consumers taken off antipsychotics altogether and those switched to a lower-risk antipsychotic)

\* Note: Data elements in section 1 are those needed by clinic QI teams to manage the project. Reporting element 1.a provides an opportunity for the team to refine the claims data reported in PSYCKES by deleting those clients who are not currently active cases at the clinic (e.g., those who have been discharged, non-admissions, etc.). Active clients whose target medications are prescribed outside the clinic should be retained on the list. This number becomes the denominator against which progress is evaluated in the self-report data.

\*\* Diagnosis will be broken out into: psychotic vs. non-psychotic.