

**The
GNYHA-PSYCKES
Quality Collaborative**

December 2010

Agenda

- Welcome
- Quality Concerns in Psychotropic Prescribing
- Quality Improvement in Behavioral Health
- Successful Quality Improvement: Case Presentations, Best Practices
- Lunch and PSYCKES Demonstration
- Reporting Plan and Clinical Tools
- Interactive Exercises: Team Building, Brainstorming, Creating Your Action Plan
- Next Steps
- Questions and Answers

GNYHA-PSYCKES Quality Collaborative

**Overview of the
Indicator Set, Reporting
and Clinical Tools**

December 2010

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What is PSYCKES?

- Web-based reports to support Quality Improvement (QI) and clinical care
- Derived from Medicaid claims data
 - Current population includes all Medicaid enrollees with a Mental Health diagnosis or service in past year
 - Includes all Medicaid claims across treatment settings
 - Includes services but not medications for dual-eligible enrollees (not captured in quality indicators)
 - Client linked to clinic if any billed service in the past 9 months
 - Prescriber linked to clinic if prescribes for the clinic's clients
- Clinical data is refreshed weekly
- Quality Improvement reports refreshed monthly

The Quality Concern

- Individuals with the following conditions:

HTN	Hypertension
CVD	Cardiovascular Disease
HL	Hyperlipidemia
Obes	Obesity
DM	Diabetes/Pre-Diabetes

- And who are taking an antipsychotic medication that poses a moderate to high risk for cardiometabolic disturbance

Calculating the Indicator

- **Numerator:**
Number of individuals with a history of a cardiometabolic condition currently taking an antipsychotic medication that poses a moderate to high risk for cardiometabolic disturbance
- **Denominator:**
Number of individuals with a history of a cardiometabolic condition currently taking **any** antipsychotic
- Separate indicators for 5 cardiometabolic conditions, and a summary indicator for clients with any of the 5

Data Reported Monthly by Clinics to the Collaborative

- **Number of positive cases** in which high- or moderate-risk medication is prescribed by the clinic
 - Cumulative since start of project
- **Number of clinical reviews** conducted this month
- **Number of medication changes** completed this month: intentional changes off a high- or moderate-risk medication
- **Optional indicator:** Number of cases with intentional medication change in progress this month

Data Reported by PSYCKES to Clinics

- **Monthly:** Aggregate of all data reported by clinics:
 - Each hospital's own data vs. aggregate data for the Collaborative
 - Each hospital's rank in relation to other Collaborative participants
- **Quarterly:** From PSYCKES-Medicaid Data, vs. non-participating hospitals:
 - Prevalence of the quality concern by diagnosis: Psychotic vs. non-psychotic
 - New starts of high-/moderate-risk medications by diagnosis
 - Number of clients taken off antipsychotics altogether
 - Data reported by hospital and by clinic, over time

Additional Reporting

- Survey of Current Quality Improvement Practices
 - Completed by participating hospitals
 - Start, middle and end of project
 - To identify and disseminate practices associated with high performance
- Ad hoc analyses based on needs and interests of the collaborative and participants, including:
 - Service Utilization (e.g., hospitalization rate)
 - Physician Survey

Targets

- Targets set by Steering Committee
- 30% decrease in prevalence of quality concern, based upon self-report
- 20% decrease in prevalence of quality concern, based upon Medicaid data, including:
 - Clients who switched to a lower-risk antipsychotic
AND
 - Those who discontinued antipsychotics altogether

Monthly Reporting Process and Time Line

- On-line survey is posted each month on the PSYCKES website
- Each clinic reports separately
- Data refreshes in first week of the month, so you can compare data from the 1st and last day of the month
- Report on the 10th of each month for Quality Improvement activities in the previous month
- PSYCKES team provides aggregate data before the Learning Collaborative call at month-end
- First data submission: report January Quality Improvement activities on February 10, 2011

Using PSYCKES to Identify Positive Cases

1. Log into PSYCKES and export the Unduplicated Recipients report for the selected indicator (usually the summary) to Microsoft Excel.
2. Make any corrections needed to the data.
3. Sort by clinic/prescriber and distribute
4. In subsequent months, use the PSYCKES New and Dropped Quality Flag reports to target follow-up and update the running list.

Clinical Tools

- Best Practices
- Structured Clinical Note
 - Documents clinical review of medication regimen
 - Clinical and administrative data
- New Starts Checklist
 - Before all starts of high-/moderate-risk Antipsychotics
 - Option to institute prior approval review process

All posted on “Forms” section of PSYCKES website.

Sample PSYCKES Note

PSYCKES QUALITY COLLABORATIVE

CLINICAL NOTE

Client Name: _____ Date: _____
 Clinic Prescriber: _____ Client ID Number: _____
 Other Prescriber: _____

CARDIOMETABOLIC RISK AND ANTIPSYCHOTIC MEDICATIONS

The client has a diagnosis of:
 Diabetes Hyperlipidemia Hypertension Obesity Metabolic Syndrome (≥3 CMI) CVD
 High-/moderate-risk antipsychotic(s): _____
 Does the client have a psychotic disorder? yes no
 If no, indication for antipsychotic use: _____

PRESCRIBER INFORMATION

Who currently prescribes the high-/moderate-risk antipsychotic for this client?
 This clinic Another part of this hospital (specify _____) Outside of this hospital Unknown
 Has the client had at least two trials of a lower-risk antipsychotic at an adequate dose for an adequate time?
 yes no Unknown

CURRENT MEDICATIONS

MEDICATION PLAN

CHANGE

Plan
 Discontinue _____
 Begin taper of _____
 Taper of _____ in progress
Plan Supports
 Define/discuss early warning signs of relapse
 Use rating scale _____
 Call to check in on client
 Increase therapist/RN involvement
 __ telephone check in
 __ discuss med concerns/adherence at next appt.
 __ meet with client/family/social supports
 __ increase frequency of visits
 Offer medication education groups
 Other _____

Notes: _____

NO CHANGE

Rationale
 Client released from hospital in past 3 months
 Client prefers to stay on current regimen
 AOT order specifies current regimen
 Medication prescribed by outside provider
 Unsuccessful attempt to change medication regimen in the past 3 months
 2 previous trials of lower-risk antipsychotics at adequate dose for adequate time
 Client has history of serious violence to self or others
 Other _____
Plan to address barriers to change
 Reassess in _____ months
 Therapist to engage client around fears
 Provide medication education materials
 Contact other prescribers of medication
 __ contact info in chart
 __ consent done
 Offer medication group/peer support
 Other _____

Sample New Starts Checklist

GNYHA PSYCKES QUALITY COLLABORATIVE
ANTIPSYCHOTIC MEDICATIONS POSING A RISK OF CARDIOMETABOLIC SIDE EFFECTS

NEW STARTS CHECKLIST

To be completed before initiation of any antipsychotic medication posing a moderate or high risk of cardiometabolic side effects. (For adults: olanzapine, quetiapine, chlorpromazine, thioridazine. For children/adolescents: ALL antipsychotics EXCEPT aripiprazole and ziprasidone.)

Please consider the following before initiating a course of one of these medications:

- | Column | | |
|--------|---|---|
| A | B | |
| 1 | <input type="checkbox"/> No <input type="checkbox"/> Yes | Does the client report a diagnosis of any cardiometabolic condition (including diabetes, pre-diabetes, high triglycerides, low HDL, hypertension, obesity and/or cardiovascular disease)? |
| 2 | <input type="checkbox"/> No <input type="checkbox"/> Yes | Is the client taking any medication used to treat the above conditions? |
| 3 | <input type="checkbox"/> No <input type="checkbox"/> Yes | Is there documentation indicating that the client has any of the above conditions, in the medical record (and/or in PSYCKES, if applicable)? |
| 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you obtained a family history of cardiometabolic conditions and ischemic vascular disease, including age at onset? |
| 5 | Do you have the results of the following diagnostic tests for the client, dated within the past 6 months (or as clinically appropriate)? | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fasting glucose level |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fasting triglyceride levels / fasting HDL cholesterol level |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | Waist circumference / BMI |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | Blood pressure |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | ECG (if indicated) |
| 6 | Based on all of the above data sources, is the client diagnosed with / being treated for / exhibiting signs and symptoms of any of the following? | |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | Diabetes? |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | Pre-diabetes? |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | Hypertriglyceridemia? |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | Obesity? |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | Hypertension? |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | Ischemic Vascular Disease (cardiovascular/ cerebrovascular/ peripheral vascular)? |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | Metabolic syndrome? |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | Strong family history of diabetes and/or ischemic vascular disease with early onset? |

If you answered "No" to all items in question #6, then STOP, you have completed this form.

If you have answered "Yes" to any items in question #6, please continue with this form.

- 7 Yes No Does the client have a psychotic disorder?
If yes, skip to # 9
- 8 Yes No (If no psychotic disorder) Has the client had evidence-based psychosocial treatment and/or an adequate trial of a low-risk antipsychotic?
- 9 Yes No (If the client has a psychotic disorder) Has the client had a trial of at least ONE medication (for children: one non-antipsychotic medication) that is in the low risk category for cardiometabolic side effects at an adequate dose for an adequate period of time? If yes, please specify: _____
(Check No if unknown) if yes, specify →

If any boxes in Column B above are checked, please consult with the Program Director/ Medical Director before recommending a course of a moderate- or high-risk antipsychotic medication.

In addition, before initiating the medication regimen, please complete the following steps:

- 10 Yes No Have the benefits and risks of the proposed regimen, including cardiometabolic risk, been discussed with the client, family and/or legal guardian, as appropriate?
- 11 Yes No Is the rationale for this medication regimen clearly documented in the chart?
- 12 Yes No (For children only) Is there a plan to provide concurrent psychosocial treatment? Specify provider(s) and frequency: _____
- 13 Yes No Is there a plan to monitor the client regularly for changes in cardiometabolic indicators in accordance with the protocol below? Specify provider(s) and frequency: _____

Next Steps

Teambuilding

- Organizing the Quality Improvement Team
 - Ensure participation at the clinic level
 - Establish a schedule of meetings
- Stakeholder Engagement and Education
 - Leadership
 - Physicians/prescribers and other clinical staff
 - Clients
- Project Planning
 - Review baseline data
 - Develop Action Plan

Learning Collaborative

- Monthly calls for all Quality Improvement Team members
 - Sharing challenges and successes
 - Some with special focus (e.g., stakeholder engagement; working with clients around medication change)
- Face-to-face conferences
 - June
 - December

Training Webinars

- Dedicated training sessions during initial stage of learning collaborative
 - Using PSYCKES
 - Security Management System / Granting PSYCKES Access
 - Consent Module
 - Monthly Data Reporting

Access to PSYCKES

- Access is managed via OMH's web-based Security Management System (SMS)
- Access is managed at the local level by one or more Security Managers designated by the Hospital's CEO (Chief Executive Officer)
- Hospitals will first need to enroll in SMS and designate Security Manager (SM)
 - Most have completed this step
- SM grants PSYCKES access to staff via SMS
 - If needed, tokens will be sent from Central Office

Using PSYCKES Data

- Get PSYCKES Access
 - QI Team
 - Prescribers and other clinical staff
- PSYCKES Data Review
 - Export to Excel
 - Identify current clients
 - Sort by clinic (if applicable)
 - Use “New/Dropped QI” tabs to update monthly
- Use December, 2010, data to establish a baseline

Technical Assistance and Consultation

- Technical Assistance
 - Webinars
 - [Help Desk](#)
- Resources on the PSYCKES website:
 - Learning collaborative materials: calendar, clinical tools
 - Educational materials, scientific summaries, CMEs (Continuing Medical Education)
 - Handbooks, Definitions of Indicators, and FAQs
 - Recorded webinars
- QI and psychiatrist consultation

Questions and Answers