



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 %
BH Care Coordination	All	1,109	124	11.18	6.24	6.32
Cardiometabolic	All	155	68	43.87	42.30	43.02
Dose	All	508	41	8.07	5.21	5.74
Health Promotion and Coordination	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 %
Diabetes Monitoring-No HbA1c >1 Yr	All	119	35	29.41	21.70	24.47
No Outpatient Medical Visit >1 Yr	All	1,109	150	13.53	12.99	14.13
No Diabetes Screening-On Antipsychotic	All	239	50	20.92	24.91	29.02
4+ Inpatient/ER - Med	All	1,109	87	7.84	4.73	5.65
Prevent Hosp Asthma	Adult	845	5	0.59	0.78	0.54
Prevent Hosp Diabetes	Adult	845	5	0.59	0.66	0.50
Prevent Hosp Dehydration	Adult	845	2	0.24	0.12	0.11
Summary	All	1,109	293	26.42	22.82	24.97

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

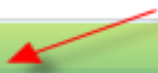
Indicator Set: BH Care Coordination

Select indicator for detail.

Indicator Set

Indicator

Indicator	Population	On Any	N	%	Regional %	Statewide %
3+ Inpatient - BH	All	1,109	34	3.07	1.12	1.13
3+ ER- BH	All	1,109	27	2.43	1.09	1.18
4+ Inpatient/ER - BH	All	1,109	48	4.33	1.62	1.68
Adherence - Antipsychotic (Schz)	(0-64) yrs	147	45	30.61	26.36	28.00
Adherence - Mood Stabilizer (Bipolar)	(0-64) yrs	79	24	30.38	32.21	31.21
Discontinuation - Antidepressant <12 weeks (MDE)	(0-64) yrs	20	9	45.00	47.32	46.06
Readmission - All BH 45 day	All	148	47	31.76	21.44	19.39
Summary	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
Afabcd a Daeeaaa	Bicbdad Ccfigee	12/31/9999	Inpt/ER-Med, No Outpt Med		None Identified
Afaecfi Fdfhddb	Degabde Bbdcgba	12/31/9999	No Outpt Med	FLUOXETINE HCL	None Identified
Afecdc i Jihbabe	Ccaccie Ifaecaa	12/31/9999	4+ Inpt/ER-All, 4+ Inpt/ER-Med	CLONAZEPAM	None Identified
Afecddb Cbeqaee	Iabejda Bgjabbb	12/31/9999	3+ ER-BH, 4+ Inpt/ER- All, 4+ Inpt/ER-BH, No Outpt Med		None Identified
Affied Difiabq	Cdcdbge Bjbefjc	12/31/9999	No Outpt Med	LORAZEPAM	None Identified
Aqdcbbi Ebfabab	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

Contact Information

- PSYCKES application and PPF questions

- PSYCKES-Help:

PSYCKES-help@omh.ny.gov

- CPI training modules

- CPI helpdesk:

cpihelp@nyspi.columbia.edu

212-543-5127