Integrating Data into your Service Delivery Environment

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SPQM

MENTAL HEALTH FIRST AID NATIONAL COUNCIL FOR BEHAVIORAL HEALTH *Healthy Minds. Strong Communities.*

Experience –

Improving Quality in the Face of Healthcare Reform

"Working to help organizations deliver the highest quality care possible, while improving the quality of life for those delivering the care!"

- MTM Services' has delivered consultation to over 800 providers (MH/SA/DD/Residential) in 46 states, Washington, DC, and 2 foreign countries since 1995.

- **MTM Services' Access Redesign Experience** *(Excluding individual clients)*:
  - 5 National Council Funded Access Redesign grants with 200 organizations across 25 states
  - 7 Statewide efforts with 176 organizations
  - Over 5,000 individualized flow charts created

- Leading CCBHC Set up and/or TA efforts in 5 states

[Insert Title Here]….

The Value of Care Reality…..

The Quality of Care Reality…..

The Costing Reality…..

Staff Burnout is Real…..

The Commodity Dilemma…..

System Noise…..

[Insert Title Here]….

Why you need a Data Driven Support System…..

“Value” of Care Equation

1. **Services provided** – Timely access to clinical and medical services, service array, duration and density of services through Level of Care/Benefit Design Criteria and/or EBPs that focuses on population based service needs
2. **Cost of services** provided based on current service delivery processes by CPT/HCPCS code and staff type
3. **Outcomes achieved** (i.e., how do we demonstrate that people are getting “better” such as with the DLA-20 Activities of Daily Living)
4. **Value is determined** based on can you achieve the same or better outcomes with a change of services delivered or change in service process costs which makes the outcomes under the new clinical model a better value for the payer.

Why you need a Data Driven Support System…..

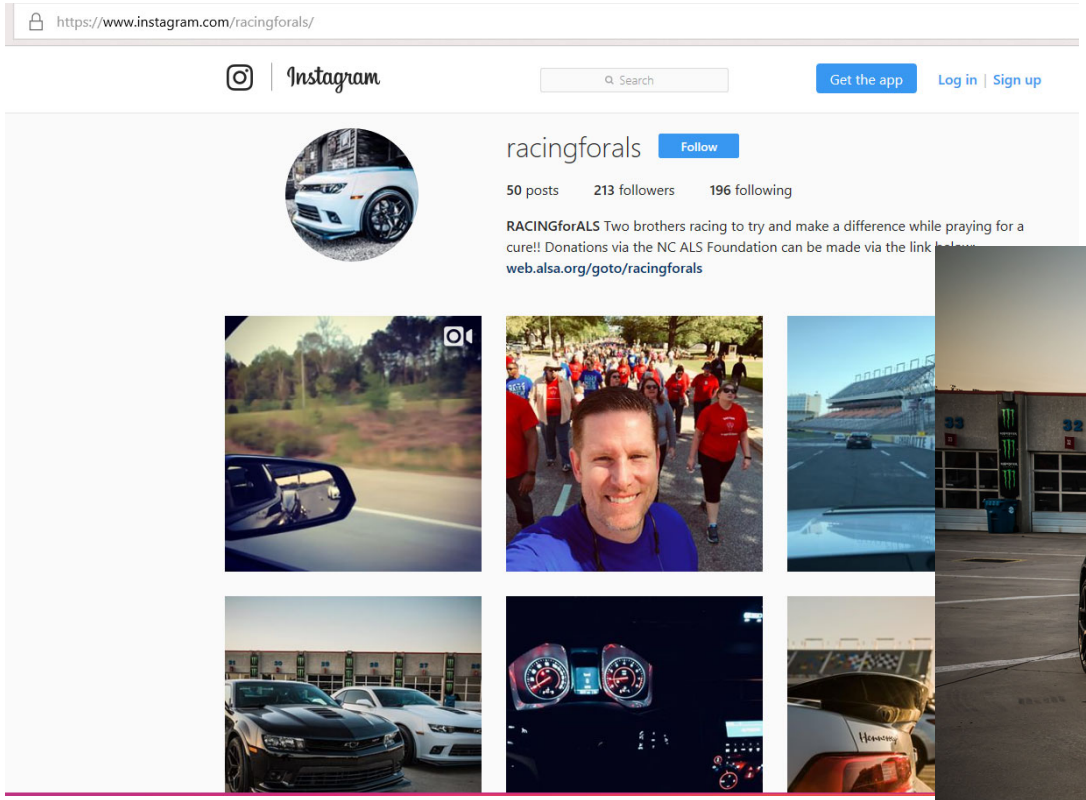
Without Data –

Staff – “I’m busy/overwhelmed”
Leader – “No you’re not/I don’t think you are THAT busy.”

You – “Are consumers showing improvement?”
Staff – “They are doing great!”

Consultant – “So how are your no show rates?”
Team – “Much better than they used to be!”

Why you need a Data Driven Support System…..



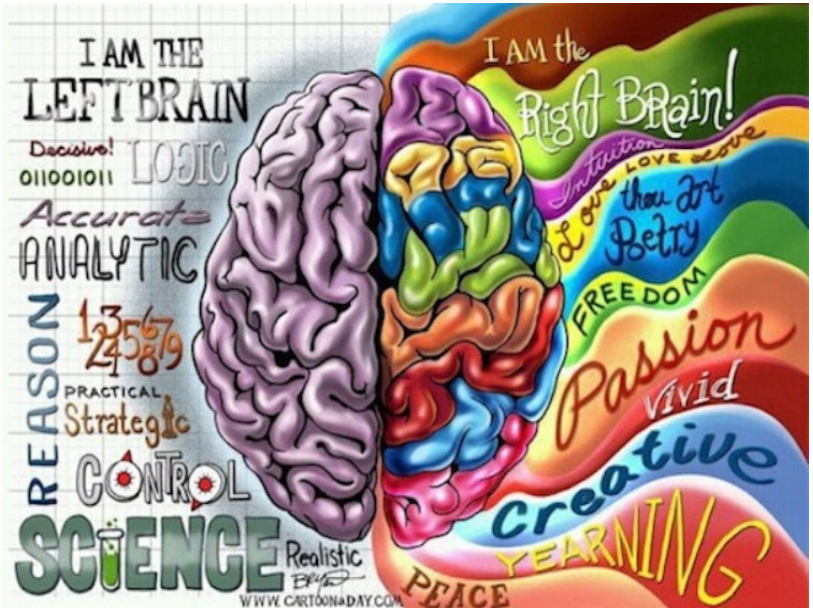
Anecdotal Data - Which Car Would You Choose?

Photo Credit:
Scott Lloyd Photography

Why you need a Data Driven Support System…..

Otherwise, we don't have the data to know for sure.

- Data is the Key!
  - What data do you need and how do you get it?
  - What is the best way to present it to staff?
  - Without data, teams set up to their exceptions.



Why you need a Data Driven Support System…..

To Identify the Source of System Noise –

Anything that keeps staff from being able to do the job they want to do:

Helping consumers in need!

More Importantly, what do you do about it!?

The Evolution of SPQM

The Statewide Association/Council Challenge

Provide a statewide awareness/ correlation of service delivery practices for all providers to support systems learning for providers

Provide accurate comparative and cumulative data to the legislature, funders, advocacy groups regarding service types, utilization levels, populations served, unduplicated client counts, diagnostic categories

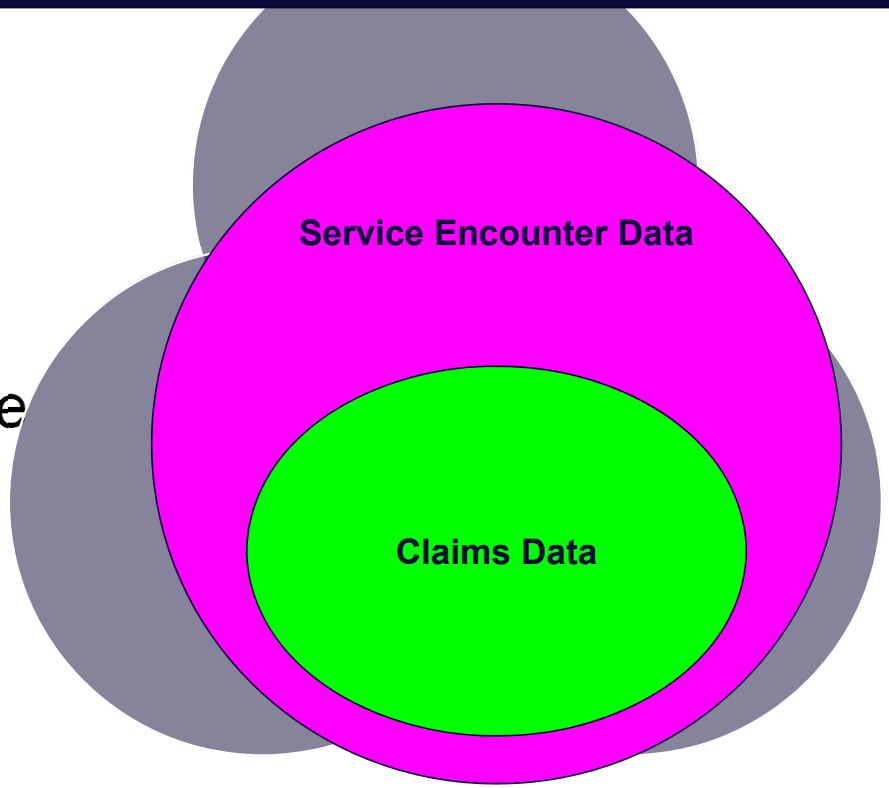
Provide INFORMATION to statewide Quality Team so review of correlations, better practices, outliers, etc. can be addressed

Have ability to query the database to develop Ad Hoc reports as needed to meet new information and advocacy requirements

Low cost of collecting and producing statewide reports

SPQM Design

- Service encounter data is inclusive of claims data and in fact, medical claims derive from original service encounter sources



Service Process Quality Management Data Management Process

- SPQM does **NOT** alter existing information systems in any way.
- SPQM does **NOT** require any additional data entry for staff
- SPQM does **NOT** require additional staff to manage data
- SPQM provides **two hours of quarterly analysis** and **management consultation**

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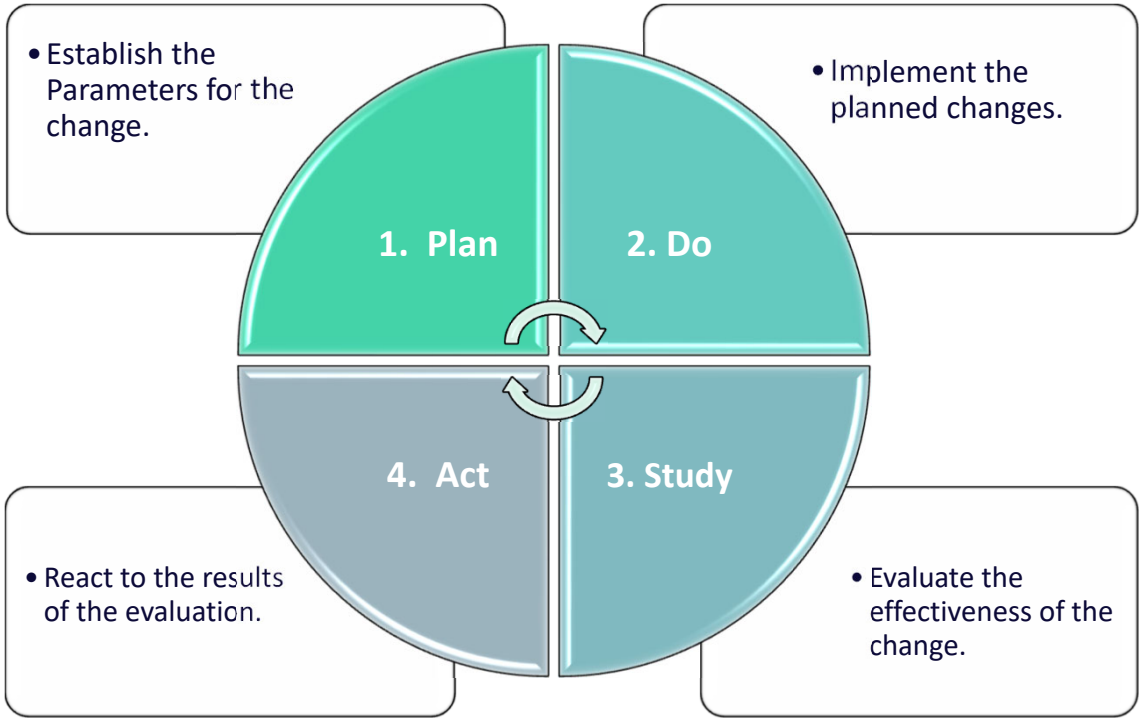
SPQM

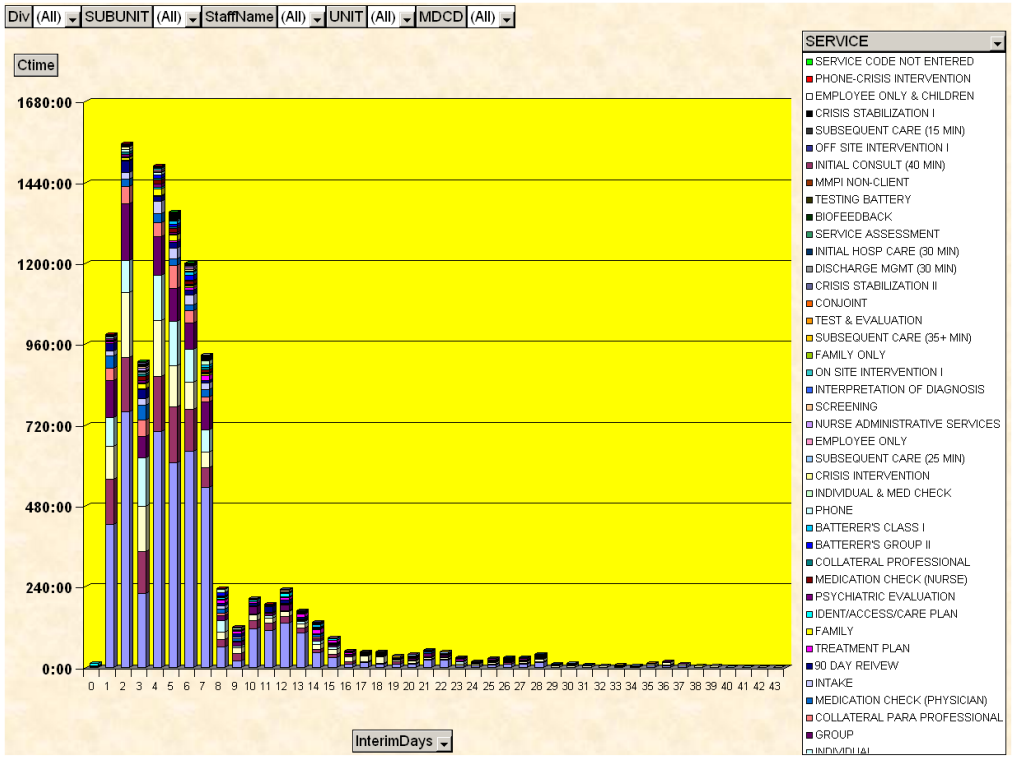
Using a Data Driven Support System…..

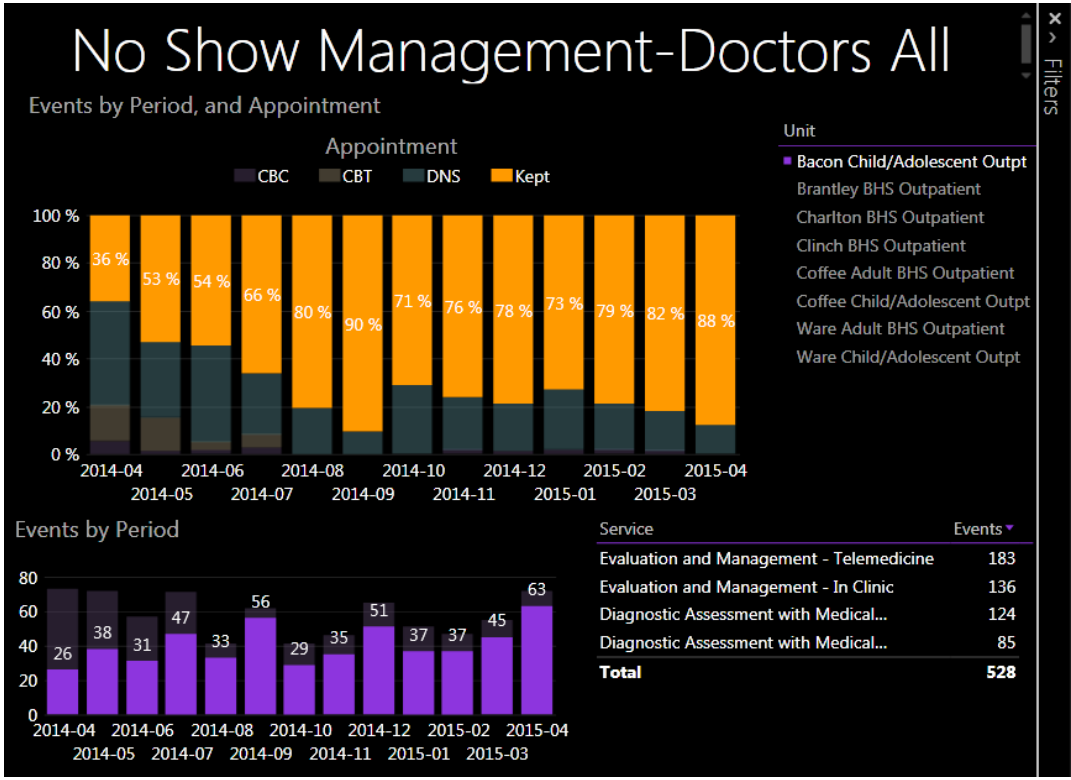


This change cycle is a central part of Total Quality Management (TQM), a change concept established in the 1950s by Edward Deming and is based upon the early 3 cycle change concept created by Shewhart in the 1920s.

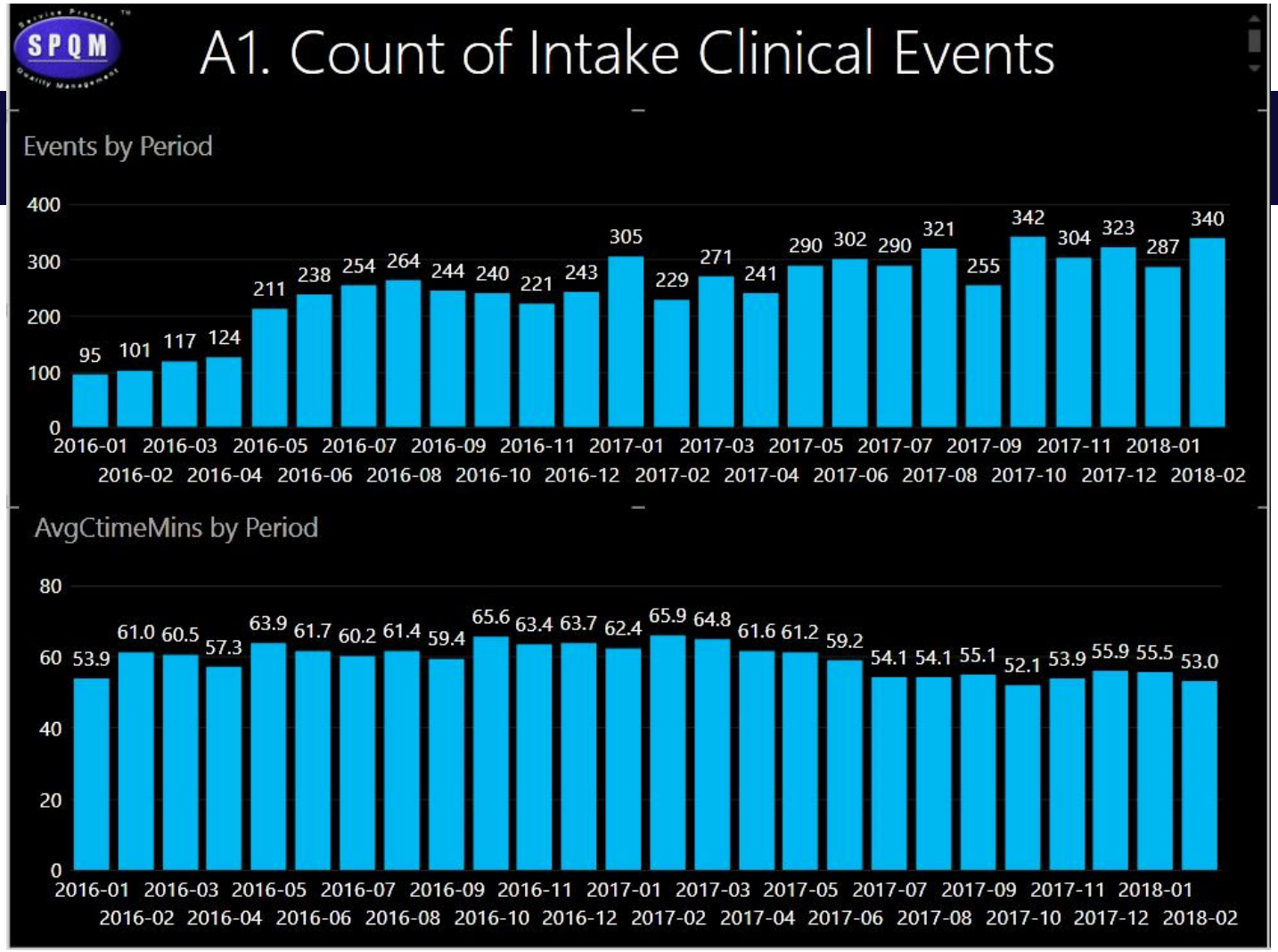
Quality Improvement vs. Continuous Quality Improvement

The Evolution of SPQM

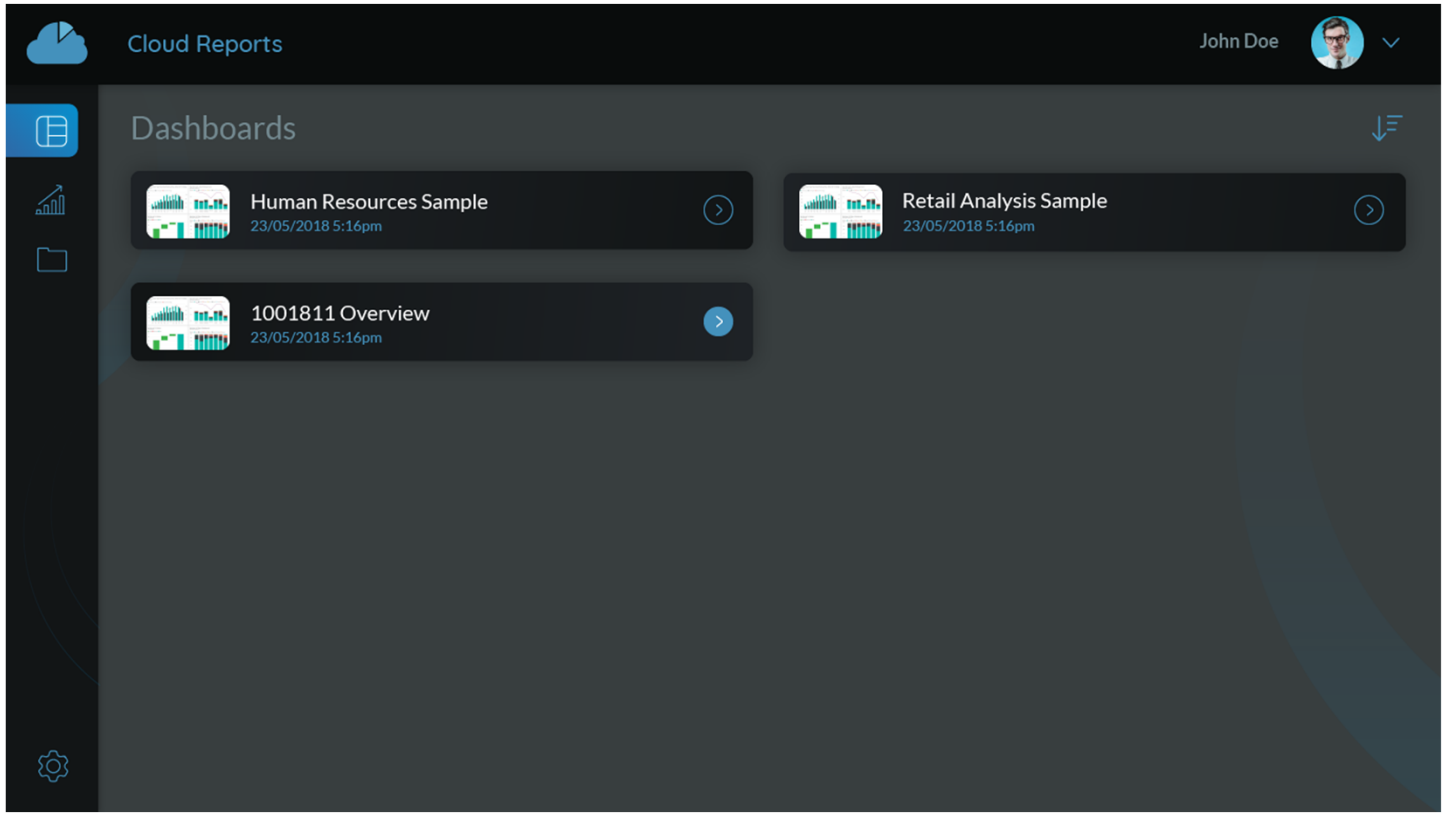




A1. Count of Intake Clinical Events

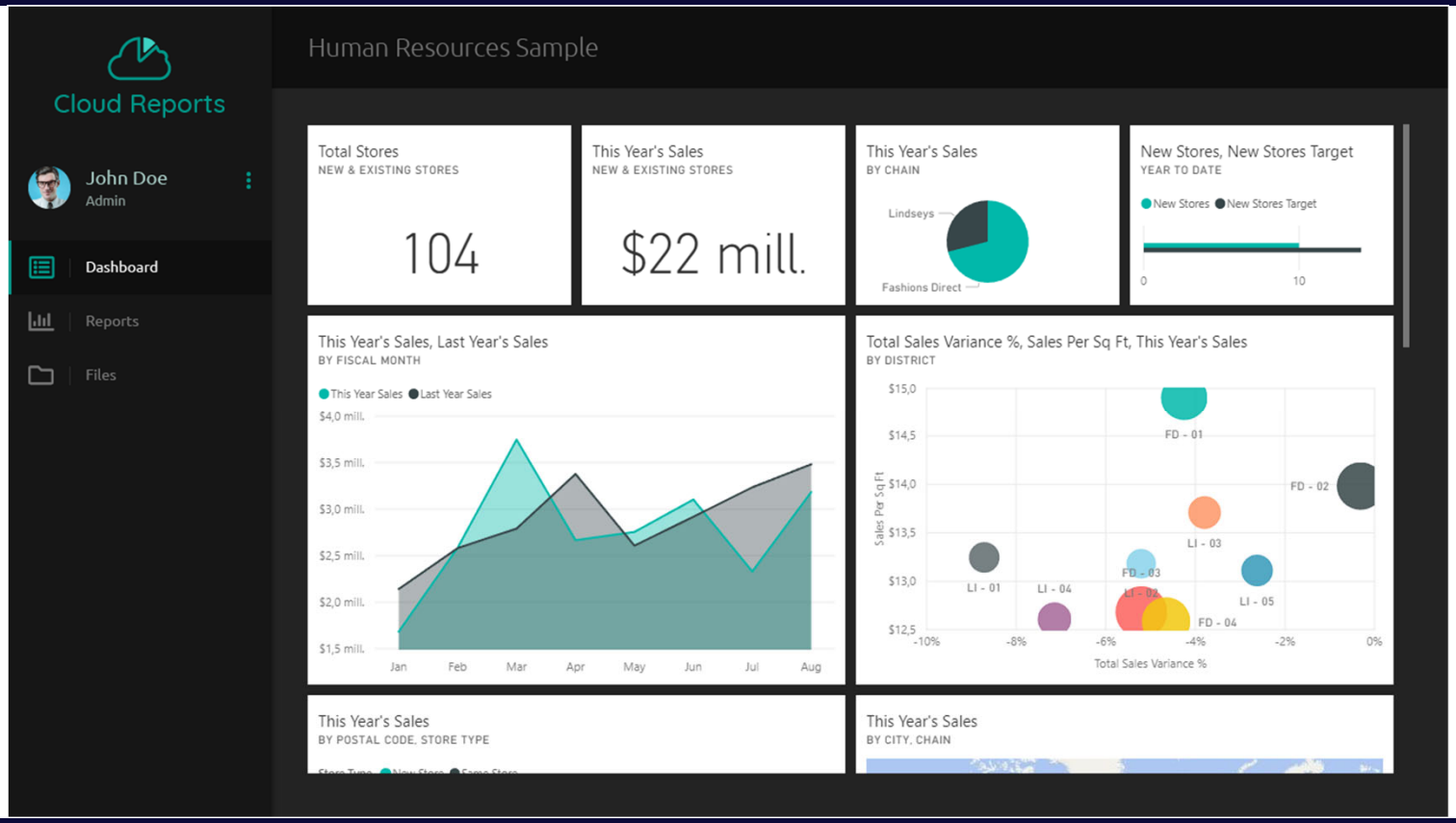


The Evolution of SPQM



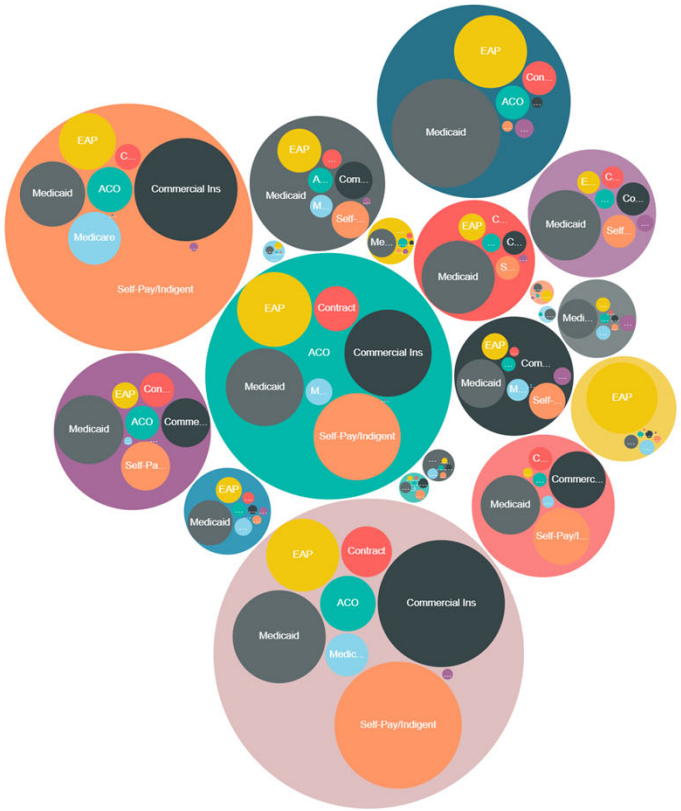
The Evolution of SPQM

The Evolution of SPQM



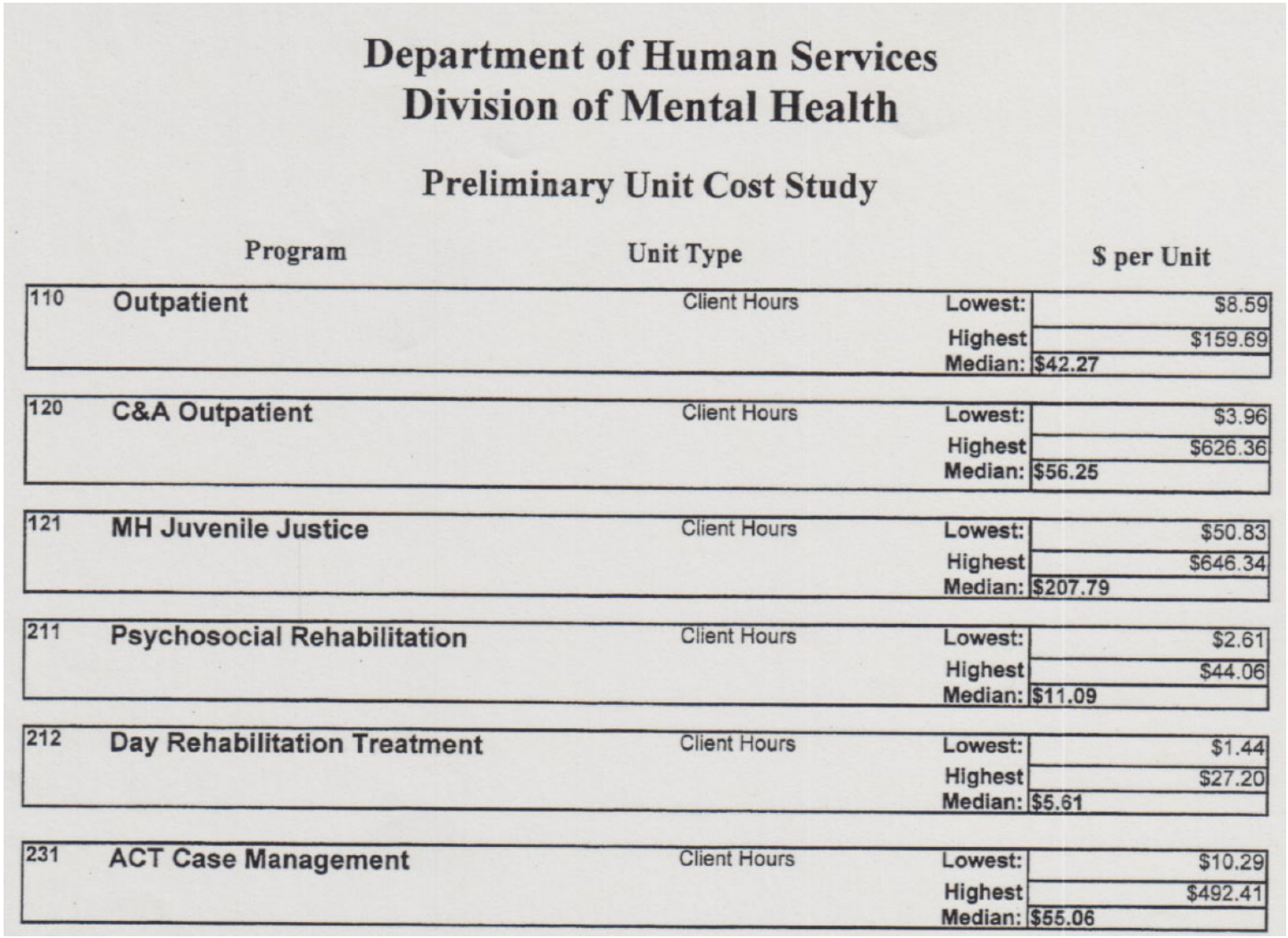
The Evolution of SPQM

Persons by PayorBilled and Service



Service	Persons	Events
Assessment	4832	11317
Case Management	932	18909
Collateral Intervention	1667	12622
Crisis Assessment	269	999
Crisis Intervention	1367	5794
Direct Vet Service	41	47
Evaluation and Management	3435	26993
Family Therapy	1988	11246
Group Therapy	738	19559
Individual Therapy	5953	63933
Medical Referral	68	117
Medication Administration	93	2215
MH Screening	1521	3479
Paperwork	1405	2632
Rehab Service	459	40133
Residential Care	36	1930
Screening	57	72
Targeted Case Management	1510	35520
Treatment Plan	4692	10865
Total	**8548**	**268382**

The Evolution of SPQM – Costing & Outcomes Example



Department of Human Services
Division of Mental Health

Preliminary Unit Cost Study

	Program	Unit Type		$ per Unit
110	Outpatient	Client Hours	Lowest:	$8.59
			Highest	$159.69
			Median:	$42.27
120	C&A Outpatient	Client Hours	Lowest:	$3.96
			Highest	$626.36
			Median:	$56.25
121	MH Juvenile Justice	Client Hours	Lowest:	$50.83
			Highest	$646.34
			Median:	$207.79
211	Psychosocial Rehabilitation	Client Hours	Lowest:	$2.61
			Highest	$44.06
			Median:	$11.09
212	Day Rehabilitation Treatment	Client Hours	Lowest:	$1.44
			Highest	$27.20
			Median:	$5.61
231	ACT Case Management	Client Hours	Lowest:	$10.29
			Highest	$492.41
			Median:	$55.06

Do You Actually Know your Costs?

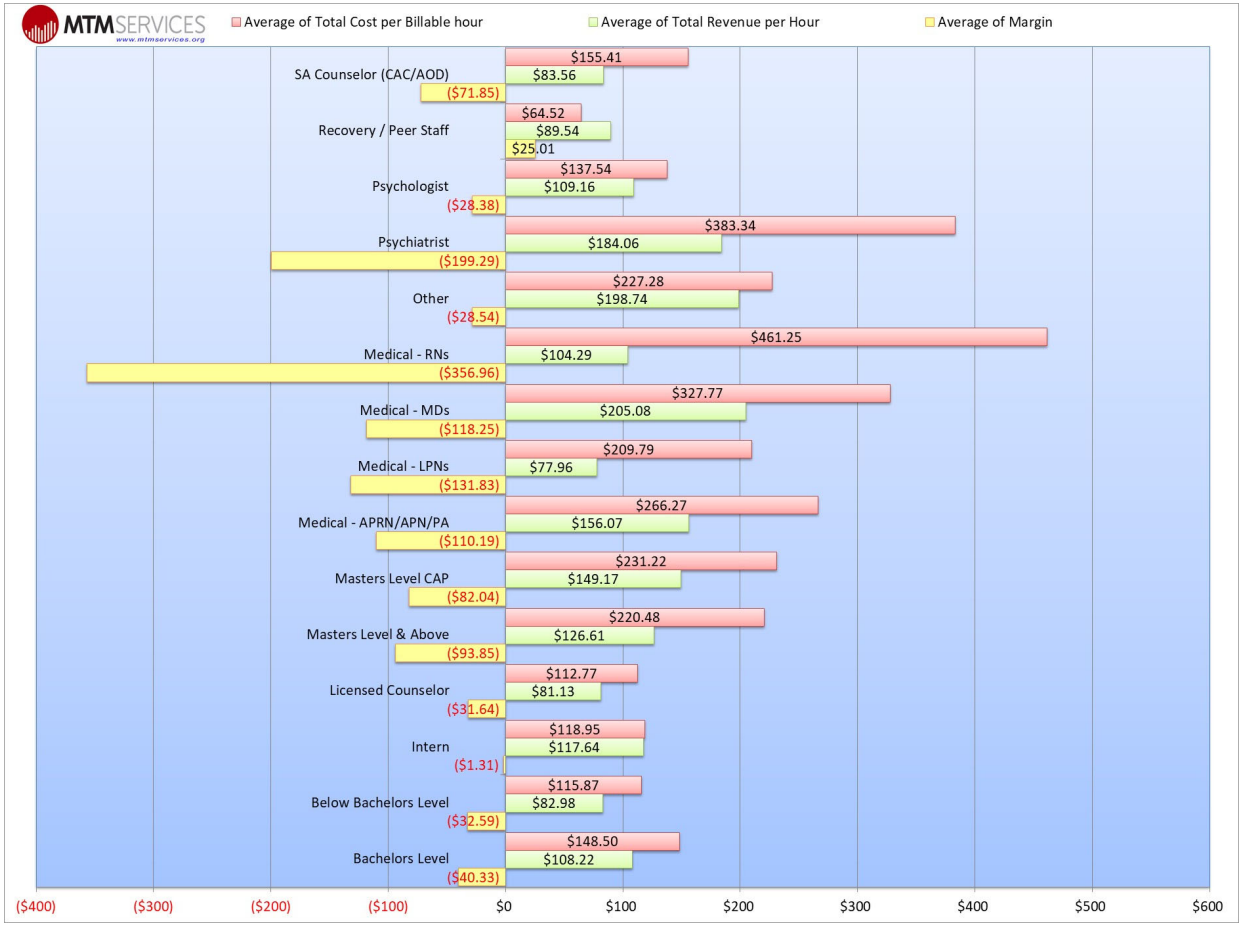
Top Costing Failure Points -

- Dividing costs by 2080 hours
- Not including all of your costs
- Using overhead percentages instead of actual costs
- Looking at expected revenue instead of actual revenue
- Including monies outside of *At Risk Funding*

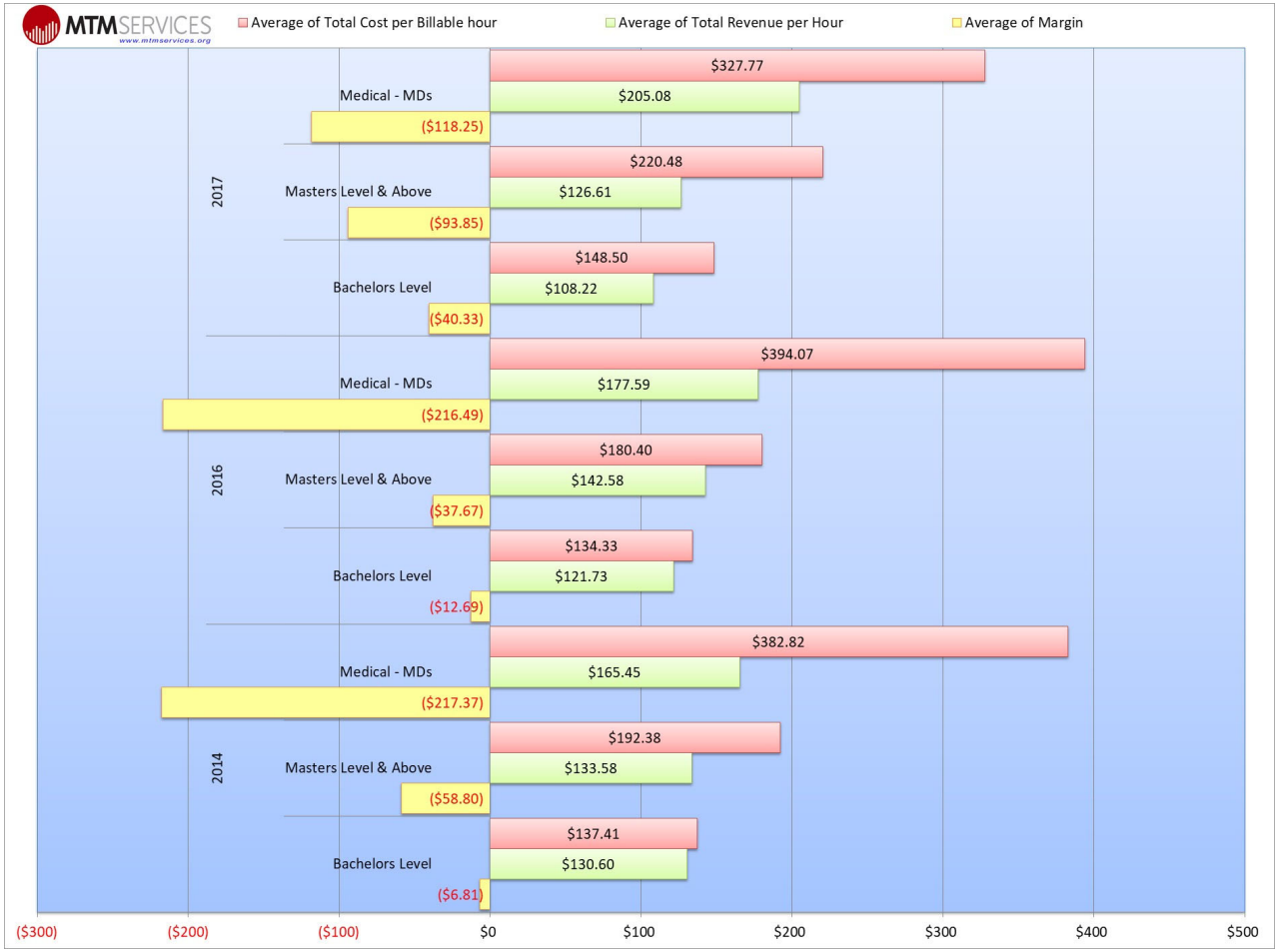
Do You Actually Know your Costs?

A Case Study –

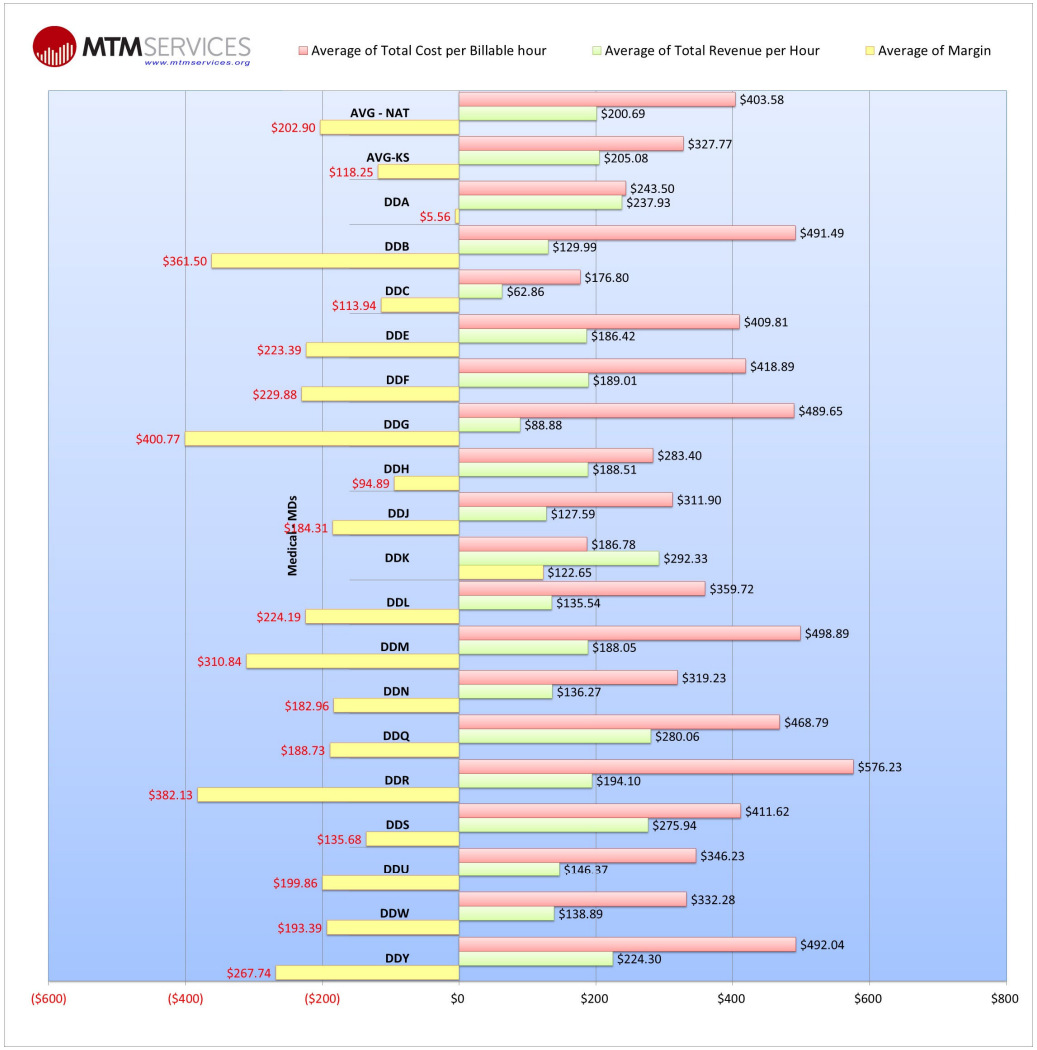
The Association of Community Mental Health Centers of Kansas, Inc.



ACMHCK – Establishing a Solid Costing Reality



ACMHCK – Costing Comparisons by Year



Margin Comparisons by Center / National

Breaking down cost versus revenue by modified code – Crucial for CCBHC rate setting

Row Labels	Sum of Total Hours Per Code	Average of Average Cost per Code	Average of NET Revenue per Code Per Hour	Average of Total Margin Per Code	Sum of Total Gain/Loss Per Code
99213	**75,915.26**	**$298.26**	**$133.66**	**($164.60)**	**($12,828,035.22)**
NR	45,493.40	$317.20	$142.05	($175.15)	($7,932,654.01)
(blank)	7,320.21	$286.08	$124.77	($161.31)	($1,418,101.78)
U1	6,008.86	$311.44	$163.80	($147.64)	($808,860.74)
ECC	2,799.29	$373.26	$150.69	($222.57)	($511,106.41)
U1 U6	2,287.86	$314.30	$110.38	($203.92)	($466,543.38)
U2	2,087.81	$203.20	$114.49	($88.71)	($194,798.60)
FQHC	1,882.50	$367.83	$346.75	($21.07)	($39,668.52)
0	1,654.83	$157.25	$64.46	($92.79)	($201,598.35)
Non-ECC	1,409.57	$340.35	$97.96	($242.39)	($450,658.06)
U1	1,263.75	$177.77	$43.39	($134.38)	($169,827.83)
Insurance	1,214.21	$356.89	$168.87	($188.02)	($228,292.25)
U2 U6	973.11	$198.07	$78.94	($119.14)	($115,931.95)
	438.00	$325.42	$157.15	($168.27)	($73,702.55)
Private Insurance	302.94	$336.09	$142.70	($193.39)	($58,584.74)
Medicaid	291.84	$335.83	$99.35	($236.49)	($68,696.87)

A Case Study Continued –

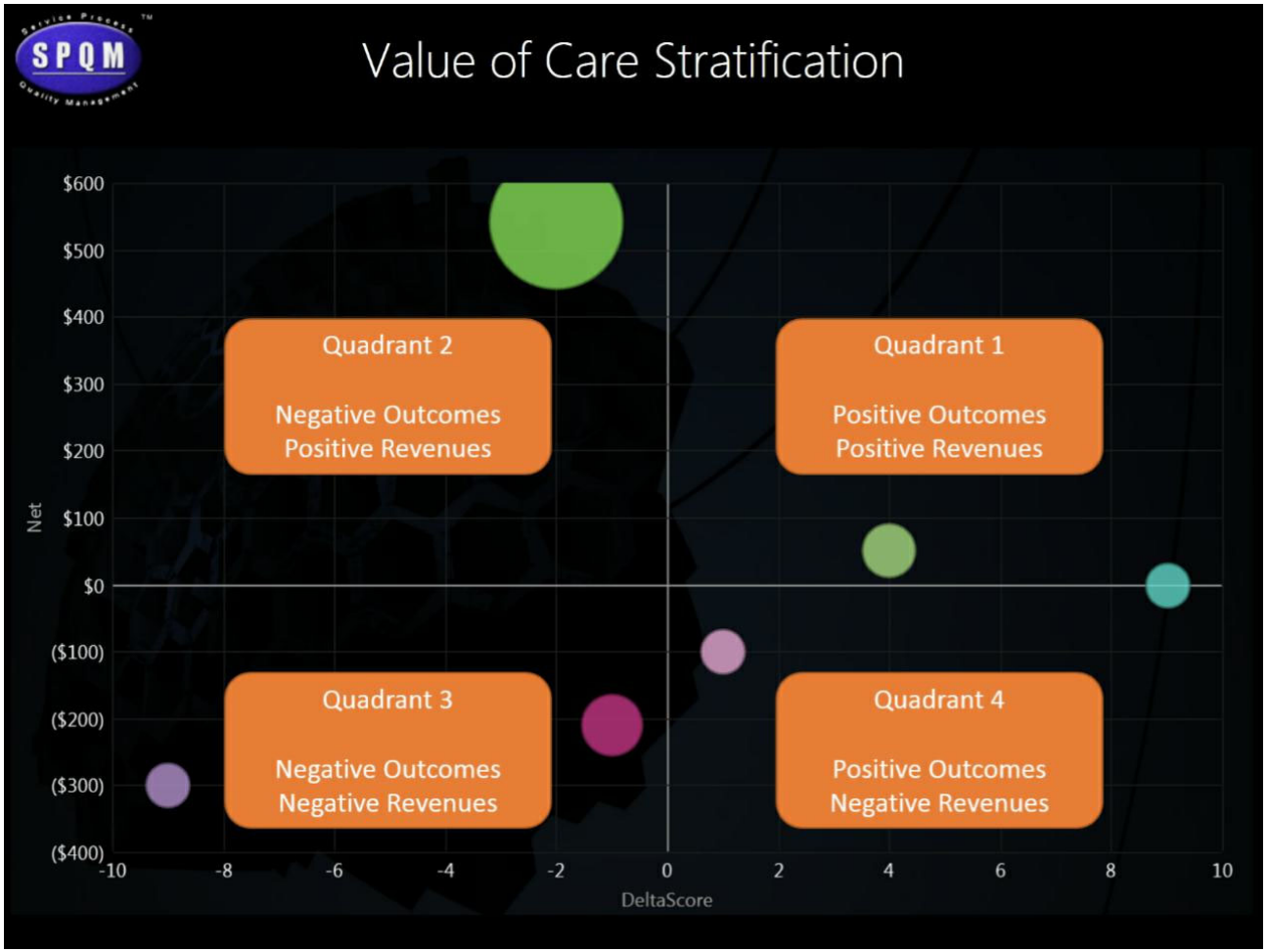
How the Data has been utilized by The Association of Community Mental Health Centers of Kansas, Inc.

Presented by:

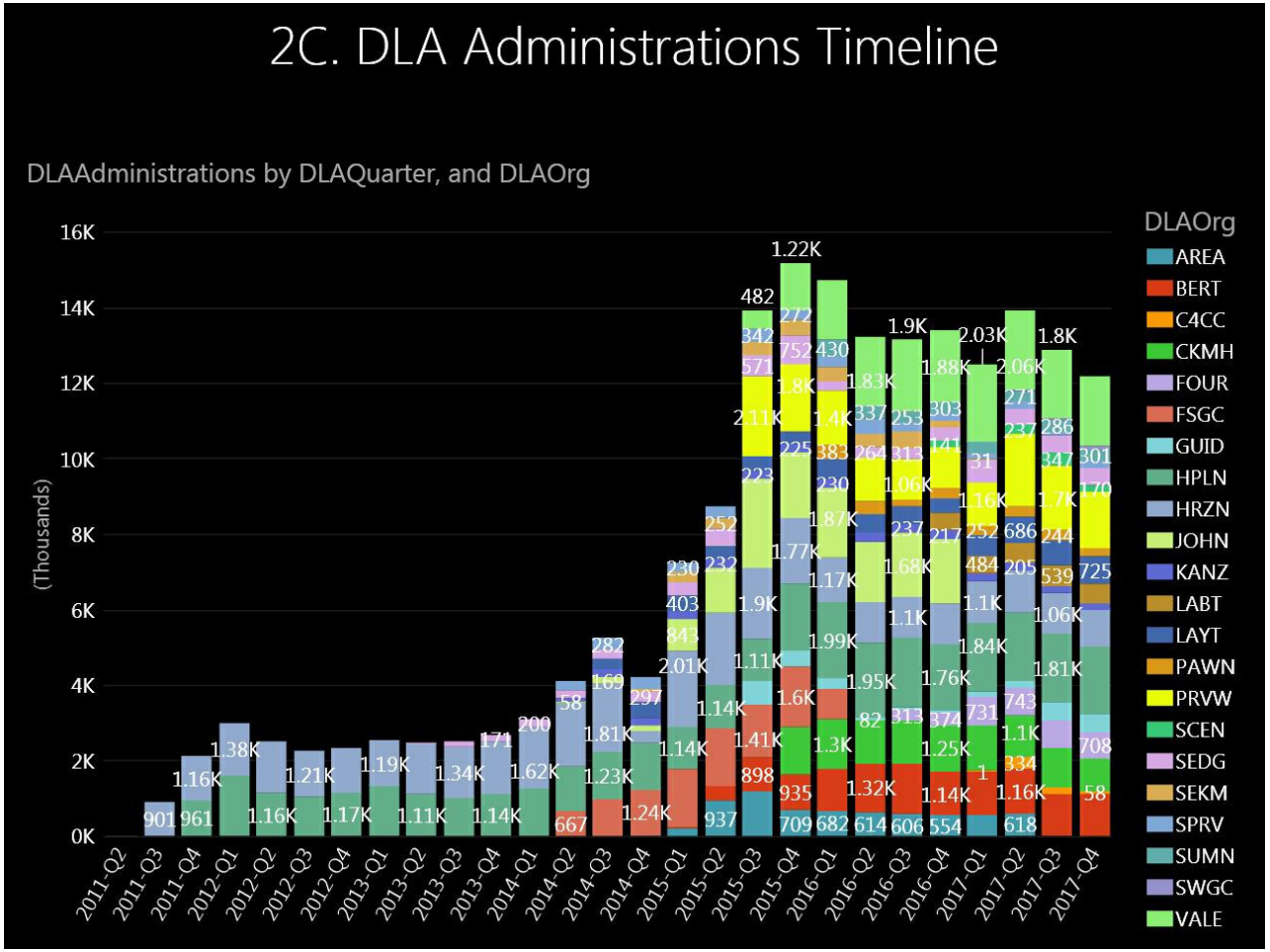
Mike Garrett, M.S., LCP
MTM Consultant & Chief Executive Officer Horizons Mental Health Center

ACMHCK History –

3 MCO's were brought into the state in 2013 to set up a competitive process. The original thought was that not all of them would survive, but all three are still there and operating. The centers in Kansas have taken very proactive steps to work with the MCOs and to protect what they feel is clinically appropriate for their consumers.


Value of Care Stratification
$600
$500
$400
$300
$200
$100
$0
($100)
($200)
($300)
($400)
Net
Quadrant 2
Negative Outcomes
Positive Revenues
Quadrant 1
Positive Outcomes
Positive Revenues
Quadrant 3
Negative Outcomes
Negative Revenues
Quadrant 4
Positive Outcomes
Negative Revenues
-10
-8
-6
-4
-2
0
2
4
6
8
10
DeltaScore

2C. DLA Administrations Timeline



Level of Care # 3	SERVICE	AMOUNT	AVERAGE COST
	Typical Length of Services: 1 to 3 Years (Reassessed every 90 days)		
Indicators of Level: • Qualifying DSM 5 Diagnosis (Z codes excluded) AND • DLA-20: 41 – 50 OR 4 DLA areas scored at 3 or lower • mGAF: 41– 50 with 1-4 serious areas of disturbance	1. Diagnosis/Assessment	• Maximum of 2 contacts	
	1. Crisis Interventions	• As medically necessary	
	1. Counseling/Psychotherapy	• Individual: Up to 12 sessions per 90 days AND/OR • Family Therapy: Up to 12 sessions per 90 days AND/OR • Group: Up to 12 sessions per 90 days Maximum of 36 total sessions	
	1. Medication/Somatic Services	• 4-6 contacts per 90 days	
Program-specific Criteria: • Evaluation for SPMI • Evaluation for Psych Rehab (PR)	1. Community Support Services (CSS)/SPMI	• CPST • TCM • Psychosocial Individual • Psychosocial Group • Peer Support • Attendant Care Combination of up to 20 hours per week of eligible CSS services	
Possible Descriptors: • Prior history of hospitalizations - past 2 years • No imminent danger to self or others • Moderate structure and supports in his/her life • Everyday functioning is seriously impaired, meaning serious impairment in work, school, stable housing, relationships, law - or - • Serious impairment in judgment, thinking, mood, anxiety - or - • Serious impairment due to anxiety, other symptoms (hallucinations, delusions, severe obsessional rituals), passive suicidal ideation • Potential for compliance fair to good Acute stabilization may be needed		Transition/Discharge Criteria: • Stable on medications • Self-administers meds • Means of obtaining meds when discharged • Community integration • Community support • Medical needs addressed • Moderate symptoms • Moderate impairments in functioning • Client is goal directed • Employed or otherwise consistently engaged (volunteer, etc.) • Client has a good understanding of illness • Family or significant other(s) understand and support the client and the illness	

CMHC Benefit Package Design – Level of Care Guidelines

Adult Services

Level of Care # 3	SERVICE	AMOUNT	AVERAGE COST
Indicators of Level: • Qualifying DSM 5 Diagnosis (Z codes excluded) AND • CAFAS total score of 50-90 or 30 on one subscale • PECFAS total score of 50-90 or 30 on one subscale for children under 6 years of age NOTE:. SED waiver patients will be managed independently of LOC system	Typical Length of Services: 1 to 3 Years (Reassessed every 90 days)		
	1. Diagnosis/Assessment	• Maximum of 2 contacts	
	1. Crisis Interventions	• As medically necessary	
	1. Counseling/Psychotherapy	• Individual: Up to 12 sessions per 90 days AND/OR • Family Therapy: Up to 12 sessions per 90 days AND/OR • Group: Up to 12 sessions per 90 days Maximum of 36 total sessions	
	1. Medication/Somatic Services	• 4-6 contacts per 90 days	
Program-specific Criteria: • Evaluation for SED/CBS	1. Psychiatric Rehab Services	• CPST • TCM • Psychosocial Individual • Psychosocial Group • Attendant Care Combination of up to 12 hours per week of eligible CBS services	

Possible Descriptors:

- Possible history of hospitalizations in past 2 years & may need stabilization
- Impaired structure and supports in his/her life, e.g., includes situational loss
- Everyday functioning in school or in residence is moderately to seriously impaired (e.g., school refusal/anxiety, unable to stay in school, or failing school, or unable to function safely) Serious impairment in relationships with friends (e.g., very few or no friends, or avoids current friends); Problems with the law (e.g., shoplifting, arrests) or frequent episodes of combative, aggressive, antisocial behavior.

1-3 Serious Symptoms from the following list:

- Serious impairment in judgment (incl. inability to make safe decisions, confusion, disorientation)
- Serious impairment in thinking (incl. ruminations, rituals, constant preoccupation w/ thoughts, distorted body image, paranoia)
- Serious impairment in mood (incl. constant depressed mood, passive suicidal ideation or agitation, or manic mood)
- Serious impairment due to anxiety (panic attacks, overwhelming anxiety). Other symptoms: delusions, or obsessional rituals

Transition/Discharge Criteria:

- Psychiatric symptoms & behavior & functioning have improved and a less intensive level of care is appropriate.
- Satisfactory effectiveness with prescribed Medications
- Family/Self Administers Medications
- Private Means of obtaining medications if discharged
- School, Community integration/support
- Medical needs addressed
- Stabilized residence
- Client is goal directed; Attending school, work
- Family/Client has better understanding of illness

CMHC Benefit Package Design – Level of Care Guideline

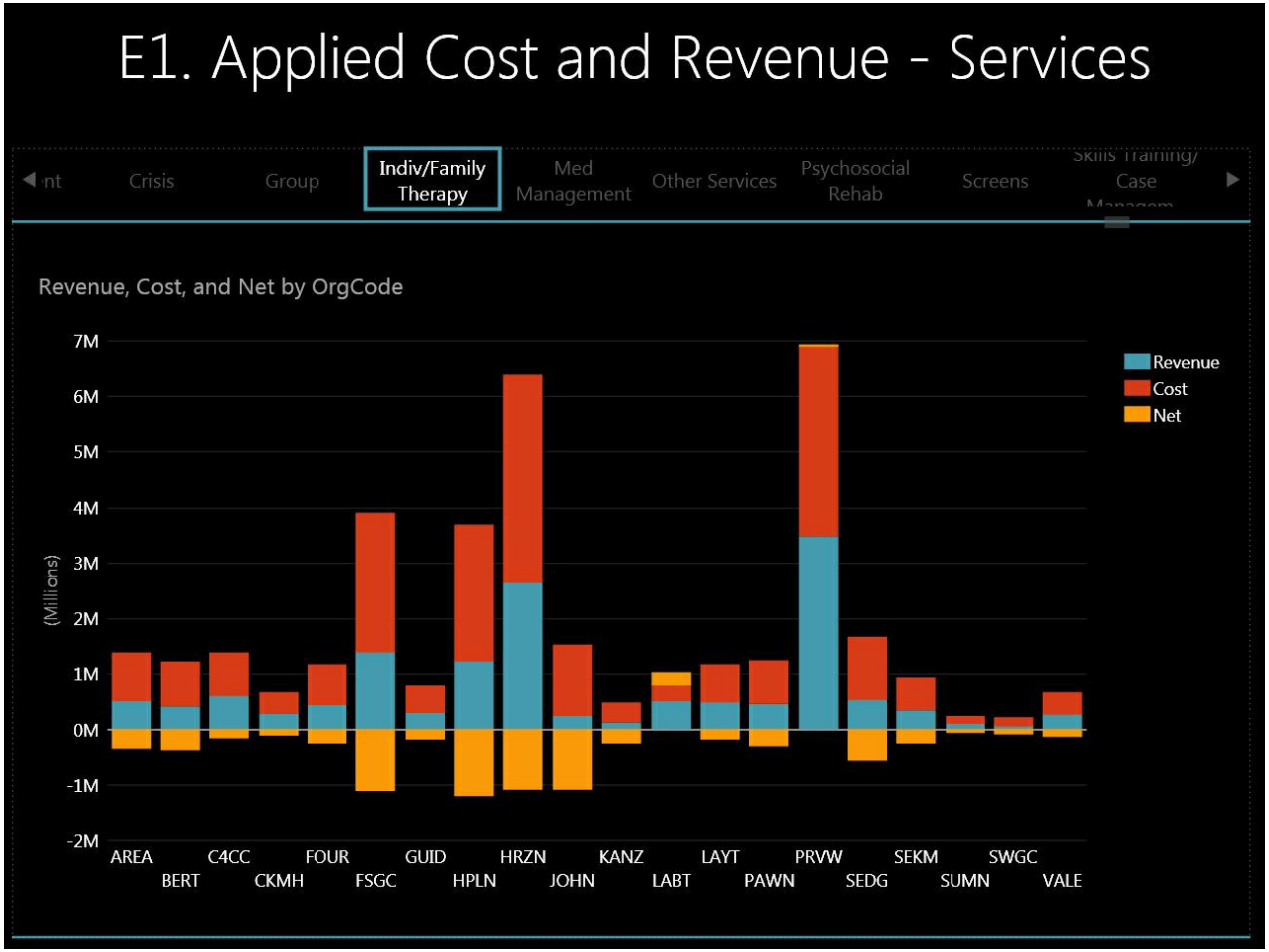
Child and Adolescent Services

2F. Outcomes Scoreboard

HRZN DLAOrg	LOC 1 LevelofCare	137 DLACases	182 DLAAdministrations	62.94 AvgDLA	0.10 DeltaScore	1.33 DLADensity
HRZN DLAOrg	LOC 2 LevelofCare	843 DLACases	1235 DLAAdministrations	54.63 AvgDLA	0.54 DeltaScore	1.47 DLADensity
HRZN DLAOrg	LOC 3 LevelofCare	1318 DLACases	2039 DLAAdministrations	45.74 AvgDLA	0.39 DeltaScore	1.55 DLADensity
HRZN DLAOrg	LOC 4 LevelofCare	492 DLACases	713 DLAAdministrations	36.82 AvgDLA	0.40 DeltaScore	1.45 DLADensity
HRZN DLAOrg	LOC 5 LevelofCare	57 DLACases	69 DLAAdministrations	27.74 AvgDLA	0.56 DeltaScore	1.21 DLADensity

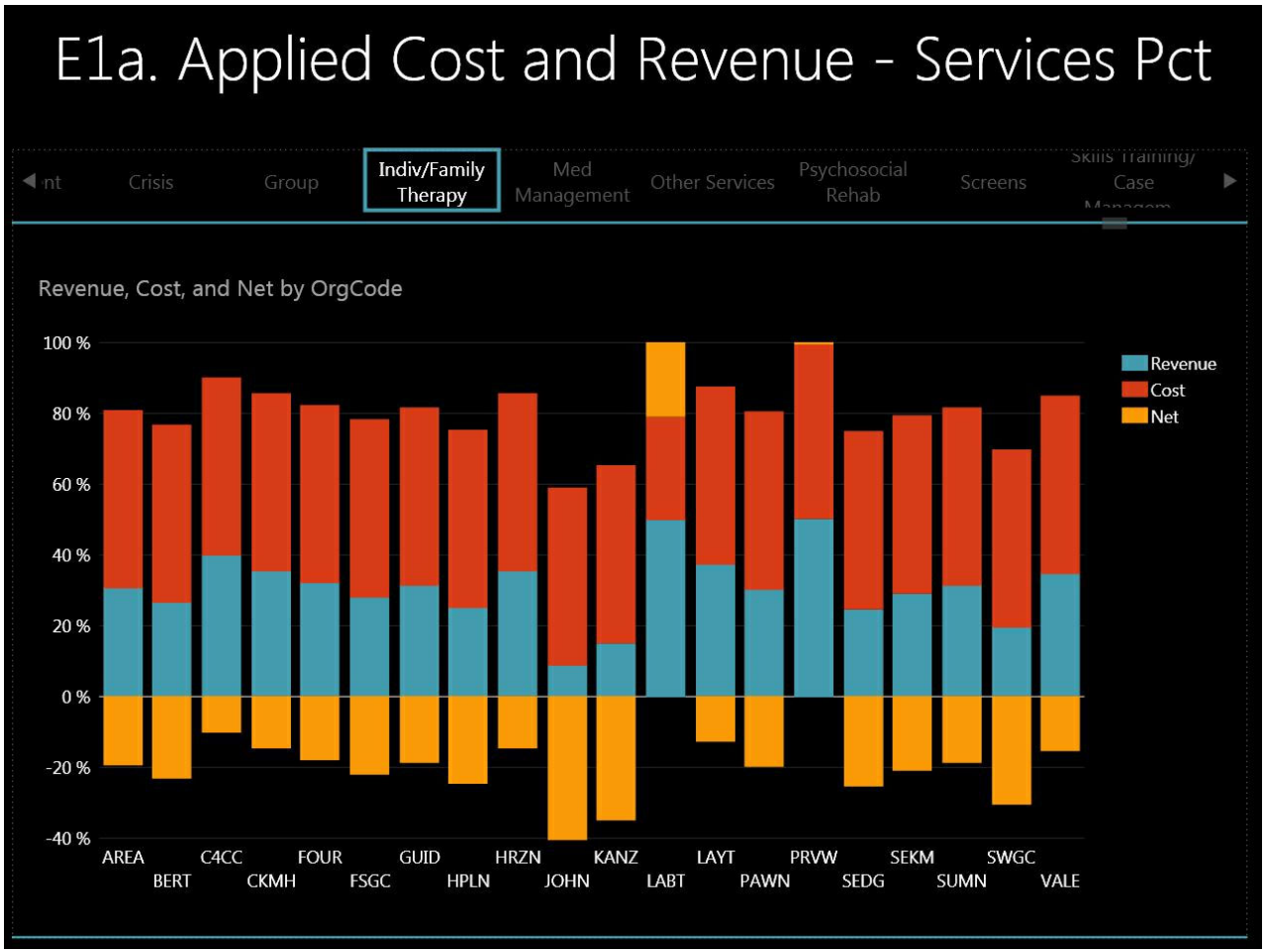
DLACases, DLAAdministrations, and StDevDLA by LevelofCare

E1. Applied Cost and Revenue - Services

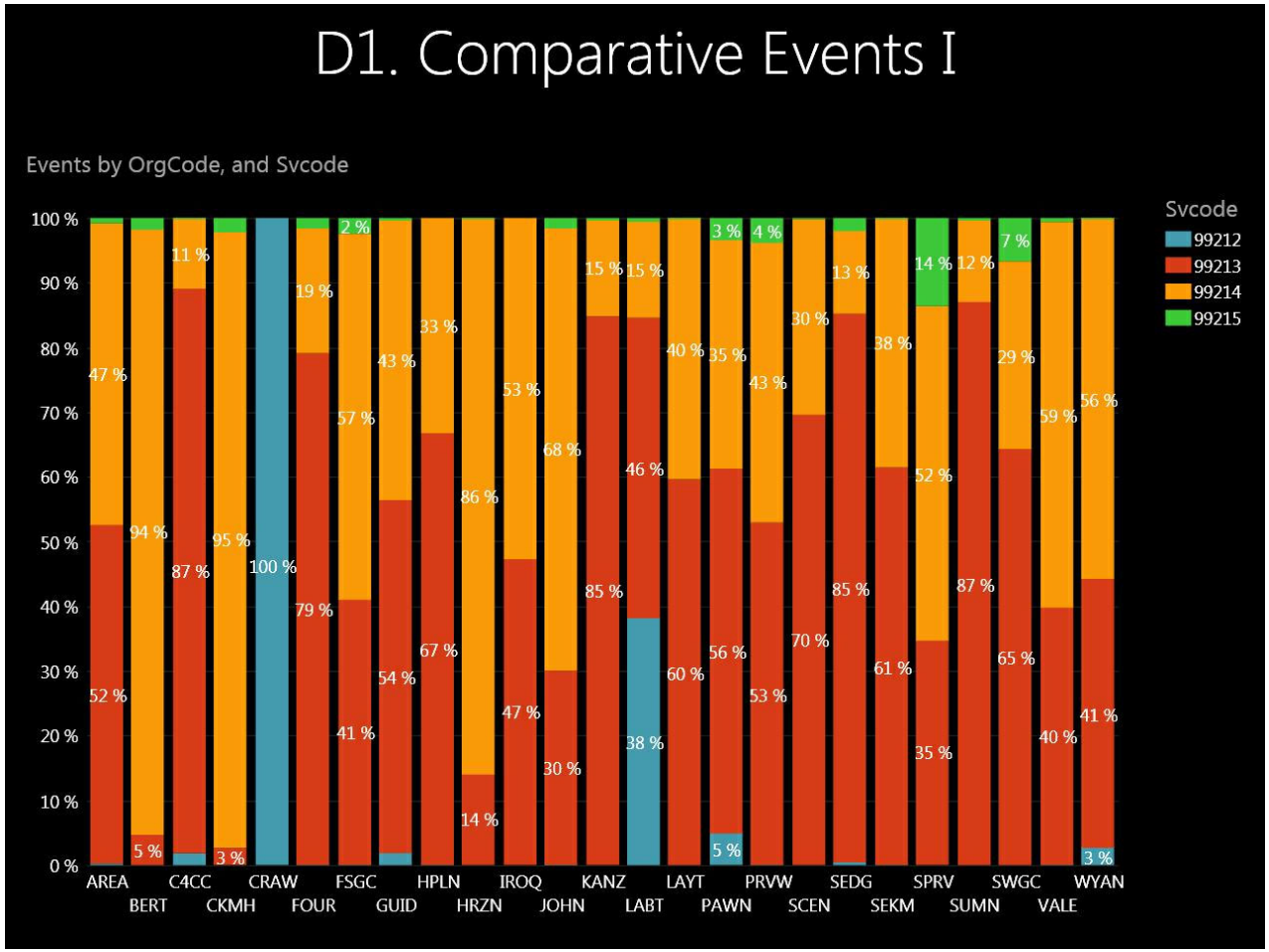


E1a. Applied Cost and Revenue - Services Pct

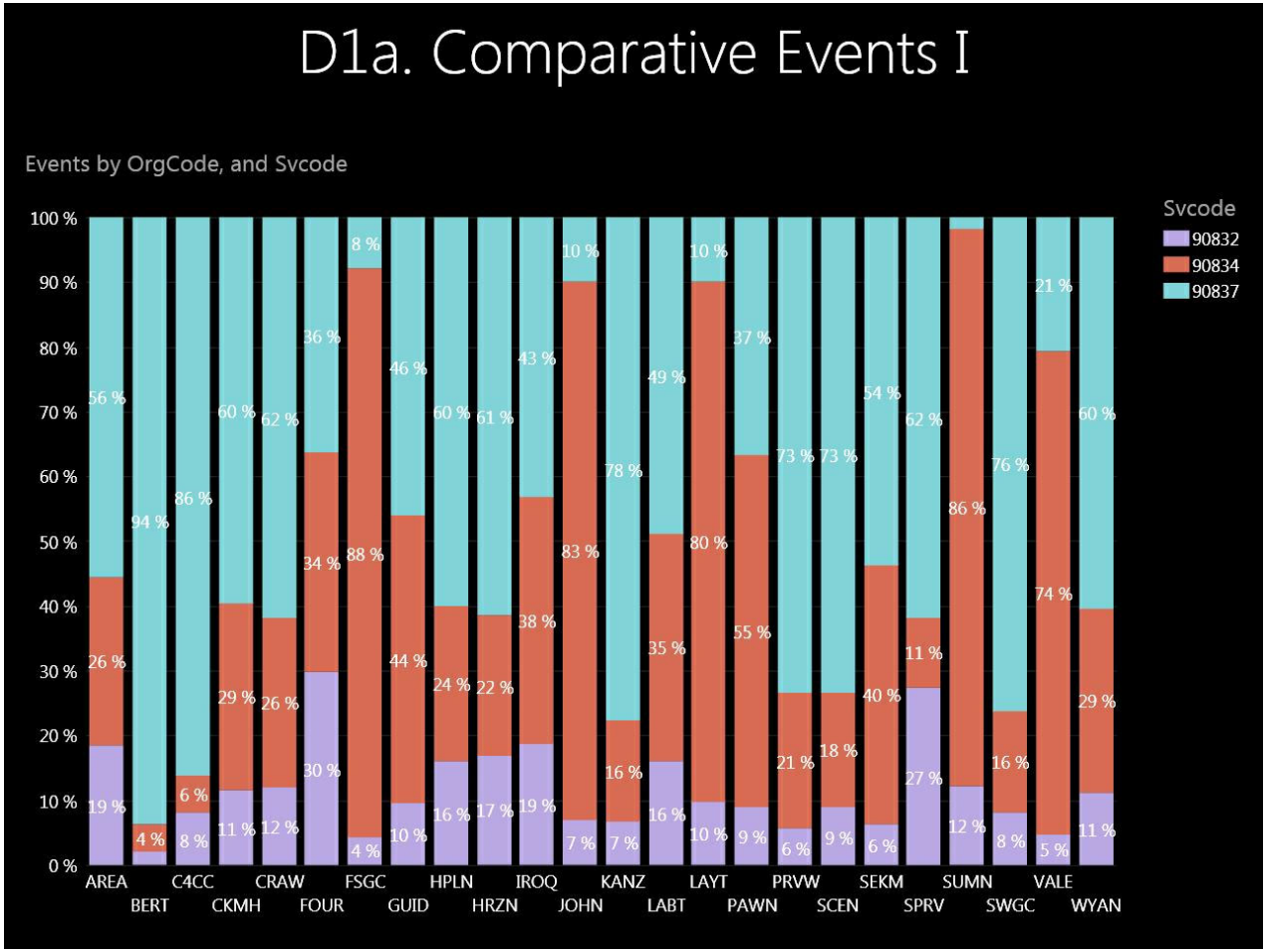
◀ nt | Crisis | Group | **Indiv/Family Therapy** | Med Management | Other Services | Psychosocial Rehab | Screens | Skills Training/ Case Managem ▶



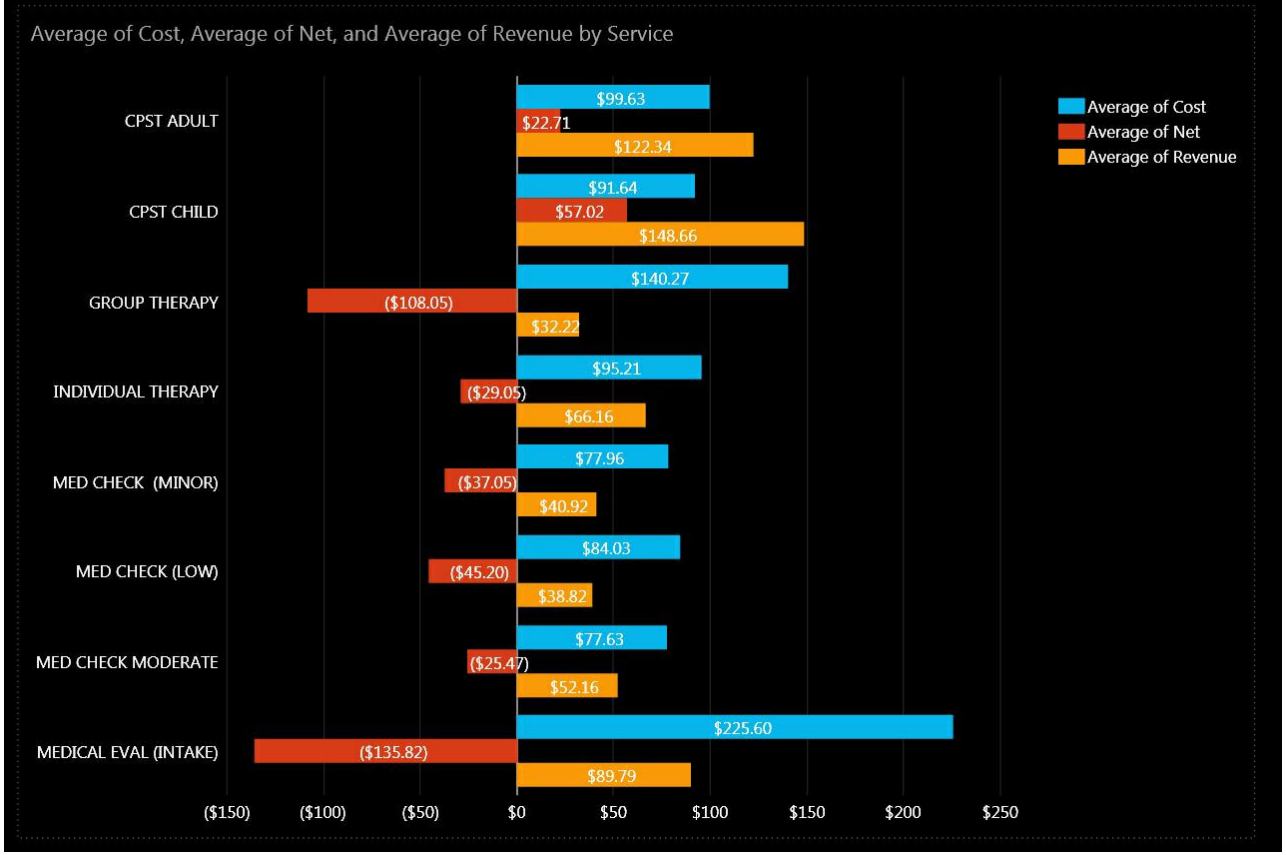
D1. Comparative Events I



D1a. Comparative Events I



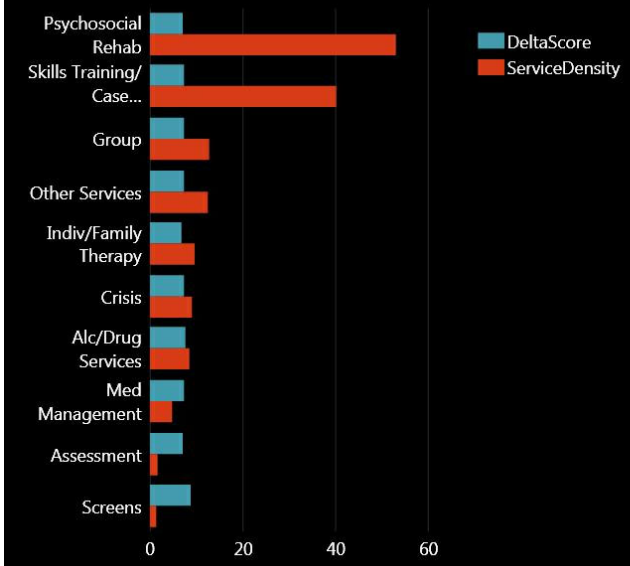
2Da. Product Line Average Costs and Revenues



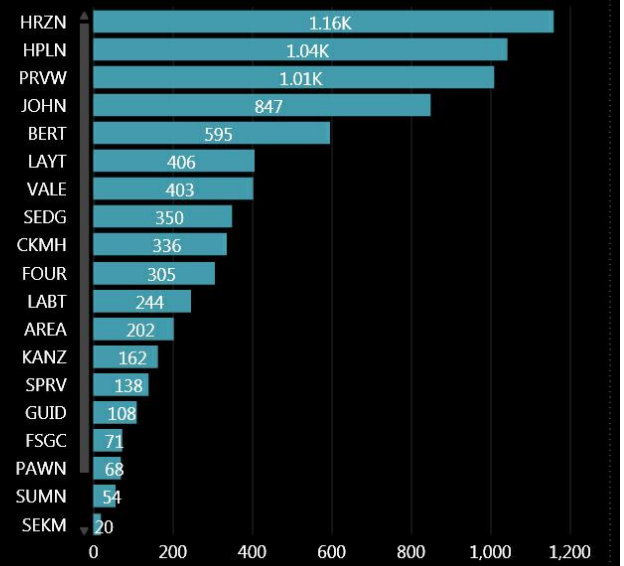
3h. Characteristics of Success

ValueStatus	Persons	Events	SumCtime	AvgCostPerson	AvgCaseNet	ServiceDensity
Quadrant 1	645	27,480	38,774.35	$4,948.68	$1,282.40	42.6
Quadrant 4	6,888	216,292	215,167.13	$3,083.17	($1,190.63)	31.4
Total	**7,533**	**243,772**	**253,941.48**	**$3,242.90**	**($978.88)**	**32.4**

DeltaScore, and ServiceDensity by Service



Persons by OrgCode

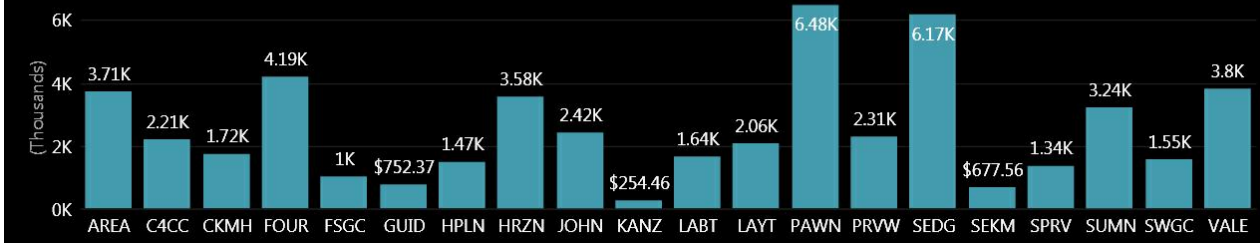


3i. Comparative Outcomes and Costs

Events	Persons	Cost	ServiceDensity	AvgCostPerson
553,584	20,785	$57,348,546.69	26.6	$2,759.13

DeltaScore by OrgCode

AvgCostPerson by OrgCode



Thank You

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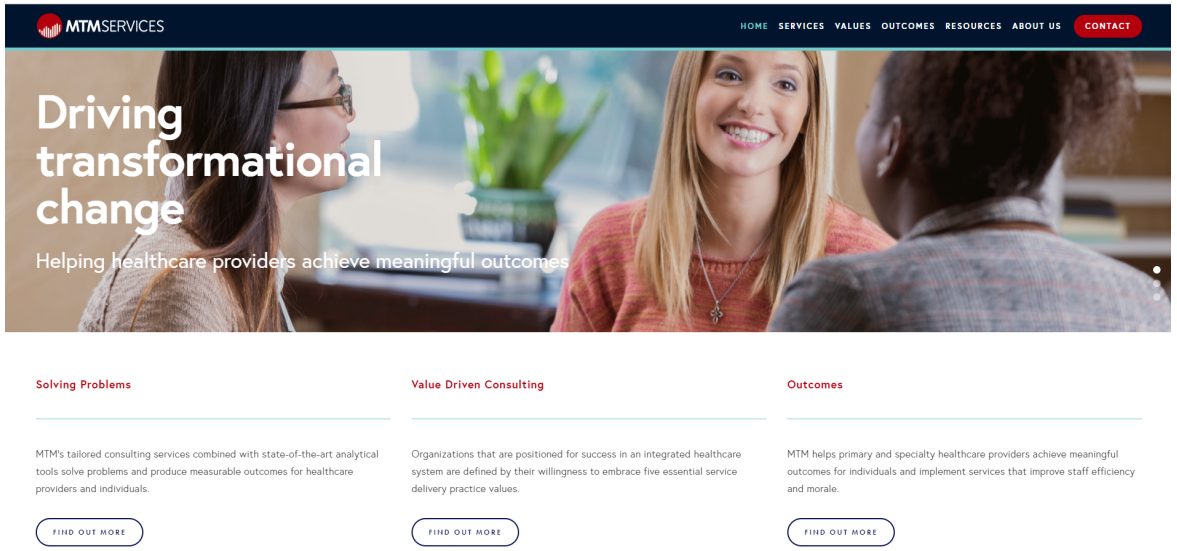
Charlie.Grantham@mtmservices.org



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www.mtmservices.org