Health Home Implementation Webinars

Session #26– October 23, 2013

The Role of PSYCKES in Health Homes
Agenda

- Introduction
- Presentation: Molly Finnerty, OMH PSYCKES
- Inclusion of PSYCKES into the DOH-5055 - Health Home Sharing of Information Consent form
Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)

Overview for Health Homes

Molly Finnerty, MD, OMH PSYCKES

October 2013
Agenda

- PSYCKES Overview
- Using PSYCKES to Support Health Homes
- Next Steps
- Questions
PSYCKES Overview
What is PSYCKES?

- HIPAA-compliant web application that provides access to all Medicaid claims and encounter data for clinical decision-making and quality improvement
  - Includes fee for service and managed Medicaid, but not Medicare or private insurance
- Developed by OMH using data feed from DOH
- Launched in 2008, currently implemented in over 400 Medicaid programs statewide
Three Core PSYCKES Functions

- **Quality Reports: (Home page)**
  - Allows users to examine performance on over 50 quality measures
  - Allows drill down from performance to the individual programs, prescribers, and clients driving the measure.

- **Clinical Summary:**
  - Allows users to review treatment history for the past 5 years for enrollees (all Medicaid services, all settings, FFS and encounter data).

- **Recipient Search:**
  - Find an individual client for clinical review
  - Find a group of clients meeting search criteria (search by quality flag, diagnosis, utilization, region, age, etc.)
Secure Token-Based Login for PSYCKES

Statement of Access and Confidentiality

WARNING: This computer system is solely for the use of authorized users for official purposes. Users of this system have no expectation of privacy in its use. To ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored and recorded by system personnel. Use of this system evidences an express consent to such monitoring.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system you indicate your awareness of, and consent to, these terms and conditions of use. If you do not agree to the conditions stated in this warning, LOG OFF IMMEDIATELY.

Userid:

Password or Passcode:

Note: To log-on with a token, enter the six digits displayed on your two-factor token.

Login

Secure Login for PSYCKES

Token
Quality Measures in PSYCKES

- Your Quality Indicator Report is your homepage in PSYCKES

- Indicators are nested within Indicator Sets

- Medication Indicator Sets
  - Polypharmacy, Dose, Cardiometabolic Risk, and Youth

- Appropriate Access and Utilization Sets
  - High utilization of inpatient/ER (medical and/or behavioral health), BH Hospital Readmissions, Preventable Hospitalization (medical), Behavioral Healthcare Coordination (e.g. high utilization measures, and medication adherence measures), Health Promotion and Coordination (e.g. medical high utilization, diabetes monitoring, etc)
Quality Indicator Overview (Homepage)

Compare performance to statewide
Use filters to examine performance for subsets of enrollees
Select Indicator Set to see performance on individual measures

Quality Indicator Overview As Of 06/01/2013

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Population</th>
<th>On Any</th>
<th>N</th>
<th>%</th>
<th>Statewide %</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH Care Coordination</td>
<td>All</td>
<td>35,369</td>
<td>2,082</td>
<td>5.89</td>
<td>5.00</td>
</tr>
<tr>
<td>Cardiometabolic</td>
<td>All</td>
<td>1,896</td>
<td>771</td>
<td>40.66</td>
<td>41.71</td>
</tr>
<tr>
<td>Dose</td>
<td>All</td>
<td>11,465</td>
<td>855</td>
<td>7.46</td>
<td>5.68</td>
</tr>
<tr>
<td>Health Promotion and Coordination</td>
<td>All</td>
<td>35,369</td>
<td>9,616</td>
<td>27.19</td>
<td>27.36</td>
</tr>
</tbody>
</table>
Quality Measures within Indicator Sets

Example: BH Care Coordination Indicator Set
Select individual indicator or “Summary” Measure

<table>
<thead>
<tr>
<th>Indicator Set: BH Care Coordination</th>
<th>Select Indicator</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Population</th>
<th>On Any</th>
<th>N</th>
<th>%</th>
<th>Statewide %</th>
</tr>
</thead>
<tbody>
<tr>
<td>3+ Inpatient - BH</td>
<td>All</td>
<td>35,369</td>
<td>448</td>
<td>1.27</td>
<td>1.36</td>
</tr>
<tr>
<td>3+ ER-BH</td>
<td>All</td>
<td>35,369</td>
<td>436</td>
<td>1.23</td>
<td>1.17</td>
</tr>
<tr>
<td>4+ Inpatient/ER - Psych</td>
<td>All</td>
<td>35,369</td>
<td>658</td>
<td>1.86</td>
<td>1.76</td>
</tr>
<tr>
<td>Adherence - Antipsychotic (Schz)</td>
<td>(0-64) yrs</td>
<td>1,843</td>
<td>639</td>
<td>34.67</td>
<td>38.10</td>
</tr>
<tr>
<td>Adherence - Mood Stabilizer (Bipolar)</td>
<td>(0-64) yrs</td>
<td>1,084</td>
<td>466</td>
<td>42.99</td>
<td>45.42</td>
</tr>
<tr>
<td>Discontinuation - Antidepressant &lt;12 weeks (MDE)</td>
<td>(0-64) yrs</td>
<td>550</td>
<td>276</td>
<td>50.18</td>
<td>46.59</td>
</tr>
<tr>
<td>Readmission - All BH 45 day</td>
<td>All</td>
<td>2,806</td>
<td>663</td>
<td>23.63</td>
<td>23.14</td>
</tr>
<tr>
<td><strong>Summary</strong></td>
<td>All</td>
<td>35,369</td>
<td>2,082</td>
<td>5.89</td>
<td>5.00</td>
</tr>
</tbody>
</table>
**QI Report:**

Click Modify Filter to focus on Health Home clients

---

### Quality Indicator Overview As Of 08/01/2013

**Provider:** Main Street Agency

Modify Filter: Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

---

#### Select Indicator Set for Details

**Indicator Set**

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Population</th>
<th>Eligible Population</th>
<th># with QI Flag</th>
<th>%</th>
<th>Regional %</th>
<th>Statewide %</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH Care Coordination</td>
<td>All</td>
<td>11,809</td>
<td>1,216</td>
<td>10.30</td>
<td>5.35</td>
<td>4.96</td>
</tr>
<tr>
<td>Cardiometabolic</td>
<td>All</td>
<td>1,909</td>
<td>809</td>
<td>42.38</td>
<td>45.22</td>
<td>45.50</td>
</tr>
<tr>
<td>Dose</td>
<td>All</td>
<td>4,935</td>
<td>289</td>
<td>5.86</td>
<td>5.58</td>
<td>5.66</td>
</tr>
<tr>
<td>Health Promotion and Coordination</td>
<td>All</td>
<td>11,809</td>
<td>3,228</td>
<td>27.34</td>
<td>26.41</td>
<td>27.07</td>
</tr>
<tr>
<td>High Need - Ineffectively Engaged</td>
<td>All</td>
<td>136</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Utilization - Inpt/ER</td>
<td>All</td>
<td>11,809</td>
<td>1,207</td>
<td>10.22</td>
<td>13.05</td>
<td>12.81</td>
</tr>
<tr>
<td>Polypharmacy</td>
<td>All</td>
<td>3,738</td>
<td>761</td>
<td>20.36</td>
<td>14.40</td>
<td>14.90</td>
</tr>
<tr>
<td>Preventable Hospitalization</td>
<td>Adult</td>
<td>10,786</td>
<td>203</td>
<td>1.88</td>
<td>2.91</td>
<td>2.35</td>
</tr>
</tbody>
</table>
QI Report Filters: Select Health Homes
## QI Report Filtered for HH:
Data will change to reflect filters

### Quality Indicator Overview As Of 08/01/2013

**Provider:** Main Street Agency

**Site:** ALL, **Attending:** ALL, **Program Type:** Case Management/Health Homes, **Age:** ALL, **Population:** ALL, **Managed Care:**

---

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Population</th>
<th>Eligible Population</th>
<th># with QI Flag</th>
<th>%</th>
<th>Regional %</th>
<th>Statewide %</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH Care Coordination</td>
<td>All</td>
<td>5,331</td>
<td>634</td>
<td>11.89</td>
<td>13.15</td>
<td>11.94</td>
</tr>
<tr>
<td>Cardiometabolic</td>
<td>All</td>
<td>794</td>
<td>338</td>
<td>42.57</td>
<td>46.08</td>
<td>45.90</td>
</tr>
<tr>
<td>Dose</td>
<td>All</td>
<td>1,918</td>
<td>126</td>
<td>6.57</td>
<td>6.34</td>
<td>6.69</td>
</tr>
<tr>
<td>Health Promotion and Coordination</td>
<td>All</td>
<td>5,331</td>
<td>1,752</td>
<td>32.86</td>
<td>27.04</td>
<td>27.28</td>
</tr>
<tr>
<td>High Need - Ineffectively Engaged</td>
<td>All</td>
<td>85</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Utilization - Inpt/ER</td>
<td>All</td>
<td>5,331</td>
<td>767</td>
<td>14.39</td>
<td>16.42</td>
<td>15.30</td>
</tr>
<tr>
<td>Polypharmacy</td>
<td>All</td>
<td>1,382</td>
<td>272</td>
<td>19.68</td>
<td>16.58</td>
<td>19.29</td>
</tr>
</tbody>
</table>

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**Chart:**
- BH Care Coordination
- Cardiometabolic
- Dose
- Health Promotion and Coordination
- High Need - Ineffectively Engaged
- High Utilization - Inpt/ER
- Polypharmacy
- Preventable Hospitalization
Drill down on indicator of interest

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Indicator Set</th>
<th>Indicator</th>
<th>Population</th>
<th>Eligible Population</th>
<th># with QI Flag</th>
<th>%</th>
<th>Regional %</th>
<th>Statewide %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion and Coordination</td>
<td>Diabetes</td>
<td>All</td>
<td>865</td>
<td>306</td>
<td>35.38</td>
<td>27.05</td>
<td>28.06</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitoring-No HbA1c &gt;1 Yr</td>
<td>All</td>
<td>4,082</td>
<td>883</td>
<td>21.63</td>
<td>12.62</td>
<td>13.62</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No Diabetes Screening- On Antipsychotic</td>
<td>All</td>
<td>1,095</td>
<td>308</td>
<td>28.13</td>
<td>17.84</td>
<td>21.42</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4+ Inpatient/ER - Med</td>
<td>All</td>
<td>5,331</td>
<td>468</td>
<td>8.78</td>
<td>10.52</td>
<td>9.92</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prevent Hosp Asthma</td>
<td>Adult</td>
<td>5,280</td>
<td>65</td>
<td>1.23</td>
<td>1.82</td>
<td>1.35</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prevent Hosp Diabetes</td>
<td>Adult</td>
<td>5,280</td>
<td>72</td>
<td>1.36</td>
<td>1.38</td>
<td>1.19</td>
<td></td>
</tr>
</tbody>
</table>
Understand drivers of performance & opportunities for quality improvement

Identify clients with quality flag, click on name to review clinical summary

Identify Site and Attending performance

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Quality Flags</th>
<th>Medications (BH; excludes enhanced P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaficee Bdfqfac</td>
<td>Hceebgf Cfidbgj</td>
<td>12/31/9999</td>
<td>No HbA1c-DM, PrevHosp-DM</td>
<td></td>
</tr>
<tr>
<td>Abaacbf Heddaic</td>
<td>Fbaedf Jcffeaa</td>
<td>12/31/9999</td>
<td>No HbA1c-DM</td>
<td>DIVALPROEX SODIUM, METOPROLOL TARTRATE, RISPERIDONE</td>
</tr>
</tbody>
</table>
Client Data in PSYCKES

- PSYCKES includes individuals with any behavioral health service, diagnosis or psychotropic medication

- User friendly Clinical Summaries displays up to 5 years of Medicaid data across treatment settings
  - Demographics, quality flags, diagnoses
  - Medications (psychotropic and medical)
  - Inpatient and outpatient services (behavioral health and medical)
  - Laboratory and radiology
  - Transportation and living support
  - Medicaid eligibility status and current Managed Care Plan
### Clinical Summary

**OMH PHI**  Please choose summary period

- Last 3 months
- Last 6 months
- Last Year
- Last 2 Years
- All Available (up to 5 years)

**Clinical Report Date:** 8/8/2013  (This report contains all available clinical data.)  Enhanced PHI  Show  Hide

**Name:** Efdheif Ghdbbaa  
**Medicaid ID:** FCBHFCJ BFCDDIF  
**DOB:** 01/01/9999  
**Age:** 999

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Quality Flags (as of monthly QI report 6/1/2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH Care Coordination</td>
<td>Adherence - Mood Stabilizer (Bipolar)</td>
</tr>
<tr>
<td>High Need - Ineffectively Engaged</td>
<td>Individuals with multiple MH Inpatient or ER admissions or a prior AOT order or forensic MH service use who also have no current connection to TCM (ICM/SCM/BCM) and limited outpatient MH service use (4 or FEWER visits in prior 6 months)</td>
</tr>
<tr>
<td>Hospital ER Utilization</td>
<td>4+ Inpt/ER-All</td>
</tr>
</tbody>
</table>

#### Behavioral Health Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

- Anxiety Disorder
- Attention Deficit Disorder
- Bipolar Disorder
- Delusional Disorder
- Organic Mental Disorder Due to Medical Condition
- Other Nonpsychotic Mental Disorder
- Other Psychotic Disorder
- Schizoaffective Disorder
- Schizophrenia
- Schizophreniform Disorder
- Somatoform, Factitious Disorder
- Substance Abuse

#### Medical Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

**Injury And Poisoning**  Complications of surgical procedures or medical care | Sprains and strains

**Symptoms, Signs, And Ill-Defined Conditions**  Nonspecific chest pain

**The Digestive System**  Esophageal disorders
Clinical Summary:
Integrated View of Services Graph

All services displayed in graphic form to allow ready identification of utilization patterns, including medication adherence and outpatient, inpatient and ER services.

Note “Inpatient BH” – scattered dots
## Clinical Summary: Medications

Separate tables for Behavioral Health and Medical. Aggregates series of prescriptions into medication trials.

### Medication Behavioral Health

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Last Dose*</th>
<th>Estimated Duration</th>
<th>First Day Picked Up</th>
<th>Last day Picked Up</th>
<th>Active in Past Month</th>
<th>Most Recent Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprazolam</td>
<td>Alprazolam</td>
<td>3 MG</td>
<td>10 Month(s) 3 Week(s) 4 Day(s)</td>
<td>8/30/2012</td>
<td>6/25/2013</td>
<td>Yes</td>
<td>Meadow Herbert Morton</td>
</tr>
<tr>
<td>Bupropion Hcl Er (XL)</td>
<td>Bupropion Hcl</td>
<td>300 MG</td>
<td>4 Month(s) 6 Day(s)</td>
<td>3/19/2013</td>
<td>6/25/2013</td>
<td>Yes</td>
<td>Meadow Herbert Morton</td>
</tr>
<tr>
<td>Clonidine Hcl</td>
<td>Clonidine Hcl</td>
<td>.4 MG</td>
<td>6 Month(s) 2 Week(s) 3 Day(s)</td>
<td>1/8/2013</td>
<td>6/25/2013</td>
<td>Yes</td>
<td>Abdel-Jawad Yousif M</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>Haloperidol</td>
<td>10 MG</td>
<td>11 Month(s) 2 Week(s) 5 Day(s)</td>
<td>8/6/2012</td>
<td>6/25/2013</td>
<td>Yes</td>
<td>Meadow Herbert Morton</td>
</tr>
<tr>
<td>Quetiapine Fumarate</td>
<td>Quetiapine Fumarate</td>
<td>400 MG</td>
<td>11 Month(s) 2 Week(s) 5 Day(s)</td>
<td>8/6/2012</td>
<td>6/25/2013</td>
<td>Yes</td>
<td>Meadow Herbert Morton</td>
</tr>
<tr>
<td>Risperidone</td>
<td>Risperidone</td>
<td>2 MG</td>
<td>10 Month(s) 3 Week(s) 4 Day(s)</td>
<td>8/30/2012</td>
<td>6/25/2013</td>
<td>Yes</td>
<td>Meadow Herbert Morton</td>
</tr>
</tbody>
</table>
Clinical Summary: Medications

Can drill down from medication trials to individual prescription fills to evaluate adherence

| Trials | | |
|---|---|---|---|---|---|---|---|
| Brand Name | Generic Name | Drug Class | First Day Picked Up | Last Day Picked Up | Estimated Duration |
| Quetiapine Fumarate | Quetiapine Fumarate | Antipsychotic | 1/2/2013 | 1/2/2013 | 4 Week(s) 2 Day(s) |
| Strattera | Atomoxetine Hcl | Stimulant | 1/2/2013 | 1/2/2013 | 4 Week(s) 2 Day(s) |
| Clonazepam | Clonazepam | Anxiolytic | 1/2/2013 | 1/2/2013 | 2 Week(s) 1 Day(s) |
| Lamotrigine | Lamotrigine | Mood Stabilizer | 1/2/2013 | 1/2/2013 | 4 Week(s) 2 Day(s) |

| Orders | | |
|---|---|---|---|---|---|---|---|---|---|
| Pick-Up Date | Brand Name | Generic Name | Drug Class | Strength | Quantity Dispensed | Days Supply | Tabs per day | Total Daily Dose | Route | Prescriber | Pharmacy |
| 1/2/2013 | Clonazepam | Clonazepam | Anxiolytic | 1 MG | 30.00 | 15.00 | 2.00 | 2 MG | OR | Rosenber g Ronald C | CVS ALBANY, L.L.C. |
| 1/2/2013 | Lamotrigine | Lamotrigine | Mood Stabilizer | 25 MG | 60.00 | 30.00 | 2.00 | 50 MG | OR | Rosenber g Ronald C | CVS ALBANY, L.L.C. |
| 1/2/2013 | Quetiapin e | Quetiapin e | Antipsych | 100 MG | 30.00 | 30.00 | 1.00 | 100 MG | OR | Rosenber g Ronald C | CVS ALBANY, L.L.C. |
### Clinical Summary: Outpatient Services

Separate tables for behavioral health and medical services. Aggregates services as episodes of care.

#### Behavioral Health Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>First Date Billed</th>
<th>Last Date Billed</th>
<th># of Visits</th>
<th>Most Recent Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management/Health Homes</td>
<td>FED EMPL &amp; GLD SER MR MH</td>
<td>12/1/2012</td>
<td>5/1/2013</td>
<td>5</td>
<td>Unspecified Persistent Mental Disorders Due To Conditions Classified Elsewhere [294.9]</td>
</tr>
<tr>
<td>Physician - Psychiatrist</td>
<td>ZENN RICHARD D MD</td>
<td>2/22/2012</td>
<td>4/4/2013</td>
<td>4</td>
<td>Schizo-Affective Type Schizophrenia, Unspecified State [295.70]</td>
</tr>
<tr>
<td>Physician-NOS</td>
<td>FELD RANDY JAY MD</td>
<td>1/16/2013</td>
<td>1/16/2013</td>
<td>1</td>
<td>Acute Schizophrenic Episode, Chronic State With Acute Exacerbation [295.44]</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>LONG ISLAND JEWISH MED CTR</td>
<td>12/7/2012</td>
<td>1/4/2013</td>
<td>7</td>
<td>Schizo-Affective Type Schizophrenia, Unspecified State [295.70]</td>
</tr>
</tbody>
</table>
# Clinical Summary: Inpatient / ER

Distinguishes Inpatient vs. ER, and Behavioral Health vs. Medical
Calculates Length of Stay

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>Admission</th>
<th>Discharge Date/Last Date Billed</th>
<th>Length of Stay</th>
<th>Most Recent Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient BH</td>
<td>GLEN COVE HOSPITAL</td>
<td>1/8/2013</td>
<td>4/4/2013</td>
<td>86</td>
<td>Schizo-Affective Type Schizophrenia, Unspecified State [295.70]</td>
</tr>
<tr>
<td>Inpatient BH</td>
<td>LONG ISLAND JEWISH MED CTR</td>
<td>12/20/2012</td>
<td>1/2/2013</td>
<td>13</td>
<td>Schizo-Affective Type Schizophrenia, Unspecified State [295.70]</td>
</tr>
<tr>
<td>ER BH</td>
<td>NASSAU UNIVERSITY MEDICAL CENTER</td>
<td>11/28/2012</td>
<td>11/28/2012</td>
<td>1</td>
<td>Bipolar Disorder, Unspecified [296.80]</td>
</tr>
</tbody>
</table>
Recipient Search

- Find individual client
- Find subgroup of clients meeting criteria of interest
Search for Individual Client

Individual Search

To find an Individual enter:

- Medicaid Id:
- Or
- SSN (XXX-XX-XXXX):
- Or
- Recipient Last Name:

And/Or

- Recipient First Name:
- Recipient Gender: Any
- DOB (mm/dd/yyyy):
Recipient Search: Group Search

Enter any combination of demographic, diagnostic, quality or service utilization criteria

- Quality Indicator *
  - Polypharmacy Summary
  - Antipsychotic Three Plus
  - Antipsychotic Two Plus
  - Antidepressant Three Plus
  - Antidepressant Two Plus - SC
  - Psychotropics Four Plus
  - Psychotropics Three Plus
  - Cardiometabolic Risk Summary
  - AP + Diabetes Risk
  - AP + Hyperlipidemia Risk
  - AP + Hypertension Risk
  - AP + Cardiovascular Disease Risk

- Region: Select Region
- County: Select County
- Provider: Main Street Agency
- Service: Community Support/Care Management
- Service Details: Case Management/Health Homes
- Managed Care Program:
- Consent Status: Consented and Non-Consented

- Hototropi Drug Class:
- Behavioral Health Diagnosis:
  - Adjustment Disorder
  - Anxiety Disorder
  - Attention Deficit Disorder
  - Autism & Pervasive Developmental Disorder
  - Bipolar Disorder
  - Conduct Disorder
  - Delusional Disorder
  - Dissociative Disorder

- Medical Diagnosis:
  - Certain Conditions Originating in the Perinatal Period
  - Complications of Pregnancy, Childbirth, and the Puerpera
  - Congenital Anomalies
  - Diabetes
  - Diseases of Skin and Subcutaneous Tissue
  - Diseases of the Blood and Blood-Forming Organs
  - Diseases of the Circulatory System
  - Diseases of the Digestive System
## Group Search Results

Yields group of clients meeting search criteria

Link from the client’s name to their Clinical Summary

<table>
<thead>
<tr>
<th>Name</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Gender - Age</th>
<th>Quality Flags</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abhhecf Aicgbii</td>
<td>Hcdefda Hacdbhd</td>
<td>01/01/9999</td>
<td>Bgehehg Dfejabg</td>
<td>3+ Inpatient - BH, 4 Inpt/ER-Med, Readm</td>
</tr>
<tr>
<td>Aeaqgef Ieeacbc</td>
<td>Abbdejd Idfacgc</td>
<td>01/01/9999</td>
<td>Fcegecd Bcdaqge</td>
<td>3+ Inpatient - BH, 4 Readmit-All BH 7d</td>
</tr>
<tr>
<td>Aqicfib Ihhhiab</td>
<td>Cagbija Cfeeeef</td>
<td>01/01/9999</td>
<td>Ajadidb Dcdbdh</td>
<td>3+ ER-BH, 3+ Inpat Inpt/ER-BH, 4+ Inpt</td>
</tr>
<tr>
<td>Aqicfib Ihhhiab</td>
<td>Cafjbig Fiiddbb</td>
<td>01/01/9999</td>
<td>Aaegffb Gjfacgb</td>
<td>3+ ER-BH, 3+ Inpat Inpt/ER-BH, Adher-</td>
</tr>
<tr>
<td>Aqicfib Ihhhiab</td>
<td>Feqjgcc Eddjgc</td>
<td>01/01/9999</td>
<td>Aebccfe Ifhaeac</td>
<td>3+ ER-BH, 3+ Inpat Inpt/ER-BH, Readm</td>
</tr>
</tbody>
</table>
USING PSYCKES TO SUPPORT HEALTH HOMES
PSYCKES Use Cases for Health Homes

- Evaluation and management of individual clients
  - Intake evaluation
  - Support treatment planning, coordination, and oversight
  - Pharmacy Benefit & Manage Care: Prior Authorization and Communication

- Identify clients in need of special programs/services/interventions, e.g.
  - OMRDD clients
  - Low engagement/high utilizers
  - Low medication adherence

- Case finding for potential Health Home candidates
- Quality management
Evaluation and Management of Individual Clients

- **Intake evaluation**
  - Summarizes up to 5 years of treatment data
  - Profiles patterns of services/ adherence issues/ engagement
  - All medical and behavioral diagnoses and treatments, all settings

- **Support treatment planning, coordination, and oversight**
  - Allows all treating providers to monitor services delivered over time, in and out of Health Home network
Evaluation and Management of Individual Clients (cont)

- Pharmacy Benefit & Manage Care: Prior Authorization and Communication
  - Review Clinical Summary to identify previous medications tried, service history
  - MCOs may also have access - facilitates case review by having same clinical summary
Evaluation and Management of Individual Clients (cont)

- Find a client’s Clinical Summary
  - Select tab: Recipient Search - Individual Search
  - Enter Medicaid ID or SS#
  - Link to Clinical Summary to review
  - Can export Clinical Summary to share
    - PDF – printer friendly, easy to read
    - Excel – data friendly
    - CCD coming soon – EMR friendly
  - If need can hide sensitive PHI
Recipient Search – Individual Search

Individual Search

To find an Individual enter:

- Medicaid Id: [Enter]
- SSN (XXX-XX-XXXX): [Enter]
- Recipient Last Name: [Enter]
- Recipient First Name: [Enter]
- Recipient Gender: [Any]
- DOB (mm/dd/yyyy): [Enter]

If using name, you may wish to narrow your search by using one or more of these criteria.

- Age Range: [Select Age Range]
- Region: [Select Region]
- County: [Select County]
- Provider: [Enter]
- Service: [Select]
- Service Details: [Enter]
- Managed Care Program: [Select]

Maximum No. Of Rows to be displayed: [Select 50]
Enter Medicaid ID

Individual Search

To find an Individual enter:

Medicaid Id: AA00011B

Or

SSN (XXX-XX-XXXX):

Or

Recipient Last Name:

And/Or

Recipient First Name:

Recipient Gender: Any

DOB (mm/dd/yyyy):
**Click on Name to View Clinical Summary**

<table>
<thead>
<tr>
<th>Name</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Gender - Age</th>
<th>Quality Flags</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giqaiia Edeaii</td>
<td>Aaaahh Acfij</td>
<td>01/01/9999</td>
<td>Fcgecd Bcdagce</td>
<td>3+ Inpatient, Ad</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HbA1c-DM,</td>
</tr>
</tbody>
</table>

**Selection Criteria:** Total No. Of Recipients = 1

Maximum Number of rows
# Clinical Summary

**Can Hide Enhanced PHI, and Export**

## Clinical Summary

<table>
<thead>
<tr>
<th>OMH PHI</th>
<th>Please choose summary period</th>
<th>Last 3 months</th>
<th>Last 6 months</th>
<th>Last Year</th>
<th>Last 2 Years</th>
<th>All Available (up to years)</th>
</tr>
</thead>
</table>

Clinical Report Date: 8/8/2013 (This report contains all available clinical data.)

Enhanced PHI: Show

Name: Efdheif Ghdbeaa
Medicaid ID: FCBHFCJ BFCDDIF
DOB: 01/01/9999
Age: 9

### Indicator Set

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Quality Flags (as of monthly QI report 6/1/2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH Care Coordination</td>
<td>Adherence - Mood Stabilizer (Bipolar)</td>
</tr>
<tr>
<td>High Need - Ineffectively Engaged</td>
<td>Individuals with multiple MH Inpatient or ER admissions or a prior AOT order or forensic MH service use who also have no current connection to TCM (ICM/SCM/BCM) and limited outpatient MH service use (4 or FEWER visits in prior 6 months)</td>
</tr>
<tr>
<td>Hospital ER Utilization</td>
<td>4+ Inpt/ER-All</td>
</tr>
</tbody>
</table>

### Behavioral Health Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

- Anxiety Disorder
- Attention Deficit Disorder
- Bipolar Disorder
- Delusional Disorder
- Organic Mental Disorder Due to Medical Condition
- Other Nonpsychotic Mental Disorder
- Other Psychotic Disorder
- Schizoaffective Disorder
- Schizophrenia
- Schizophreniform Disorder
- Somatoform, Factitious Disorder
- Substance Abuse

### Medical Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

- **Injury And Poisoning**
  - Complications of surgical procedures or medical care | Sprains and strains
- **Symptoms, Signs, And Ill-Defined Conditions**
  - Nonspecific chest pain
- **The Digestive System**
  - Esophageal disorders
Identifying Clients in Need of Special Programs/ Services/ Interventions

- Use Recipient Search - Group Search to identify populations that may be eligible for special programs/ services
  - “AND” logic between boxes, “OR” logic within box
  - Can select multiple items within a box (use Ctrl button on your keyboard)

1. OPWDD populations, special programs
   - Select tab: Recipient Search - Group Search
   - Under Diagnoses, select “Autism”, “Mental Retardation/ Dev Disorder” ( +/- “Learning Disorder”)
   - Alternate search: Under services select “OMRDD”
Identifying Clients in Need of Special Programs/ Services/ Interventions (cont.)

2. Poorly engaged in outpatient services/ high ER use

- Select tab: Recipient Search - Group Search
- In Quality Indicator box, select flags suggesting poor engagement in outpatient **BH services**:
  - “High Need-Ineffectively Engaged” (High risk, no outpatient service)
  - “3+ER BH” (3 or more ER visits for BH cause)
  - “4+Inpatient/ER BH”, “Readmission all BH 45 day”, or “3+Inpatient BH”
- In Quality Indicator box, select flags suggesting poor engagement in outpatient **Medical services**
  - “Prevent Hosp Summary” (Preventable Hospitalizations – medical cause)
  - “4+Inpatient/ER Med”
  - “No outpatient Medical Visit >1yr”
Identifying Clients in Need of Special Programs/ Services/ Interventions (cont)

3. Low engagement in medication

- Select tab: Recipient Search - Group Search
- In Quality Indicator box, select one or more flags suggesting poor medication adherence:
  - Adherence - Mood Stabilizer (Bipolar disorder)
  - Adherence – Antipsychotic (Schizophrenia)
  - Discontinuation – Antidepressant <12 weeks (MDE)
Identifying Clients in Need of Special Programs/ Services/ Interventions (cont.)

- Submit search
  - Select numbers of rows you want back (10,000 max)
  - Submit search

- Results
  - Will summarize your search criteria
  - Will include the total number of individuals served by your agency in the past year, meeting criteria
  - List of client name, Medicaid ID, DOB, Gender, active quality flags

- Client names are link to their Clinical Summary:
  - Evaluation of appropriateness for special program
  - Outreach/engagement
Quality Indicators, Services, and Diagnoses may be particularly helpful to identify populations in need of special services.
## Group Search Results

**Link from client name to the Clinical Summary**

### Selection Criteria:
- **Total No. Of Recipients = 261**
- **Quality Indicator: 3+ Inpatient - BH**
- **County: Queens**
- **Region: New York City**

<table>
<thead>
<tr>
<th>Name</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Gender - Age</th>
<th>Quality Flags</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abhhec_ficgbii</td>
<td>Hcdefda Hacdbhd</td>
<td>01/01/9999</td>
<td>Bgeheg Dfejabg</td>
<td>3+ Inpatient - BH, 4 Inpt/ER-Med, Readm</td>
</tr>
<tr>
<td>Aeaqef Ieeacbc</td>
<td>Abbdejd Idfagcg</td>
<td>01/01/9999</td>
<td>Fceged Bcdagce</td>
<td>3+ Inpatient - BH, 4 Readmit-All BH 7d</td>
</tr>
<tr>
<td>Agicfib_Ihhhiaab</td>
<td>Cagbjja Ceefeeef</td>
<td>01/01/9999</td>
<td>Ajadidb Dcdbdh</td>
<td>3+ ER-BH, 3+ Inpatient, Inpt/ER-BH, 4+ Inpt</td>
</tr>
<tr>
<td>Agicfib_Ihhhiaab</td>
<td>Cafjbig Fidddbb</td>
<td>01/01/9999</td>
<td>Aaegffb Gjfacgb</td>
<td>3+ ER-BH, 3+ Inpatient, Inpt/ER-BH, Adher-Bh</td>
</tr>
<tr>
<td>Agicfib_Ihhhiaab</td>
<td>Fejgcc Eddjggc</td>
<td>01/01/9999</td>
<td>Aebocefe Ifhaeac</td>
<td>3+ ER-BH, 3+ Inpatient, Inpt/ER-BH, Readm</td>
</tr>
</tbody>
</table>
Case Finding – Health Home Candidates

Health Homes – potential eligibility

- Go to Recipient Search, Group Search
- Under Quality Indicators select “+4 Inpatient/ER-Med”
  - This will identify individuals served in your provider agency with 4 or more Medical hospitalizations, or ER visits associated with a Medical Diagnosis
  - Note: all Medicaid enrollees in PSYCKES have a BH diagnosis or service
- To enrich for SMI population, under BH Diagnoses select “Schizophrenia”, “Bipolar”, “Depression”, “Anxiety”
Recipient Search – Group Search

Case Finding Example:
Clients with diabetes, schizophrenia, and 3+ BH hospitalizations
Recipient Search – Group
Results for Case Finding:
See total number and names of clients who meet criteria
Click on name to review clinical summary

<table>
<thead>
<tr>
<th>Name</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Gender - Age</th>
<th>Quality Flags</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aqicfib Ihhiab</td>
<td>Dgiibdb Dcacfjc</td>
<td>01/01/9999</td>
<td>Effjic Jbhjcd</td>
<td>3+ Inpatient - BH, 4+ Inpatient - BH, DM Screen-AP, No HbA1c</td>
</tr>
<tr>
<td>Aqicfib Ihhiab</td>
<td>Fccabdc Daejhgj</td>
<td>01/01/9999</td>
<td>Feegccc Fabbdab</td>
<td>3+ ER-BH, 3+ Inpatient - ER-BH, Adher-MS, N 7d</td>
</tr>
<tr>
<td>Aqicfib Ihhiab</td>
<td>Jaafief Cdecgaj</td>
<td>01/01/9999</td>
<td>Ceaefb Bddeef</td>
<td>3+ Inpatient - BH, 4+ Inpatient - BH, Adher-AP, Adher-MS, N PrevHosp-DM</td>
</tr>
</tbody>
</table>

Total No. Of Recipients = 22
Quality Management

- Quality Indicator Report tab (Homepage)
  - Identifies performance relative to state comparators

- Understand what is driving your performance
  - Select an Indicator Set and individual indicator or “summary”
  - Select tabs to see performance for sites and prescribers
  - Identify clients in need of quality intervention to improve performance (“unduplicated recipients” tab)

- Track impact of interventions, support CQI
  - Identify clients newly flagged this month (“new QI flag” tab)
  - Identify clients who no longer have quality flags to track impact of interventions (“dropped QI flag” tab)

- Quality improvement efforts supported by PSYCKES can improve performance and yield cost savings
Impact of PSYCKES CQI Initiative on the Statewide Prevalence of Quality Concerns in the Medicaid Mental Health Clinic Population: Longterm Antipsychotic Polypharmacy
### Fiscal Impact: PSYCKES CQI Project, Year 1

- Per person savings highest for schizophrenia in polypharmacy project.
- Total savings higher for depression cohort due to higher number of individuals with depression.
- Not all cohorts improved in year 1; increased costs associated with youth related to lack of impact for youth in year 1.

#### Estimated Savings Due to PSYCKES CQI (Year 1)

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Clients N</th>
<th>Cost Difference-in-Difference per Client</th>
<th>Estimated Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Youth) Cohort 1</td>
<td>9935</td>
<td>$19.43</td>
<td>$192,996.65</td>
</tr>
<tr>
<td>Cohort 2</td>
<td>8467</td>
<td>$3.21</td>
<td>$27,207.54</td>
</tr>
<tr>
<td>(MDE) Cohort 3</td>
<td>7311</td>
<td>$(170.80)</td>
<td>$(1,248,750.16)</td>
</tr>
<tr>
<td>Cohort 4</td>
<td>6601</td>
<td>$(120.48)</td>
<td>$(795,272.27)</td>
</tr>
<tr>
<td>(Schiz) Cohort 5</td>
<td>4980</td>
<td>$(225.02)</td>
<td>$(1,120,578.07)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46</strong></td>
<td></td>
<td><strong>$(2,944,396.31)</strong></td>
</tr>
</tbody>
</table>
Next Steps
Next Steps for PSYCKES for Health Homes

- MOU between OMH and DOH has been signed to support Health Home access
- Revised Health Home consent form includes specific language related to PSYCKES consent
  - If this consent form is signed, no additional PSYCKES consent form is needed
- Meet with Health Homes to identify
  - How PSYCKES can be used now
  - How we can adapt PSYCKES to increase utility
## Current Levels of Access to Client Data

<table>
<thead>
<tr>
<th>Access Type</th>
<th>Includes Data with Special Protections? (SUD, HIV, Family Planning, Genetic)</th>
<th>Duration of Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider documents patient consent</td>
<td>Yes, all data</td>
<td>3 years after last bill</td>
</tr>
<tr>
<td>Provider billed Medicaid and client has Quality Flag</td>
<td>No, but get all other data</td>
<td>While flag is active; up to 9 months after last bill</td>
</tr>
<tr>
<td>Provider billed Medicaid, client does not have QI flag</td>
<td>No, client name only</td>
<td>Up to 9 months after last service</td>
</tr>
<tr>
<td>Clinical Emergency</td>
<td>Yes, all data</td>
<td>72 hours</td>
</tr>
</tbody>
</table>
What Consent Procedures / Access is Appropriate for Health Homes?

- Pre-consent should the level of release should be consistent with other providers for non-consented clients – e.g. quality alerts level of release only?
- If client signs Health Home consent (with PSYCKES language) who should get access?
  - Health Home
  - Care Manager
  - All providers in the health home network?
- Should providers log in to the Health Home to see client data, or should the client be linked to their own provider agency, or both?
Health Home Quality Management

- From QI Report Homepage
  - What is most important to see?
    - A tab that contains all clients in the health home with a quality concern
    - A tab with the performance by provider, and separate client lists under each provider

- Are there search criteria or quality measures that are particularly important to add?
Performance by Provider

Example: BH Hospital Readmission – do HHs want a view like this, or is it better to go directly to a list of clients with this quality flag?

<table>
<thead>
<tr>
<th>Provider Facility Name</th>
<th>County</th>
<th>On Any</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYC-HHC AGENCY NETWORK</td>
<td>Manhattan</td>
<td>626</td>
<td>219</td>
<td>34.98</td>
</tr>
<tr>
<td>BETH ISRAEL MEDICAL CENTER</td>
<td>Manhattan</td>
<td>205</td>
<td>88</td>
<td>42.93</td>
</tr>
<tr>
<td>NYC-HHC AGENCY NETWORK</td>
<td>Brooklyn</td>
<td>228</td>
<td>82</td>
<td>35.96</td>
</tr>
<tr>
<td>ST. LUKE'S - ROOSEVELT HOSPITAL CENTER</td>
<td>Manhattan</td>
<td>161</td>
<td>73</td>
<td>45.34</td>
</tr>
<tr>
<td>NASSAU HEALTH CARE CORP/NASSAU UNIV MED CTR</td>
<td>Nassau</td>
<td>249</td>
<td>67</td>
<td>26.91</td>
</tr>
<tr>
<td>NYC-HHC BELLEVUE HOSPITAL CENTER</td>
<td>Manhattan</td>
<td>143</td>
<td>66</td>
<td>46.15</td>
</tr>
<tr>
<td>NYC-HHC AGENCY NETWORK</td>
<td>Bronx</td>
<td>156</td>
<td>61</td>
<td>39.10</td>
</tr>
<tr>
<td>NYC-HHC AGENCY NETWORK</td>
<td>Queens</td>
<td>172</td>
<td>58</td>
<td>33.72</td>
</tr>
<tr>
<td>NYC-HHC AGENCY NETWORK</td>
<td>Manhattan</td>
<td>123</td>
<td>54</td>
<td>43.90</td>
</tr>
<tr>
<td>NYC-HHC METROPOLITAN HOSPITAL CENTER</td>
<td>Manhattan</td>
<td>138</td>
<td>53</td>
<td>38.41</td>
</tr>
</tbody>
</table>
Summary

- PSYCKES can be used now to support Health Home work for agencies that already have access
  - All screen shots from this presentation are currently in place in PSYCKES

- We want to develop a PSYCKES- Health Home Workgroup to further enhance PSYCKES for Health Homes (Lead agencies, Downstream agencies, and other Stakeholders)
  - Please contact PSYCKES-Help@omh.ny.gov

- We will announce a PSYCKES – Health Home Learning Collaborative for those agencies interested in using PSYCKES in their clinical work after enhanced version is ready
QUESTIONS?

For any questions following the end of the Webinar please contact

PSYCKES-Help@omh.ny.gov
Inclusion of PSYCKES into the Health Home Patient Information Sharing Form (DOH-5055)

- PSYCKES language has been approved for inclusion into the DOH-5055 consent form currently in use.
- Updated version of the DOH-5055 form being finalized to replace current version.
- The form designation number, DOH-5055 will not change, only the date to reflect the current version.
Inclusion of PSYCKES into the Health Home Patient Information Sharing Form (DOH-5055)

- New English version to be posted on the Health Home website followed by translated versions.
- Health Homes will be notified via BML when new version of the form is posted.
- Before PSYCKES can be accessed, a new signed consent form must be obtained from the member.
- Do not change consent date in the tracking system when a new consent form is obtained.
Useful Contact Information


- Get updates from the Health Homes listserv. To subscribe send an email to: listserv@listserv.health.state.ny.us (In the body of the message, type SUBSCRIBE HHOMES-L YourFirstName YourLastName)

- To email Health Homes, visit the Health Home Website and click on the tab “Email Health Homes” [http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/)

- Call the Health Home Provider Support Line: 518-473-5569