DMHAS EQMI
Provider Dashboard Quality Reports
Forums October 10th and 25th

James Siemianowski, LICSW, Director, EQMI
Connecticut Department of Mental Health and Addiction Services

Goals for the Meeting:

1. Review Each section of the Dashboard version of Quality reports
2. Identify known DQ issues
3. Acquaint providers with new report resources for Quality reports
4. Clarify process for Web Posting

- **Quality Dashboard Basics:**

- The dashboards are distributed based on a reporting period and include data for Providers and Programs that were active during that reporting period.

- Includes all DMHAS funded or operated programs except 'Intakes' and program types classified as 'Other'.

- Program performance is compared to other programs within the same level of care.

- Data is pulled from the DMHAS Enterprise Data Warehouse (EDW), the repository for DDaP (Private Non Profit) and Avatar (State Operated) data.

You've seen this before

- Appearance is the same
- Data quality items are the same
- Program-specific contract outcomes - same
- Measures performance against contract goals/benchmarks - same
- NOMS (including TEDs) calculations are the same
- Newly added Reports to help providers

Provider Level Dashboard Sections:

A. Dashboard Header with basic provider information

B. Provider Activity

Ba. TCM (Targeted Case Management) Eligible Clients
      Receiving Services – taken out

C. Unique Clients by Level of Care

D. Consumer Satisfaction Survey

E. Client Demographics

Provider Name

City, State

A

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: month year - month year

B Provider Activity

12 Month Trend	Measure	Actual	1 Yr Ago	Variance %	
	Unique Clients	1,555	1,580	-2%	
	Admits	839	896	-14%	▼
	Discharges	957	862	11%	▲
	Service Hours	82,807	88,076	-6%	
	Bed Days	55,684	51,758	8%	
	S.Rehab/PHP/IOP	2,937	2,036	44%	▲

TCM Eligible Clients with Services 32%

▲ > 10% Over 1 Yr Ago	▼ > 10% Under 1Yr Ago

D Consumer Satisfaction Survey (Based on 320 FY12 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✔	General Satisfaction		92%	80%	92%
✔	Quality and Appropriateness		91%	80%	93%
✔	Respect		90%	80%	91%
✔	Participation in Treatment		89%	80%	92%
✔	Overall		87%	80%	91%
✔	Access		85%	80%	88%
✘	Outcome		78%	80%	83%
✘	Recovery		67%	80%	79%

▬ Satisfied %		Goal %	▬ 0-80%	▬ 80-100%	✔ Goal Met	✘ Under Goal

C Unique Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Health			
	Outpatient	1,323	85.1%
	Employment Services	147	9.5%
	Case Management	105	6.8%
	Community Support	102	6.6%
	Social Rehabilitation	98	6.3%
	Residential Services	28	1.8%
Addiction			
	Outpatient	344	22.1%
Forensic MH			
	Forensics Community-based	142	9.1%

E Client Demographics

Age

Age	#	%	State Avg
18-25	225	15%	18%
26-34	287	19%	22%
35-44	274	18%	21%
45-54	428	28%	25%
55-64	241	16%	12%
65+	82	5%	3%

Gender

Gender	#	%		State Avg
Female	852	55%	▲	39%
Male	702	45%	▼	61%

Race

Race	#	%		State Avg
White/Caucasian	1,268	82%	▲	65%
Other	133	9%		15%
Black/African American	104	7%	▼	17%
Am. Indian/Native Alaskan	25	2%		1%
Asian	12	1%		1%
Hawaiian/Other Pacific Islander	5	0%		0%
Multiple Races	4	0%		1%
Unknown	4	0%		2%

Ethnicity

Ethnicity	#	%		State Avg
Non-Hispanic	1,356	87%	▲	74%
Hispanic-Other	152	10%		7%
Hisp-Puerto Rican	30	2%		11%
Unknown	11	1%		7%
Hispanic-Mexican	4	0%		0%
Hispanic-Cuban	2	0%		0%

▬ Unique Clients		State Avg	▲ > 10% Over State Avg	▼ > 10% Under State Avg

Provider Activity

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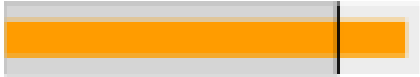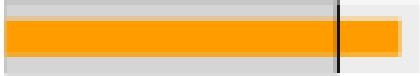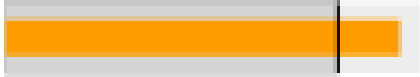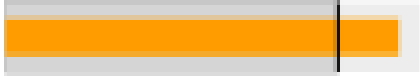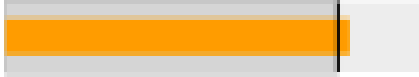
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Asian	12	1%		1%
Hawaiian/Other Pacific Islander	5	0%		0%
Multiple Races	4	0%		1%
Unknown	4	0%		2%

■ Unique Clients | State Avg ▲ > 10% Over State Avg ▼ > 10% Under State Avg

Consumer Satisfaction Survey (Based on 141 FY12 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✓	General Satisfaction		99%	80%	92%
✓	Participation in Treatment		97%	80%	92%
✓	Quality and Appropriateness		96%	80%	93%
✓	Overall		95%	80%	91%
✓	Access		95%	80%	88%
✓	Respect		95%	80%	91%
✓	Outcome		86%	80%	83%
✓	Recovery		83%	80%	79%

Legend: ■ Satisfied % | Goal % ▨ 0-80% ▨ 80-100% ✓ Goal Met ✗ Under Goal
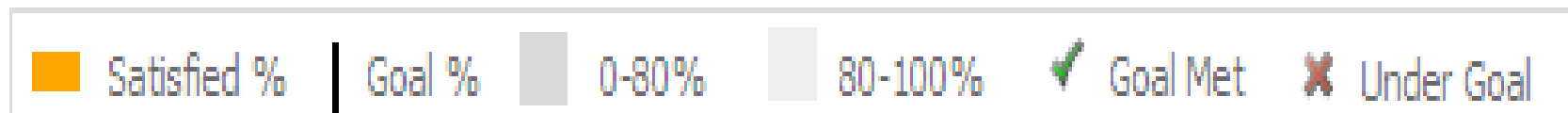
Program Level Dashboard Sections:

A. Dashboard Header with basic program information

B. Program Activity

C. Data Submission Quality

D. Data Submitted to DMHAS by Month

E. Discharge Outcomes

F. Recovery (National Outcomes Measures (NOMs))

G. Service Utilization

H. Service Engagement

I. Bed Utilization

Other - Evaluations - Crisis/Jail Diversion

Program Name
Provider Name
Program Type- Level of Care Type - Level of Care Mode

A

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: month year - month year

B Program Activity

Measures	Actual	1 Yr Ago	Variance %	
Unique Clients	13	11	18%	▲
Admits	5	5	0%	
Discharges	9	3	200%	▲
Service Hours	138	225	-39%	▼

▲ > 10% Over   ▼ < 10% Under

C Data Submission Quality

Data Entry		Actual	State Avg
Valid NOMS Data		98%	100%
Valid TEDS Data		100%	98%

On-Time Periodic		Actual	State Avg
6 Month Updates		0%	40%

Cooccurring		Actual	State Avg
MH Screen Complete		100%	93%
SA Screen Complete		100%	89%

Diagnosis		Actual	State Avg
Valid Axis I Diagnosis		100%	99%
Valid Axis V GAF Score		100%	99%

D Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions													17%
Discharges													42%
Services													100%

1 or more Records Submitted to DMHAS

Actual | Goal ✔ Goal Met ✖ Below Goal

E Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Treatment Completed Successfully		2	100%	80%	69%	20%	▲
✔ No Re-admit within 30 Days of Discharge		2	100%	85%	90%	15%	▲
✔ Follow-up within 30 Days of Discharge		2	100%	90%	57%	10%	▼

F Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Social Support		10	77%	60%	58%	17%	▲
✔ Self Help		9	69%	60%	22%	9%	
✔ Abstinence		8	62%	55%	59%	7%	
✔ Not Arrested		10	77%	75%	87%	2%	
✖ Employed		6	46%	50%	34%	-4%	
✖ Stable Living Situation		7	54%	95%	83%	-41%	▼
✖ Improved Axis V GAF Score		3	23%	75%	12%	-52%	▼

G Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✖ Clients Receiving Services		11	85%	90%	69%	-5%	▼

H Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ 2 or more Services within 30 days		5	100%	75%	75%	25%	

I Bed Utilization

	12 Month Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✔ Avg Utilization Rate		20	39	1.8	81%	N/A	84%	N/A

Removed Red Xs for non-benchmarked measures, however, we left the green check marks in.

Program Activity

Measures	Actual	1 Yr Ago	Variance %	
Unique Clients	10	11	-9%	
Admits	1	3	-67%	▼
Discharges	2	2	0%	
Service Hours	2,858	2,160	32%	▲
Bed Days	3,200	2,963		

▲ > 10% Over ▼ < 10% Under

Bed Days

Using admits and discharge dates

Program Activity

Measures	Actual	1 Yr Ago	Variance %
Unique Clients	422	418	1%
Admits	116	145	-20% ▼
Discharges	113	107	6%
Social Rehab/PHP/IOP Days	21,259	25,665	
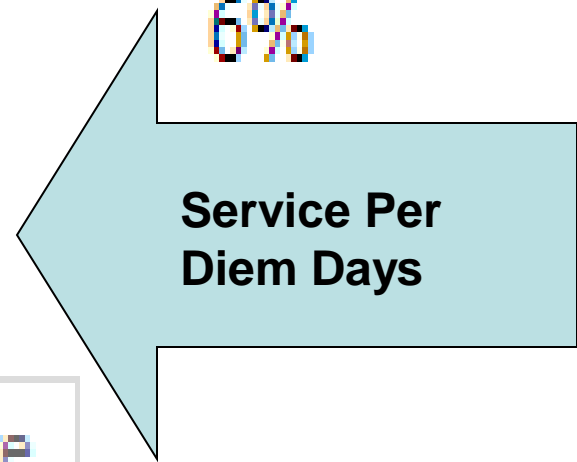
Service Per Diem Days

▲ > 10% Variance   ▼ < 10% Variance

Data Submission Quality

5 NOMS Data elements

4 TEDS Data elements

Data Entry		Actual	State Avg
✔ Valid NOMS Data		98%	100%
✔ Valid TEDS Data		100%	98%

This section measures the percentage of valid values for NOMs/TEDs (any value that is not 'Unknown') in all Periodic Assessments (PA's) completed during the reporting period.

What Are the NOMs (on the PA) that DMHAS Measures?

- **<u>EMPLOYMENT STATUS</u>**

- **<u>LIVING SITUATION</u>**

- **<u>Number of Arrests in the Last 30 Days</u>?**

- **<u>SOCIAL SUPPORT VOLUNTARY (Self Help)</u>**

- **<u>SOCIAL SUPPORT FAMILY/FRIENDS</u>**

What Are the NOMs TEDs data (on the PA) that DMHAS uses to Measure ABSTINENCE / REDUCED DRUG USE:

- *This is based on the **Primary Drug** and **Days Used** listed on the Periodic Assessment.*

- **Abstinent =** Number of qualifying clients with a Drug type = 1 – 18 or 96 and Days used = 0 for the drug ranked #1, at T2. *If the last PA was entered more than one year prior to the reporting period start date, do not add to the Numerator.*

- **Reduced =** Number of qualifying clients with Drug type = 1 – 18 or 96 as the drug ranked #1, with Days used at T1 = a value of 1 to 30, and the Days used at T2 is less than the number of Days used at T1. *If the last PA was entered more than one year prior to the reporting period start date, it is not included in the Numerator.*

What Does DMHAS use to Measure **IMPROVED / MAINTAINED AXIS 5 GAF SCORE – HINT – have you updated your Dx Axis 5 lately ??**

- This measures the percentage of clients discharged during the reporting period or who were active in the program that have maintained or improved functioning as measured by the Global Assessment of Functioning (GAF) scale.

- **Count:** The total number of clients that were active (in the program for six or more months) or discharged during the reporting period with valid Axis 5 GAF scores in both T1 and T2, and the percentage of those that maintained or improved their functioning.
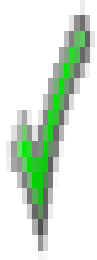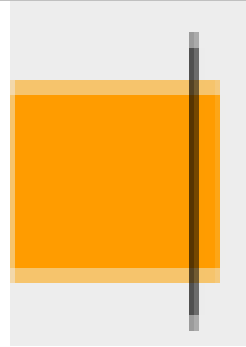
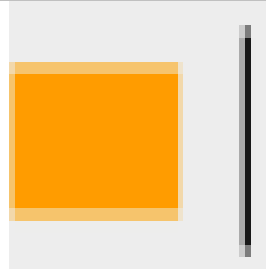| On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		88%	76%

This section measures the <u>completeness of Updated</u> Periodic Assessments and displays the percentage of clients who have been active in the program more than 6 months and have received a Periodic Assessment within the last 6 months.
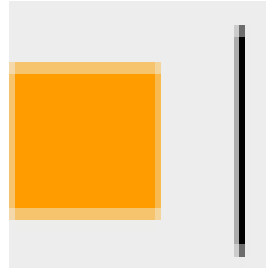
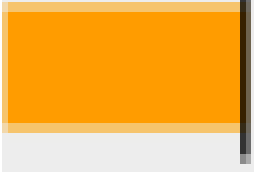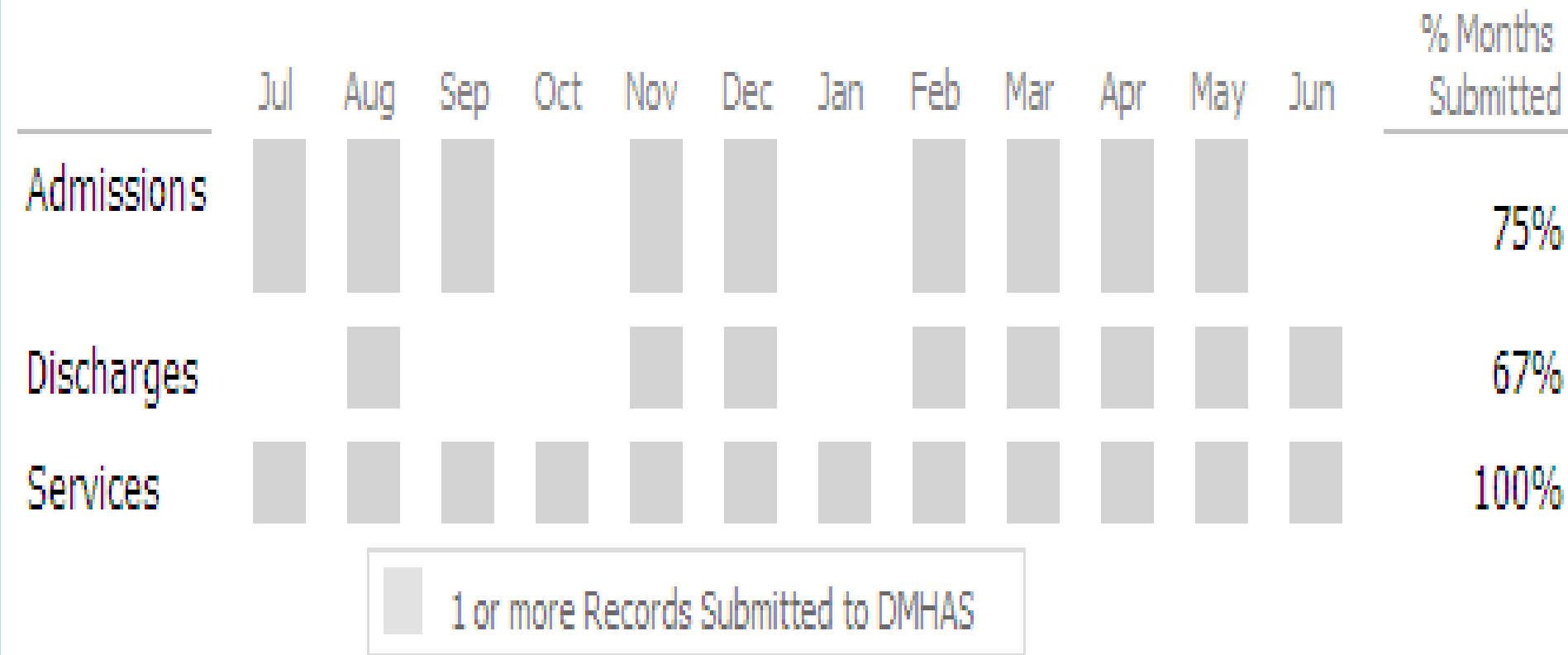| Cooccurring		Actual	State Avg
MH Screen Complete		66%	93%
SA Screen Complete		57%	89%

This section measures the percentage of Mental Health (MH) and Substance Abuse (SA) COC screenings where a valid screening was submitted (any value that is not 'Clinically Inappropriate' or 'Client Declined').

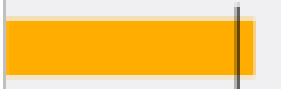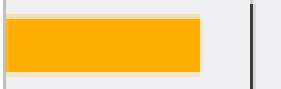| Diagnosis		Actual	State Avg
Valid Axis I Diagnosis		94%	99%
✓ Valid Axis V GAF Score		99%	99%

This section measures the percentage of valid diagnostic data in Axis I (Primary Diagnosis) and percentage of valid diagnostic data in Axis 5 (GAF score) Valid Axis I = anything other than 799 or v codes

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	▮	▮	▮		▮	▮		▮	▮	▮	▮		75%
Discharges		▮			▮	▮		▮	▮	▮	▮	▮	67%
Services	▮	▮	▮	▮	▮	▮	▮	▮	▮	▮	▮	▮	100%

▮ 1 or more Records Submitted to DMHAS

This section displays the monthly Admissions, Discharges and Services submitted for the program for the reporting period.

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ Treatment Completed Successfully		126	70%	50%	83%	20%	▲

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✔ No Re-admit within 30 Days of Discharge		163	91%	85%	95%	6%	

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✘ Follow-up within 30 Days of Discharge		90	71%	90%	73%	-19%	▼

TREATMENT COMPLETED SUCCESSFULLY
This is the percentage of clients who have successfully completed treatment, based on a Discharge Reason of 'Recovery Plan Completed', 'Discharged to New Service (Facility Concurs)', or 'Discharge to Another Facility Program'.

NO RE-ADMIT WITHIN 30 DAYS OF DISCHARGE
This section measures the percentage of clients that were not re-admitted within 30 days of discharge from Acute Inpatient, Detoxification and Residential Levels of Care.

FOLLOW-UP WITHIN 30 DAYS OF DISCHARGE
This section measures the percentage of a program's <u>successful</u> discharges that receive follow-up care within 30 days.

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal	
✓ Social Support		10	77%	60%	58%	17%	▲
✓ Self Help		9				9%	
✓ Abstinence							
✓ Not Arrested							
✗ Employed		6	46%			-4%	
✗ Stable Living Situation		7	54%	95%	83%	-41%	▼
✗ Improved Axis V GAF Score		3	23%	75%	12%	-52%	▼

Yes – We Need a T1 and a T2 In order to measure – so please update your PAs and Dx 1-5

This section addresses NOMs; measures that evaluate improvement in employment, functioning, living situation, abstinence and social supports for the Program and Statewide; These measures are calculated by using data contained in the *most recent Periodic Assessments* for the episodes and *only for programs that are <u>required</u> to submit a Periodic Assessment. Most are point in time but some require T1 and T2*
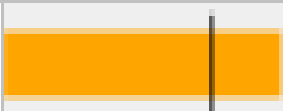
Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✗ Clients Receiving Services		11	85%	90%	69%	-5% ▼

This is the percentage of active clients on the last day of the reporting period and whether they received at least one service during the reporting period.

SERVICE ENGAGEMENT

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ 2 or more Services within 30 days		5	100%	75%	75%	25%

OUTPATIENT
2 OR MORE SERVICES WITHIN 30 DAYS
This section measures active clients who were admitted to Outpatient programs during the reporting period and the number/percentage that received two or more services in the program within 30 days of admission.
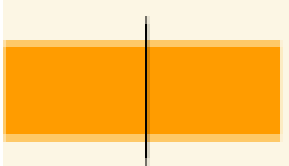
Service Engagement

Homeless Outreach	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ at least 1 Service within 180 days		62	100%	50%	82%	50% ▲

HOMELESS OUTREACH
AT LEAST 1 SERVICE WITHIN 180 DAYS
The section measures active clients who were admitted to Homeless Outreach programs during the reporting period and the number/percentage that received one clinical/treatment service anywhere in the DMHAS system within 180 days of admission.
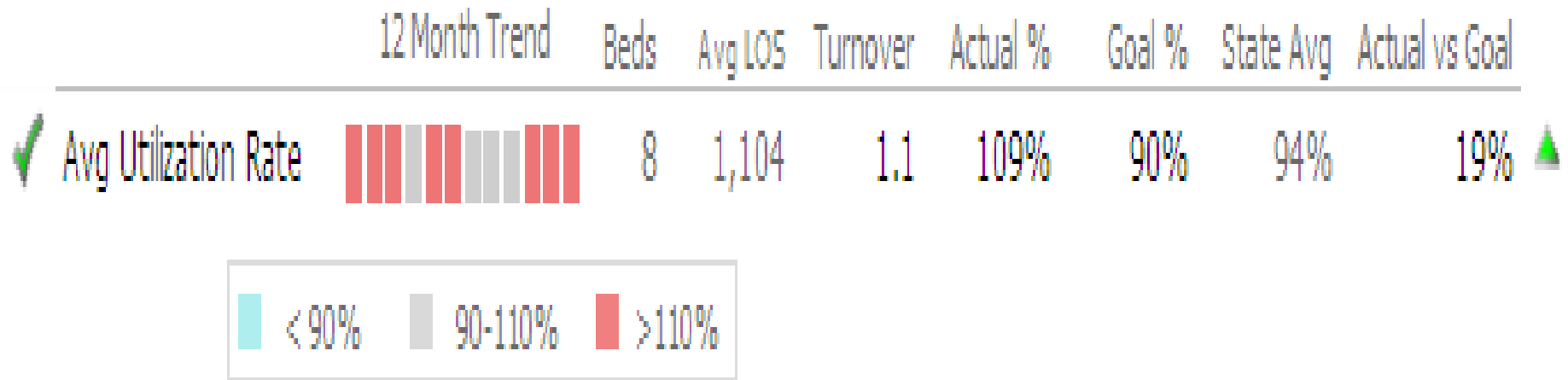
Service Engagement

Medication Assisted Treatment	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Length of Stay over 1 Year		164	98%	50%	71%	48% ▲

MEDICATION ASSISTED TREATMENT
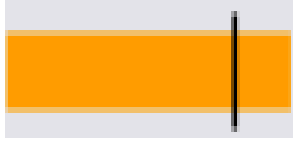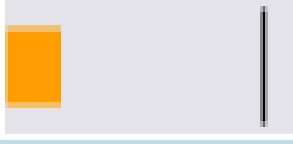**LENGTH OF STAY OVER 1 YEAR**
The section measures active clients who were admitted to Medically Assisted programs during the report period and the number/percentage that had a Length of Stay (LOS) in excess of 365 days.

Bed Utilization

		12 Month Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✓	Avg Utilization Rate	▮▮▮▮▮▮▮▮▮▮	8	1,104	1.1	109%	90%	94%	19% ▲

▮ < 90%	▮ 90-110%	▮ >110%	

This section measures the total number of bed days/days provided to all clients during the reporting period and the rate which beds were occupied or used during the period. This includes the average length of stay (LOS) and turnover based on a 12 Month Trend, Actual percent, Goal percent and State Average percent. A comparison of the Actual vs. the Goal percent displays at the end. The up and down arrows denote a less than or greater than percentage difference.
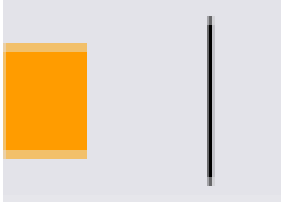
Crisis

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✗ Evaluation within 1.5 hours of Request		167	56%	75%	47%	-19% ▼
✓ Community Location Evaluation		294	99%	80%	38%	19% ▲
✗ Follow-up Service within 48 hours		57	19%	90%	23%	-71% ▼

CRISIS EVALUATIONS
This section measures the percentage of active clients in crisis programs who receive prompt evaluations, evaluation in a community location and follow-up services or are admitted to another program within DMHAS within 48 hours.

Jail Diversion

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✗ Follow-up Service within 48 hours		37	30%	75%	46%	-45% ▼

FOLLOW-UP SERVICE WITHIN 48 HOURS
This measures the percentage of clients who were diverted and received at least one follow-up service from any program within DMHAS or were admitted to another program within DMHAS within 48 hours of the assessment.
The 48 hour time period is based on the date in the 'Date Diverted' field on the Jail Diversion Assessment and the date of the first service provided or the new Admission Date for any program within DMHAS on or after the Date Diverted.

NEW QUALITY REPORT

REPORT EDW

REPORTS

DATA SUBMISSION QUALITY
VALID TEDS DATA
VALID NOMS DATA
On-Time Periodic 6 Month Updates
Co-occurring - MH Screen Complete
Co-occurring - SA Screen Complete
Valid Axis I Diagnosis
Valid Axis V GAF Score
DISCHARGE OUTCOME
FOLLOW-UP WITHIN 30 DAYS OF DISCHARGE
NO RE-ADMIT WITHIN 30 DAY OF DISCHARGE
SERVICE UTILIZATION
CLIENTS RECEIVING SERVICES
RECOVERY NOMS
IMPROVED/MAINTAINED AXIS V GAF SCORE

Reasons for Poor Performance When Performance May not be Poor

- No data or limited data is submitted
- PA's are not current – NOMS require current data
- PA's include many unknowns – unknowns = 0 on any given measure
- PA's are not updated – values are defaulted in for updates or discharge (days used
- High use of codes like "other" – other translates to unsuccessful (i.e.completion)
- Small number of measures need T1 and T2

Data Quality Issues

- PA's are not up-to-date
- PA's have high number of unknowns
- Axis V dx is never updated
- Heavy use of "other" code for tx completions
- Heavy use of medically or clinically inappropriate for COC screens
- Discharges are not managed
- Crisis Programs that admit, but then do not complete the crisis assessment.

Impact on Quality Reports:

Data Quality Issue	Impact on Report Cards	Remedy
PA updates have not been completed for active clients in a program that have been in the program for more than 180 days	If updates are not being completed there is no data available to evaluate performance on a NOMS or TEDS measure. This will lower the agency's actual performance on NOMS and TEDS	PA's must be updated for all clients that are active longer than 6 months.
High use of unknowns for TEDS or NOMS data	Unknowns are included in the denominator and are not included in the numerator, lowering a program's performance on a given benchmark	Updated PA's must include valid data other than unknown.
No updating of Axis V diagnoses. Most clients are showing Axis V at admission but many are not being updated to show new GAF score	Lowers actuals for Improved Functioning measure because this measure requires T1 and T2.	Update Axis V
High number of MH or SA screenings coded as medically inappropriate or client declined	Lowers program performance on MH and SA screening measure	Encourage clients to participate in screenings.

It is essential that data quality be maintained and continually improved so that:

- Providers can examine their data and make decisions about care provision

- DMHAS and the State may plan funding of existing or new services

- Consumers can make informed choices about their health care

NEXT STEPS:

- **Providers Fix data quality issues**

- **Provider feedback loop – E-mail Mark**

- **DMHAS to re-send FY13 Annual Reports to Providers in November**

- **DMHAS posts FY13 Annual Reports to DMHAS Web in December**

Questions?

- Call or email Jim @ (860) 418-6810 or james.siemianowski@po.state.ct.us

- Or you can call or e-mail Mark @ (860) 418-6843 or mark.mcandrew@po.state.ct.us

Hey Folks,

Please remember to update your PAs and DXs!!!!!!