Developing a Performance-Driven Organization Part 2

How to Identify Outcomes of Interest

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COORDINATED CARE SERVICES, INC.

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Case Study Approach

INTRODUCING NEXT GENERATION BEHAVIORAL HEALTH (NGBH)

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Continuing Case Study: Next Generation Behavioral Health

Who we serve: Youth 12-21 years old with Substance Use Disorder and their families in DuPage and surrounding counties

Next Generation Behavioral Health (NGBH): Services

Outpatient clinic that provides:

- Evaluation/ Screening
- Individual Psychotherapy
- Group Therapy
- Family Therapy
- Medication Management (incl. Suboxone providers on-site)
- Family Support and Education
- Certified Recovery Peer Advocates (CRPA)
- AA/NA & Nar-Anon/Al-Anon meetings on-site

Community Residence (RRSY):

- 18-bed facility
- Schooling/Tutoring on-site
- Family Support and Education
- Parent Skill Development
- Community Connections and Natural Supports
- Transportation to AA/NA/support group meetings
- Individual/Group/Family Therapy
- Medication Management (incl. Suboxone provider on-site)

NGBH: Location

DuPage County

- **Approximately 91,000 residents in a mostly rural county**
- **11% of families and 14% of the population were below the poverty line with 22% of those under the age of 18**
- **Demographic Characteristics**
  - 79.6% White
  - 8.1% Black or African American
  - 1.8 % Asian
  - 4.6% Native American
  - 2.0% Other Races
  - 3.9 % Two or more races
  - 4.8% of the population identified as Hispanic

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NGBH: Trends in service delivery

- Utilization of the community residence beds has increased each year over the last three years, although length of stay decreased
- The average age of those youth in residential treatment during the last year was 19, with a range of 14 to 21
- NGBH has seen a relatively significant increase in the population of Native Americans being served
- The percentage of youth reporting Heroin as their primary or secondary substance at intake has increased from 8% to 20%

NGBH: Context

- The state has expressed an interest in involving Managed Care Agencies more in the Medicaid service delivery system
- Conversations in the county are starting to mention network development
- Performance measurement and data analysis has become more prevalent in community taskforce meetings with the LGU

Tools to Support the Development of a Performance Driven Culture

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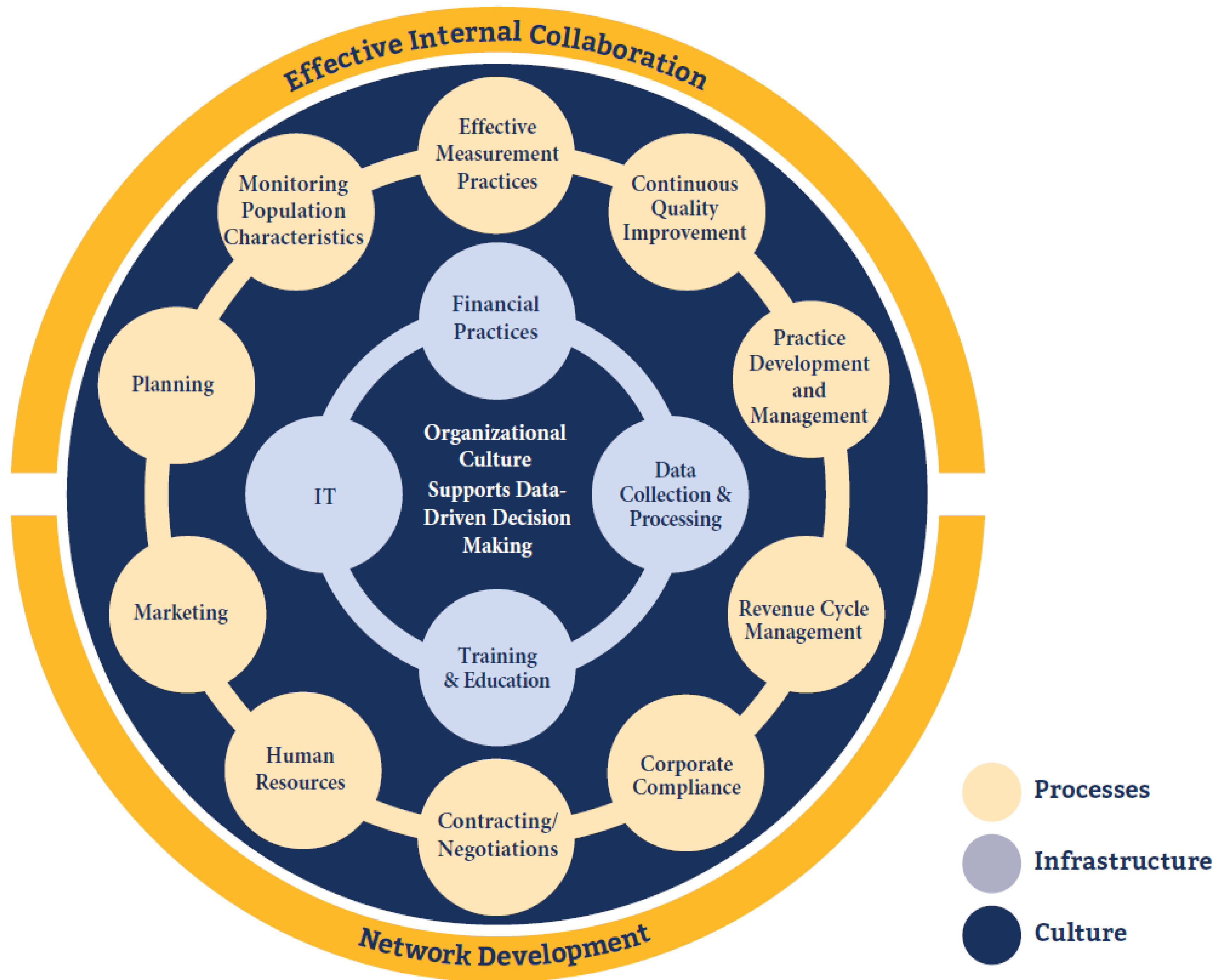
Effective Internal Collaboration
Effective Measurement Practices
Monitoring Population Characteristics
Continuous Quality Improvement
Financial Practices
Planning
Practice Development and Management
Organizational Culture Supports Data-Driven Decision Making
IT
Data Collection & Processing
Marketing
Revenue Cycle Management
Training & Education
Human Resources
Corporate Compliance
Contracting/ Negotiations
Network Development
Processes
Infrastructure
Culture

Today, the focus is on using data to understand the impact of your services and to improve practices

Future presentations offered by MCTAC will cover other components of a Performance Driven Organization

Stay tuned!

What does an agency need to know first?

- Why is data important?
- What data should I collect and how?
- What questions can I start answering with some basic data?
- **What is the impact of my services?**
- **What can I do with the data I collect?**

What is the impact of my services?

What is the impact of my services?

Learning Objective:

Be able to identify strategies to start measuring impact

1. **Introduce strategies to measure impact (Brainstorming Activity)**
   1. What do we do well?
   2. How do we know?
   3. What do we do with that information?
2. **Measuring what you're good at that aligns with state goals (Logic Model)**
3. **Tool: Brainstorming Activity**

NGBH – Now What?

Findings from Performance Driven Culture Assessment:

Need to develop a Performance Dashboard that includes all areas of focus

In order to complete a performance dashboard, they need to define their impact

Thinking about your impact

Impact

Your value to your individuals served and the overall system of care

Context

- Accountability and reporting requirements
- Value Based Payments
- Marketing and recruitment
- Value proposition

Measuring my impact is important, but *how* do I do it?

How to determine your impact

1. **Establish a workgroup**
   i. Leadership
   ii. Representatives from all departments in the organization-direct service providers, finance, administrative support, etc.
   iii. Data experts
   iv. Consumer representatives, when possible
2. **Use the Tool “Brainstorming Impact” available on the MCTAC website**
   i. Spend some time
   ii. All ideas are good ideas

How to determine your impact

- What does your organization do well?
- What impact does the service have on individuals/families/youth?
- What are the benefits of using the service?
- What would the alternatives be if this service didn't exist (for individuals/families/youth/other service providers)?
- Why do other service providers refer to you?

Table Break Out

Questions:

- **What impact does your service have on individuals/families/youth?**
- **What are the alternatives for your consumers/families/youth if your organization did not exist?**

Example Brainstorming Activity: Outpatient Chemical Dependency Adolescent Program

What are the benefits of this service?

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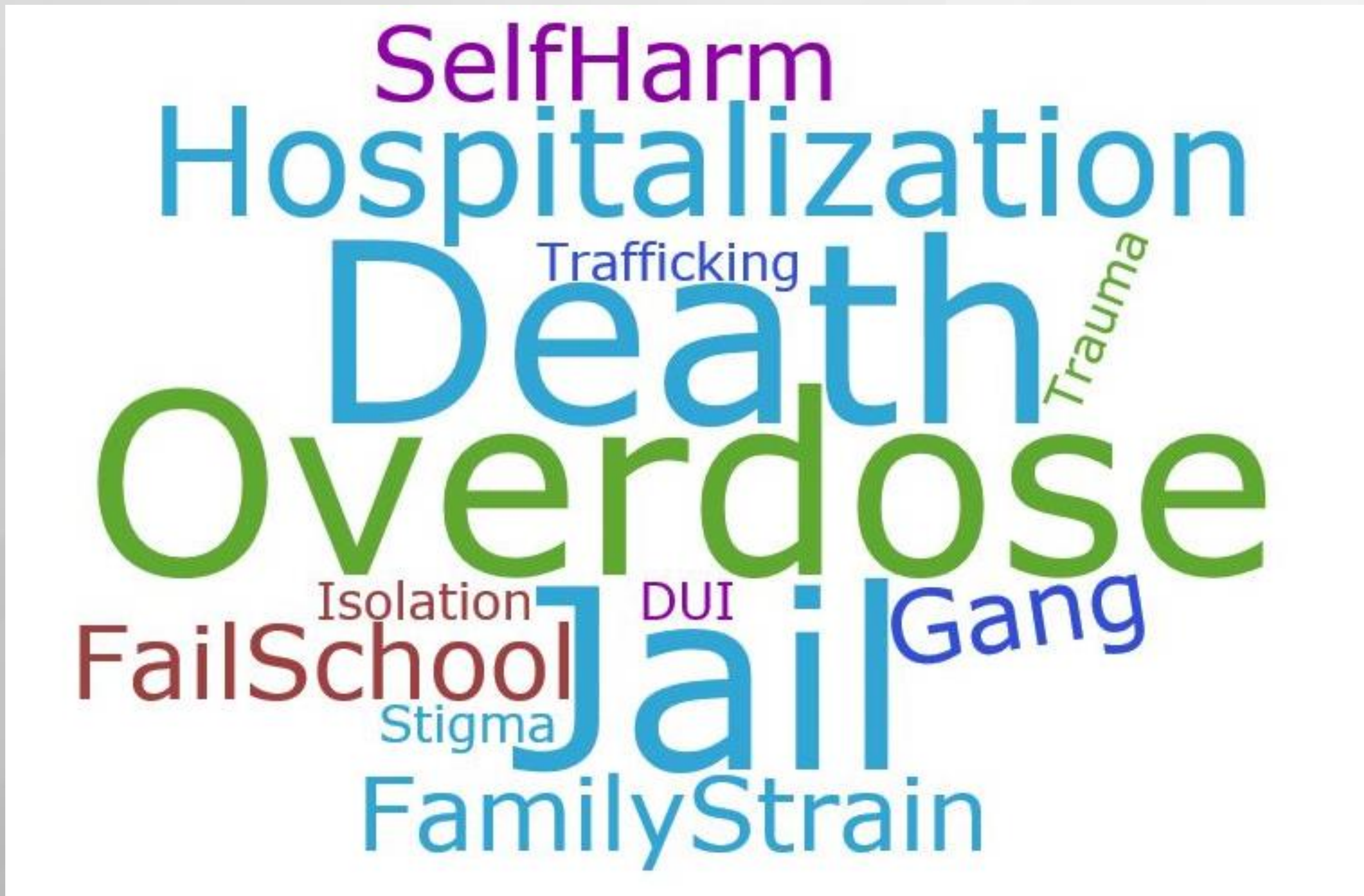
What would be the alternatives if this service didn't exist?



Where does this fit in the big picture changing environment?

Fitting into the Big Picture

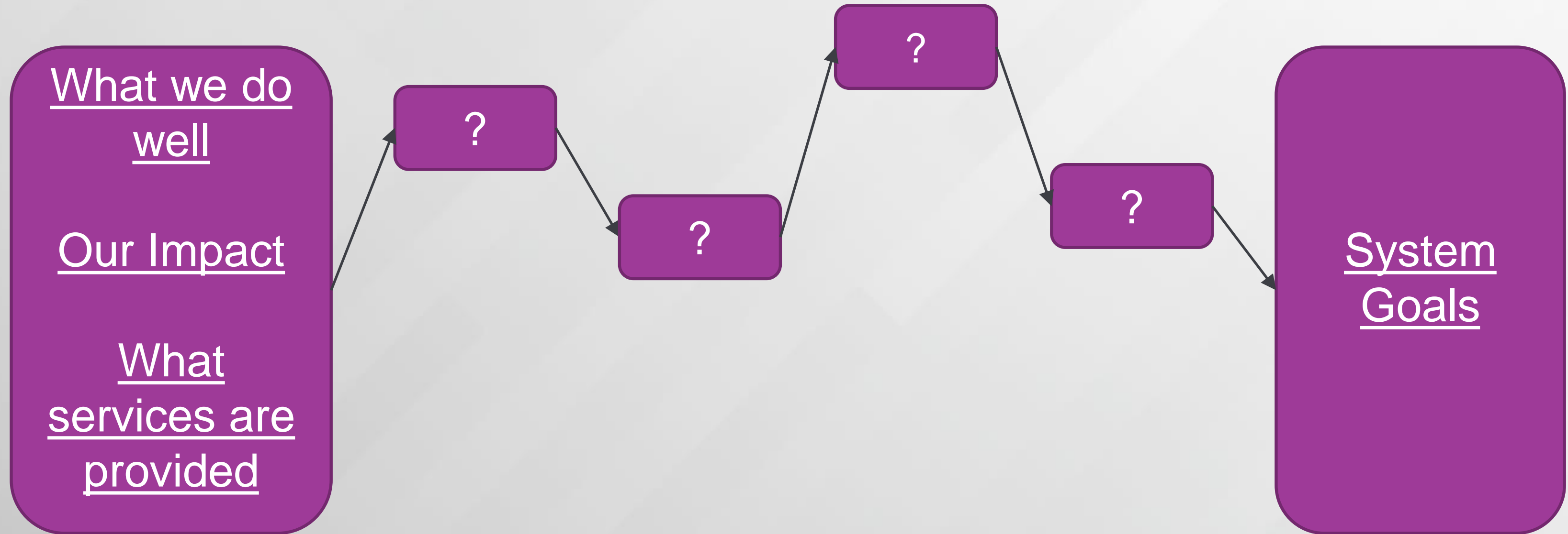
What we do well

Our Impact

What services are provided

System Goals

Fitting into the Big Picture



Start on the right

Ask the question **how**. How would this occur? How would you know? How would you get there?

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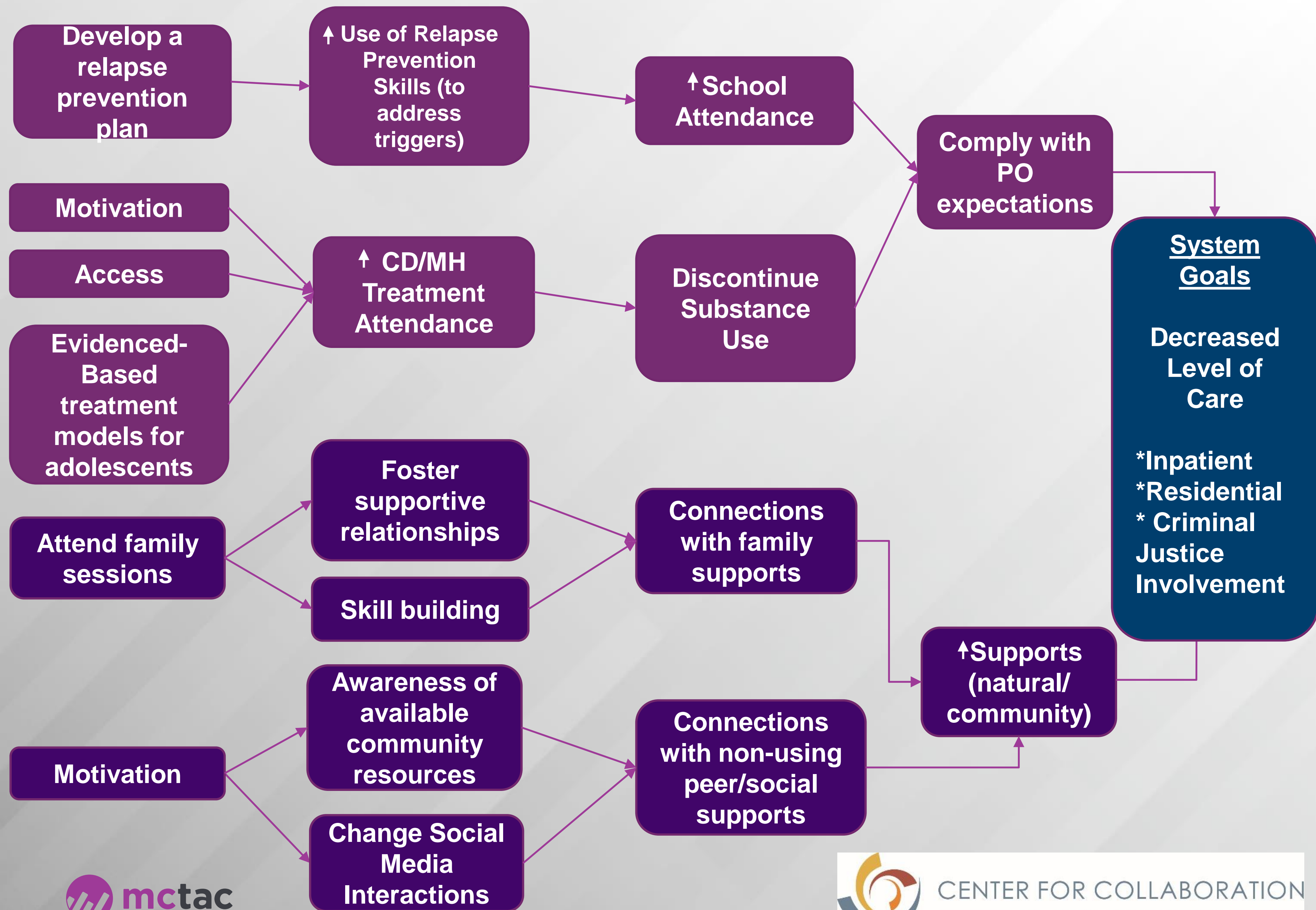
Example Logic Model: Outpatient Chemical Dependency Adolescent Program



Develop a relapse prevention plan
↑ Use of Relapse Prevention Skills (to address triggers)
↑ School Attendance
Comply with PO expectations
Motivation
Access
Evidenced-Based treatment models for adolescents
↑ CD/MH Treatment Attendance
Discontinue Substance Use
System Goals
Decreased Level of Care
*Inpatient
*Residential
* Criminal Justice Involvement
Foster supportive relationships
Attend family sessions
Skill building
Connections with family supports
↑ Supports (natural/ community)
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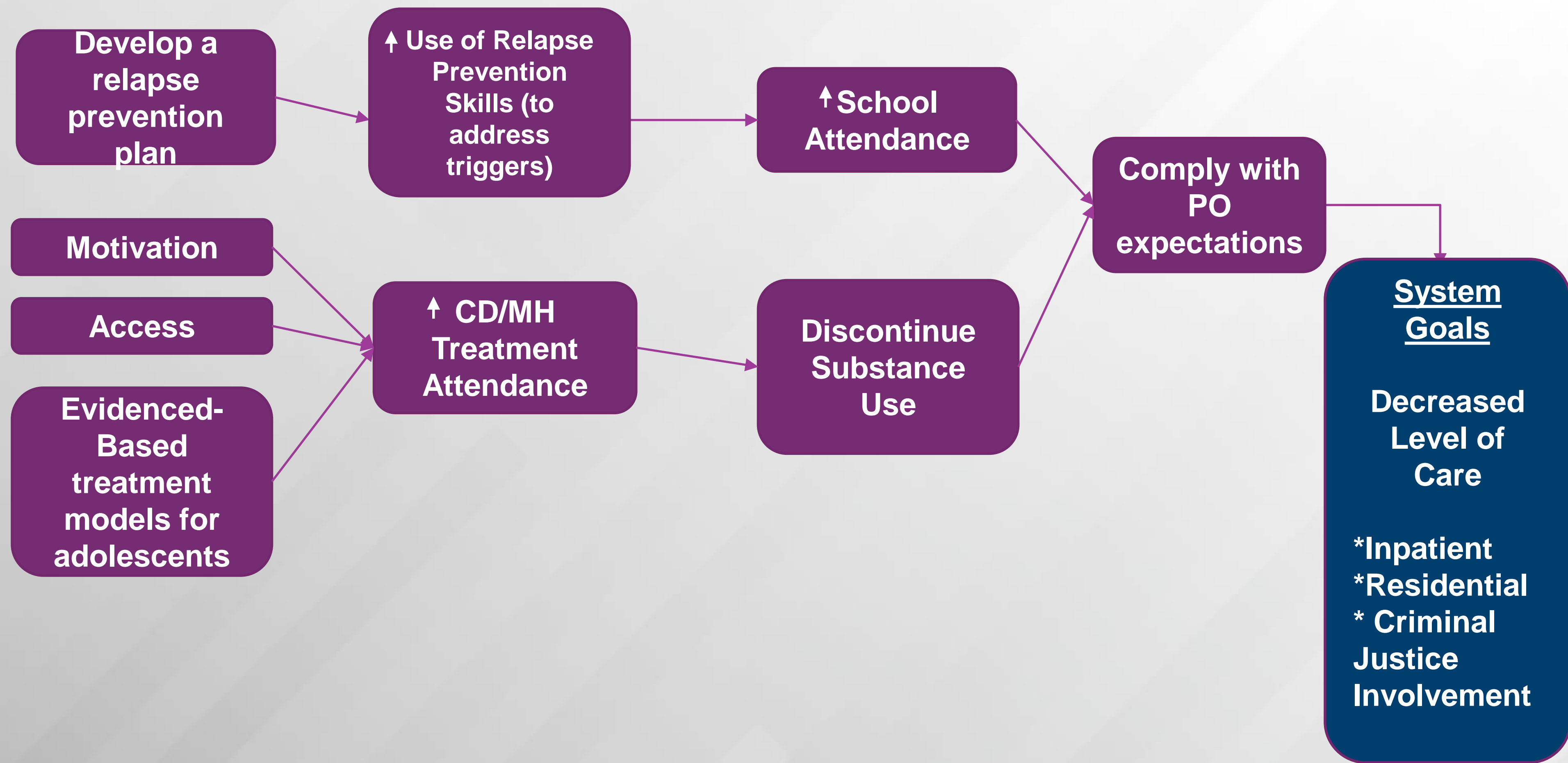

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Comply with PO expectations

System Goals

Decreased Level of Care

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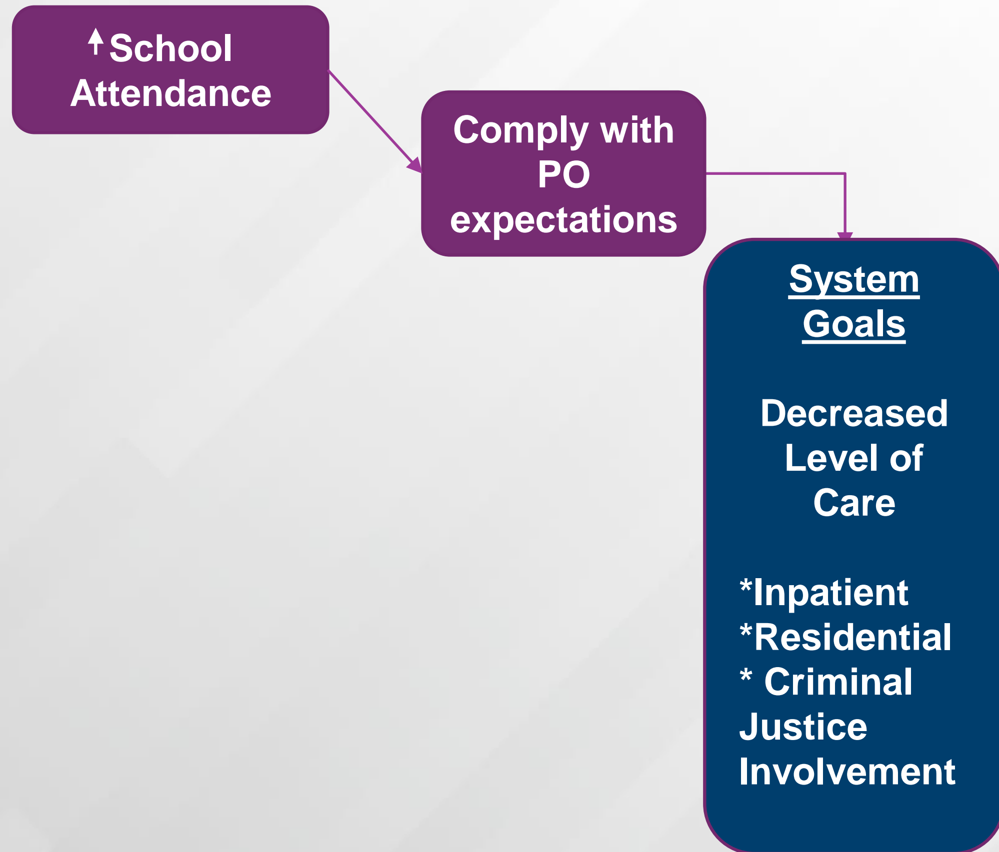

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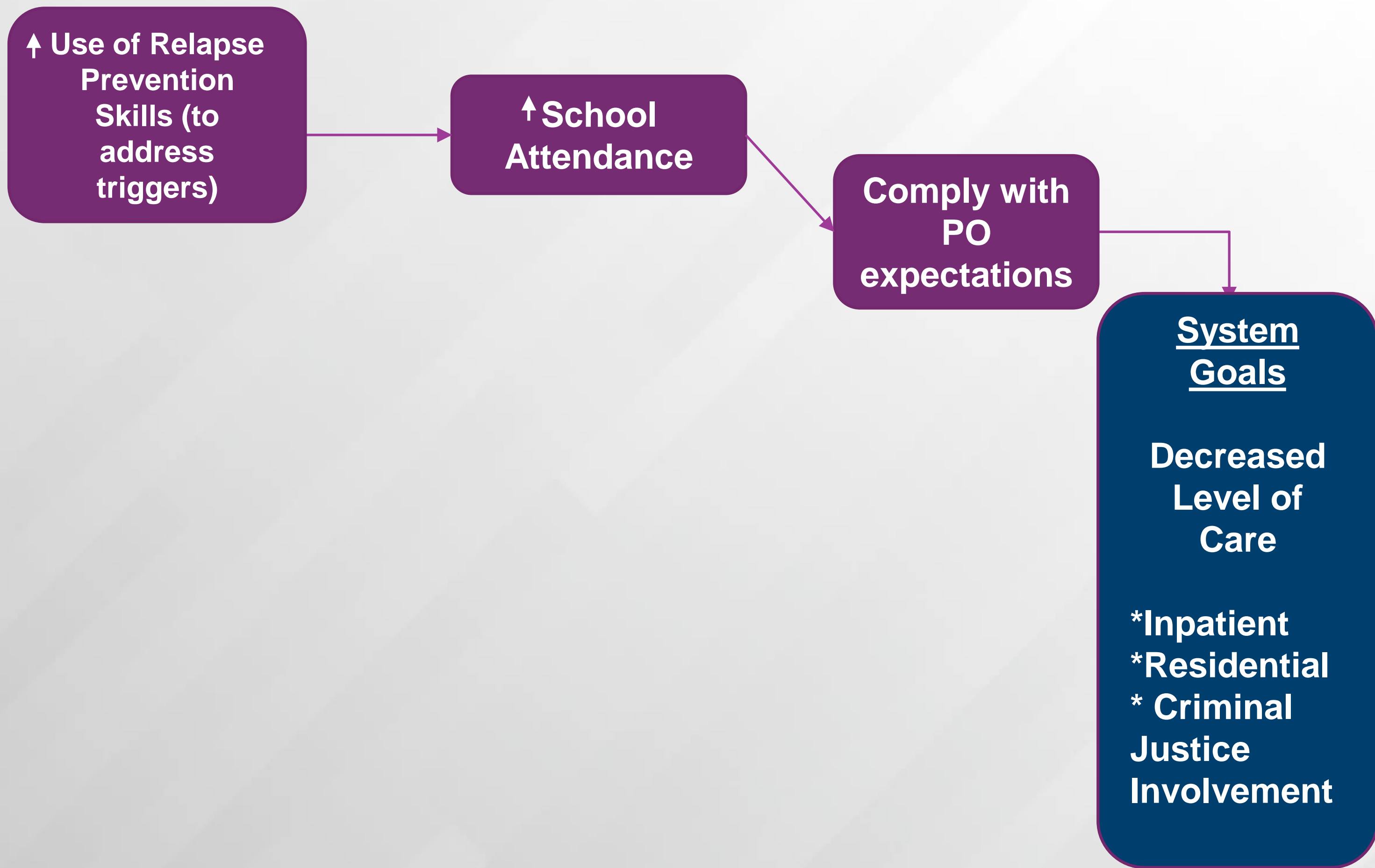

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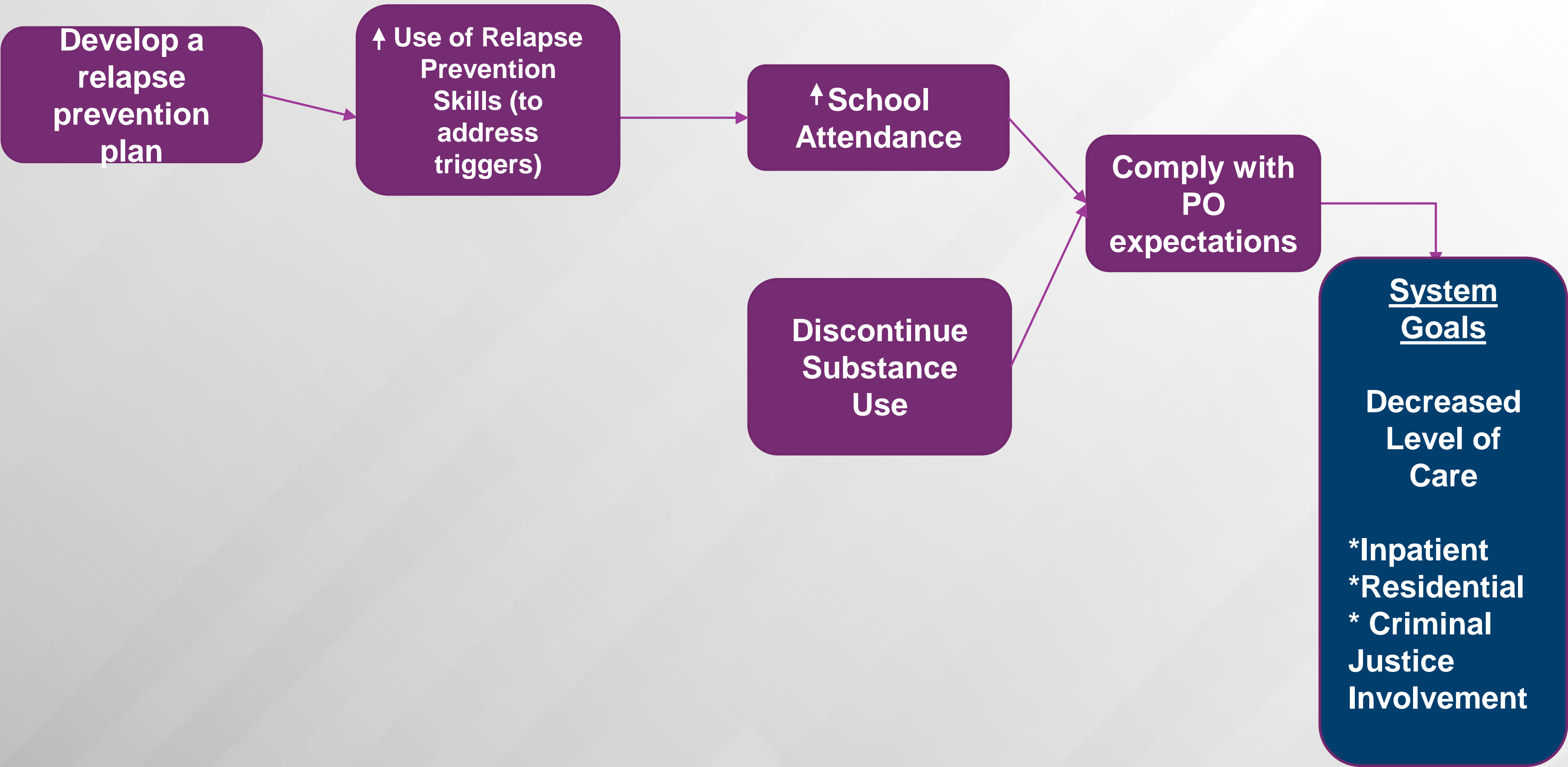

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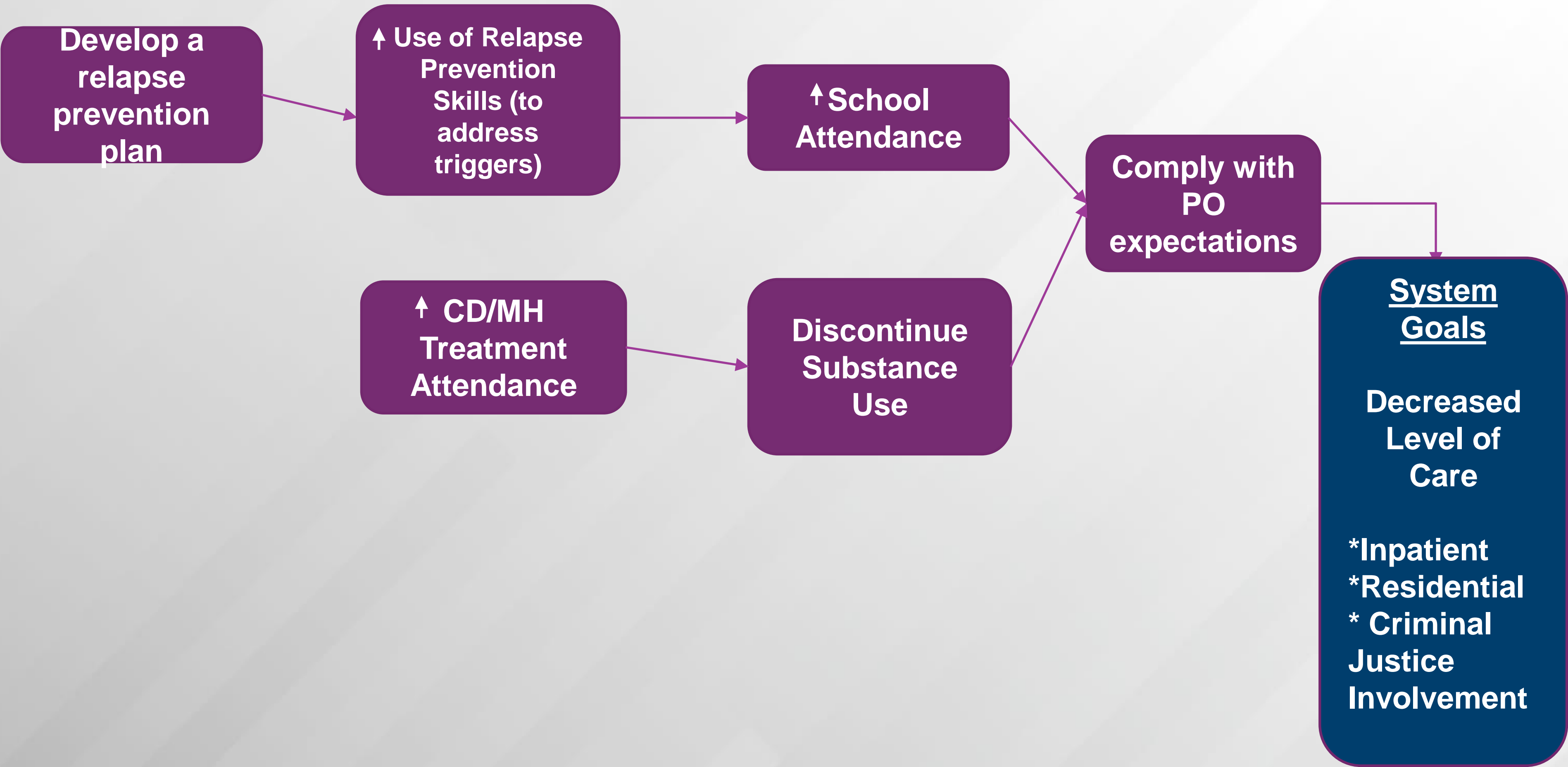
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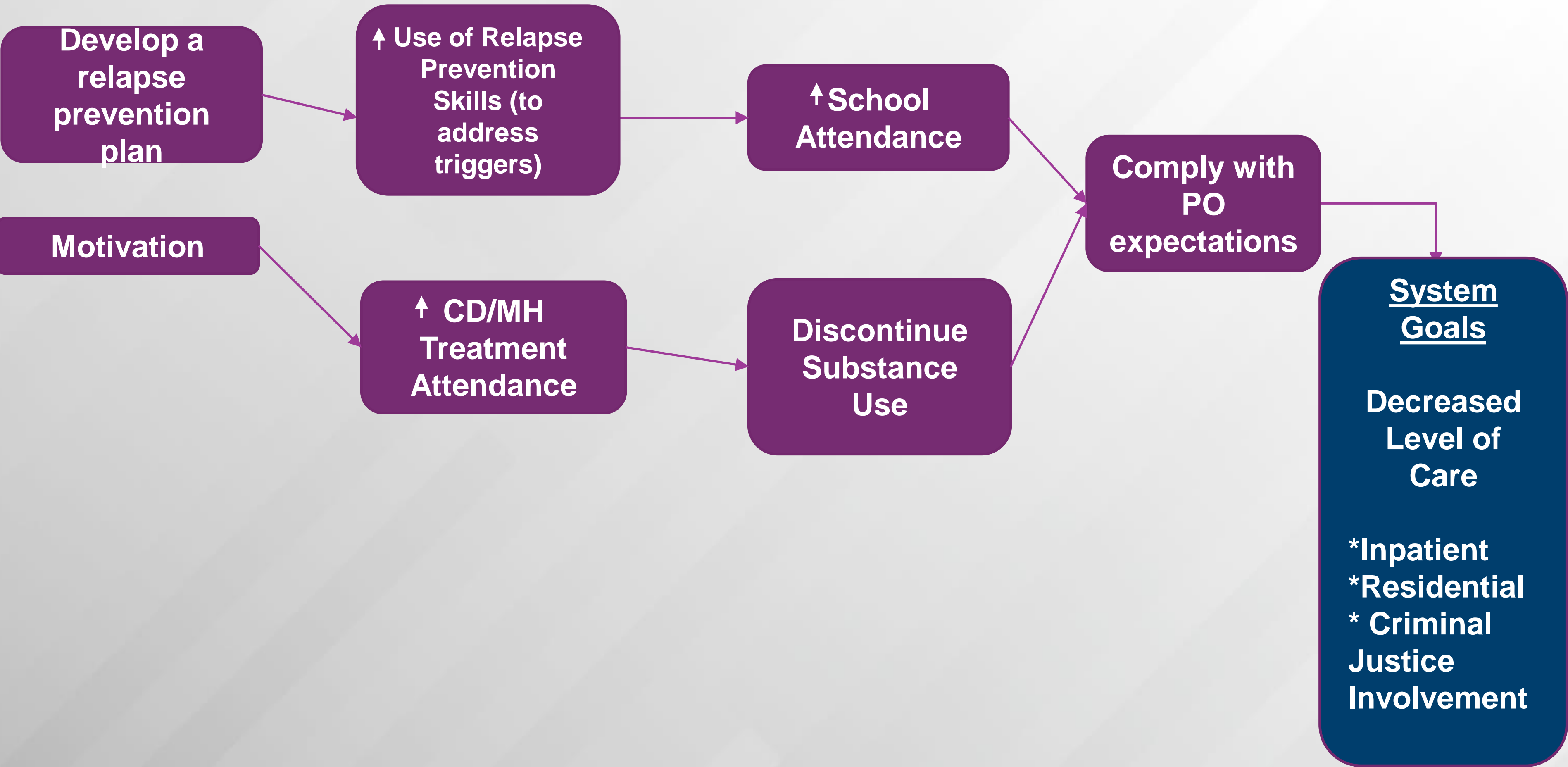
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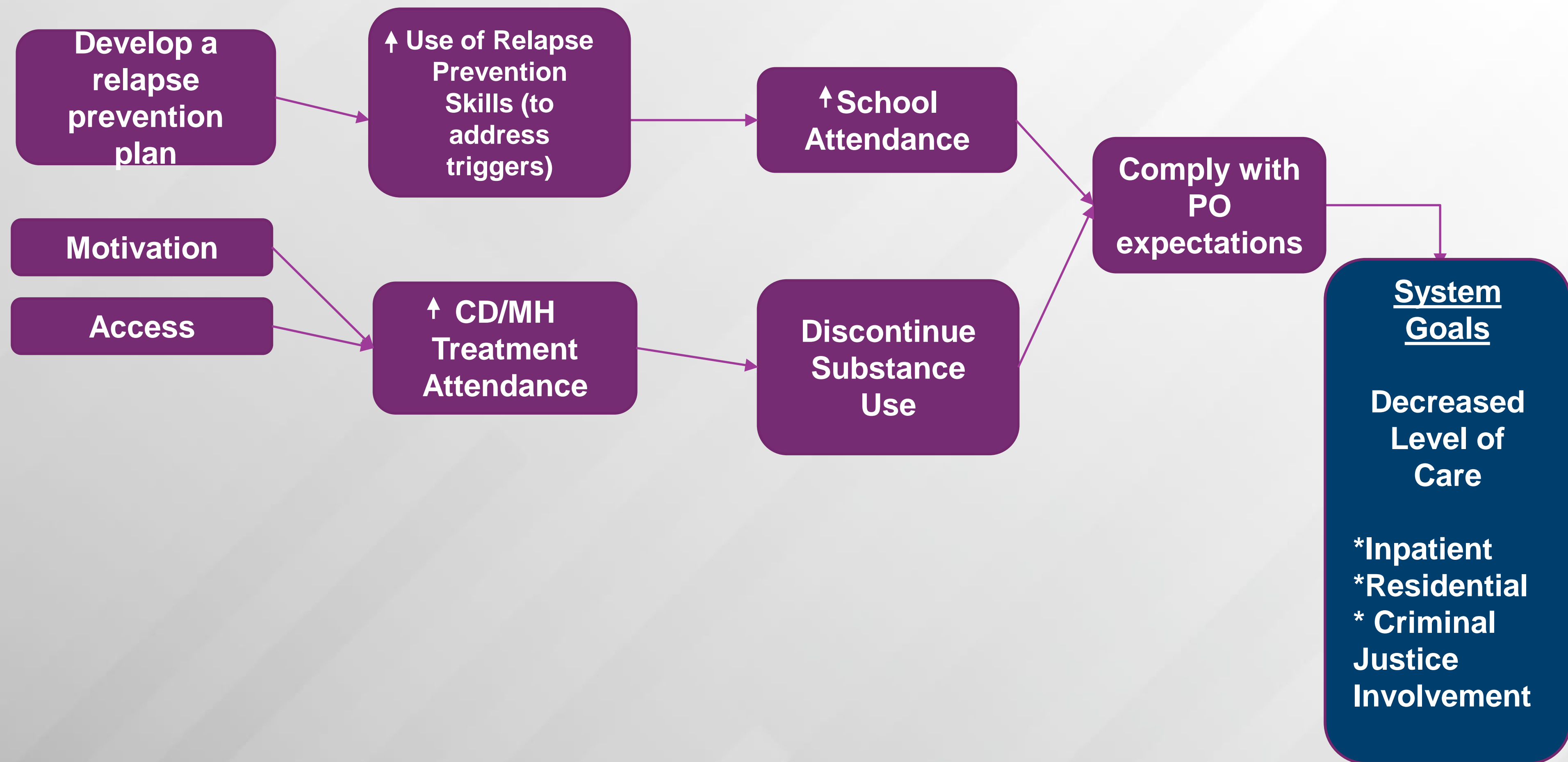
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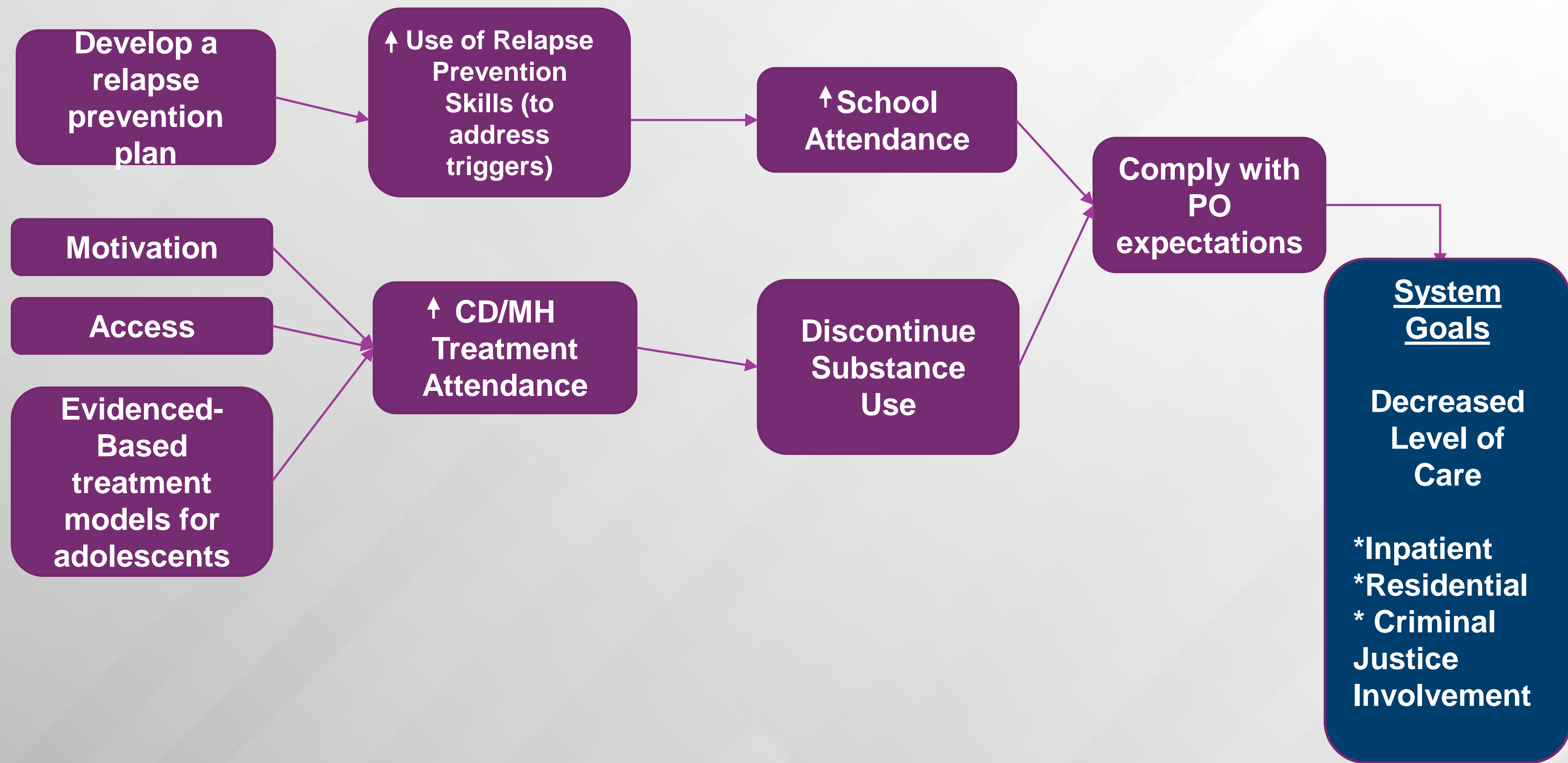
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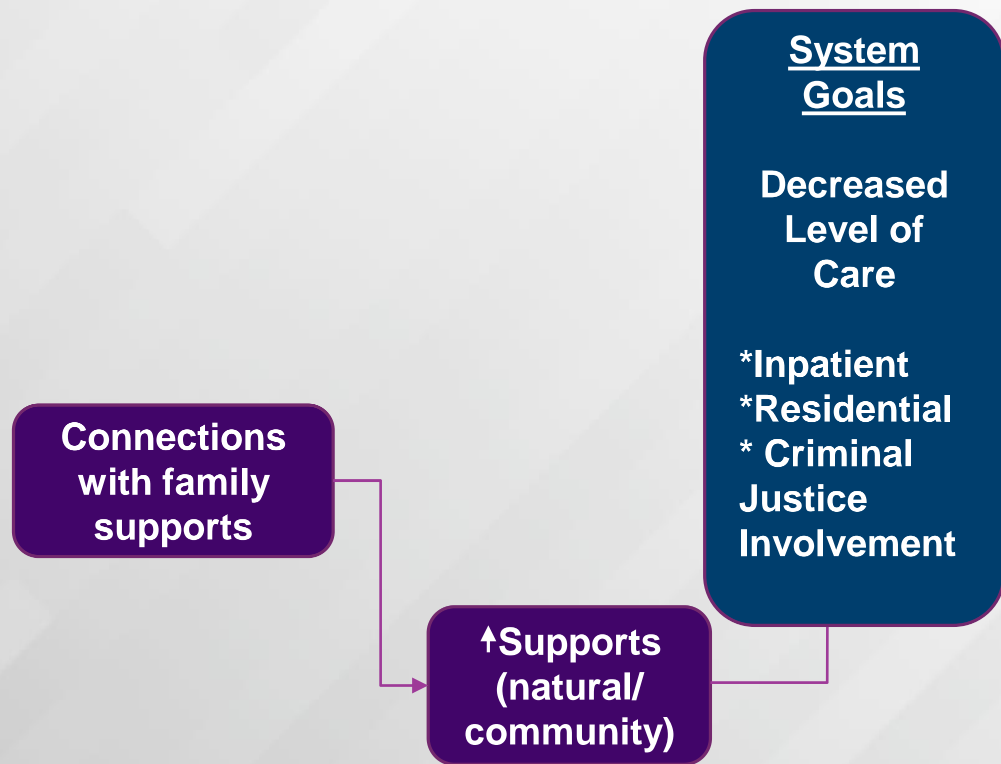
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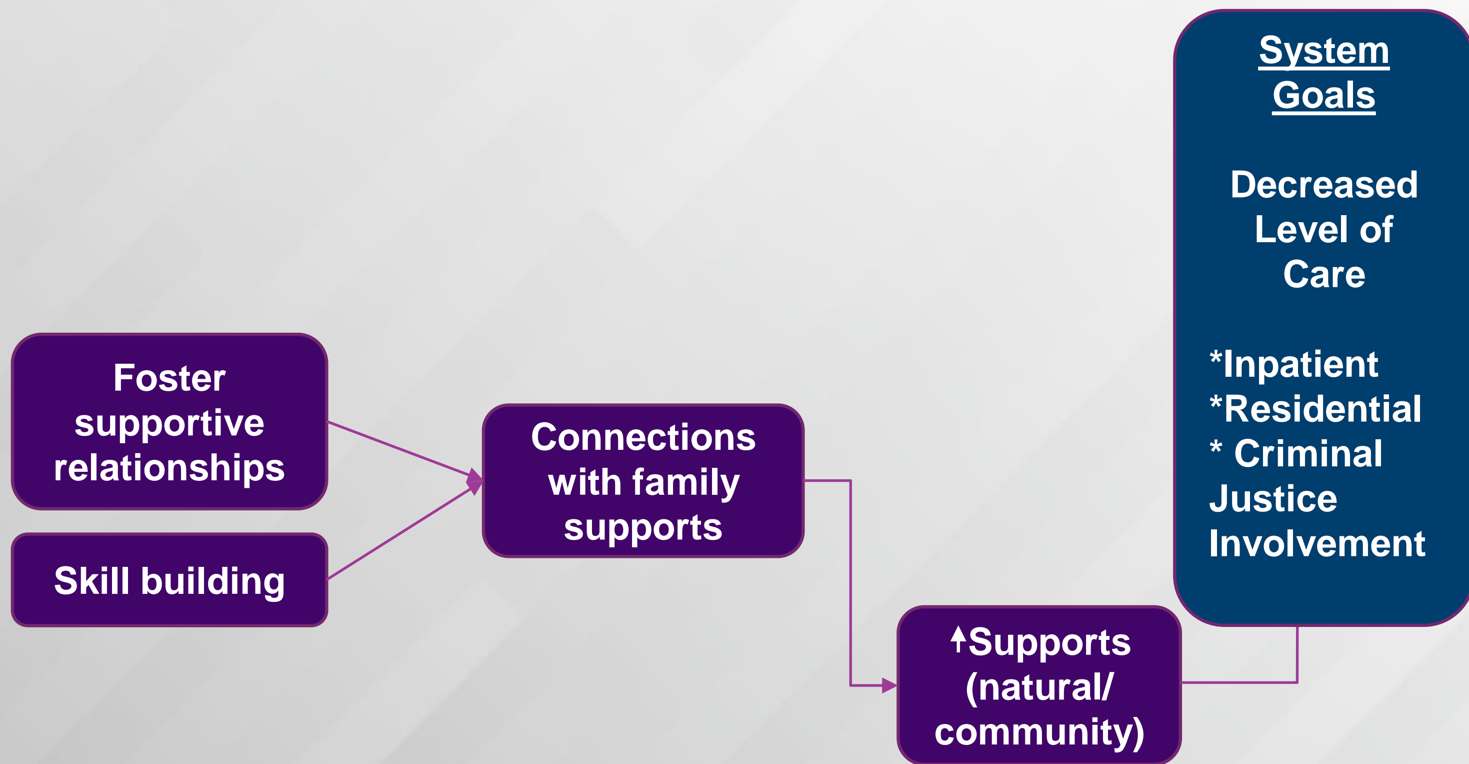
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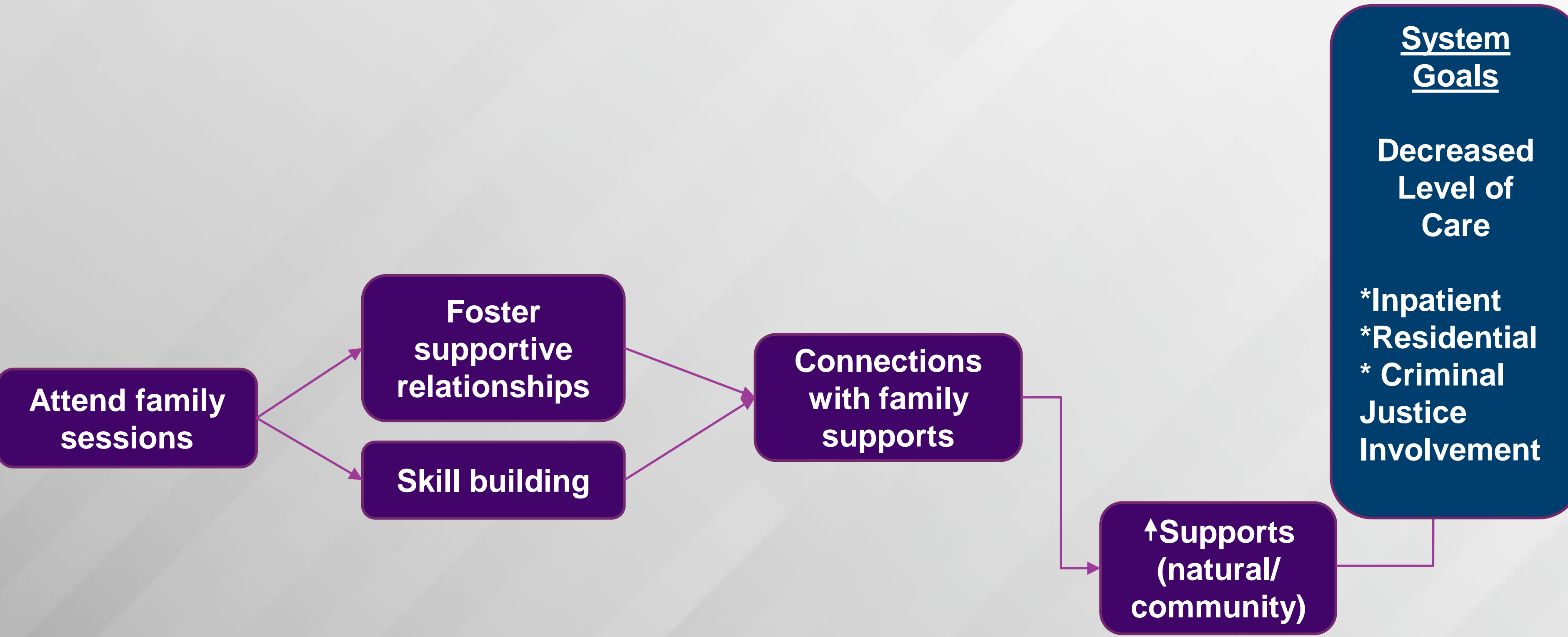
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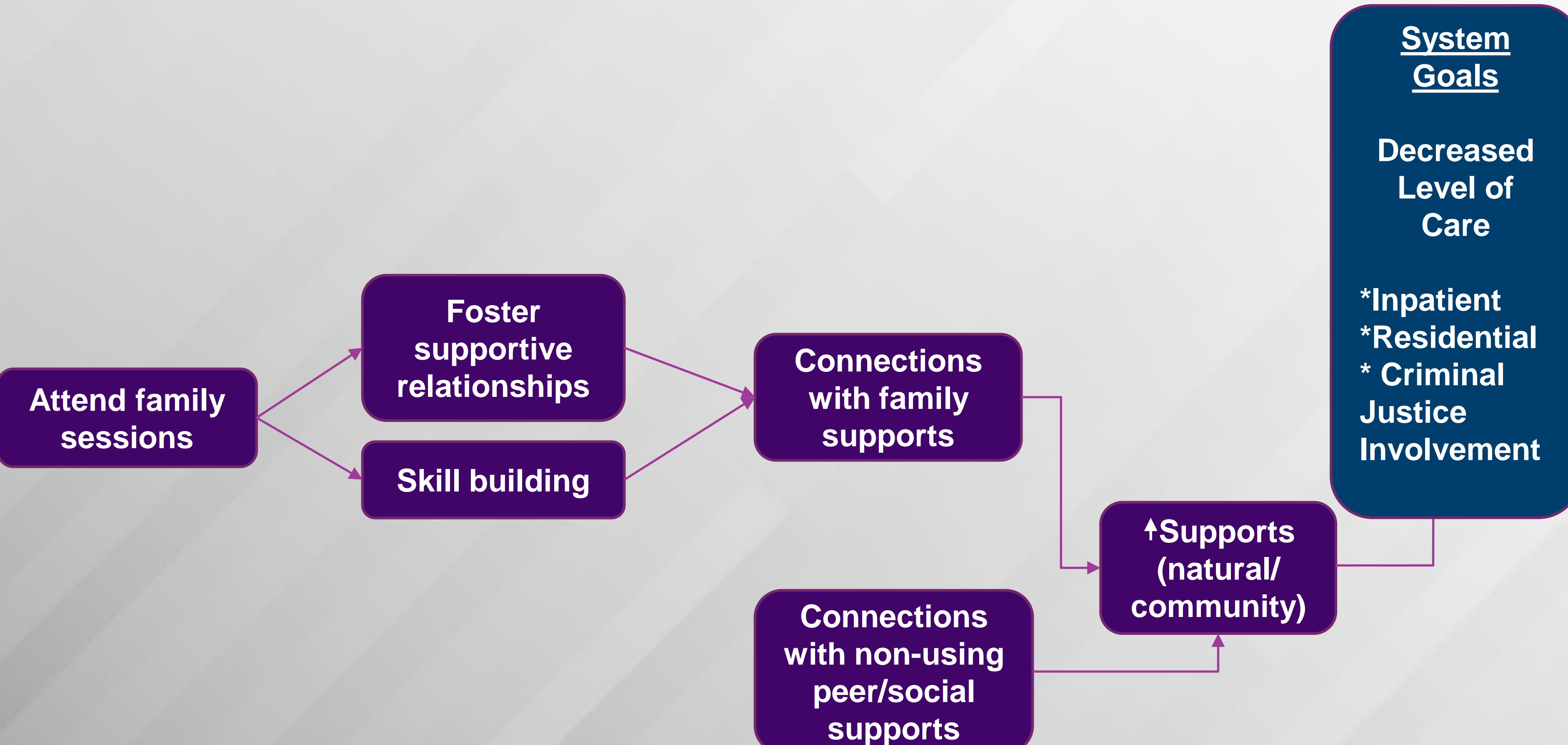
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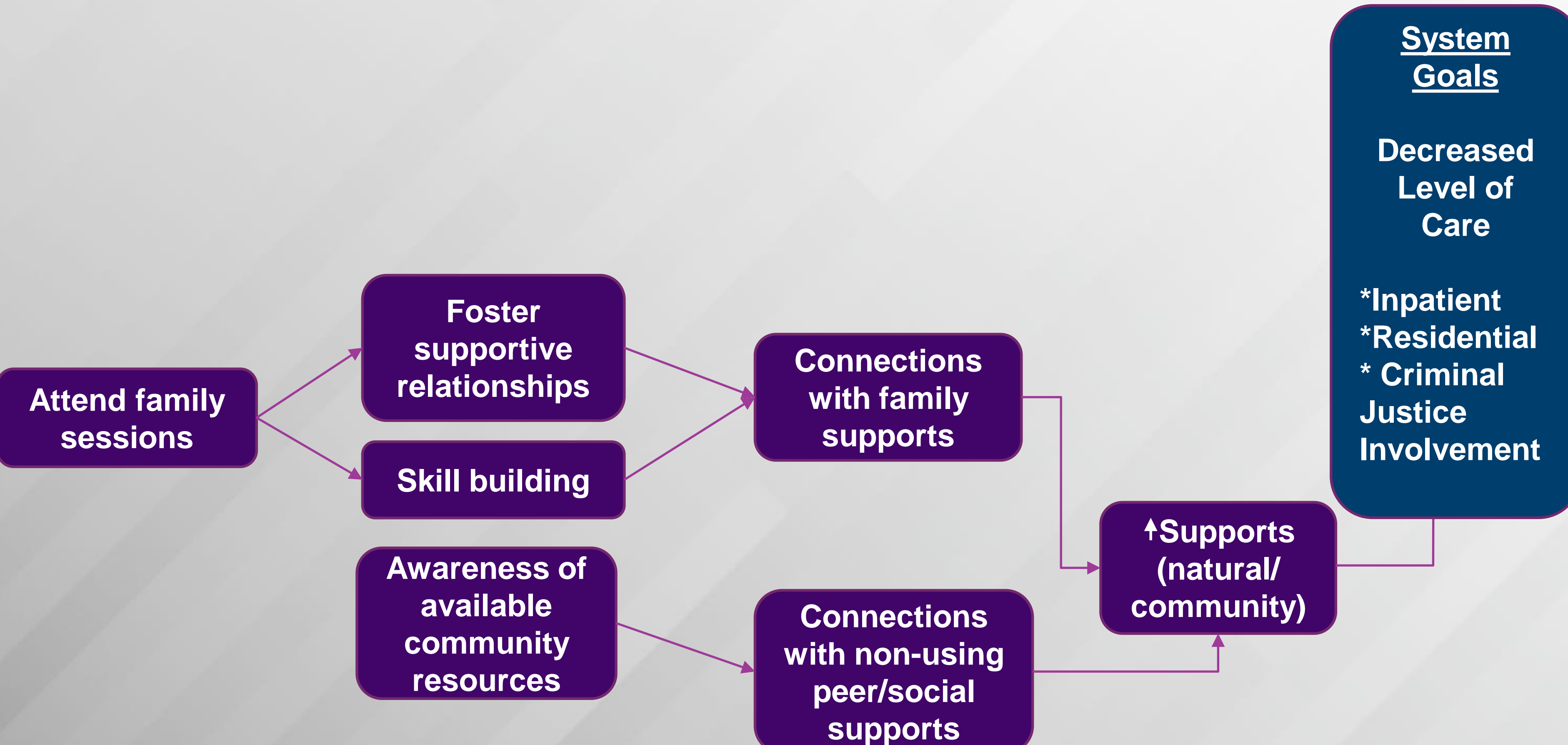

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Brainstorming and context logic model tools

- Articulate what you do well and the value of your service
- Consider the role your service plays in supporting individuals' whole health and wellness needs
- Logically think about the steps between data you collect, next steps, and system goals

- Next: identify where there is data already collected (or that could be easily collected)

Deciding what to measure

We've brainstormed our impact and identified how that supports system-wide goals.

Now what?

For the impact you were discussing earlier, how do you know?

There's a workgroup activity for that

Brainstorming Part II

- What data do you have that could demonstrate that impact?
- What information are you already tracking? What's on forms and paperwork?
- No data? What would you need?*
- If you know mostly from anecdotes or personal testimonials, what types of information could you collect to get at the main themes from these stories?
- Existing data outside your system

*Don't collect data unless you HAVE to!

Selecting a Measure: Considerations

- Don’t collect anything new (unless you really, really have to)
- Simple is better
- Cousin test
- Start with a piece of the puzzle, not your ideal measure
- Pick 2-3 measures ONLY
- Early success predicts continued efforts

Selecting a Measure: Considerations

- What's the question you're trying to answer?
- Who are you referring to in this measure?

Selecting a Measure: Considerations

- **What's the question you're trying to answer?**
- **Who are you referring to in this measure?**
  - "What percent of…..", "How many…." reach this benchmark for this measure?

..how many report decreased use after 3 months?

Of all adolescents receiving family sessions…

Numerator	67	=	76%
Denominator	88		

76% of adolescents receiving family support sessions during Q1 reported decreased use within the first 3 months of intake

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Example Measures

What types of measures does your organization consistently look at?

What do you wish was consistently looked at?

IDENTIFYING DATA OPPORTUNITIES

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Data Opportunities:

- -% of families who attend family group sessions
- -attendance rate average, by demographics, by length of stay…

- -% of families received education on communication styles
- -% of families attended group sessions on substance use education and stigma reduction

System Goals

Decreased Level of Care

***Inpatient**
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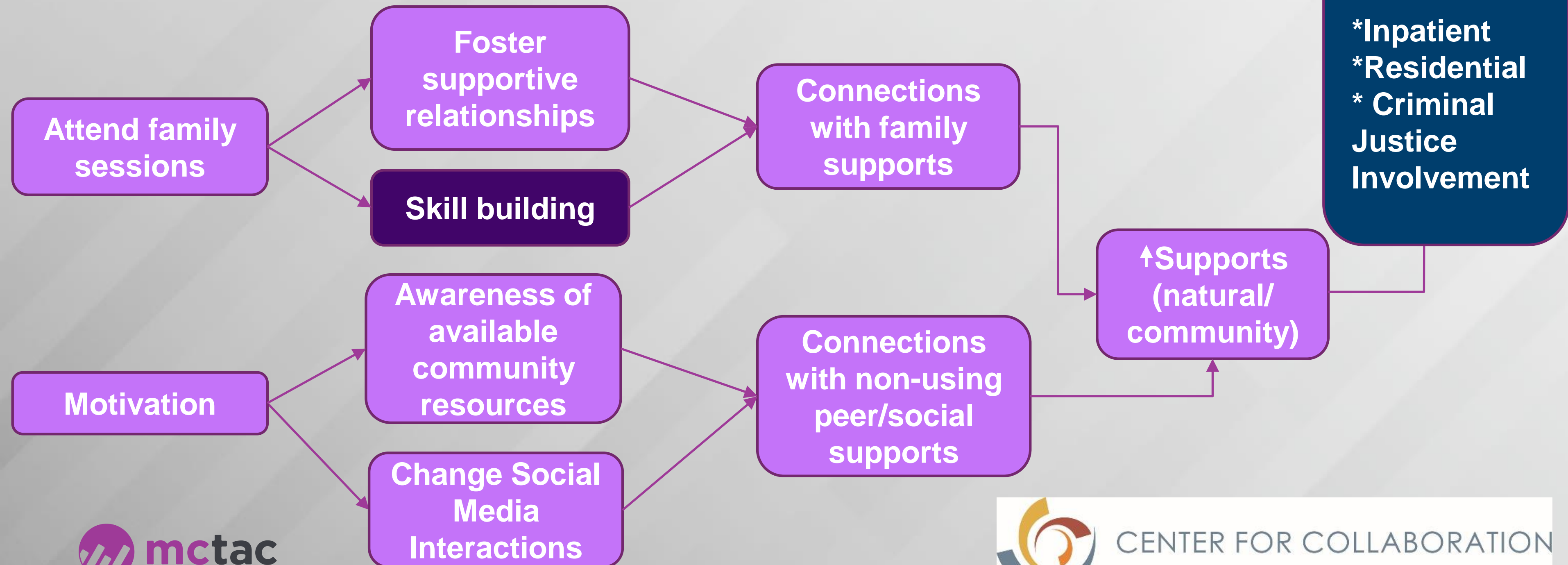
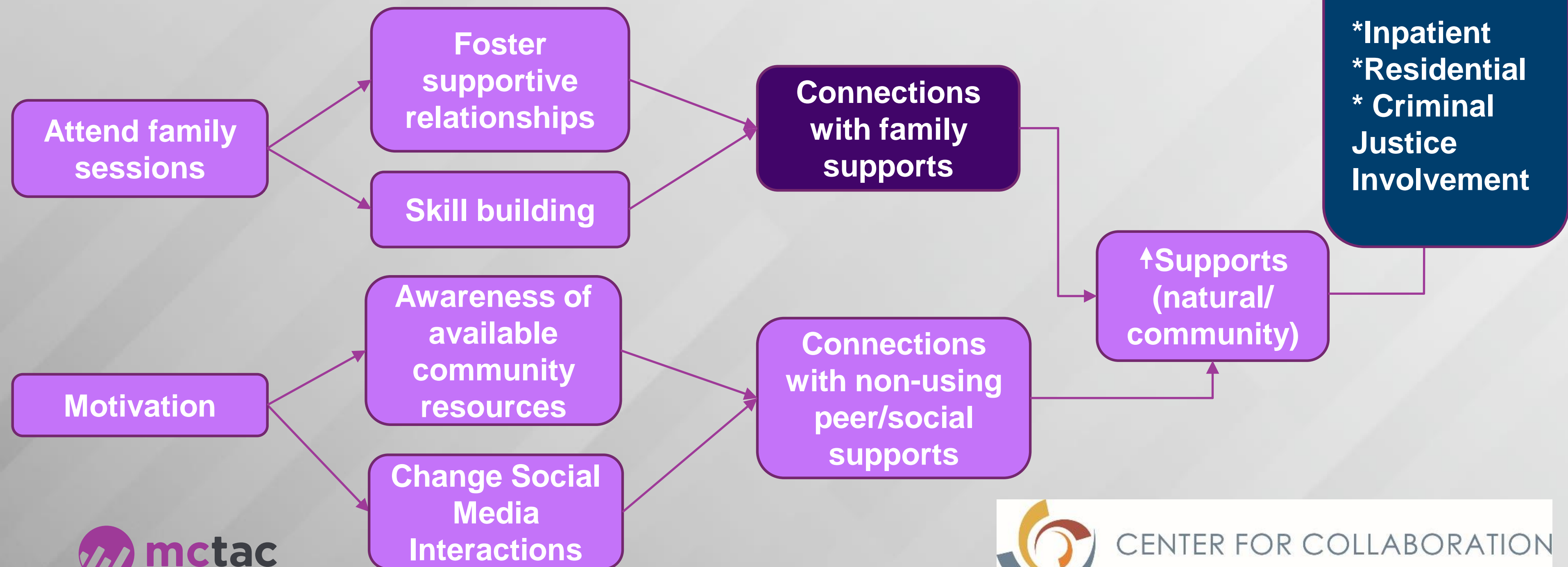
Data Opportunities:

- -% of population served with conflict resolution skills identified as a need
- -% of population served with at least 1 skill-building goal in their individualized service plan (ISP)
- -% of population that report progress in conflict resolution skills



Data Opportunities:

-% of youth that identify increased engagement/attendance to social activities with a support person
-% of families served that attend a service-run family engagement event
-% of youth with a family or support person involved in care
-average # of contacts made with support person (by demographics)



NGBH: Example Brainstorming Activity for Outpatient Chemical Dependency Adolescent Program

NGBH: What data do we have?

- Client Testimonials/Anecdotal data (verbal/written)
- Intake data (demographics)
- Units of Service/Attendance
- Surveys (varying types, pre/post)
- Testimonials from other agencies
- Hospitalization data
- Self-evaluation of family relationship (close, strained, etc.)
- Trauma history
- Housing status

NGBH: What data do we have?

Findings

- **Data primarily stored on paper**
- **Not easy to aggregate data**
  - A lot of anecdotal/qualitative data
  - Open ended questions/text format
- **Minimal outcome data**

Other thoughts

- **Considering an EHR vendor**
- **Have Microsoft Excel available on all desktops**

NGBH: What should we meaure?

Considering

- **Family engagement**
  - Attendance at sessions, increased contacts
- **Trauma-informed practices of staff**
  - Anecdotal data from youth advocates identified this as an area in need of improvement

Other steps they've taken

- **Started using the Data Collection Tool from Session 1**
- **The CEO looks at the dashboards once a month**

What can I do with the data I collect?

Improvement is a Process

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Continuous Quality Improvement

What is CQI?

A philosophy that focuses on improving the systems and processes of an organization

- **Asks:**
  - How are we doing?
  - How do we know?
  - Can we do better?
- **By using methodology that is:**
  - Specific
  - Objective
  - Data-Driven
  - Cyclical

Why CQI?

- **Helps any organization become better at improving the lives of those they serve, finding efficiencies, enhancing staff effort and well-being…**
- **Foundation of a performance driven culture**
- **Facilitates alignment with State and Federal Policy goals**
  - Triple Aim
    - Improve the quality of care
    - Reduce costs
    - Improve Population Health

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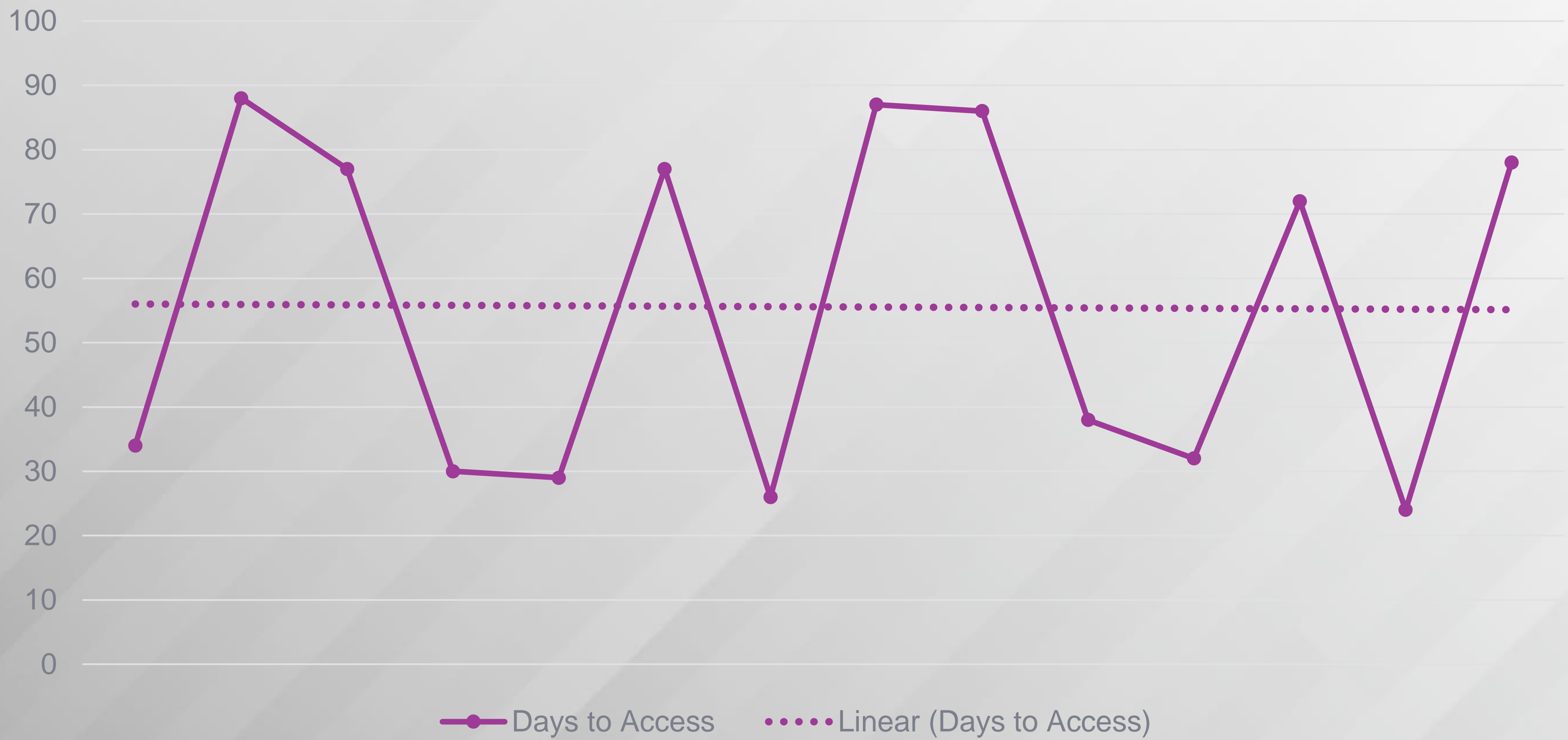

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Example: Access

- New client calls
- Intake paperwork sent (2 days)
- Intake paperwork returned (1 week)
- Screening appointment set up (1 week)
- Intake appointments (3; 5 weeks)
- Case conference (2 weeks)
- Scheduled with therapist (2 weeks)
- Re-scheduled with therapist (2 weeks)
- 2-3 therapist visits to set motivation foundation (2-5 weeks)
- Potential referral to prescriber if appropriate (1 week)

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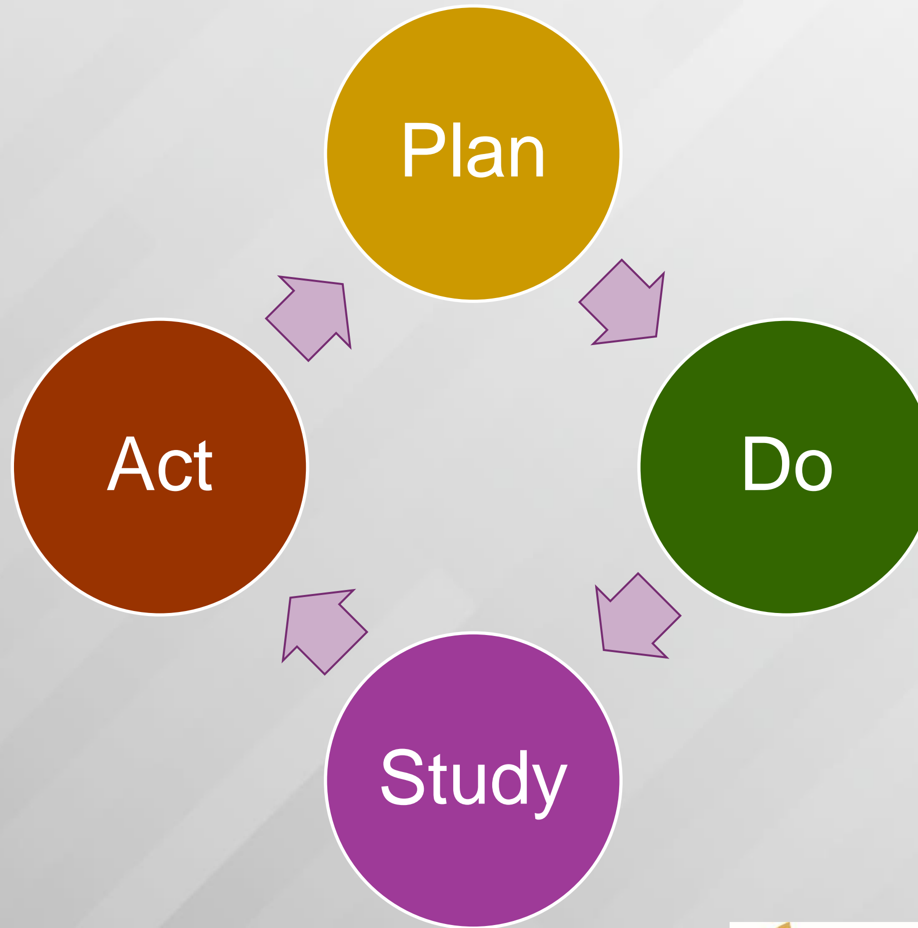
Secure email?

Attended by clinician?

Reminder calls?

PDSA Cycle



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How to begin using PDSA?

- **Who? Workgroup:**
  - Need buy-in
  - Individuals that may be impacted by PDSA cycle for their input
  - Those with the data
  - Leadership that has authority to make decisions on PDSA findings AND can ensure implementation of the "DO"
- **What?**
  - PDSA cycle on **ONE** step at a time
    - Ensures you are attributing change to the correct variable
  - PDSA cycle on a Pilot group first
- **Timeline?**
  - Short Cycles (2 weeks) for rapid decision making
    - This can be a challenge in the Behavioral Healthcare field

Plan

This is the detail planning part of the cycle!

Considerations

- **What is the question this PDSA cycle is trying to answer?**
- **What is the goal?**

What NGBH did specifically

- **Question**: Are we providing adequate trauma training and workforce development opportunities to all staff?
- **Goal**: Ensure all staff at all levels have received foundational training and general education about Trauma Informed Care

Plan

Details, Details, Details….

Considerations

- **Who will enact the PDSA cycle?**
- **What data points are needed?**
  - Who will collect the data?
  - How will it be collected?
  - Who will be aggregating/analyzing?
- **When to reconvene to look at data?**

What NGBH did specifically

- **PDSA will be piloted in outpatient CD clinic**
- **Create a brief staff survey to:**
  - ✓ Identify who has been trained and who has not
  - ✓ Identify any barriers to training
  - ✓ Are there differences in who is being trained?
- **Will reconvene two weeks after deployment of the survey**

Do

Go forth and "do" the work!

Considerations

- Enact the PDSA cycle
- How will staff be notified about the workgroup and its aims?
- How will it be disseminated?
- Set Start and End Dates

What NGBH did specifically

- Took advantage of an upcoming all staff meeting to introduce the project
- Assigned the admin assistant to create the survey in SurveyGizmo and send to staff
- SurveyGizmo will analyze the results and they will be discussed in the next CQI group meeting by identified data person of the workgroup
- Staff will have 1 week to complete the survey

Study

This is the "did it work?" portion of the cycle

Considerations

- What does the data show?
- Were the changes meaningful?
- Was there enough information to make a decision?
- What changes occurred as a result of the PDSA cycle?
- Barriers?

What NGBH did specifically

- Results:
  - 50% of program managers;
  - 35% of clinical staff;
  - 0% of administrative staff and board members received training
- Past Trainings were optional and only targeted toward clinical staff
- Feedback indicated the need for multiple trainings to allow for shift and caseload coverage

Act

So what are you going to do with this new information? Here are some options…

Considerations

- Implement a policy/workflow change
- Expand the PDSA cycle to a larger group/department
- Disseminate the findings
- A new PDSA cycle with a different variable
- Stop doing an action/behavior
- Solicit additional input from other stakeholders

What NGBH did specifically

- **Trainings will now be made mandatory and offered to all staff**
- **Multiple trainings will be offered to allow staff attendance**
- **Will now deploy the PDSA cycle agency wide to increase percentage of all staff trained**

Are we there yet?

"Are we there yet?"

mctac

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Strengthening practice. Stimulating innovation. Demonstrating sustainable impact.

How Can I Get Started?

- Establish a Work Group
- Complete the Brainstorming Activity
- Connect the dots: how do your services connect with State Healthcare Reform Goals?
- Identify your data opportunities and data gaps
- Identify a question
- Just get started! Don't wait for ideal

Feedback? Questions?