Thinking Through a Performance Improvement Project (PIP)

CalQIC Conference 2019 – March 14, 2019

Alameda County Behavioral Healthcare Services
Behavioral Health Concepts, Inc.
Marin County Behavioral Health & Recovery Services
Introductions

• Alameda County Behavioral Healthcare (ACBH)
  – John Engstrom, Quality Improvement Manager
  – Sophia Lai, Senior Program Specialist

• Behavioral Health Concepts, Inc. (BHC)
  – Amy McCurry Schwartz, MHSA EQRO Consultant
  – Tom Trabin, Deputy Director, California Drug MediCal EQRO

• Marin County Behavioral Health & Recovery Services (BHRS)
  – Catherine Condon, County Alcohol & Drug Administrator
  – Dawn Kaiser, Division Director
Performance Improvement Projects:
Thinking Through a PIP

Amy McCurry Schwartz, Esq., MHSA
EQRO Consultant
amy.mccurry@bhceqro.com

Tom Trabin, Ph.D., MSM
Deputy Director, Drug Medi–Cal EQRO
tom.trabin@bhceqro.com
The purpose of PIPs

- To assess and improve processes, and thereby outcomes, of care.

- 42 CFR 438.240(d) defines PIPs as having a “focus on clinical and non-clinical areas.”
Performance Improvement Projects
Clinical PIPs Might Target

- Prevention and care of acute and chronic conditions
  - Dual Diagnoses
  - Substance Use Disorders
- High-volume or High-risk services
- Specialized care
Performance Improvement Projects

Non-Clinical PIPs Might Target

- Coordination of Care
- Continuity of Care
- Appeals, Grievances Process
- Access or Authorization
- Beneficiary Services
Developing a Culturally Targeted PIP

John Engstrom, Quality Improvement Manager
Sophia Lai, Senior Program Specialist
Defining the Problem

- Reviewing Medi-Cal Penetration Rates, ACBH determined that Asian & Pacific Islander (API) beneficiaries had a consistently and significantly lower penetration rate than all other racial/ethnic groups.
Determining Need: Beneficiaries Served

- In FY 17-18, APIs were 22.9% of monthly Medi-Cal Enrollees, but only 7.8% of beneficiaries served.
Determining Need: Age Groups

- The penetration rate is lowest for older adults (< 0.8%)
Determining Need: Threshold Languages

- The most common primary language is English, and the penetration rate is lower for non-English speaking API beneficiaries.

![Chart: Medi-Cal Penetration by Threshold Language](image-url)
### Determining Need: Penetration by Language

<table>
<thead>
<tr>
<th>Language Group</th>
<th>Beneficiaries</th>
<th>Penetration Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Sign</td>
<td>40</td>
<td>2.5%</td>
</tr>
<tr>
<td>Arabic</td>
<td>225</td>
<td>1.3%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>1004</td>
<td>3.6%</td>
</tr>
<tr>
<td>English</td>
<td>51971</td>
<td>2.1%</td>
</tr>
<tr>
<td>Farsi</td>
<td>576</td>
<td>6.4%</td>
</tr>
<tr>
<td>Japanese</td>
<td>80</td>
<td>5.0%</td>
</tr>
<tr>
<td>Korean</td>
<td>1407</td>
<td>1.4%</td>
</tr>
<tr>
<td>Lao</td>
<td>56</td>
<td>8.9%</td>
</tr>
<tr>
<td>Llacano</td>
<td>40</td>
<td>5.0%</td>
</tr>
<tr>
<td>Mien</td>
<td>211</td>
<td>3.3%</td>
</tr>
<tr>
<td>Other</td>
<td>5005</td>
<td>1.4%</td>
</tr>
<tr>
<td>Spanish</td>
<td>363</td>
<td>3.6%</td>
</tr>
<tr>
<td>Tagalog</td>
<td>3507</td>
<td>1.1%</td>
</tr>
<tr>
<td>Thai</td>
<td>56</td>
<td>1.8%</td>
</tr>
<tr>
<td>Unknown</td>
<td>804</td>
<td>8.1%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>10605</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

### Chinese Language Detail

<table>
<thead>
<tr>
<th>Dialect</th>
<th>Beneficiaries</th>
<th>Penetration Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese Total</td>
<td>35190</td>
<td>0.9%</td>
</tr>
<tr>
<td>Cantonese</td>
<td>26483</td>
<td>1.0%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>8337</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other Chinese</td>
<td>366</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
Researching the Problem & Potential Solutions

• In 2016-2017, ACBH commissioned an API utilization study to determine barriers confronting APIs in connecting to mental health services, and potential interventions
  – Focus Groups
    • 14 consumer focus groups & 1 provider focus group
  – Stakeholder Interviews
    • 27 stakeholders
  – Academic Literature Review
  – Community Reports Analysis (70+ local reports)
  – Utilization Data Analysis

• API Mental Health & Empowerment Conference - November 2018
  – Expert speakers, workshops, panels
  – Surveys & audience feedback
### Barriers Identified

<table>
<thead>
<tr>
<th>Stigma</th>
<th>Lack of Understanding</th>
<th>Lack of Culturally Responsive Providers</th>
<th>Language Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation Limitations</td>
<td>Unaffordable Services/Lack of Insurance</td>
<td>Immigration Concerns</td>
<td>Mistrust of Government Services</td>
</tr>
<tr>
<td>Lack of Disaggregated Data by Ethnicity</td>
<td>Medi-Cal Standards Limit Provider Pool</td>
<td>Model Minority Myth</td>
<td>Other Barriers</td>
</tr>
</tbody>
</table>
## Interventions Recommended

- **Integrated Care**
- **Community-Defined Approaches/ Flexible Service Models**
- **Educational Campaign/Stigma Reduction**
- **Outreach & Prevention Activities**
- **Train & Support Community Mental Health Advocates**
- **Train & Support Mental Health Professionals**
- **Support Groups**
- **Serving clients outside of “mental health” setting (Community Center)**
- **Dedicated Staff**
- **Increased Investment in API Mental Health System**
- **Disaggregate Data by Ethnicity**
- **Workforce Training for Cultural Responsiveness**
- **Holistic Health Approaches (Spirituality)**
- **Community Capacity Building**
Exploring Next Steps

• **Developing Potential Interventions**
  – Coordinate warm handoffs from integrated care
  – Train other health providers for improved referrals
  – Train mental health professionals in cultural humility
  – Train peer advocates to help remove barriers
  – Train interpreters to improve service quality
  – Create group services to engage clients, especially in community settings

• **Creating a Stakeholder Committee**
  – Creating a Quality Improvement Committee (QIC) Workgroup for an API PIP

• **Approaching Partners to Implement Intervention**
  – API primary care provider
### Concept 1: Coordinating with Integrated Care

<table>
<thead>
<tr>
<th>Primary Intervention</th>
<th>Study Question</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| • Provide a same-day, warm handoff between primary care visit and mental health initial assessment | Will creating a warm handoff from primary care providers to mental health providers for an initial assessment on the same day increase the API penetration rate? | • Clients screened for MH issues  
• Clients referred for MH  
• Clients with completed assessments  
• Clients engagement & timeliness  
• Clients served  
• Penetration rate |
## Concept 2: Creating Services in Community

<table>
<thead>
<tr>
<th>Primary Intervention</th>
<th>Study Question</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Offer mental health services at community centers that serve API Seniors</td>
<td>Will offering mental health services at community centers serving API seniors improve the API Penetration Rate?</td>
<td>• Attendance at community events</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clients receiving outreach</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clients referred to MH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clients with completed assessments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Client engagement &amp; timeliness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clients served</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Penetration rate</td>
</tr>
</tbody>
</table>
Concept 3: Improving Cultural & Linguistic Responsiveness

<table>
<thead>
<tr>
<th>Primary Intervention</th>
<th>Study Question</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| • Establish linguistically and culturally responsive mental health staff to serve as interpreters and advocates for monolingual API consumers during psychiatry visits | Does providing a linguistically and culturally responsive interpreter and advocate improve client satisfaction and engagement for psychiatric visits for API consumers? | • Psychiatric visits with mental health staff present as interpreter & advocate  
• Client engagement & timeliness  
• Client satisfaction |
Confronting Challenges

• Selecting a Provider
  – Contractor vs County Service Provider

• Overcoming Limited Provider Capacity

• Addressing Limitations in Disaggregating Client Data
  – Medi-Cal Beneficiaries
  – Consumers
Step 1: Select the Study Topic

Why is this an important topic?

What impact does the issue have on beneficiaries?
   How does culture impact the issue?

What impact does the issue have on the health plan?
Impact

- Study Topic Impact
  - Affects a significant portion of beneficiaries
    - Or a specific sub-portion of beneficiaries
  - Has the potential to significantly impact beneficiary health, functional status or satisfaction
Data

- Data about beneficiaries
  - Heath risks
  - Utilization of services
  - Functional status

- Sources of data used to select the topic
  - Penetration rate
  - County specific data
  - Trends
  - Stakeholder input
  - EQRO reports
Data

- Other uses of data
  - Define the problem
  - Define the population
  - Design measurements of effectiveness
    - Indicators
    - Interventions
    - Outcomes
Step 2: Define the Study Question

- Is the question beneficiary focused?
- Does the question lead to a measurement of beneficiary outcomes?
- Does the question support the ability to determine whether the intervention has a measurable impact for a clearly defined population?
The study question should focus on the outcomes for the beneficiary:

- Increased beneficiary participation in treatment
- Beneficiary satisfaction with treatment received
- Ability to accomplish next steps in treatment plan

- How to measure satisfaction?
- How to measure engagement?
Culturally Targeted PIPs

- Population
  - Cultural
  - Ethnic
  - Racial
  - Linguistic
  - Gender

- Barriers that are unique to this population
  - Does the barrier contribute to health disparities?

- Culturally targeted PIPs should seek to advance health equity
Culturally Targeted PIPs

- **Timeliness**
  - Analysis of timeliness based on possible or actual underserved populations

- **Access**
  - Analysis of access based on possible or actual underserved populations

- **Coordination**
  - Education partners
  - Criminal Justice
  - Child Welfare
  - Public Health
  - Primary Care
Marin County Clinical PIP
Road to Recovery Program

Road to Recovery/Specialty Mental Health

Road to Recovery

- County-operated Outpatient Program for adults with complex co-occurring Serious Mental Illness and Substance Use Disorders
- Launched October 2016
Marin County Clinical PIP
Road to Recovery Program

Why Focus on Road to Recovery?

- Data indicated a lack of successful treatment initiation and positive treatment progress, as well as low levels of satisfaction with the convenience of the treatment schedule.

- Desire to identify and implement approaches that could be replicated across programs to more effectively serve this specialty population.

Positive Treatment Progress
15% vs 84%

“Services were available when I needed them.”

3.6/5 rating

Initiation & Engagement
52.3% vs 79.7%
• Convened PIP stakeholders

• Reviewed additional data to better understand the issues and identified indicators
  – Overall Client Satisfaction [Treatment Perceptions Survey (TPS)]
  – Satisfaction – Convenience of the Treatment Schedule [TPS]
  – Client Initiation and Engagement [CalOMS – HEDIS measures]
  – Retention – Length of Stay [CalOMS]
  – Improvement in Behavioral Health Domains [CHOIS: Intake, Monthly, Discharge]
  – Positive Treatment Outcomes [CalOMS – Discharge Status of 1, 2, 3]
Reviewed the literature to identify strategies for improving initiation, engagement, retention, satisfaction and outcomes for adults with co-occurring SUD/SMI

- Change in Group Times
- Creating Healthy Outcomes Integrated Self-Assessment (CHOIS)
  - Assess changes in behavioral health domains
  - Enhances feedback-informed treatment
- Stages of Change/Stage-Matched Treatment
  - Add a New Level of Care
  - New Group Counseling Topics
  - Menu of Services Model
  - Add Engagement Services
Marin County Clinical PIP
Road to Recovery Program

Outcomes:

• Positive Treatment Progress:
  90.7% Increase from Baseline (15%) to Current (28.6%) - Nearing the Target of 35%
  
  Note: Baseline is 1/1/17 – 12/31/17 and Current is 10/1/18 – 12/31/18

• Client Satisfaction – Services Available When Needed:
  3.6 at Baseline to 4.5 (out of 5)
  
  Note: Baseline: November 2017
  Administration and Current is each of the three subsequent quarters (1/1/18-3/31/18, 4/1/18-6/30/18 and 7/1/18-9/30/18)
Marin County Clinical PIP
Road to Recovery Program

Outcomes:

- CHOIS Implementation:
  Ongoing improvements in Behavioral Health Domains

---

### Most recent assessment prior to December 2018

<table>
<thead>
<tr>
<th>CHOIS SUBSCALE</th>
<th>N</th>
<th>PREVIOUS* Mean</th>
<th>Std. Dev.</th>
<th>CURRENT* Mean</th>
<th>Std. Dev.</th>
<th>CHANGE IN MEAN SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression (the average of items 1 through 6)</td>
<td>17</td>
<td>1.3</td>
<td>0.9</td>
<td>1.1</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Anger (the average of items 7, 8, and 9)</td>
<td>17</td>
<td>0.7</td>
<td>0.6</td>
<td>0.8</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>Anxiety (the average of items 10 through 15)</td>
<td>17</td>
<td>1.4</td>
<td>0.7</td>
<td>1.3</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Cognitive/Memory (the average of items 16 and 17)</td>
<td>17</td>
<td>1.4</td>
<td>0.9</td>
<td>1.1</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>Psychosis (the average of items 18 and 19)</td>
<td>17</td>
<td>1.1</td>
<td>1.1</td>
<td>0.8</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Suicidal Ideation (item 20)</td>
<td>16</td>
<td>0.5</td>
<td>0.8</td>
<td>0.4</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Positive Recovery (the average of items 22 through 30)</td>
<td>17</td>
<td>2.5</td>
<td>0.8</td>
<td>2.5</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>Overall Symptoms (the average of items 1 through 20)</td>
<td>17</td>
<td>1.2</td>
<td>0.7</td>
<td>1.1</td>
<td>0.8</td>
<td></td>
</tr>
</tbody>
</table>

### Most recent assessment prior to March 2019

<table>
<thead>
<tr>
<th>CHOIS SUBSCALE</th>
<th>N</th>
<th>PREVIOUS* Mean</th>
<th>Std. Dev.</th>
<th>CURRENT* Mean</th>
<th>Std. Dev.</th>
<th>CHANGE IN MEAN SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression (the average of items 1 through 6)</td>
<td>15</td>
<td>1.7</td>
<td>1.0</td>
<td>1.4</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Anger (the average of items 7, 8, and 9)</td>
<td>15</td>
<td>1.2</td>
<td>0.8</td>
<td>1.0</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Anxiety (the average of items 10 through 15)</td>
<td>15</td>
<td>1.6</td>
<td>0.9</td>
<td>1.4</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>Cognitive/Memory (the average of items 16 and 17)</td>
<td>15</td>
<td>1.7</td>
<td>1.0</td>
<td>1.2</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>Psychosis (the average of items 18 and 19)</td>
<td>15</td>
<td>1.2</td>
<td>1.3</td>
<td>0.5</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>Suicidal Ideation (item 20)</td>
<td>15</td>
<td>0.6</td>
<td>0.9</td>
<td>0.5</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Positive Recovery (the average of items 22 through 30)</td>
<td>15</td>
<td>2.3</td>
<td>0.7</td>
<td>2.4</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Overall Symptoms (the average of items 1 through 20)</td>
<td>15</td>
<td>1.3</td>
<td>0.8</td>
<td>1.2</td>
<td>0.8</td>
<td></td>
</tr>
</tbody>
</table>
• **Incorporate Client Feedback** - Substantial improvements associated with interventions based on client feedback:
  – Changed Group Times → Improved Client Satisfaction
  – CHOIS Implementation → Improvements in Behavioral Health Domains

• **Utilize the benefits of the DMC-ODS** – Allows for Client-Centered Treatment
  – Field-based services
  – Additional individual counseling sessions
  – Services based on need, rather than by modality or prescribed length

• **Seek Technical Assistance from EQRO** – Examples of how feedback impacted the design, implementation and re-design of the PIP:
  – Importance of the clarity of the Data Collection Plan
  – Recommendation to incorporate feedback-informed treatment approaches
  – Encouragement to revise the design and interventions
If goal is at least 35 percent of beneficiaries at discharge to be rated with a positive CalOMS discharge status, defined as having completed treatment (achieved their treatment goals and learned what the program intended them to learn) or left before completion with satisfactory progress.

Indicators–
- Treatment retention as measured by length of stay in treatment.
- Beneficiary satisfaction with their treatment experience, as reported in the TPS
- Initiation and engagement, as measured by encounter data
- Beneficiary mental health and substance use symptoms as reported in the Creating Health Outcomes: Integrated Self-Assessment (CHOIS) measure
Interventions should not focus on procedures, but on beneficiaries.
Implement Intervention and Improvement Strategies

Interventions should:

- Relate to causes/barriers identified through data analysis
- Be culturally and linguistically appropriate
- Be “implementable” system-wide
- Not be “one time” efforts
Implement Intervention and Improvement Strategies

An improvement strategy is an intervention designed to change behavior at an institutional, practitioner, or beneficiary level.

Real, sustained improvement results from a continuous cycle of measuring performance and implementing system-wide improvements.

(Plan, Do, Check, Act)
Marin did not propose this as an integrated or dual-credit PIP, but some counties are expressing interest.

What would be needed to have a dual PIP?
- Impact on both mental and SUD conditions of clients
- Cross-referrals to and from both types of programs/systems of care
- Involvement from both MH and SUD reflected in the PIP design
  - Problem statement
  - Interventions
  - Outcome Measures
Dual MH and DMC PIPs

- Overall challenges
  - Inherent in the development of any PIP, especially in a first attempted PIP for DMC–ODS
  - Clinical Challenges
    - Fostering improvements for population with complex and serious co-occurring conditions
  - Administrative Challenges
    - Cooperation and Coordination between both MH/SUD systems of care
What makes a PIP successful?

- Meeting the requirements of the PIP protocol.
- Potential to produce good results
- Ability to learn from the implementation and make an impact on beneficiaries.
- It’s not all about the score.
Lessons from these PIPs

- Get stakeholder input
  - Inform your plan
  - Craft interventions

- Use data
  - Define the problem
  - Narrow the population
  - Identify barriers
  - Design measurements of effectiveness
  - Measure success
Lessons from these PIPs

- Adjust along the way
  - Measure early and often
    - Revise interventions as needed
    - Add interventions as needed

- Seek guidance
  - Early
  - Often

- Continuous review
  - Not “one and done”
  - Can’t be fixed overnight
Questions