Data Driven Decision Making

The Importance of Outcomes in a Value-Based System

Presented by:

Andrew Cleek, PsyD

Dan Ferris, MPA

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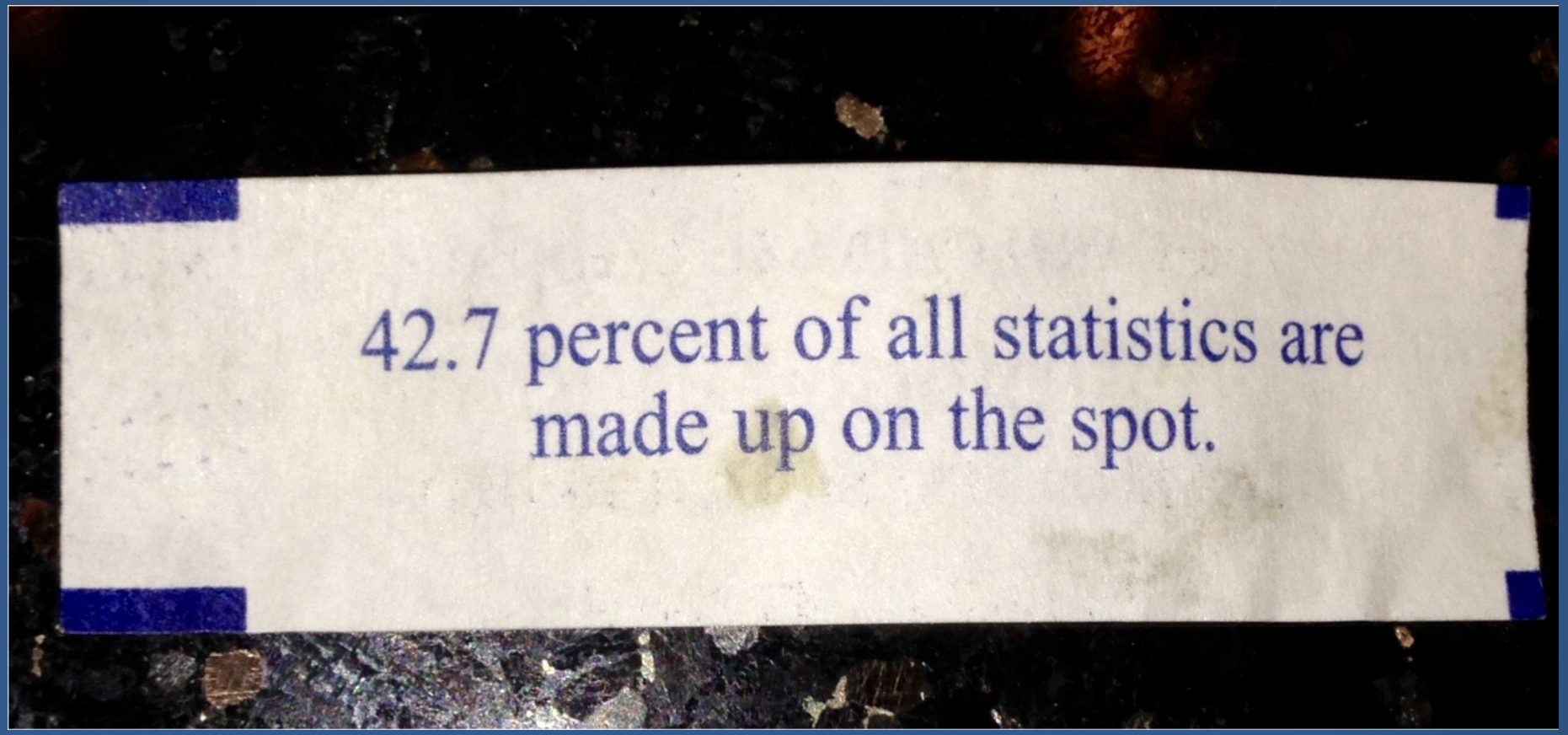

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Agenda

- About MCTAC
- Current Context – Where the World is Going
- MCTAC Readiness Assessment
- Types of Data
- Using Data
- NYS Data Collection
- Discussion

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MCTAC Overview

What is MCTAC?

MCTAC is a training, consultation, and educational resource center that offers resources to all mental health and substance use disorder providers in New York State.

MCTAC's Goal

Provide training and intensive support on quality improvement strategies, including business, organizational and clinical practices to achieve the **overall goal of preparing and assisting providers with the transition to Medicaid Managed Care**.

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MCTAC Overview (cont.)

- MCTAC is partnering with OASAS and OMH to provide:
  - Foundational information to prepare providers for Managed Care
  - Support and capacity building for providers
    - tools
    - informational training & group consultation
    - assessment measures
  - Information on the critical domain areas necessary for Managed Care readiness
  - Aggregate feedback to providers and state authorities

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Who is MCTAC?

McSILVER INSTITUTE
FOR POVERTY POLICY AND RESEARCH

CASA COLUMBIA

CCSI
Coordinated Care Services Inc

THE MANAGED CARE TECHNICAL ASSISTANCE CENTER OF NEW YORK
MCTAC
EFFICIENT PRACTICES • EFFECTIVE CARE

ICL
People Get Better With Us

IDEAS

NYAPRS
"Partners in Recovery"

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Where is the world going?

- Changes in the landscape
  - Affordable Care Act
  - Medicaid Redesign
  - Managed Care (value vs volume)
- Agencies must think about service delivery in a new way and must be able to document and understand the impact of services
  - Capturing data
  - Using data to inform
- Use of technology, e.g. EHRs, RHIOs, provides access to a tremendous amount of data

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Why Managed Care?

Better Care, Better Health, Lower Costs

"Ever rising health care costs are a national challenge. The United States currently spends 16 percent of its GDP on health care which is nearly twice as much as any other nation. At the same time, key health indicators suggest that we are not getting our money's worth"

***NYS DOH,* Plan to Transform the Empire State's Medicaid Program**

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Evolution of the Behavioral Healthcare Field

- Evidence-based best practices
- Managed Care
- Pay-for-Performance Model
- Outcomes, Outcomes, Outcomes
  - As the field moves forward so do we
  - Internally it provides staff and clients with measures to determine ways to improve upon existing work
  - Answers questions about the work we're doing and offers deeper insights about what is or isn't going on
  - All agencies will have to collect and focus their efforts on data collection to be able to document that clients are making progress

MCTAC Readiness Assessment

- Beginning in September, 2014, MCTAC offered a tool targeting adult behavioral health providers to help them assess their own readiness for Managed Care and benchmark them with their fellow agencies around the state.

- Additional iterations of the survey tool were created and distributed specifically to OCFS agencies and children providers.

- A total of over 500 responses was included in the three analyses

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Readiness for Medicaid Managed Care

Domain	Name	Label in Graphs
1	Understanding MCO Priorities & Present Managed Care Involvement	**MCO Priorities**
2	MCO Contracting	**Contracting**
3	Communication /Reporting (Services authorization, etc.)	**Communication**
4	IT System Requirements	**IT**
5	Level of Care (LOC) Criteria / Utilization Management Practices	**Level of Care**
6	Member Services/Grievance Procedures	**Member Services**
7	Interface with Physical Health, Social Support and Health Homes	**Interface**
8	Quality Management/Quality Studies/Incentive Opportunities	**Quality**
9	Finance and Billing	**Finance**
10	Access Requirements	**Access**
11	Demonstrating Impact/Value (Data Management & Evaluation Capacity)	**Evaluation**

Domain	Average Score (OMH/OASAS)	Average Score (OCFS)	Average Score (Children-Serving)
1. MCO Priorities	3.35	2.73	3.34
2. Contracting	3.20	2.55	3.20
3. Communication	2.68	1.62	2.67
4. IT	3.20	2.48	3.17
5. Level of Care	2.85	2.02	2.87
6. Member Services	2.82	2.00	2.85
7. Interface	3.89	3.40	3.83
8. Quality	2.84	2.25	2.82
9. Finance	3.25	2.71	3.21
10. Access	3.34	2.32	3.32
11. Evaluation	**2.62**	**1.83**	**2.63**
Total Average Score	**3.10**	**2.36**	**3.08**

Domain score is below total average score

How would your agency respond?

Demonstrating Impact/Value (Data Management & Evaluation Capacity): Agencies will be expected to prove the worth of their services by measuring processes and outcomes	
Your organization has identified, trained, and provided the appropriate software application support to an individual responsible for data analysis	**Yes/No**
Rate the ability of your organization to collect data related to the volume of services provided	
Rate the ability of your organization to collect data related to the clinical impact on the consumers of services provided (quality of care)	
Your organization considers both internal as well as external data sources (such as Medicaid claims viewed through PSYCKES) as you look for evidence of your clinical impact	**Yes/No**
MCO quality expectations have been shared with staff members	**Yes/No**
Clinical staff members routinely review data being collected about key service delivery processes and clinical outcome measures	**Yes/No**
Rate the ability of your organization to demonstrate the value of your services (the cost/quality equation) to payers compared to benchmarks	
Your organization has the necessary information to understand the outcomes and related measures that define success for the MCOs with which you work	**Yes/No**

Data = Information

Data already exists…*the key is to identify it and use it to inform your processes*

- **Choose and define the outcomes of focus**
- **Capture the data and understand it so that it informs:**
  - **The client**
  - **The program**
  - **The agency**
  - **The payer**
  - **Referral Sources**
- **"Data" must be accessible and actionable by everyone**

Anecdotal vs Data Driven Example 1

Anecdotal:

"People with schizophrenia don't recover."

Data-Driven:

Longitudinal data show that 2/3 of people diagnosed with schizophrenia *do* recover.

Assumptions are made all around us based on what we see day-to-day, not always based on accurate data.

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Anecdotal vs Data Driven Example 2

Anecdotal:

"Peers are an integral part of our agency's treatment model."

Data-Driven:

95% of consumers who come through our doors are met by a peer.

Individuals who utilize peer services are X% less likely to be hospitalized.

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Categories of Data

- Administrative Data
- Client Outcome Data
- Financial Data

Administrative, client, and financial data looked at together provide agencies with their most complete picture of their performance and outcomes.

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A Few Common Metrics

- Collection ratio: a total collected to total billed reviewed by payer and payer class
- Aged accounts receivable: Dollar value of accounts receivable tracked by amount of time they have been outstanding
- Denial report – percentage and amount of claims denied by reason, clinician, and payer
- Productivity Analysis

Common Metrics (cont.)

- No Show Report – percentage of services/visits that are no show
- Average reimbursement rate (paid claims only)– total paid amount over number of services
- Unit Cost – average cost to provide a service

Additional/Analytic/Reporting

- Making sure that all services provided are billed
- Ticklers
  - Authorization
  - Treatment Plans
  - Credentialing – License renewal
  - Other documentations/ requirements
  - Signatures
- Caseload
- Centralized Scheduling
- Payer Mix
- Single Chart
- Eligibility Verification (Batch Processing)
- Posting remittances
  - Increase efficiency
  - Reduce resources
  - Reduce errors
  - Reduce Time

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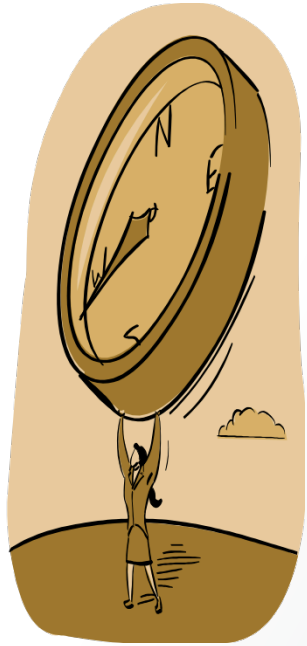
Data-Driven Decision Making

Making decisions based on available data:

- **What do we already track? What is required and necessary?**
- **What do we need to track? Requires thinking in advance how data may best inform what we need to know**
- **How should we track our progress? Implement standard performance-monitoring protocol**
- **What changes do we need to make? Be willing to adjust measurements intermittently – *feedback loop***



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Utilizing Data

- **All levels of staff will use the best available data to make informed-decisions**
  - Clinical staff will collect, monitor, and review clinical outcome data to make treatment decisions
  - Program directors will use outcome data, clinical, claims and payment data for each service and program to understand system level processes (e.g., client improvements, cost management, staff management, and services offered)
  - Leadership will use data to better understand outcomes and services for each program and to make decisions

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Performance and Outcome Trends

Goal: Improve quality of care and lower healthcare costs for services

New trends:

- Ways to easily "**grade**" what works (e.g., EBPs, best practices and model programs)
- Ways to **measure** what works (e.g, access to standardized outcome measurement tools and metrics)
- Ways to **benchmark** (e.g., gauge the comparative effectiveness of EBPs implemented by MH clinics
- Ways to **readily access resources**

Performance Monitoring

Performance monitoring allows:

- **Consumers** to make informed choices about care
- **Clinicians** to improve their performance to their peers and standards of care
- **Clinicians** to seek resources and supports to improve

Early findings from performance monitoring

- By comparing practice to peers, clinicians were motivated to act
- Agencies were able to identified at least one QI intervention
- Practices improved performance (e.g. preventative screenings)
- Target client/patient practices (e.g., incentives for diabetes patients)
- Collaboration improved due to credibility and transparency of information

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Source: Robert Wood Johnson Foundation. Performance measurement and quality improvement 2013.

Plans of Care

- Person centered treatment planning based on assessment

- Ongoing shared decision based on multiple sources of data:
  - Standardized clinical assessments
  - Recovery measures
  - Involvement of a comprehensive team
  - Progress to consumer goals

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Example to Consider Across Levels

Individual-Level Approach

How, agency-wide or as an individual clinician, do you treat a child who has or may have ADHD?

How do you assess? How do you treat? How do you track progress over time?

Is this consistent across all individuals receiving services for ADHD?

What does this mean for care managers?

Example to Consider Across Levels (cont.)

Population-Level Approach

How many children with ADHD do you provide services to? What demographic information are you capturing and considering? How as a larger group are they faring over time?

Outcomes are aggregate individual level information used to identify areas of strength and opportunities for change at a program, agency, or system-wide level.

Functional Data

- Providers establish target symptoms and processes upon initial contact
- Decision support to provide guidance around treatment choice points
- Demonstrating change over time
- Benchmarking
- Assessing staff training needs
- Performance measurement

Impact of Outcome Measures

- Treatment- adapted to meet the specific needs of clients
- Individual- show rates and improvement of mental health
- Program- improved clinical outcomes and impact of services

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Performance Improvement Requires Measurement

- Have structures in place to proactively measure and report on high-level financial indicators
- Have the ability to benchmark performance outcomes against industry benchmarks or best practices
- Use comprehensive business metrics to identify areas for process improvements, support innovative management models and drive system wide performance
  - Financial indicators help define practice priorities and evaluate progress
- Reporting must be simple and easily understood by physicians and staff
  - Translate well into operational processes
  - Create an understanding of how indicators can be impacted
  - Measure the entire revenue cycle as well as its components

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Impact of Interventions Focusing on Fiscal Viability

- **Performance on Financial Metrics:** Improve agency performance on measurable financial objectives (e.g., improved financial metrics documented by operating margins, net profit margins, debt to capital coverage, days cash on hand, improved fund balances, and current asset to liability ratios greater than 1:1).

- **Performance on Utilization Indicators**: Help agencies in achieving generalized measurable objectives (e.g., improved patient outcomes, increased linkages to/utilization of other ambulatory care services, improved rates of no show for appointments, etc.).

- **Performance on Clinical Outcomes**: Assist agencies in working towards achieving measurable clinic program (e.g., improved productivity, increased revenue collectability, reduced per unit cost, etc.)

Indicators of Improved Fiscal Viability

- Increase in clinical productivity rates
- Decrease in no show rates
- Increase in ratio of direct service time to available billing time
- Increase in coverage of the program
- Expansion of open access
- Increase in the use of collaborative documentation
- Increase in the claims collection rate
- Increase in the percentage of Medicaid/Medicaid
- Managed Care clients seen in the MH Clinics

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Agency Fiscal Indicators

Source	Example
Revenue	Grant Revenue/ Service Revenue/ Medicaid Revenue
Revenue Share(collection per revenue source)	Medicaid Collection/ Medicare Collection/ Private Collection/ Self-Pay.
Cost	Encounter Cost/ Medical Cost/ Personnel Cost/ Medical Personnel Cost.
Productivity	MD productivity/ MLP productivity/ PCP productivity
Performance	Self Sufficiency(Ratio of payments for services to total costs / Net Revenue (Total patient service revenue and other receipts less accrued costs before donations)

Select NYS BH Quality Metrics

New York State Department of Health Quality Assurance Reporting Requirements (QARR) Measures, 2014

Measure	Specifications To Use
Effectiveness of Care	
Adherence to Antipsychotic Medications for People with Schizophrenia	HEDIS 2014
Antidepressant Medication Management	HEDIS 2014
Diabetes Monitoring for People with Diabetes and Schizophrenia	HEDIS 2014
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications	HEDIS 2014
Follow-Up After Hospitalization for Mental Illness	HEDIS 2014
Access / Availability of Care	
Initiation and Engagement of Alcohol & Other Drug Dependence Treatment	HEDIS 2014
Use of Services	
Identification of Alcohol and Other Drug Services	HEDIS 2014
All Cause Readmission	HEDIS 2014
Mental Health Utilization	HEDIS 2014
Satisfaction with the Experience of Care	
Satisfaction Survey	CAHPS 5.0H

What's in Development

- The quality strategy for behavioral health is being developed by DOH, OMH and OASAS and will embrace NY State vision of a system that is:
  - Person centered
  - Recovery oriented
  - Integrated
  - Outcome driven

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What's in Development (cont.)

Outcome measures will support the following goals:

- Improve access to and engagement in community-based behavioral health services, including
  - Services designed to improve and maintain independent functioning and quality of life
- Increase provider implementation of evidence based practices that integrate behavioral and physical health services, including addiction pharmacotherapy

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What's in Development (cont.)

- Improved health care coordination and addresses continuity of care
- Reduced avoidable behavioral health and medical inpatient admissions and readmissions.
- Continuous quality improvement at the clinical, program, plan, and population levels.
- Reduce disparities in health outcomes for people with behavioral health conditions as compared to the population at large.

Taking Outcomes to Scale

- **Medical Necessity isn't new**
  - We have always needed outcomes at the Treatment (Individual) level
- **However, the transition to Managed Care vastly expands our thinking in this area and mandates that we take small outcomes work to scale, and capture data in a way that is:**
  - Routine
  - Easily reportable
  - Provides information about both client improvement and the impact of care

What Now?

Steps Providers Can Take

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Step 1: Determine Where you fit in

- Create your VALUE PROPOSITION
  - Define the problems and goals that your organization is best suited to address in the new behavioral health care environment
  - Evaluate the processes, resources, and talents that will be necessary to be a successful and valued partner.
  - Measure your current effectiveness and efficiencies
  - Clearly articulate how your agency will play a part in the triple aim of health care reform:
    - Improving Care
    - Improving Health
    - Reducing Costs

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Step 2: Determine What You Need

- **Undertake a gap analysis to determine skill sets, processes, organizational structures and technologies that will be necessary to achieve your value proposition. Focus on:**
  - Staffing and training
    - Does your staff have the skills to interact effectively with the integrated physical and behavioral health treatment communities
    - Do you have the data analytic and financial modeling skills and tools necessary to move from Volume/Cost to Outcome/Cost monitoring
  - Organizational Structure
    - Do you have organizational silos the are barriers to effective and efficient care
    - Are your organizational incentives supporting volume over quality

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Determine What You Need (cont.)

- Technology
  - Can you quantify and collect the outcome data you will need to evaluate your performance
  - Can you electronically share clinical data with other service providers in a secure fashion
  - Do you have tools and data sets necessary to shift to population management and evaluate Outcome/Cost across agency episodes of care
- Processes
  - Quality Assurance Program
    - How do you use the information gleaned from this process?
  - Quality Improvement Process
  - Utilization Management Process

Step 3: Develop a Plan (and stick with it!)

- **Design and implement a plan that will get you from where you are today to where you need to be tomorrow.**
  - Prioritize and address low hanging fruit immediately
  - Set benchmarks and timelines and hold yourself accountable
  - Look to secure resources where ever possible
  - Solicit input from all levels of your organization
  - Embrace change for the value it will bring to the quality of your services and the value it will return to the clients, families, and communities you serve.

Developing Your Plan

Quality Improvement Planning Process	

Plan	• Identify where to focus first
	  ○ Most Critical Area?
	  ○ "Low Hanging Fruit"
	  ○ Biggest Barrier?
	• What will be implemented to address the identified area?

Do	• Implement • Measure – Articulate change through data
Study	• What were the results? • Benchmarking • Monitor ○ Creating a Scorecard • What do you do with the information? Making it Actionable.
Act	• Based on the findings, what next?
Tools to use	**Logic Modeling** **Strategic Planning**

Understanding Your Data

Business Intelligence **can be defined as a set of methodologies, processes, and technologies that transform raw data into meaningful and useful information used to enable more effective strategic and operational insights and decision-making.**

Business Intelligence

It will be important to incorporate data from a number of sources to begin understand what are the services and their costs that contribute to positive outcomes. The data will include:

- **Client demographic data that includes behavioral and physical health conditions**
- **Service data at the client, program, and episode of care level**
- **Financial data cost per service, cost per episode of care, base revenue, and performance revenue**
- **Outcome data for clinical outcomes, social outcomes, and system utilization outcomes**

Business Intelligence System Components

- Measurement – process that creates performance metrics and benchmarking that informs staff, management, and payers about progress towards goals and objectives.

- Analytics – program that builds quantitative analytical processes for an agency to arrive at optimal decisions and to generate additional knowledge about their business.

- Reporting/Enterprise Reporting – program that builds an infrastructure with a transparent and easy to understand visual reporting platform to support the management of the organization.

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Components of a Business Intelligence System (cont.)

- Collaboration/Collaboration platform – program that allows staff in the agency to work together through data sharing and electronic data Interchange.

- Knowledge Management – program that supports an environment where the agency data supports and enables adoption of insights and changes that return value to the organization and its consumers.

Business Intelligence Skills

For many organizations the skills necessary to use these tools are the same skills that are necessary to produce good administrative data:

- Intermediate Excel skills
- Basic understanding of data structures
- Ability to create charts and tables

- **Look to the skill sets that you have different departments , e.g. finance, quality improvement, IT, HR, and other administrative departments, you may find you are further down this road than you think**

- **Find ways to make the skills that are residing in other areas a resource available to the entire agency.**

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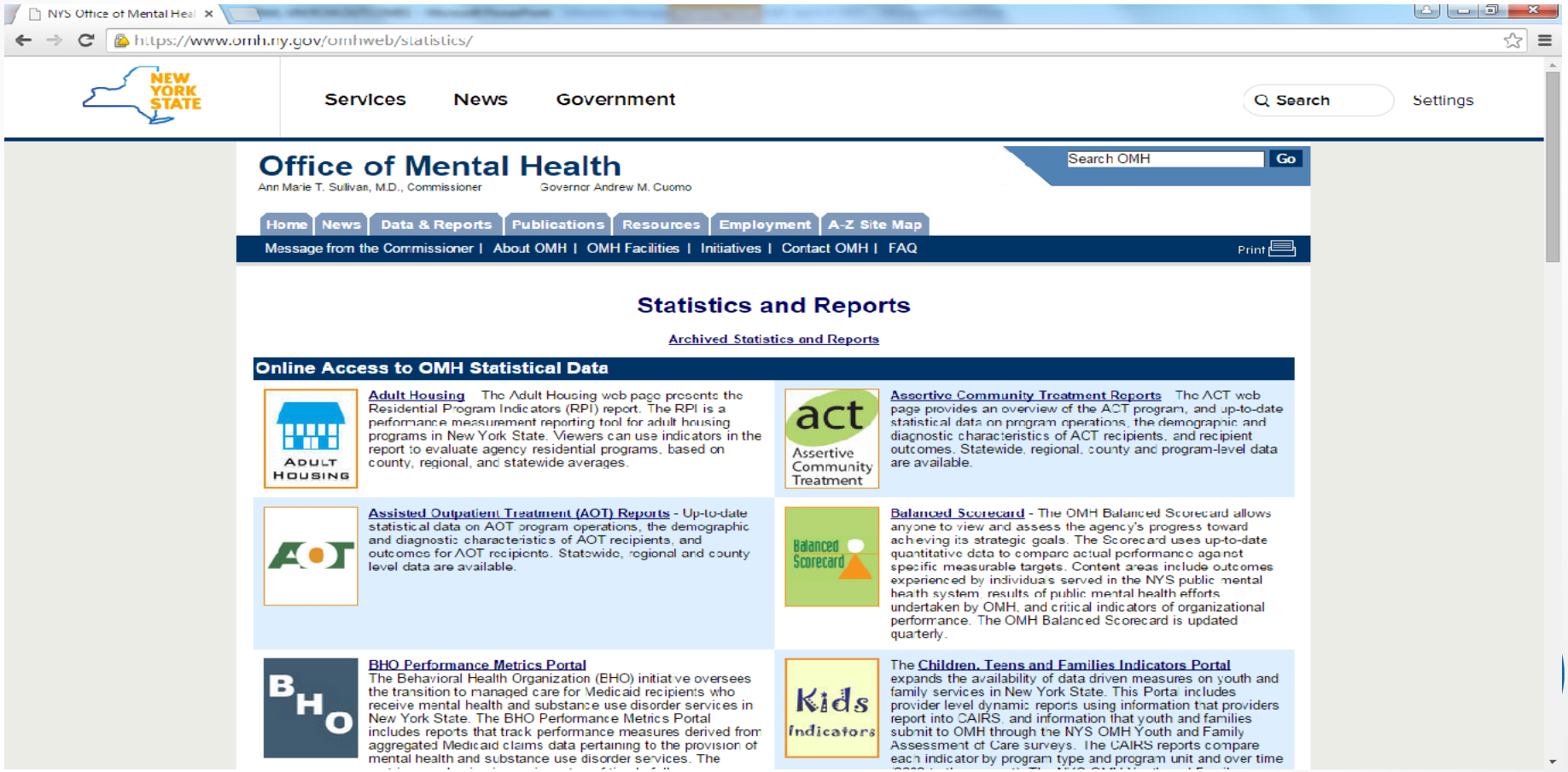
Helpful Resources

- **OMH: Online access to Statistical Data**
  https://www.omh.ny.gov/omhweb/statistics/



Resources

- You may already have access to Client or Program specific outcome data:
  - Psychiatric Clinical Knowledge Enhancement System (PSYCKES)
  - Children & Adult Information Reporting System (CAIRS)
  - Integrated Program Monitoring and Evaluation System (IPMES)

Resources (cont.)

Guidance and Direction

- Quality Strategy for the New York State Medicaid Managed Care Program
  https://www.health.ny.gov/health_care/managed_care/docs/quality_strategy.pdf
- 2015 Quality Assurance Reporting Requirements

https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2015/docs/qarr_specifications_manual.pdf

- Directory of Managed Care Plans by County
  https://www.health.ny.gov/health_care/managed_care/pdf/cnty_dir.pdf
- Plan Specific Reports of NYS Medicaid Managed Care Plans
  https://www.health.ny.gov/statistics/health_care/managed_care/plans/reports/

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Resources (cont.)

- SAMHSA – Data, Outcomes, and Quality
  http://www.samhsa.gov/samhsa-data-outcomes-quality/samhsas-efforts
- National Committee for Quality Assurance (NCQA)
  http://www.ncqa.org/
- Atlas of Integrated Behavioral Health Care Quality Measures
  http://integrationacademy.ahrq.gov/atlas

Fast-Track Outcome Assessment Tool

Objectives:

- ***Improve care quality***
- ***Reduce costs***
- ***Benchmarking***

- ❖ Support MH Clinics and clinicians to efficaciously use EBPs
- ❖ Create a data-informed feed-back loop for MH clinics and their clinicians that is able to inform outcome and quality monitoring activities.
- ❖ Identify practice leaders in major geographies throughout NYS that are willing to provide hands-on mentoring to new MH clinics to assist those that need substantial skills building.

Target Outcome

Improve effective and cost-efficient performance monitoring and outcome evaluation to improve quality of care and lower healthcare cost for NYS Mental Health clinics

Participants will:

- Readily access **"graded"** EBPs, best practices and model programs (e.g., searchable assessment database)
- be able to **access standardized outcome measurement tools and metrics** designed to facilitate and improve use of evidence based practices (EBPs) for prevalent mental health diagnoses
- be able to **gauge the comparative effectiveness of EBPs** implemented by MH clinics (e.g., data portal)
- have access to **learning collaborative resources** for continuous quality improvement (e.g., training webinars)

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Wrap Up

- Data driven decisions of care are multi-level
- Performance monitoring tools examine whether programs and activities are operating as planned
- Outcome assessment tools are measures associated with improving client outcomes

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Questions To Ask

- What does this mean for your organization?
- Do you have resource/infrastructure/staff that can develop, implement and monitor?
- Do you have a budget to support this?
- What are your options and have you explored them?
- How long does it take to implement?
- When can we get started?

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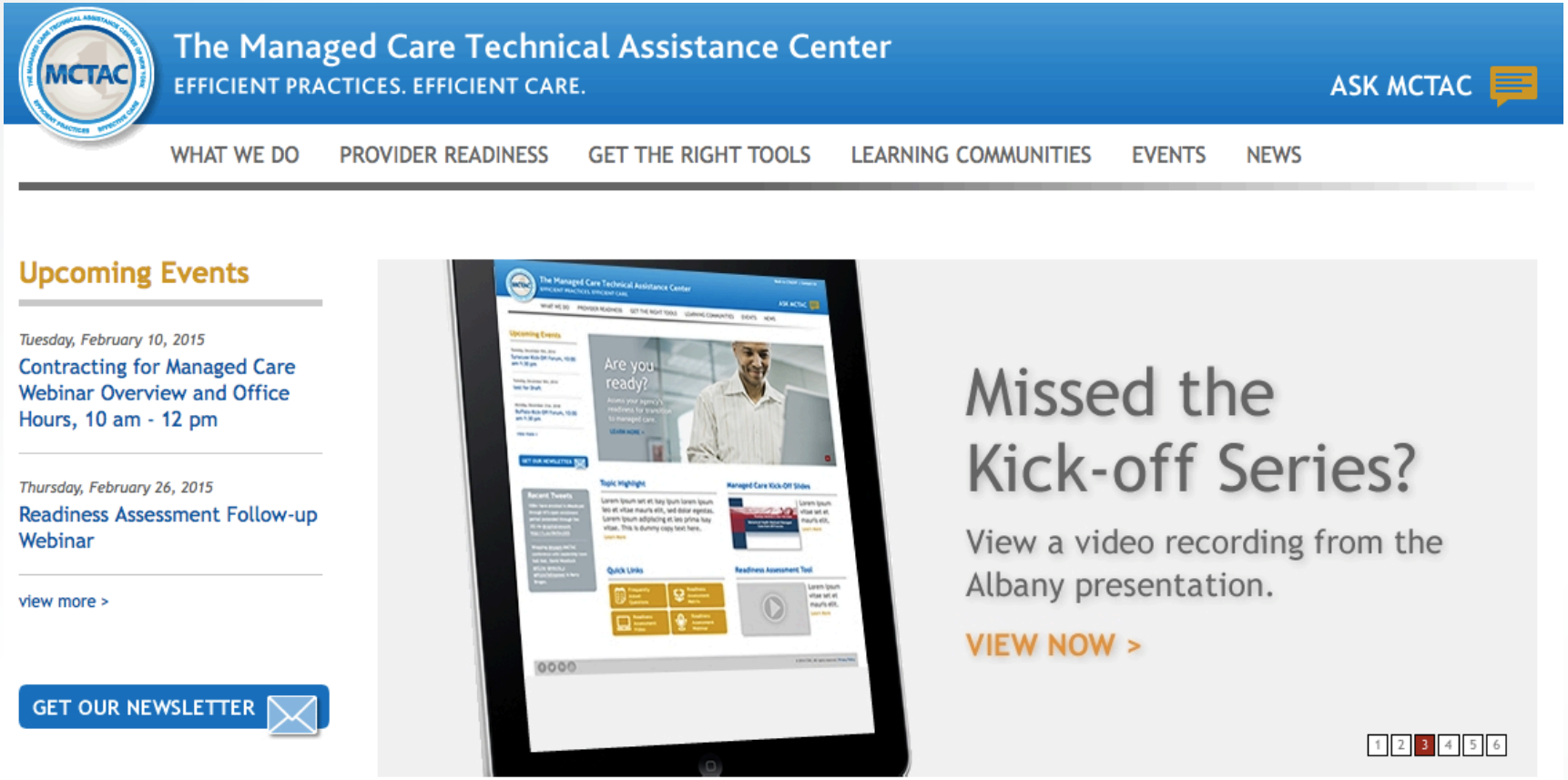

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