

# Data Driven Decision Making: Practical strategies to improve measureable outcomes for children and families

BRIANNON O'CONNOR, PH.D.

COORDINATED CARE SERVICES, INC. (CCSI)

CENTER FOR COLLABORATION IN COMMUNITY HEALTH

# Objectives

- ▶ **Disclosures**

- ▶ Special thanks to Micaela Mercado and MCTAC

- ▶ **Briefly review context of quality measurement in New York State**

- ▶ **Introduce a brainstorming model for linking existing data to state goals**

- ▶ **Using a case example, discuss ways to interpret and assess commonly collected data**

- ▶ **Provide practical strategies for effective use of data**



# Successful Child & Family Outcomes

- ▶ Partnership and collaboration across a universal system of care
- ▶ High quality effective services for achieving desired family and child outcomes
- ▶ Accountability of individuals and organizations
  - ▶ Monitoring performance outcomes, quality measures, quality indicators
  - ▶ Continuous internal agency-wide transformation
- ▶ Planning for successful sustainability
  - ▶ Refinement of variations in care
  - ▶ Improved business efficiencies



# Quality Measures

- ▶ **What are the required measures?**
  - ▶ **HEDIS: Healthcare Effectiveness Data and Information Set**
    - ▶ Set of standardized measures designed by the National Committee for Quality Assurance to evaluate the performance of health plans
  - ▶ **QARR: Quality Assurance Reporting Requirements**
    - ▶ Includes HEDIS measures and New York State-specific measures
- ▶ **Who is responsible for reporting measures in New York State?**
  - ▶ All managed care organizations and Medicaid HIV special needs plans, Preferred Provider Organizations/ Exclusive Provider Organizations, Qualified Health Plans, Health Homes



# 2015 QARR Measures: Youth BH Focus

- ▶ **Access to/Availability of Care**
  - ▶ Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- ▶ **Use of Services**
  - ▶ All Cause Readmission
  - ▶ Mental Health Utilization
- ▶ **Effectiveness of Care**
  - ▶ Antidepressant Medication Management
  - ▶ Follow-Up After Hospitalization for Mental Illness
  - ▶ Follow-Up Care for Children Prescribed ADHD Medication: Initiation and Continuation
  - ▶ Metabolic Monitoring for Children and Adolescents on Antipsychotics
  - ▶ Use of Multiple Concurrent Antipsychotics in Children and Adolescents
  - ▶ Lead Screening in Children
  - ▶ Adolescent Preventive Care Measures
- ▶ **Satisfaction with Experience of Care**
  - ▶ Satisfaction Survey





# NYS Goals

- ▶ **Goal 1: Reduce utilization associated with avoidable (preventable) inpatient stays**
- ▶ **Goal 2: Reduce utilization associated with avoidable (preventable) emergency room visits**
- ▶ **Goal 3: Improve outcomes for persons with mental illness and/or substance use disorders**
- ▶ **Goal 4: Improve disease-related care for chronic conditions**
- ▶ **Goal 5: Improve preventive care**



# Fitting into the Big Picture

## Data Currently Collected

Intake

Program  
attendance

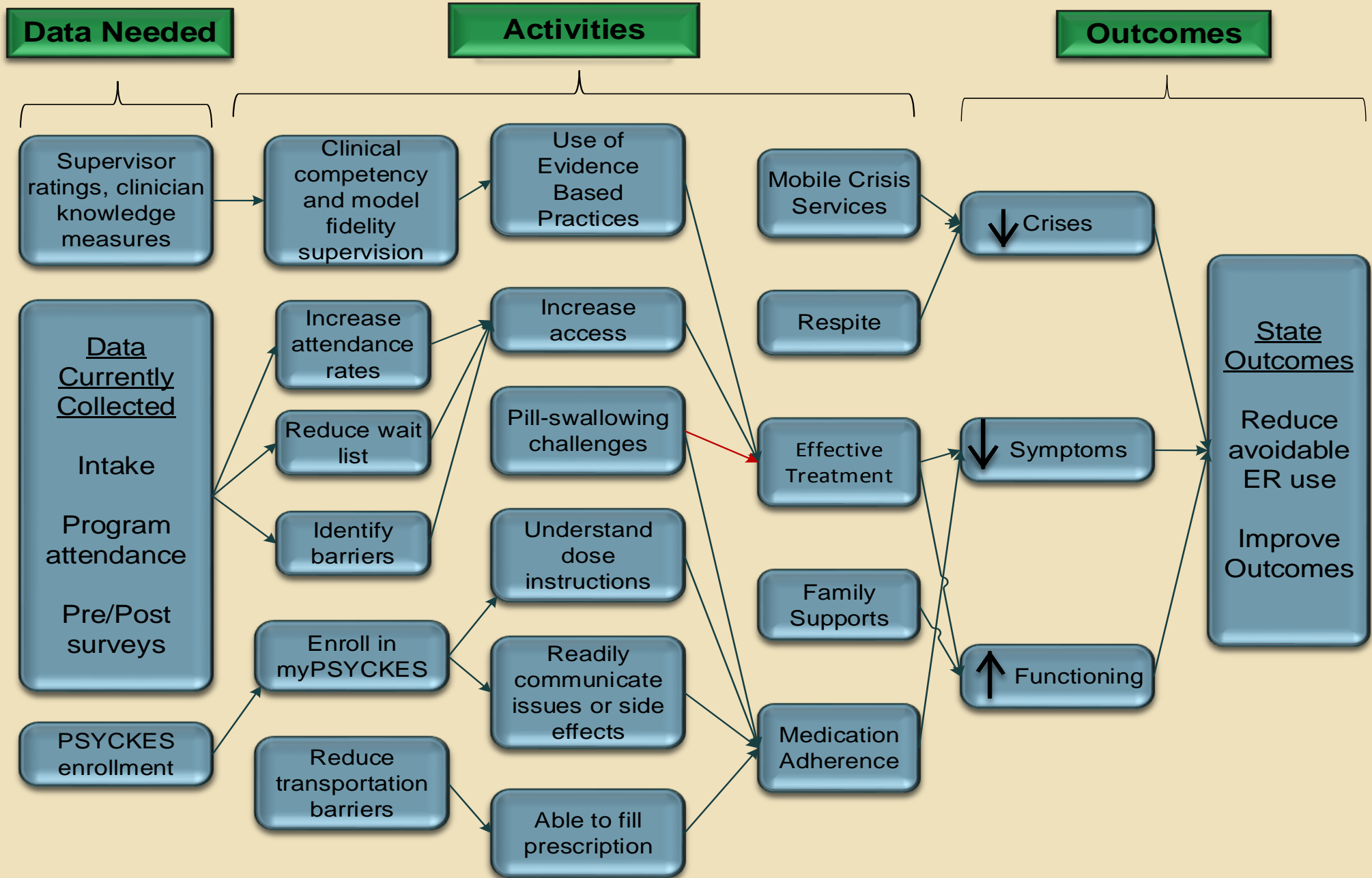
Pre/Post  
surveys

## State Outcomes

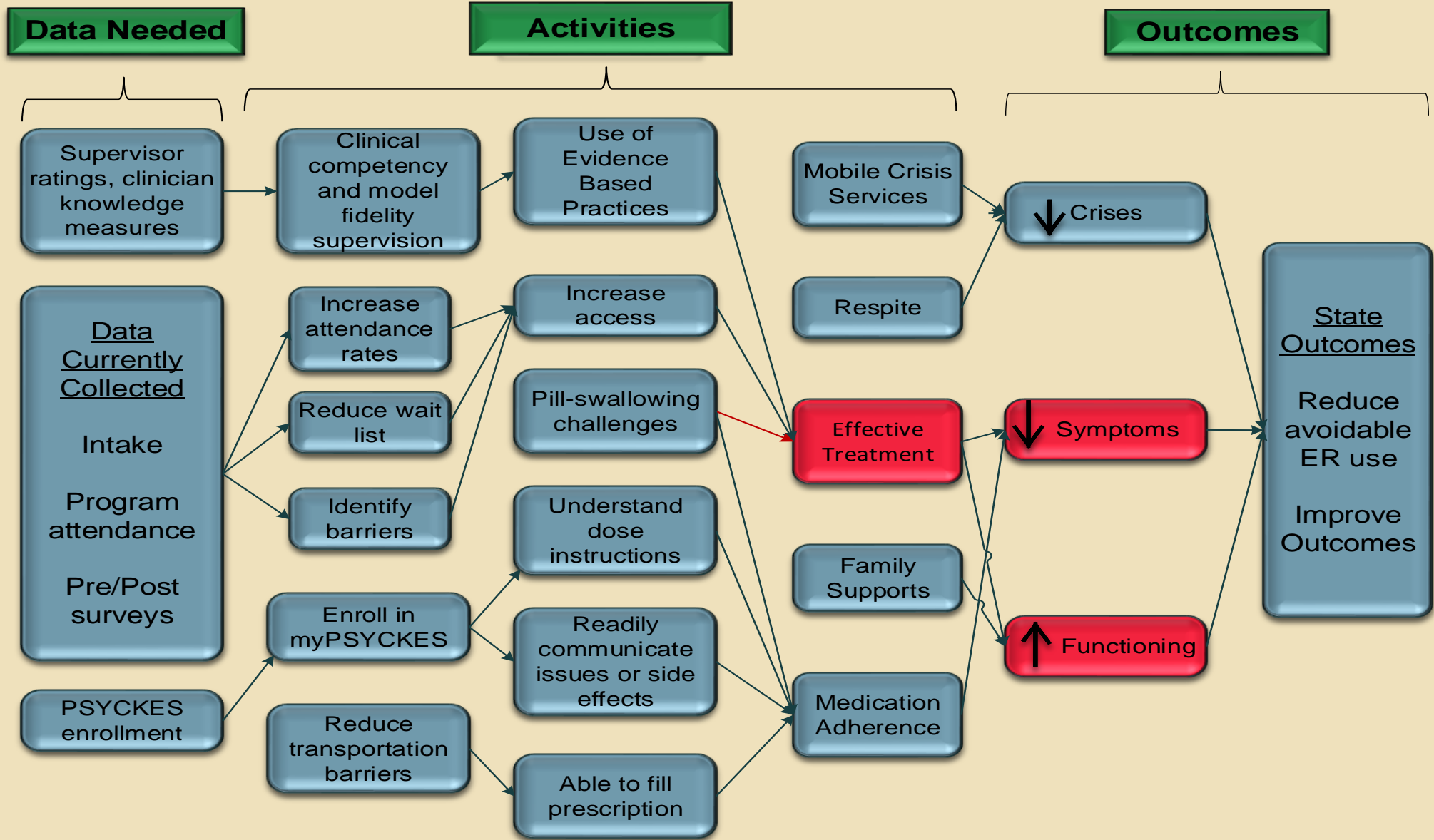
Reduce  
avoidable ER  
use

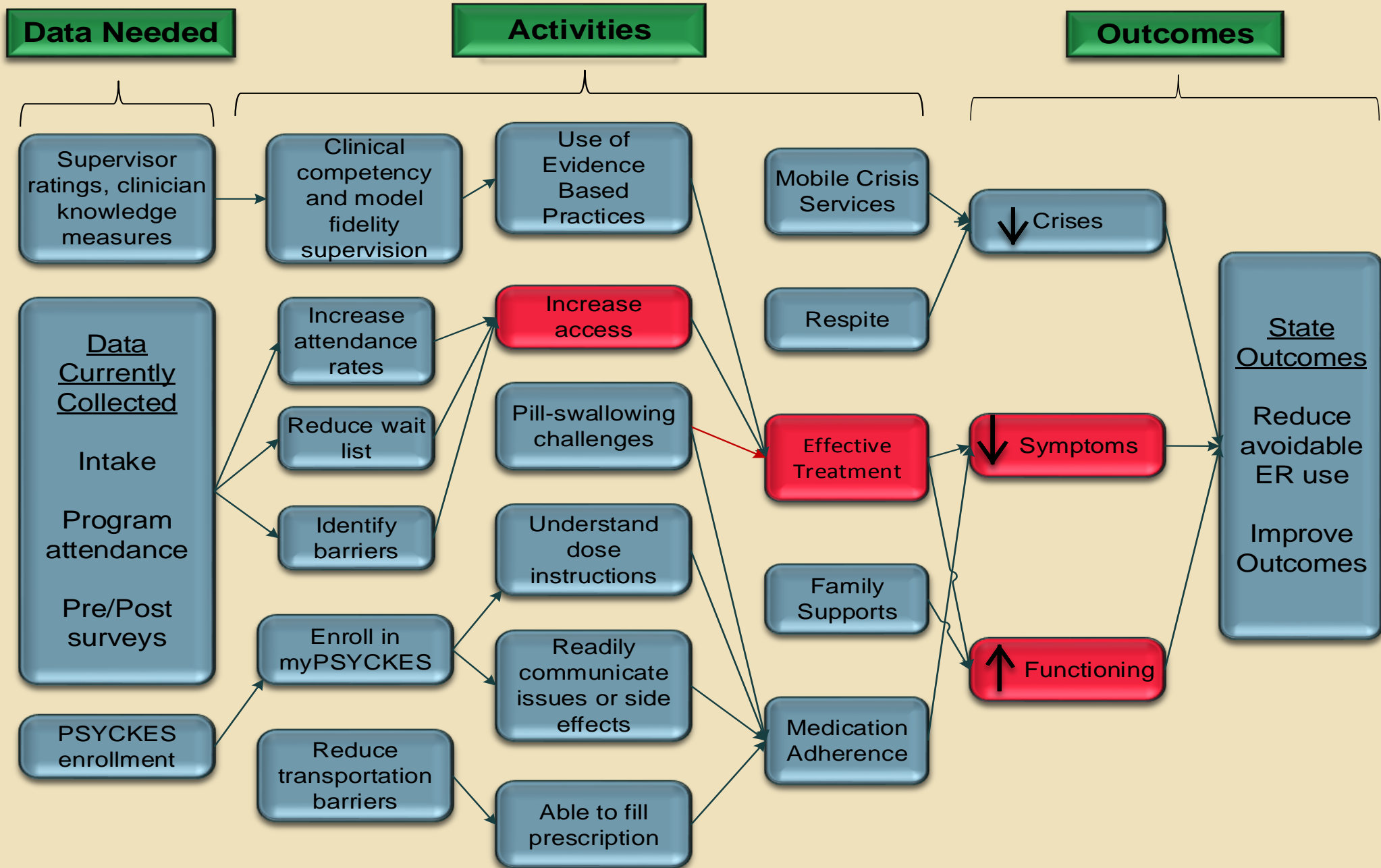
Improve  
Outcomes

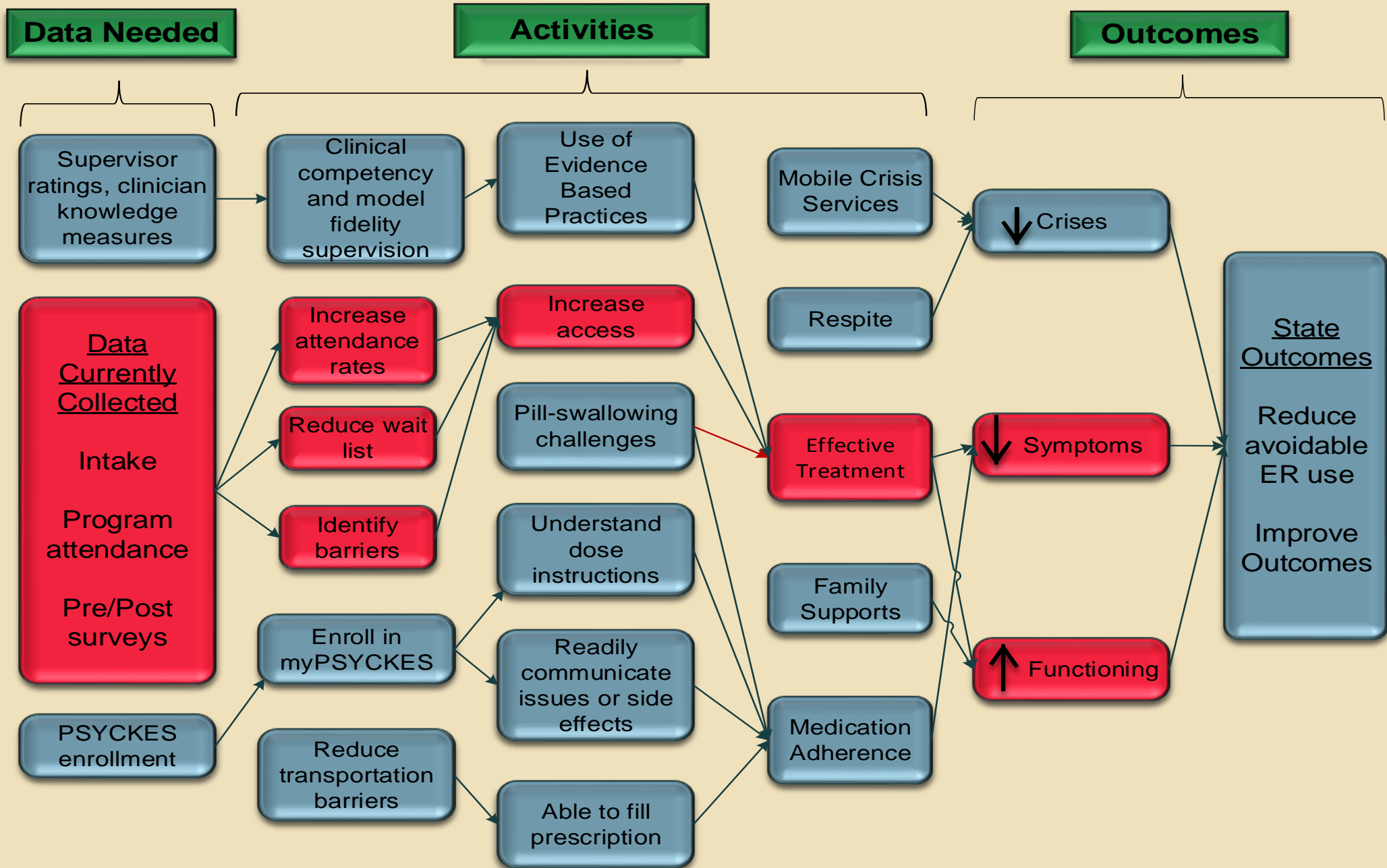












# Moving beyond program evaluation

Not Just...	But Also...
Focus on Individual Programs and Projects	Focus on Whole Systems
Fixed Evaluation Plan with Interim and Year-end Reports	Shorter Cycles, More Real-Time Feedback Using Alternative Formats
Traditional Data Collection Methods	Newer, Innovative, Often Digital, Data Collection
One Foundation, One Grantee, One Evaluation	Shared Responsibility for Data Collection and Learning Across Multiple Organizations
Traditional Data Reporting Techniques	Use of Sophisticated Data Visualization and Infographics
Evaluator Collecting Data	Everyone Collecting and Using Data as Part of Ongoing Practice



# 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*





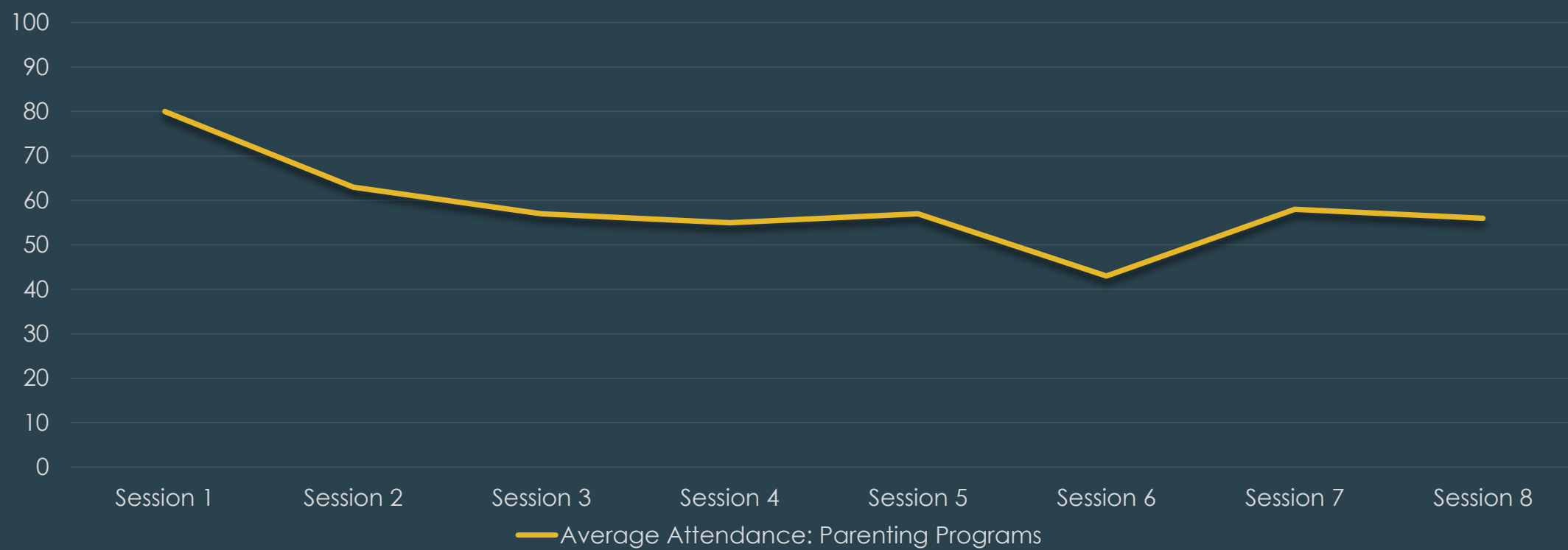
# Case Example: Organization A

- ▶ Offers parenting programs and psychiatric medication management targeting families with children with severe disruptive behavior problems
- ▶ Current data collection
  - ▶ Average attendance is 59%
  - ▶ Parent satisfaction at the end of the program is high
- ▶ Goals
  - ▶ Increase attendance
  - ▶ Measure outcomes that matter
  - ▶ Reduce financial loss from no shows and attrition

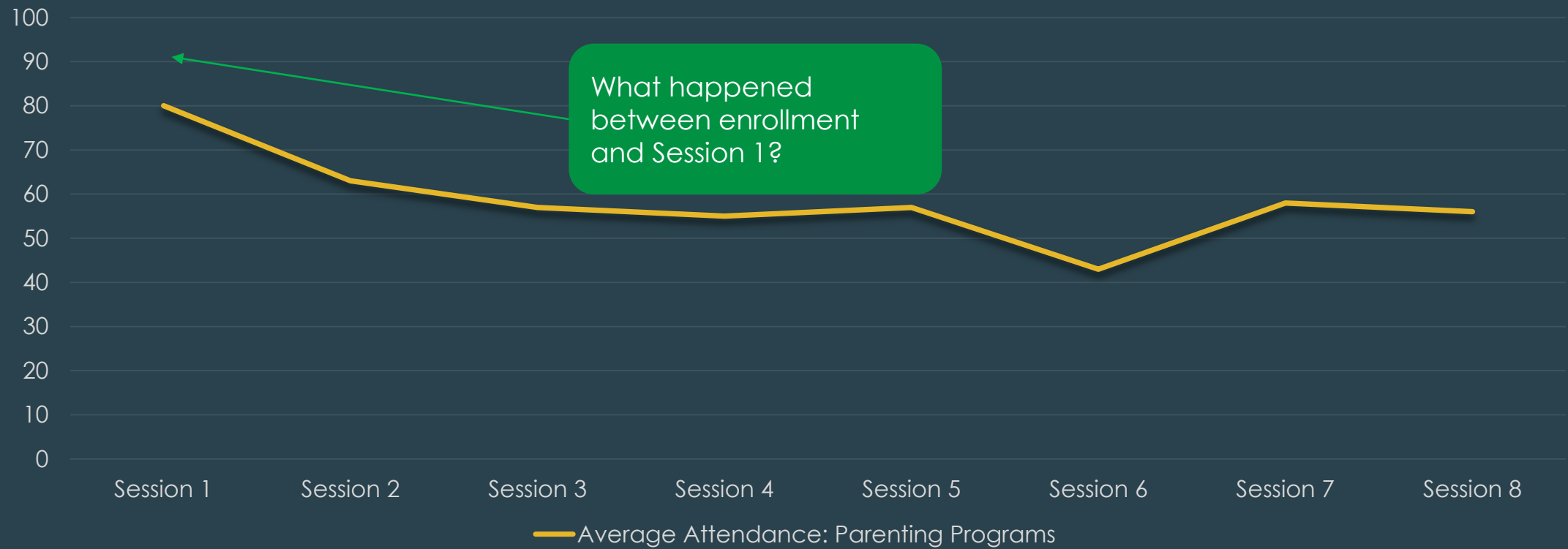


# Average attendance at parenting programs = 59%

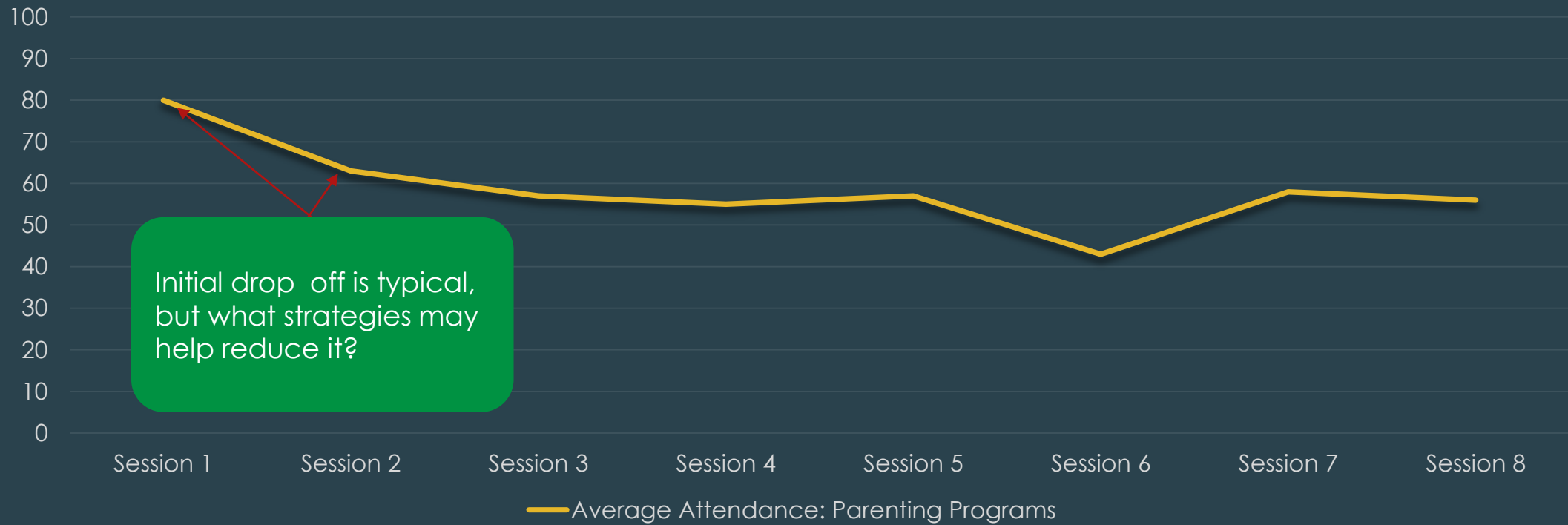
**Percent Attendance: Average for All Parenting Programs**



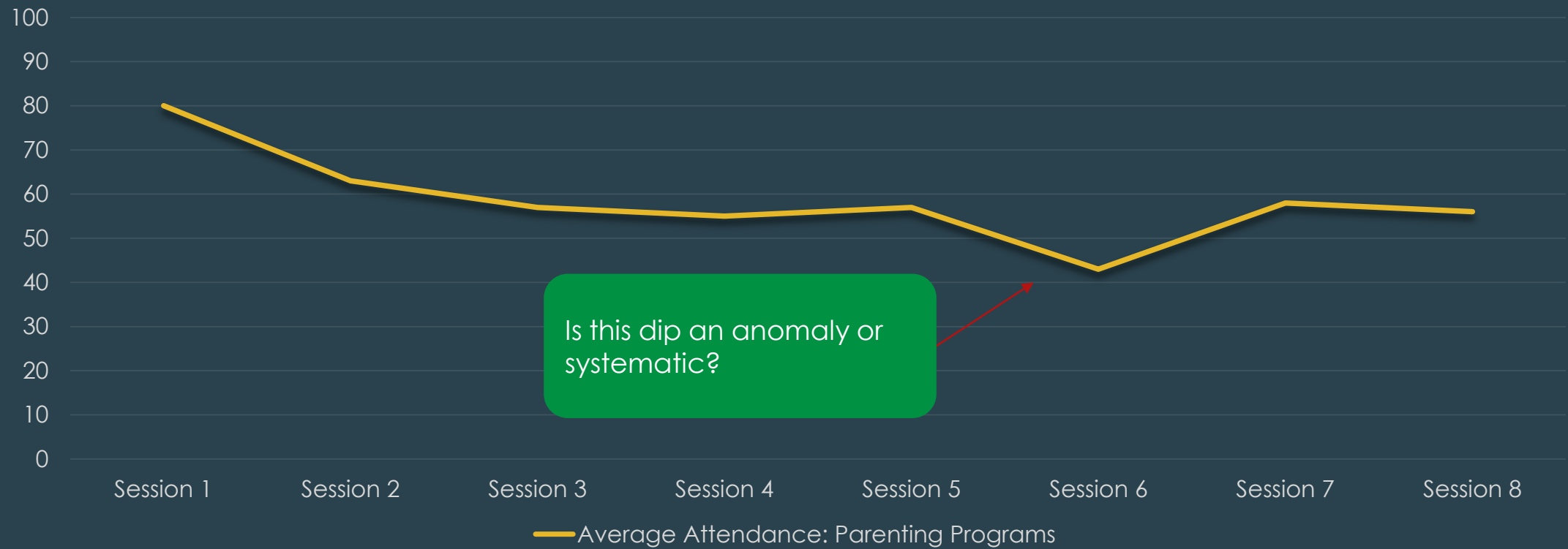
## Percent Attendance: Average for All Parenting Programs



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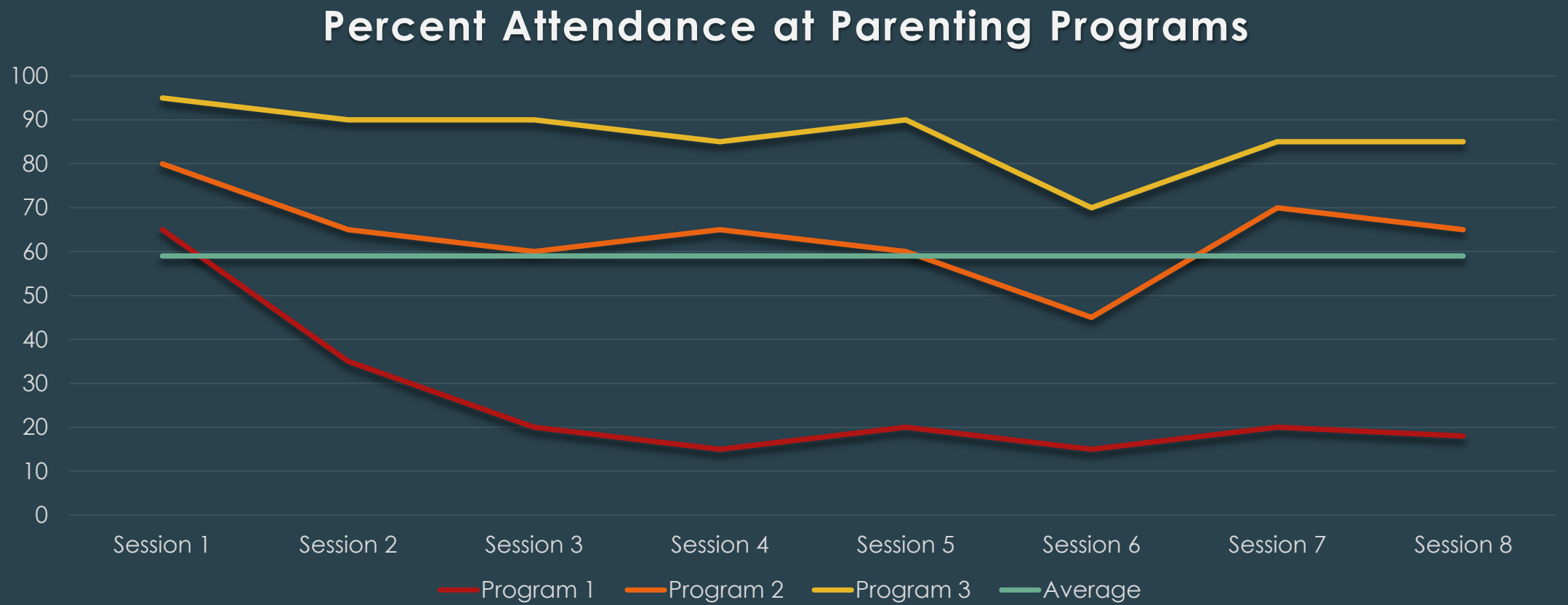


## Percent Attendance: Average for All Parenting Programs





# Program or Individual Level Differences



# Data needed to identify improvement opportunities

- ▶ Enrollment to Session 1 drop off
  - ▶ Days between initial contact and intake, session 1
  - ▶ Other services accessed before session 1
- ▶ Session 1 to Session 2 drop off
  - ▶ Reminder calls given
  - ▶ Family surveys about expectations acceptability of treatment
    - ▶ Group differences
- ▶ Dip at Session 6
  - ▶ External events
  - ▶ Provider experience of feedback
  - ▶ Family feedback
- ▶ Differences by program/individual characteristics



# Potential sources of data

## ▶ Demographics

- ▶ Age, sex, race, ethnicity, grade, home zip code
- ▶ Diagnosis, medication, psychosocial treatment history

## ▶ Utilization

- ▶ Attendance by date, session, program type
- ▶ Other services accessed (claims, encounters)

## ▶ Clinical functioning

- ▶ Symptoms, impairment in daily functioning, strengths
- ▶ Progress towards goals of individualized plans/skill building



# Potential sources of data

## Family factors

- ▶ Questionnaires about parenting stress/confidence, content knowledge
- ▶ Links with other services
- ▶ Surveys/focus groups to assess barriers to accessing services, additional needs
- ▶ Administrative information
  - ▶ Days between contacts
  - ▶ Number of calls in, time until calls returned, reminder calls for appointments
  - ▶ Units of service, provider availability



# Deciding what to measure

## ▶ Visible

- ▶ Fit within value proposition, mission statement
- ▶ All team members, providers, stakeholders can easily recall and describe the measures

## ▶ Evolving

- ▶ Start with data already being collected or easy to collect
- ▶ Fit data collection or review into workflows
- ▶ 2-3 outcomes at any one times

## ▶ Goal-oriented

- ▶ Meaningful to consumers
- ▶ Fits within the state's goals
- ▶ Useful to the organization
- ▶ Likely to show change





# Tips for Measurement

- ▶ **Who are you measuring?**
  - ▶ Define denominator/eligible population
- ▶ **How are you measuring?**
  - ▶ Surveys vs. questionnaires vs. clinician ratings vs. administrative data
  - ▶ Collect consistent data elements across programs, clinics, time
  - ▶ Use discrete, continuous data where possible - avoid free text or “other”
- ▶ **What are you measuring?**
  - ▶ Meaningful indicator of clinical improvement
  - ▶ Operationally define: fly on the wall/audit mentality



# Tips for Measurement

- ▶ **When are you measuring?**
  - ▶ Logistics of data collection, entry, and review
  - ▶ Process vs. pre/post
- ▶ **What are you doing with the data you measure?**
  - ▶ Feedback loops
  - ▶ Continuous quality improvement cycles



# Concluding Remarks

## Data driven decision making supports

- ▶ Use of data to diagnose practice issues, develop solutions, and track and adjust those solutions as they are implemented
- ▶ Benchmark services
- ▶ Demonstrate the efficacy of particular interventions or programs
- ▶ Develop and refine a universal system of care for improved child and family outcomes



# Thank you!

Please visit [www.ccsi.org](http://www.ccsi.org) for more information about CCSI's Center for Collaboration in Community Health

Follow up questions or comments are always welcome:  
[boconnor@ccsi.org](mailto:boconnor@ccsi.org)



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