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

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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
Data Needed
- Supervisor ratings, clinician knowledge measures
- Data Currently Collected
  - Intake
  - Program attendance
  - Pre/Post surveys
  - PSYCKES enrollment

Activities
- Clinical competency and model fidelity supervision
- Use of Evidence Based Practices
- Increase attendance rates
- Increase access
- Pill-swallowing challenges
- Understand dose instructions
- Enroll in myPSYCKES
- Reduce wait list
- Identify barriers
- Readily communicate issues or side effects
- Able to fill prescription
- Reduce transportation barriers

Outcomes
- Mobile Crisis Services
- Crises
- Respite
- Symptoms
- Effective Treatment
- Family Supports
- Medication Adherence
- Functioning
- Reduce avoidable ER use
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Reduce avoidable ER use

Improve Outcomes

Data Needed

Outcomes

Activities

Data Currently Collected

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Program attendance

Pre/Post surveys

Supervisor ratings, clinician knowledge measures
## Moving beyond program evaluation

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

What happened between enrollment and Session 1?
Initial drop off is typical, but what strategies may help reduce it?
Percent Attendance: Average for All Parenting Programs

Is this dip an anomaly or systematic?
Program or Individual Level Differences

Percent Attendance at Parenting Programs

Session 1  Session 2  Session 3  Session 4  Session 5  Session 6  Session 7  Session 8

Program 1  Program 2  Program 3  Average

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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 time

- **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 for more information about CCSI’s Center for Collaboration in Community Health

Follow up questions or comments are always welcome: boconnor@ccsi.org