

THE PERFECT COUPLE: CLINICAL QUALITY & PROGRAM OUTCOMES

Using Data to Improve Clinical Practice

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Health Care Reform

Emphasis on accountability and performance measurement

- ▣ How do you know progress is being made?
- ▣ What's the likelihood the change was attributable to specific services/programs?
- ▣ What implications does that information have for the clinician? Team? Program? Agency?

Interplay of Outcomes in Quality Management

- Service Trends & Relationships
- Benchmarking & Best Practice
- Cost-Benefit Analysis



- Collaboration
- Engagement



- Efficient Resource Utilization
- Increased Capacity
- Funding Opportunities
- Learning Collaborative

Our Data Driving Journey

Philosophical Conviction

- People can and do recover from mental illness
- Recovery is a dynamic process



Scientific Evidence

- Instrument development with the help of logic models
- Rigorous testing of instruments




Informed Practice

- Timely assessment of service efficacy
- Easy access to reports


Our Organization and Philosophy

Mental Health Center of Denver





Mental Health Center of Denver
Enriching Lives and Minds

Support MHCD | Learn About Mental Health | Work at MHCD | Get Help



Recovery | **About MHCD** | **Services We Provide** | **Get Involved** | **Work at MHCD**





A Message from Doctor Carl Clark - MHCD Video
How MHCD Changed Griff's Life - MHCD Video

Recovery is at the very heart and soul of our work at the Mental Health Center of Denver (MHCD).

We believe people can, and do, recover from mental illness. We are recognized nationally for our successful, ground-breaking approach to mental health treatment. Here our consumers are involved in shaping their own recovery and given the chance to regain control of their lives. [See Robert's story.](#)

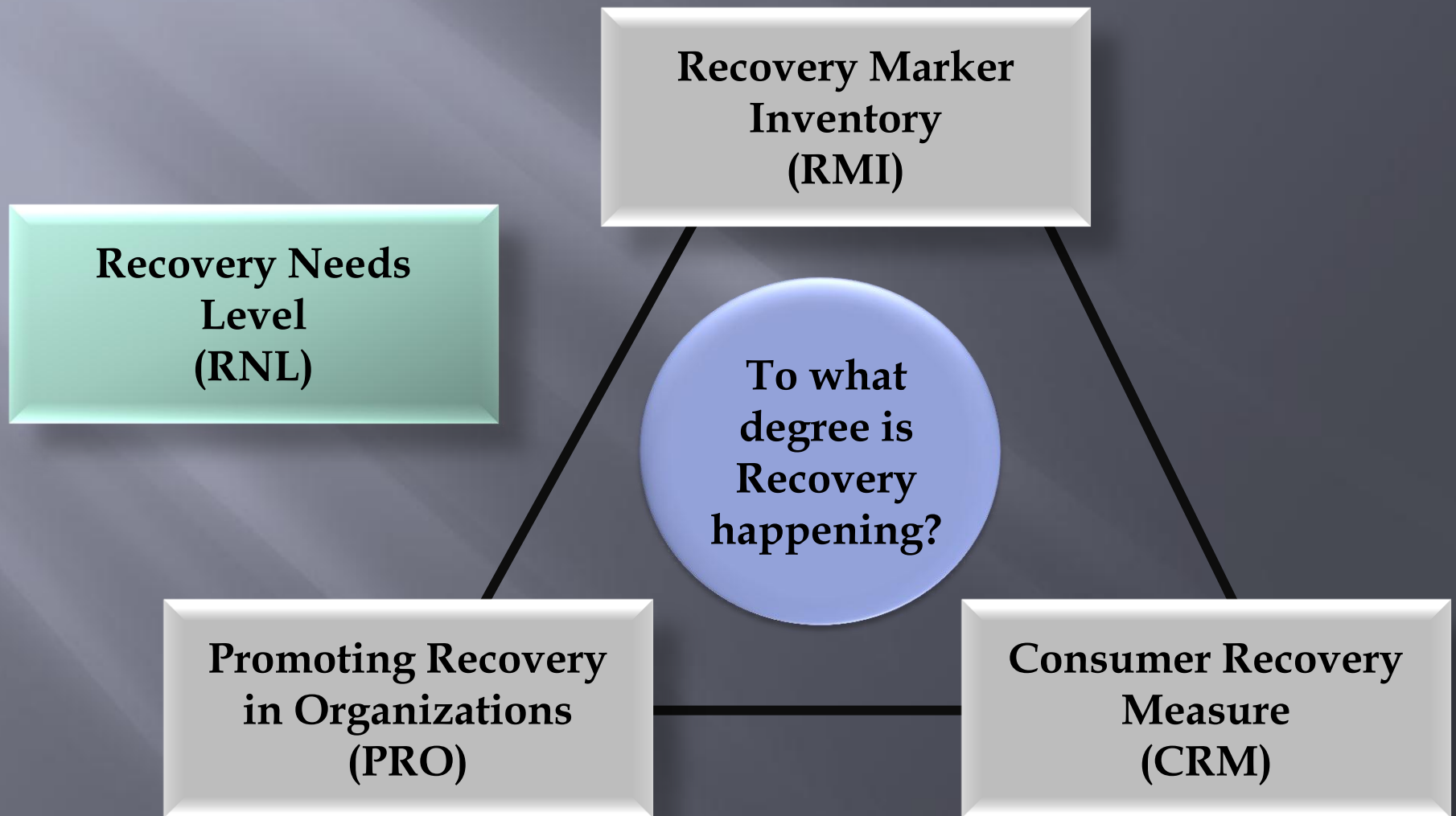
Recovery takes on many meanings but for most it means appropriate and compassionate treatment for a mental health problem so that the individual can get back to living a happy and productive life. That's what we provide at MHCD... [More about what MHCD believes.](#)

[Come meet MHCD at Enriching Lives and Minds March 12 7:45 - 9am](#)

Addressing the Needs of Underserved Populations through Community Involvement
Dr. Lydia Prado's and Kate DeRoche's* article on Weaving Cultural Competency throughout Community Mental Health Care appeared in the January, 2008

Development of Recovery Instruments

Recovery Instruments



Recovery Marker Inventory

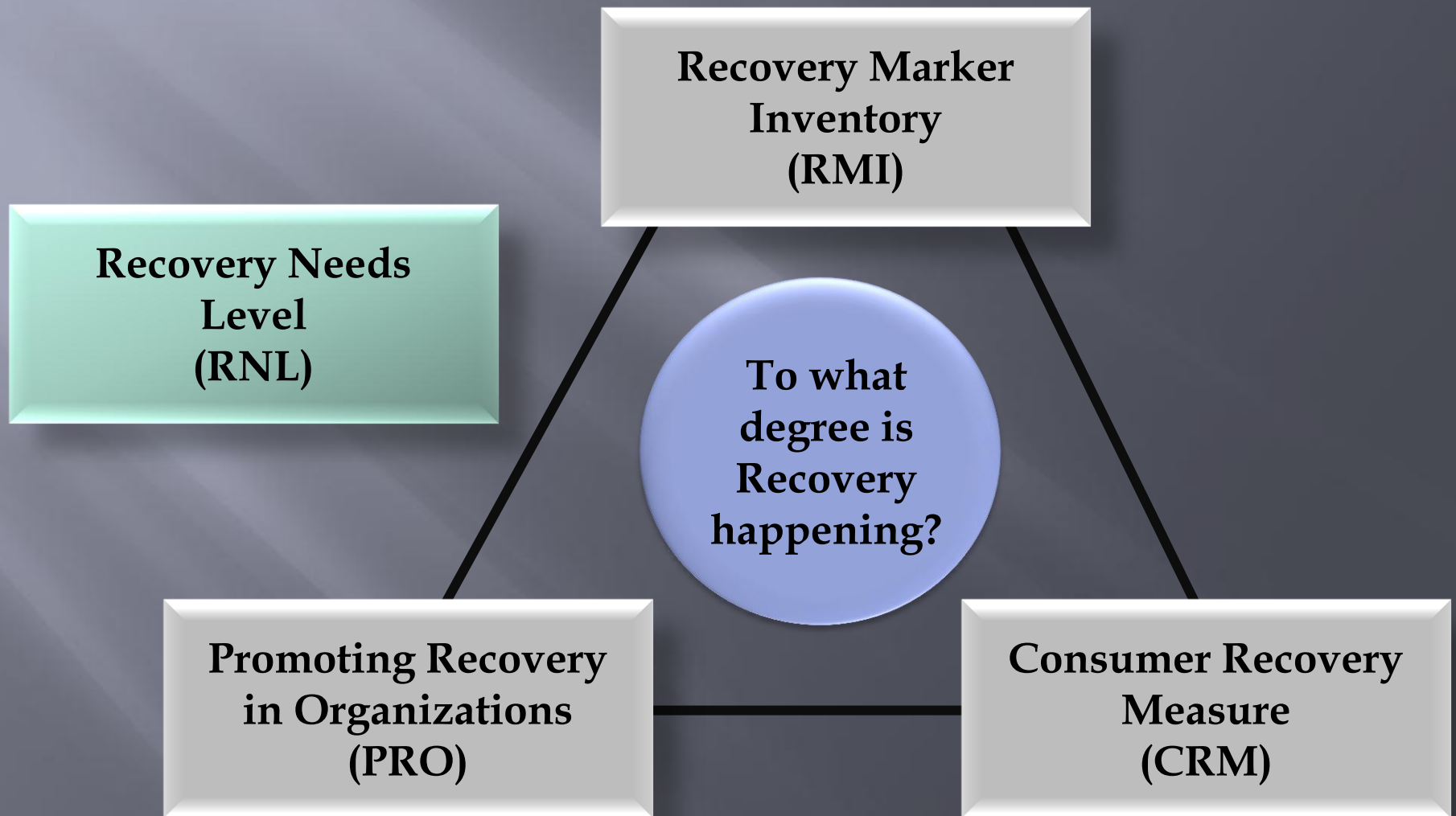
- ▣ **Clinician assessment** of consumer recovery across **eight dimensions** and completed **every 3 months**

- ▣ **Reliability**
 - IRT Reliability: Person = .75; Item = 1.00
 - CTT Reliability = .78

- ▣ **Validity**
 - $r(\text{GAF-RMI}) = 0.298^*$
 - $r(\text{CCAR LOF-RMI}) = -0.397^*$
 - $r(\text{CCAR Empowerment-RMI}) = -0.312^*$
 - $r(\text{CCAR Hope-RMI}) = -0.250^*$
 - $r(\text{CCAR Recovery-RMI}) = -0.363^*$

* $n = 2761, p < 0.01$

Recovery Instruments



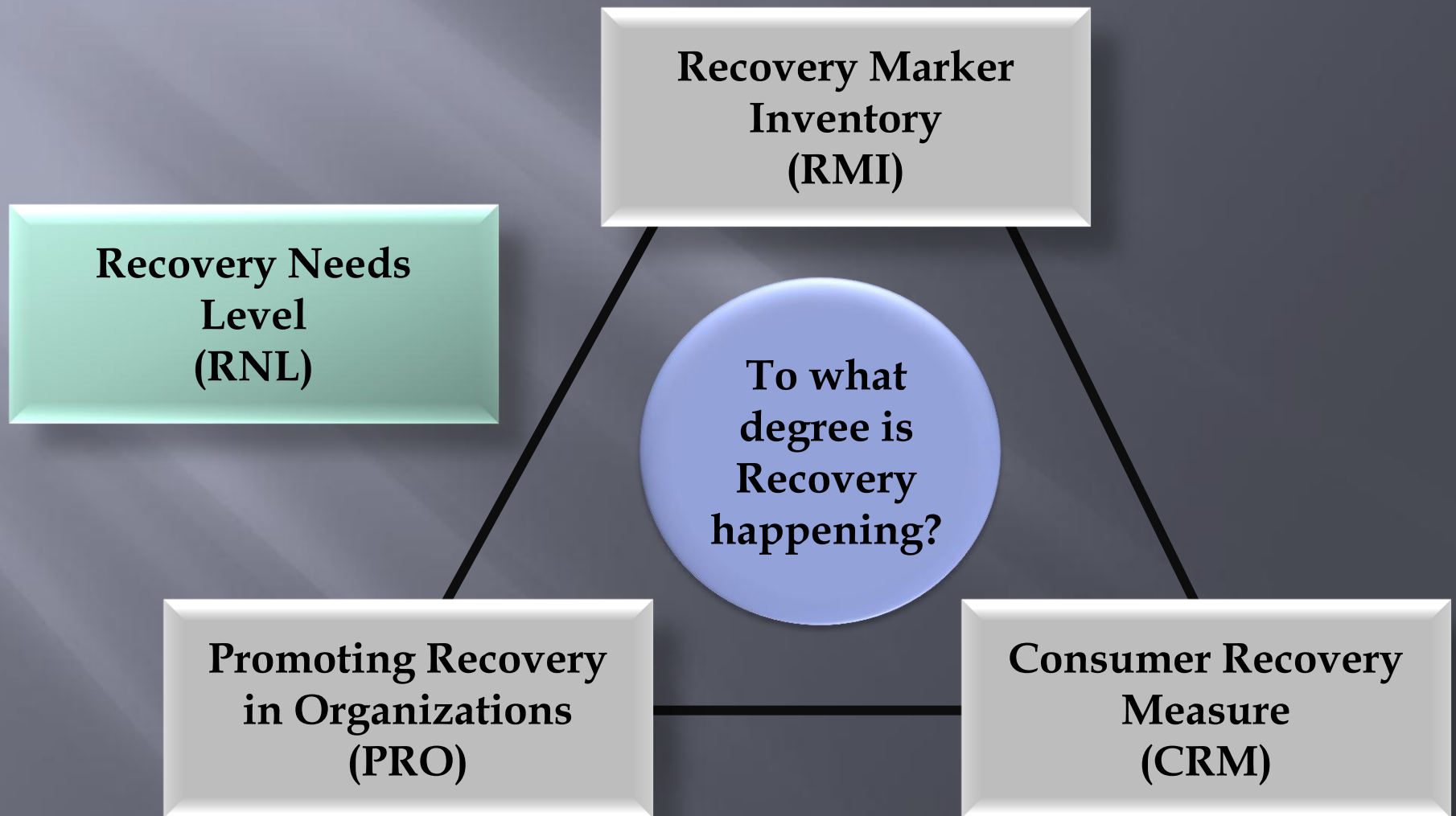
Consumer Recovery Measure

- ▣ **Consumer's perception of their recovery, across five dimensions associated with recovery; completed every 3 months**

- ▣ **Reliability**
 - CRM V1.0 had a CTT reliability of 0.65
 - CRM V2.0 had an IRT person reliability of 0.67
 - CRM V3.0 has an IRT reliability: **Person = 0.83, Item = 0.99**
 - CRM V3.0 has a **CTT reliability = 0.88**

- ▣ **Validity**
 - Basis24 Overall -0.30 (N = 150)
 - REE Recovery Markers -0.29 (N = 87)
 - CCAR Recovery Factor -0.19 (N = 4013)

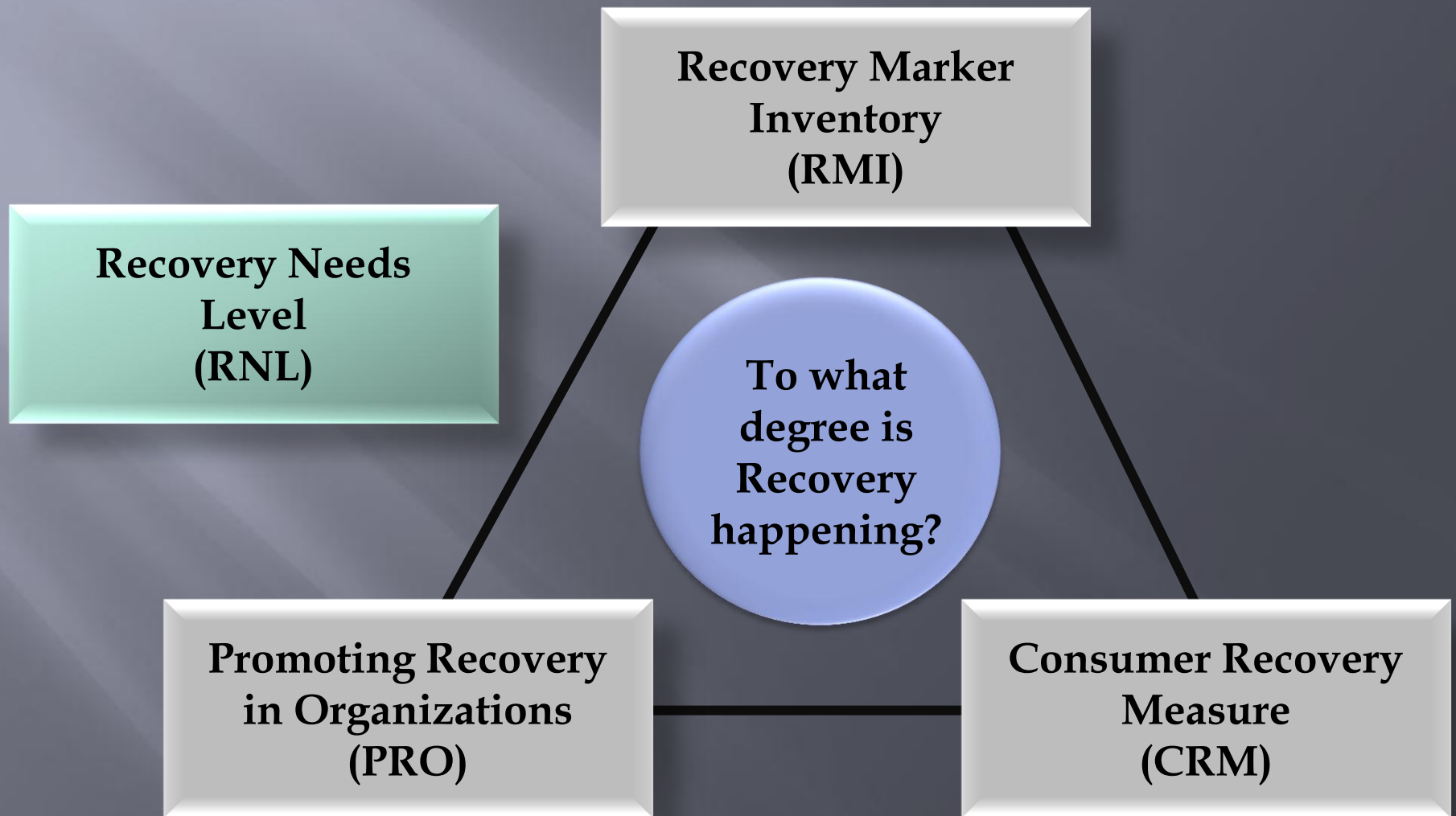
Recovery Instruments



Promoting Recovery in Mental Health Organizations

- ▣ Consumers rate their mental health program performance factors associated with promoting hope, sense of meaning, wellness, and resiliency
- ▣ Specific sections for each type of staff that interacts with our consumers (front-desk clinical, medical, case managers, rehabilitation)
- ▣ For more information regarding analysis of findings, please visit www.outcomesmhcd.com for last year's AEA presentation of "*Evaluation of how mental staff promotes recovery: A Rasch analysis of the PRO survey*"

Recovery Instruments

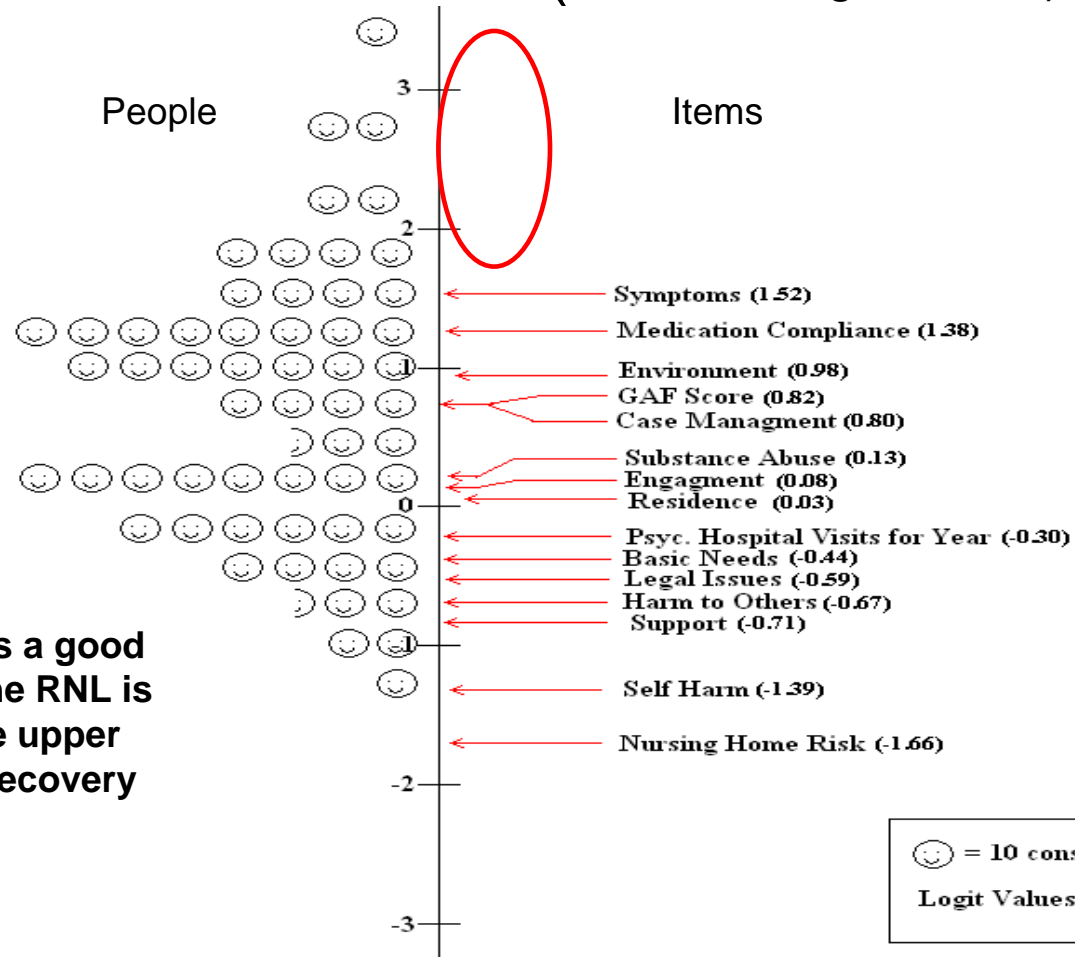


Recovery Needs Level

- ▣ Clinician recording of consumer needs across 15 indicators; completed every 6 months
- ▣ Electronically scored algorithm that indicates appropriate level of service (assumption: consumer needs change over time)
- ▣ Rasch analyses showed the need for expanding levels to include traditional outpatient services

RNL: Item-Person Map

IRT Discrimination (aka Ordering of Items)



Overall, this is a good spread, but the RNL is not hitting the upper spectrum of recovery

*These are mean “difficulties” of items as a whole, the responses are more spread.

Data Informed Clinical Practice

Informed Clinical Practice

Successful information sharing means:

- ▣ Easily accessible – bring it to me, don't make me go look for it because I probably won't
- ▣ Easily understood – tell me what is important so I don't have to sift through a bunch of “stuff” and/or make erroneous guesses
- ▣ Part of the valued organization culture – help me understand the importance of quality systems, outcomes, and my role in those processes

How well is this individual progressing?



Individual Profile Consumer Information

Name: XXXXXXXXXXXXX

Date of Birth: XX/XX/XXXX

Age: XX

Team: XXX

Status: Active

GAF: XX

Primary Diagnosis: XXX.xx Primary Diagnosis

Secondary Diagnosis: XXX.xx Secondary Diagnosis

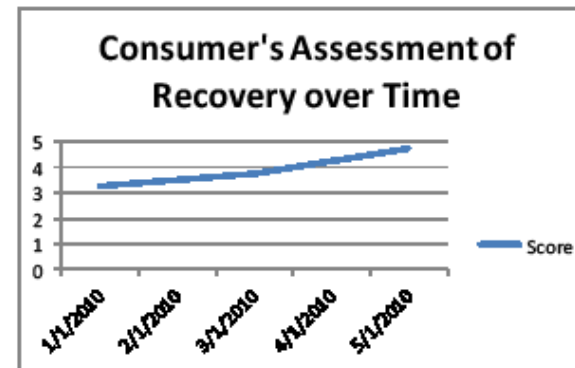
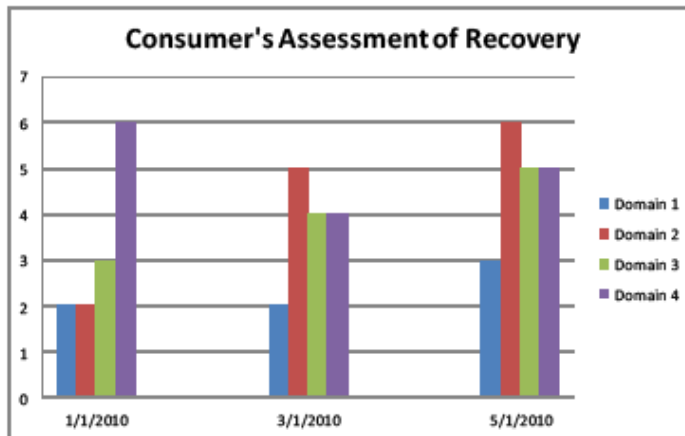
Substance Abuse Diagnosis: XXX.xx Substance Diagnosis

Primary Clinician Name: XXXXXXXXXXXXXXXXX

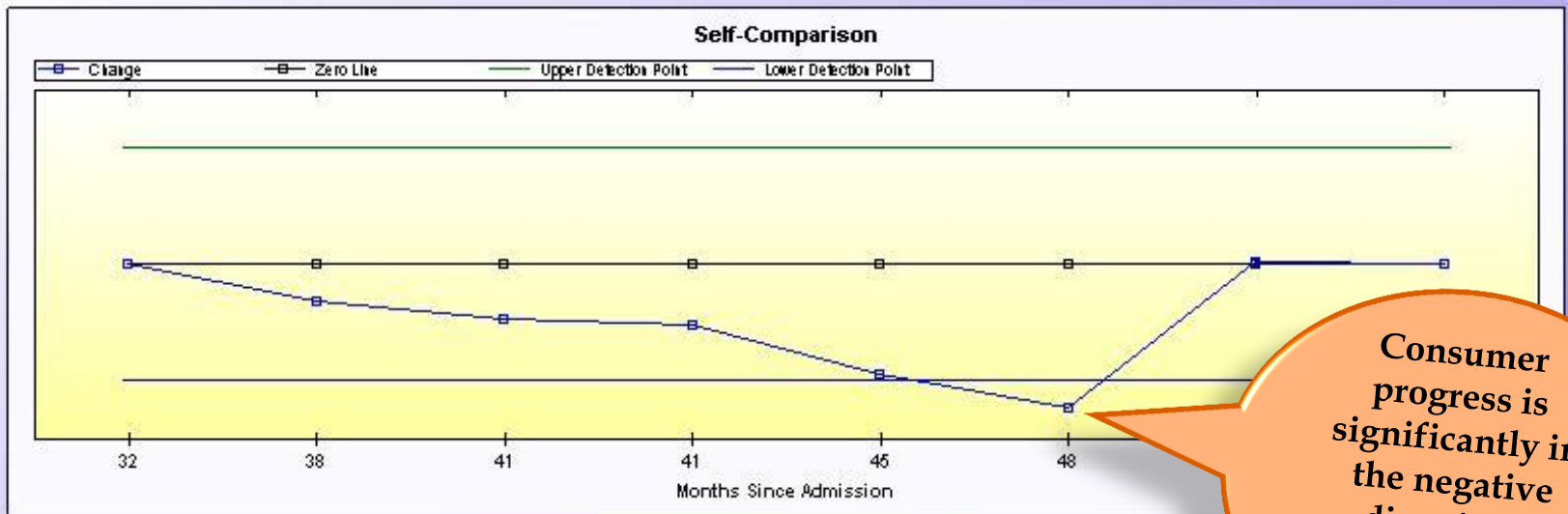
Psychiatrist Name: XXXXXXXXXXXXXXXXX

Consumer's Assessment of Recovery Scores

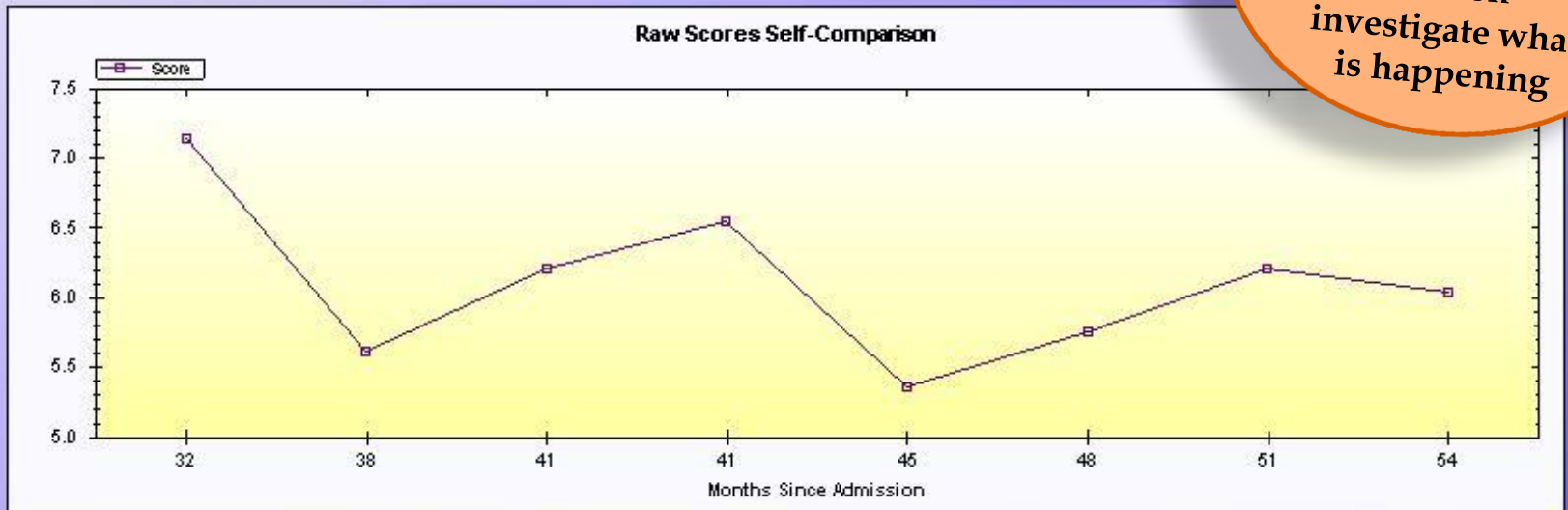
Domain 1	Domain 2	Domain 3	Domain 4	Date	Score
xxx	xxx	xxx	xxx	xx/xx/xxxx	xx.xx
xxx	xxx	xxx	xxx	xx/xx/xxxx	xx.xx
xxx	xxx	xxx	xxx	xx/xx/xxxx	xx.xx



Change: Self-comparison

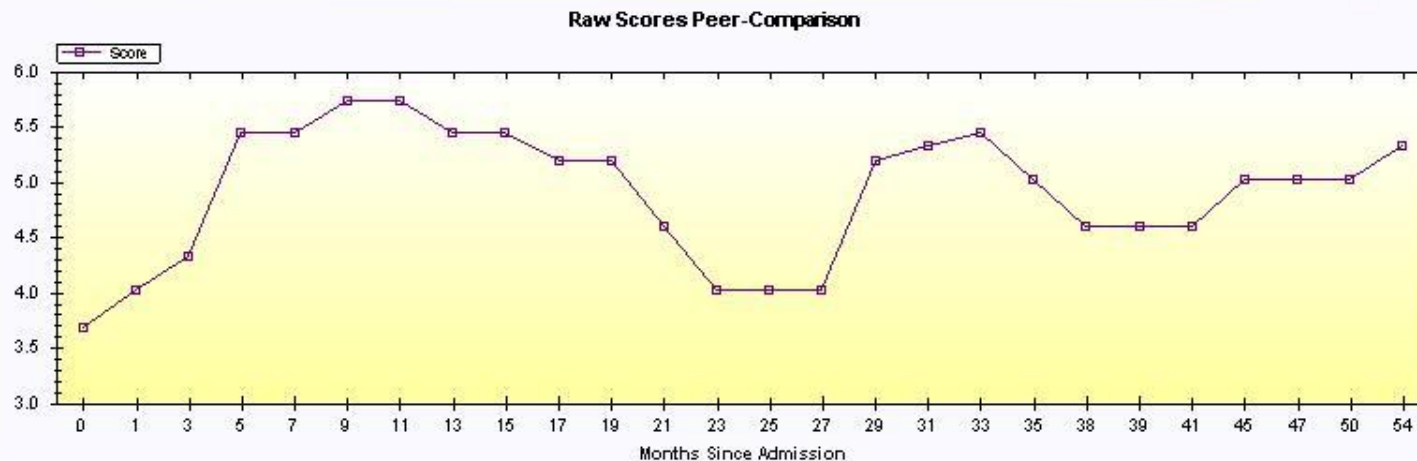
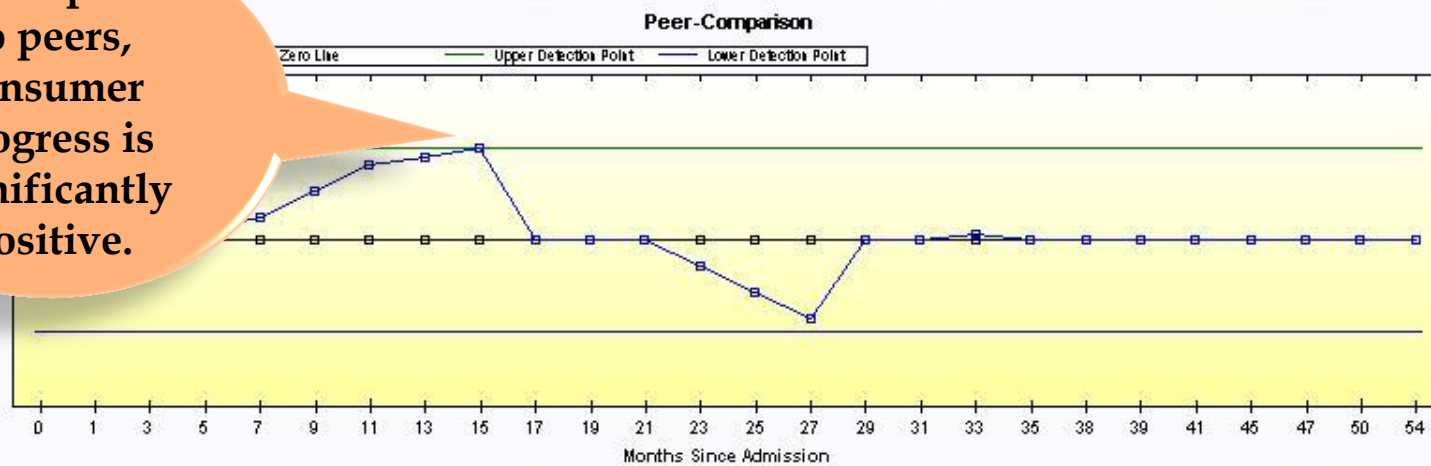


Consumer progress is significantly in the negative direction - investigate what is happening



Change: Peer-Comparison

As compared to peers, consumer progress is significantly positive.



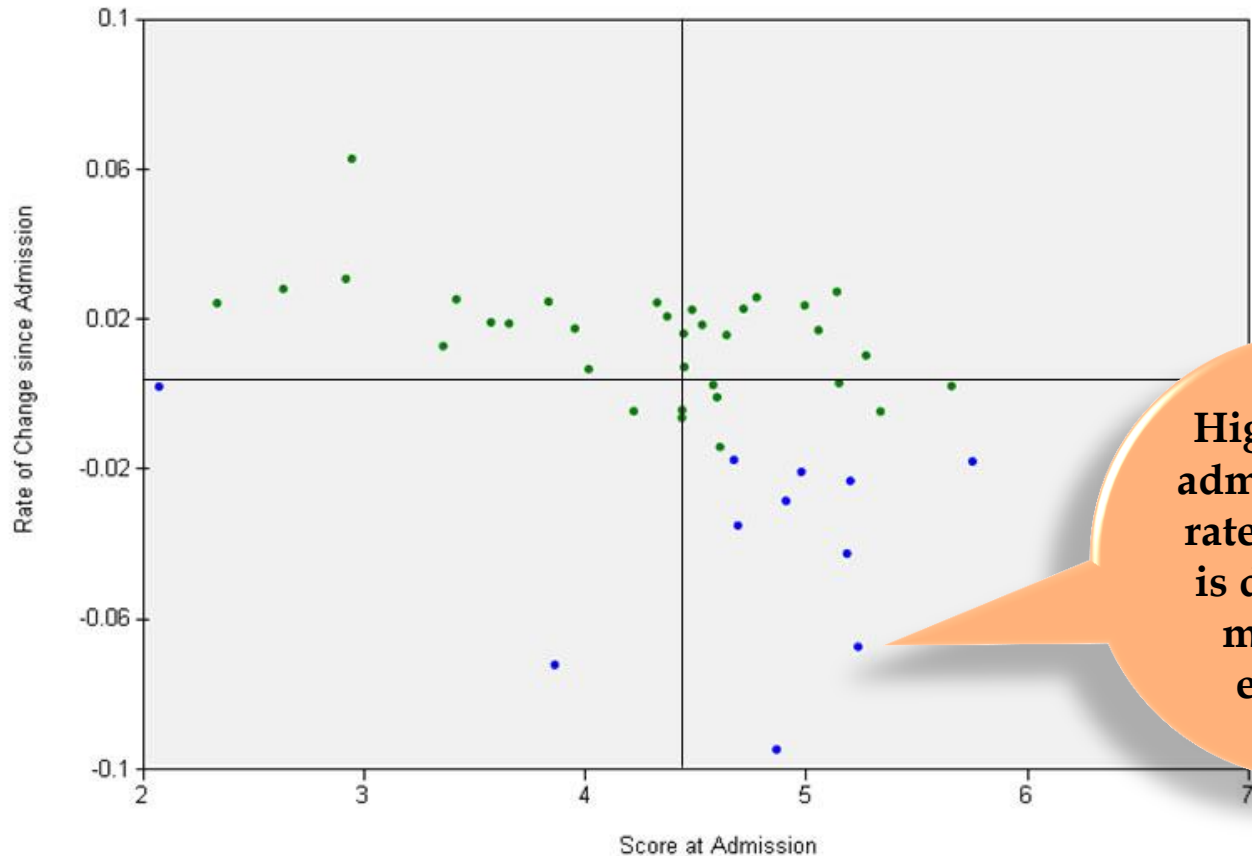
Clinical Quality: Service Outliers



Quality Control Change Chart Clinician's Assessment

Your Team

Environmental Factors Chart



High score at admission, but rate of change is decreasing more than expected



Utilization Management Review Form

Your System here

Consumer Name: XXXXXXXXXXXX XXXXXXXXXXXX

Consumer ID: XXXXXX

Clinician: XXXXXXXXXXXX XXXXXXXXXXXX

Reviewer Name XXXXXXXX

Team: XXX

Date of Review XX/XX/XXXX

Diagnosis

Axis I:
Axis II:
Axis III:
Axis IV:
Axis V:
SA DX:

Appears if there is a SA Dx

[View Current UM Tool Score](#)

[View S.A. Assessment](#)

[Display Progress Summaries](#)

[View Range of Notes](#)

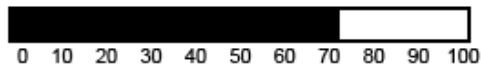
Progress Concern:

Progressing at a slower rate than expected

[View Individual Change chart](#)

[View Individual Profile Report](#)

% of Expected Service Hours Delivered



	Service Hours this month	% Total Hours
Direct		
Indirect		
Total		

[View Service Hours Detail](#)

Is a Transition Plan indicated? Y N If Yes, There is a Plan Present? Y N

What might be contributing to this being an outlier?

Suggestions for improving outcomes?

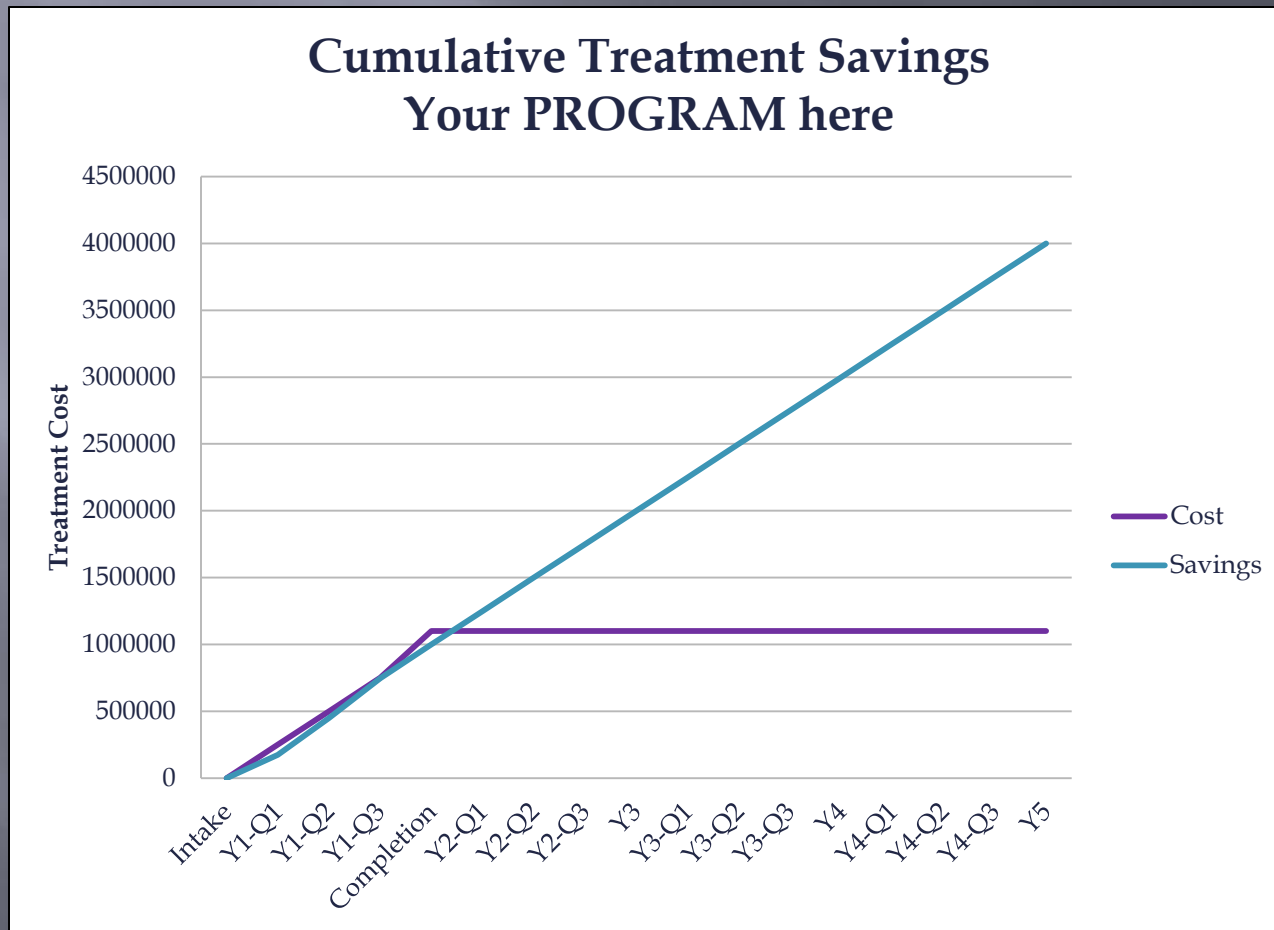
Additional comments or issues for follow up?

[Save](#)

Clicking here saves review responses and emails a copy of the completed review to the Program Manager

Cost-Benefit Analysis

In addition to improving outcomes, are we getting a reasonable return on investment through the program or service?

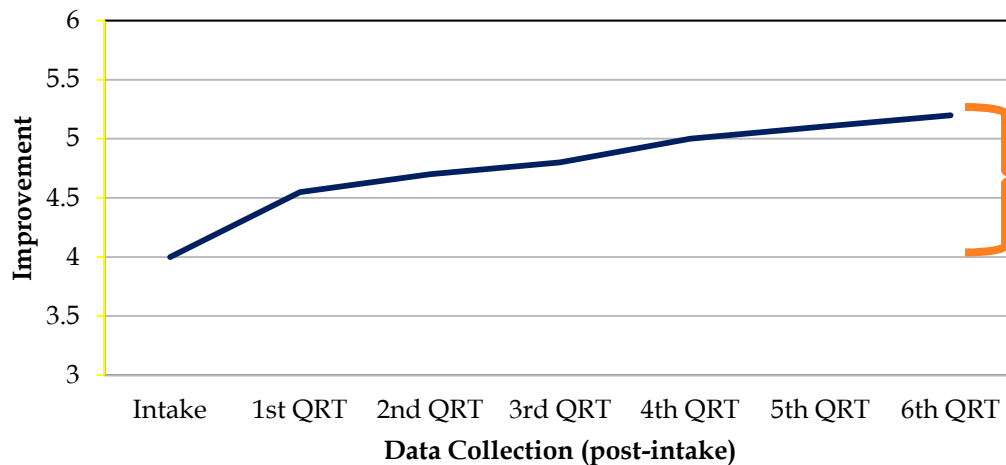


Evaluation and Fidelity

Outcome measurement helps ensure that goals and service standards of a program are being met. Comparing outcomes with the fidelity level of the program helps:

- ▣ Determine the overall effectiveness of the program
- ▣ Identify areas where service improvements can be made.

**Average Improvement
Environmental Factors**



To the left is a display of the average improvement of consumers in a particular program over a period of time.

Improvement of
outcomes over
18 months

Effective Program Components

Many times we are not just interested in outcomes performance, but performance within specific indicators important to the program or treatment service.

- ▣ Evaluate performance within key outcomes (domains) to determine which aspects of the program work best
- ▣ At the right, Domain 1 is supported well through the program; but Domain 4 can show more improvement

Key Indicator	% at intake	% at Follow-up	Change
Domain 1	21%	67%	219%
Domain 2	80%	80%	0%
Domain 3	24%	24%	0%
Domain 4	94%	84%	-10%



MHCD Midyear Improvement Report

Begin Date – End Date

Service Efficiency

Admissions 2601 Discharges 2406 A/D Ratio: 11/10 Expected: >1 Total Consumers 8333

Improvement Metrics

Consumer Service Transfers

*Note: Decreased Service level refers to less intense services, whereas Increased Service level refers to more intense Services.

Utilization Management Tool

Consumers Admitted Prior to Cut off Date

Decreased Service Level: 18%
Sustained Service Level: 75%
Increased Service Level: 7%

Consumers Admitted After Cutoff Date

Decreased Service Level: 11%
Sustained Service Level: 82%
Increased Service Level: 8%

Changes in Resiliency and Recovery Supportive Environmental Factors

Clinicians Assessment Tool (CAT)

Consumers Admitted Prior to Cutoff Date

Increased Environmental Factors: 43%
Sustained Environmental Factors: 18%
Decreased Environmental Factors: 39%
Average CAT Change: 0.04

Consumers Admitted After Cutoff Date

Increased Environmental Factors: 52%
Sustained Environmental Factors: 19%
Decreased Environmental factors: 30%
Average CAT Change: 0.27

Changes in Consumers' Perception of Their Own Improvement (Parents if child under 8)

Consumer Self –Assessment (CSA)

Consumers Admitted Prior to Cutoff Date

Increased Improvement: 41%
Sustained Improvement: 23%
Decreased Improvement: 37%
Average CSA Change: 0.10

Consumers Admitted After Cutoff Date

Increased Improvement: 45%
Sustained Improvement: 26%
Decreased Improvement: 30%
Average CSA Change: 0.23

Impact for our Informed Practice

Meeting our agency mission by ...

- ▣ Increasing number of consumers served
- ▣ Providing empirical evidence of our program quality and efficacy
- ▣ Meeting community needs and expectations for quality mental health services
- ▣ Leading the Mental Health field with education and tools employing outcomes in accountable clinical practice

Continuous Quality Improvement

- ▣ Improved Program Outcomes
 - 80% reduction in homelessness
 - 67% reduction in substance abuse
- ▣ Greater Number of Consumers Being Served
 - ▣ 27% increased service capacity
 - ▣ 12% reduction intake no-show rates
- ▣ More Effective Resource Utilization
 - 80% reduction in detoxification facility admission days
 - 70% reduction in jail days
 - 40% decrease in psychiatric hospitalizations
- ▣ Greater Opportunity for Funding
 - 36 grants and 4.2 million in revenue
 - Current SAMHSA Grants: 7 Awarded and 1 Pending

For a copy of this presentation
please go to our website at

www.outcomesmhcd.com

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For more information about Recovery @ MHCD:

<http://www.reachingrecovery.org/>