Sustaining a Long-Acting Injectable Antipsychotic Program

The Care Transitions Network

National Council for Behavioral Health
Montefiore Medical Center
Northwell Health
New York State Office of Mental Health
Netsmart Technologies
Learning Objectives

• Join us for a discussion on how enhancing LAI use can be part of overall clinical programs for medication adherence and for enhancing recovery

• We will also discuss using data to document LAI benefits
How Can a LAI Initiative Fit With Your Clinic’s Goals?

- For smaller clinics or for a first step, enhancing access to LAIs may be the primary goal
- LAIs can be part of larger initiatives, including increasing treatment adherence and enhancing recovery
- Developing a vision for your clinic is important and your goals may evolve over time
Enhancing Treatment Adherence Programs
Enhancing Treatment Adherence Programs

• Can have a focus on enhancing adherence to all treatments, both medication and psychosocial treatments

• Can support adherence to all medications prescribed, not just antipsychotics

• Can support different adherence enhancement strategies
  • For example, psychoeducation about medications for all patients
  • Reminders, pill boxes, routine adherence assessments for patients taking oral medications
  • LAIs for patients who prefer this option or who still have adherence problems despite supports for taking oral medications
Recovery Programs
Recovery Programs

• Provide a variety of supports to enhance recovery, e.g.:
  • Medication for symptom minimization
  • Individual or group therapy for addressing psychosocial issues
  • Supported education and employment for maximizing vocational functioning
  • Wellness programs to promote healthy lifestyles

• LAIs can contribute to recovery by enhancing symptom minimization
  • Symptoms are often distressing directly
  • Symptoms can interfere with patients’ ability to benefit from other treatments
     • For example, paranoia can interfere with patients’ ability to engage in educational or employment opportunities
Typical Topics Covered by Recovery Programs

- Recovery Strategies
- Practical facts on mental illness
- Stress-vulnerability model
- Coping mechanisms
- Treatment strategies
- Building social support
- Using medication effectively
- Drug and alcohol use
- Reducing relapses
- Coping with problems and persistent symptoms
- Getting your needs met in the mental health system
- Healthy lifestyles
Evaluation
Tracking Outcome Measures

• One key to sustaining a LAI program is to document benefits from increased LAI usage

• Service utilization outcomes are important and some may already be tracked in your clinic or are available through PSYCKES
Some Service Utilization Measures to Consider

- Missed appointments
- Yearly hospital admission number and hospitalization days (as well as the costs associated with them)
- Contacts with case management and acute service contacts (after hours phone calls, mobile crisis utilization, emergency department visits)

Enhanced medication adherence through LAIs or other strategies has the potential to decrease all of the above.
Using PSYCKES to Identify Candidates for LAI Treatment and For Tracking of Quality Indicators
Identifying Patients with Quality Flags by Agency, by Physician....
......or Searching for an Individual Patient

- Finding Patients with Quality Flags by Clinic
  - Using My QI Report “Recipients” Tab
- Finding Patients with Quality Flags by Physician
  - Using My QI Report “Attending’s Recipients” Tab
- Searching for an Individual Patient
  - Using Recipient Search
<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Population</th>
<th>Eligible Population</th>
<th># with QI Flag</th>
<th>%</th>
<th>Regional %</th>
<th>Statewide %</th>
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<tbody>
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<td>634</td>
<td>43.28</td>
<td>43.71</td>
<td>45.98</td>
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<tr>
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<td>12.63</td>
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<td>1,063</td>
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<tr>
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<td>All</td>
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<td>11.12</td>
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<tr>
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<td>0.89</td>
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<tr>
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</tr>
<tr>
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<td>1,371</td>
<td>530</td>
<td>38.66</td>
<td>41.46</td>
<td>42.60</td>
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</table>
### MAIN STREET MENTAL HEALTH CENTER

**Quality Indicator Overview As Of 07/01/2017**

**Region:** All  
**County:** All  
**Site:** All  
**Program Type:** All  
**Age:** All  
**MC Product Line:** All  
**Managed Care:** All

#### Indicator Set

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Population</th>
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<td>530</td>
<td>38.66</td>
<td>41.46</td>
<td>42.60</td>
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</table>
Indicator Set

BH QARR - DOH Performance Tracking Measure - as of 12/01/2016

BH QARR - Improvement Measure

General Medical Health

HARP Enrolled - Not Health Home Enrolled

High Utilization - Inpt/ER

Polypharmacy

Preventable Hospitalization

Readmission Post-Discharge from any Hospital

Treatment Engagement

PSYCKES
## My QI Report: Drill into Indicator Set

### Indicator Set

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Population</th>
<th>Eligible Population</th>
<th># with QI Flag</th>
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### High Utilization of Inpatient/ER

#### Select indicator to generate “Recipients” tab report of unduplicated flagged patients

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<th>Indicator Set</th>
<th>Indicator</th>
<th>Population</th>
<th>Eligible Population</th>
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<th>Regional %</th>
<th>Statewide %</th>
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<td>2+ ER - BH</td>
<td>All</td>
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<tr>
<td></td>
<td>2+ ER - MH</td>
<td>All</td>
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<td>3.78</td>
<td>2.79</td>
<td>2.87</td>
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<td>2+ Inpatient - Medical</td>
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<td>5,297</td>
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<td>3.19</td>
<td>2.89</td>
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<tr>
<td></td>
<td>2+ Inpatient - MH</td>
<td>All</td>
<td>5,297</td>
<td>135</td>
<td>2.55</td>
<td>1.76</td>
<td>1.76</td>
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<td></td>
<td>2+ Inpatient / 2+ ER - Summary</td>
<td>All</td>
<td>5,297</td>
<td>1,074</td>
<td>20.28</td>
<td>23.49</td>
<td>24.75</td>
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</table>
## Recipients Tab: List of Patients who Meet Criteria for Flag

**Program Type:** CLINIC MH - ALL

### Indicator Set: High Utilization - Inpt/ER, Indicator: 2+ Inpatient / 2+ ER - Summary

<table>
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<tr>
<th>Recipient</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Quality Flags</th>
<th>Medications (BH, excludes enhanced PHI)</th>
<th>Most Recent BH Outpatient Attending</th>
<th>Clinical Summary Last Viewed</th>
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</thead>
<tbody>
<tr>
<td>Aabf3dc Ddecbfj</td>
<td>2+ ER-BH, 2+ ER-MH, Adher-AP, No Gluc/HbA1c &amp; LDL-C - AP</td>
<td>ARIPIPRAZOLE</td>
<td>None Identified</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Aacfdff Fdedcag</td>
<td>2+ Inpt-BH, 2+ Inpt-MH</td>
<td>SERTRALINE HCL</td>
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<td>No</td>
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<tr>
<td>Aadgaa Bifgcgcc</td>
<td>2+ ER-Medical</td>
<td>RAAGAS EDITAM</td>
<td>None Identified</td>
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<td></td>
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<tr>
<td>Aaecegg Hffddiff</td>
<td>2+ ER-Medical</td>
<td>SINGH JASWINDERJIT</td>
<td>None Identified</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Aaedgci Hafiaad</td>
<td>2+ ER-Medical, No Gluc/HbA1c &amp; LDL-C - AP</td>
<td>ARIPIPRAZOLE</td>
<td>SHAH PINAKINI</td>
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<tr>
<td>Aafbjgb Bbjjfff</td>
<td>2+ ER-Medical, HARP No Hlth Hlth</td>
<td>ALPRAZOLAM, BUPROPION HCL, FOSITAMOBRAPROX ATE</td>
<td>None Identified</td>
<td>No</td>
<td></td>
<td></td>
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</tbody>
</table>

- **Click on a patient name to review Clinical Summary**
- **Report can be exported to PDF or Excel**
Identifying Patients with Quality Flags by Agency, by Physician...

......or Searching for an Individual Patient

• Finding Patients with Quality Flags by Clinic
  • Using **My QI Report** “Recipients” Tab

• Finding Patients with Quality Flags by Physician
  • Using **My QI Report** “Attending’s Recipients” Tab

• Searching for an Individual Patient
  • Using **Recipient Search**
Attending Tab: Lists Quality Indicator Report by Attending

<table>
<thead>
<tr>
<th>Attending</th>
<th>License #</th>
<th>Eligible Population</th>
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</tr>
</thead>
<tbody>
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<td>None Identified</td>
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<td>10.01</td>
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<td>SMITH JOHN</td>
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<td>27.03</td>
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<td>MAPLE TRUDY</td>
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<td>HIGHLANDER TARA</td>
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</tr>
<tr>
<td>ORCHARD JONATHAN</td>
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<tr>
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</table>

Click on an attending's name to generate "Attending’s Recipients" tab report of flagged patients.
### Attending’s Recipients Tab: Attending’s Patients Who Meet Criteria

**Report can be exported to PDF or Excel**

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Quality Flags</th>
<th>Attending</th>
<th>New QI Flag</th>
<th>Dropped QI Flag</th>
<th>Site Address</th>
<th>Program Type</th>
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</thead>
<tbody>
<tr>
<td>Abaeacc</td>
<td>Fabcgfj Hjcghe</td>
<td>12/31/9999</td>
<td>2+ ER-Medical</td>
<td>ELIO ESPIRIDION PECAOCO JR</td>
<td>Not Available</td>
<td></td>
<td>Clinic MH - ALL</td>
<td></td>
</tr>
<tr>
<td>Acajfccc</td>
<td>Aifcegg Cgldche</td>
<td>12/31/9999</td>
<td>2+ ER-Medical, Adher-AP, Adher-MS, BH QARR - DOH</td>
<td>ELIO ESPIRIDION PECAOCO JR</td>
<td>Not Available</td>
<td></td>
<td>Clinic MH - ALL</td>
<td></td>
</tr>
<tr>
<td>Acajfccc</td>
<td>Aifcegg Cgldche</td>
<td>12/31/9999</td>
<td>2+ ER-Medical, Adher-AP, Adher-MS, BH QARR - DOH</td>
<td>ELIO ESPIRIDION PECAOCO JR</td>
<td>OMH CL TRT</td>
<td></td>
<td>Clinic MH - ALL</td>
<td></td>
</tr>
<tr>
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<td></td>
<td>12/31/9999</td>
<td>2+ ER-Medical, BH QARR - DOH</td>
<td>ELIO ESPIRIDION PECAOCO JR</td>
<td>Not Available</td>
<td></td>
<td>Clinic MH - ALL</td>
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</tr>
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<td>Bfegfco Bgddfe</td>
<td></td>
<td>12/31/9999</td>
<td>2+ ER-Medical, BH QARR - DOH</td>
<td>ELIO ESPIRIDION PECAOCO JR</td>
<td>OMH CL TRT</td>
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</tr>
<tr>
<td>Bifcidd Bciffji</td>
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<td>12/31/9999</td>
<td>2+ ER-BH, 2+ ER-MH</td>
<td>ELIO ESPIRIDION PECAOCO JR</td>
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<td>50 W HAWTHORNE AVE</td>
<td>Clinic MH - ALL</td>
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<tr>
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<td>2+ ER-Medical, BH QARR - DOH</td>
<td>ELIO ESPIRIDION PECAOCO JR</td>
<td></td>
<td>50 W HAWTHORNE AVE</td>
<td>Clinic MH - ALL</td>
<td></td>
</tr>
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- **Click on a patient name to review Clinical Summary**
- **Report can be exported to PDF or Excel**
Identifying Patients with Quality Flags by Agency, by Physician....
......or Searching for an Individual Patient

• Finding Patients with Quality Flags by Clinic
  • Using My QI Report “Recipients” Tab

• Finding Patients with Quality Flags by Physician
  • Using My QI Report “Attending’s Recipients” Tab

• Searching for an Individual Client/Patient
  • Using Recipient Search
Recipient Search: Search for Individual Patient
Recipient Search: Search for Individual Patient

Enter Recipient Identifiers and click “Search”
Recipient Search: Search for Individual Patient

Enter Recipient Identifiers and click “Search”
Recipient Search: Search for Individual Patient

<table>
<thead>
<tr>
<th>Medicaid ID</th>
<th>XXXXXXXX</th>
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</thead>
</table>

Review recipients in results carefully before accessing Clinical Summary.

<table>
<thead>
<tr>
<th>Name (Gender - Age)</th>
<th>Date of Birth</th>
<th>Address</th>
<th>Quality Flags</th>
<th>Managed Care Plan</th>
<th>Current PHI Access</th>
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<td>Ebecece Bbhnahgh Heegaag Fdloaffb Icabiij Cbhhfbb Hgccedbd Faceabc</td>
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<td>MetroPlus Health Plan</td>
<td>All Data - Consent</td>
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</tbody>
</table>

Select patient name to go to Clinical Summary
Clinical Summary: Identify Quality Flags & Other Details

**General**

- **Name:** Ccdjagi Fbfgacb
- **Medicaid ID:** DFJCCAl GICGBAl
- **DOB:** 01/01/9999 (999 Yrs)
- **Address:** Djffcde Eaddbee, Daaeacd Cebhfai, Icabijj Cbhhfibe,
- **Medicaid Aid Category:** SSI
- **Medicaid Eligibility Expires on:**
- **Medicare:** No
- **Managed Care Plan:** MetroPlus Health Plan (Mainstream)
- **HARP Status:** HARP - Eligible Pending Enrollment (H9)

**Current Care Coordination**

- **Health Home (Outreach) - Status:** Active, COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-SEP-17, End Date: 31-OCT-17), Main Contact: Referral · Inna Borik, 646-930-8836 iborik@cbcare.org. Enoch Naklen, 646-930-8823 enaklen@cbcare.org, Jeannette Wilson, 646-930-8831 jwilson@cbcare.org. Member Referral Number: 866-899-0152

- **Care Management (Outreach):** POSTGRADUATE CTR FOR MH MH

- **This information is updated weekly from DOH Health Home file.**

**Alerts & Incidents**

- **Alert/Incident Type:** Treatment for Suicidal Ideation
- **Number of Incidents:** 1
- **First date of Incident/ Diagnosis:** 4/17/2015
- **Most Recent date of Incident/ Diagnosis:** 4/17/2015
- **Provider Name:** INTERFAITH MEDICAL CENTER
- **Program Name:** Inpatient - MH
- **Severity/ Medicaid Diagnosis:** Suicidal ideations
## Clinical Summary: Identify Quality Flags & Other Details

<table>
<thead>
<tr>
<th>Quality Flags as of 8/1/2017</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH QARR - DOH</td>
<td>BH QARR - DOH Performance Tracking Measure - as of 02/01/2017: No Engagement of Alcohol/Drug Treatment</td>
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<tr>
<td>BH QARR - Improvement Measure</td>
<td>Adherence - Antipsychotic (Schiz)</td>
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<tr>
<td>High Utilization - Inpt/ER</td>
<td>2+ ER - BH 2+ ER - MH 2+ Inpatient - BH 2+ Inpatient - MH</td>
</tr>
<tr>
<td>Readmission Post-Discharge from any Hospital</td>
<td>BH to BH MH to MH Medical to All Cause</td>
</tr>
<tr>
<td>Treatment Engagement</td>
<td>Adherence - Antipsychotic (Schiz)</td>
</tr>
</tbody>
</table>

### Behavioral Health Diagnoses
Primary and Secondary Dx (most frequent first)

- Schizophrenia
- Schizoaffective Disorder
- Antisocial Personality Disorder
- Cannabis related disorders
- Adjustment Disorder
- Alcohol related disorders
- Conduct Disorder
- Substance-Induced Depressive Disorder
- Other psychoactive substance related disorders
- Unspecified/Other Depressive Disorder
- Unspecified/Other Psychotic Disorders
- Major Depressive Disorder
- Tobacco related disorder
- Unspecified/Other Bipolar

### Medical Diagnoses
Primary and Secondary Dx (most frequent first)

- **Diseases Of The Circulatory System**
  - Essential (primary) hypertension
  - Atherosclerosis
  - Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction
  - Other peripheral vascular diseases
  - Varicose veins of lower extremities

- **Diseases Of The Ear And Mastoid Process**
  - Disorders of vestibular function

- **Diseases Of The Genitourinary System**
  - Other disorders of penis

- **Diseases Of The Musculoskeletal System And Connective Tissue**
  - Other and unspecified soft tissue disorders, not elsewhere classified
  - Dorsalgia
  - Other spondylopathies

- **Diseases Of The Nervous System**
  - Mononeuropathies of upper limb
  - Transient cerebral ischemic attacks and related syndromes

- **Diseases Of The Respiratory System**
  - Vasomotor and allergic rhinitis

- **Endocrine, Nutritional And Metabolic Diseases**
  - Type 2 diabetes mellitus
My QI Report & Clinical Summary Can Provide You with Data on Crucial Quality Indicators

- BH QARR- Improvement Measure
  - Adherence-Antipsychotic (Schiz)
- Psychototropic Polypharmacy
- High Utilization – Inpatient/ER
- Readmission
  - Mental Health → Mental Health
  - Behavioral Health → All Cause
My QI Report: Low Adherence to Antipsychotic (Schizophrenia)

- Select the “BH QARR - Improvement Measure” indicator set
- Select “Adherence-Antipsychotic (Schiz)”
- This indicator identifies:
  - Patients ages 18-64 who have a diagnosis of Schizophrenia or Schizoaffective Disorder
  - Started on an antipsychotic medication during the first 9 months of the 12 month treatment period
  - Proportion of days covered with an antipsychotic medication available is less than 80% during the 12 month treatment period
My QI Report: Psychotropic Polypharmacy

• Select the “Polypharmacy” indicator set

• Select the “Summary” indicator or a specific sub-indicator
  • Antipsychotic Two Plus or Three Plus
  • Antidepressant Two Plus (same class) or Three Plus
  • Psychotropic Three Plus
  • Psychotropic Four Plus

• This indicator identifies:
  • Out of patients of all ages who picked up any psychotropic medication,
  • Those who were on multiple psychotropic medications concurrently for longer than 90 days
My QI Report: High Utilization of Inpatient/Emergency Room

• Select “High Utilization – Inpt/ER” indicator set

• Select “2+ Inpatient / 2+ ER – Summary” or a specific sub-indicator
  • 2+ ER – BH (Behavioral Health)
  • 2+ ER – Medical
  • 2+ ER – MH (Mental Health)
  • 2+ Inpatient – BH
  • 2+ Inpatient – Medical
  • 2+ Inpatient – MH

• This indicator identifies:
  • Patients of all ages who had two or more ER visits or inpatient stays in the past 12 months for any cause, or for the specific cause in selected sub-indicator
My QI Report: Hospital Readmission

• Select “Readmission Post-Discharge from any Hospital” indicator set for clients with index hospitalization at any hospital
• Select “Readmission Post-Discharge from this Hospital” indicator set for clients with index hospitalization at your hospital
• Select Readmission (30 day): All Cause to All Cause summary indicator or a specific sub-indicator
  • Readmission (30d): MH to MH (Mental health to Mental Health)
  • Readmission (30d): BH to All Cause (Behavioral Health to MH/BH/or Medical)
• This indicator identifies:
  • Patients of all ages who were discharged from an inpatient unit and then readmitted to an inpatient unit within 30 days of discharge
  • Specific cause for index hospitalization and cause for readmission hospitalization are specified in sub-indicators
Recipient Search Can Provide You with Data on LAI Utilization

• Use Recipient Search to conduct group searches to identify cohorts of interest

• Select “Antipsychotic – Long Acting Injectable (LAI)” from the Psychotropic Drug Class filter under “Medication & Diagnosis”

• Select from other filter options too, if desired

• Results provide a list of patients who had an LAI available to them in the past year

• Export results to Excel or PDF and click on patient name to view Clinical Summary
Recipient Search: Data on LAI Utilization

Recipients Identifiers
- Medicaid ID
- SSN
- First Name
- Last Name
- DOB

Characteristics as of 09/05/2017
- Age Range
- Gender
- HARP Status
- AOT Status
- Population
- Managed Care (MC)
- MC Product Line
- Medicaid Restrictions
- Alerts & Incidents

Quality Flag as of 07/01/2017
- HARP Enrolled: Not Health Hot
- Psychotropic Polypharmacy
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Three Plus
- Psychotropic Four Plus
- Polypharmacy Summary
- Discontinuation: Antidepressant
- Adherence: Mood Stable
- Adherence: Antipsychotic
- Treatment Engagement: High
- No Metabolic Monitoring
- No Suicide Screen

Services: Specific Provider as of 07/01/2017
- Provider
- Region
- County
- Access
- Number of Visits

Medication & Diagnosis Filter Options

Medication & Diagnosis as of 07/01/2017
- Prescriber Last Name
- Drug Name
- Active Drug

Psychotropic Drug Class
- ADHD Med
- Antidepressant
- Antipsychotic
- Antipsychotic - Long Acting Injectable

Non-Psychotropic Drug Class
- Analgesics and Anesthetics
- Anti-infective Agents
- Anti-Oxidants
- Antidiabetic

Diagnosis
- Diagnosis
- Diagnosis given
- Primary only
- Primary/secondary

Services by Any Provider as of 07/01/2017
- Provider (Optional)
- Region
- County
- No. of Visits

Service Setting
- Care Coordination
- Foster Care
- Inpatient - ER
- Inpatient - N/A
- Outpatient - Medical Specialty
- Outpatient - DD
- Outpatient - MH
Recipient Search: Data on LAI Utilization

**Medication & Diagnosis as of 08/01/2017**

- **Prescriber Last Name**: [ ]
- **Drug Name**: [ ]
- **Active Drug**: [ ]

**Psychotropic Drug Class**
- ADHD Med
- Antidepressant
- Antipsychotic
- Antipsychotic - Long Acting Injectable

**Non-Psychotropic Drug Class**
- Analgesics and Anesthetics
- Anti-Infective Agents
- Anti-Obesity Agents
- Antidiabetic

**Diagnosis**
- Diagnosis given: [ ]
- Primary Only [ ]
- Primary/Secondary [ ]

**BH Diagnosis**
- Anxiety Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Disruptive, Impulse-Control, and Conduct Disorders
- Dissociative Disorders

**Medical Diagnosis**
- Certain conditions originating in the perinatal period
- Certain infectious and parasitic diseases
- Congenital malformations, deformations
- Diseases of the blood and blood-forming organs
- Diseases of the circulatory system

**Care Transitions Network**
for People with Serious Mental Illness
Recipient Search: Data on LAI Utilization

Medication & Diagnosis as of 08/01/2017

Prescriber Last Name

Drug Name

Active Drug

Psychotropic Drug Class*

ADHD Med
Antidepressant
Antipsychotic

Antipsychotic - Long Acting Injectable (LAI)

Anxiolytic/Hypnotic
Mood Stabilizer
Side-Effect Management
Withdrawal Management

Non-Psychotropic Drug Class*

Analgesics and Anesthetics
Anti-Infective Agents
Anti-Obesity Agents
Antidiabetic

Diagnosis given

Primary Only
Primary/Secondary

BH Diagnosis

Anxiety Disorders
Biolar and Related Disorders
Depressive Disorders
Disruptive, Impulse-Control, and Conduct Disorders

Dissociative Disorders

Medical Diagnosis

Certain conditions originating in the perinatal period
Certain infectious and parasitic diseases
Congenital malformations, deformations and chromosomal abnormalities
Diseases of the blood and blood-forming organs
Diseases of the circulatory system

Care Transitions Network
for People with Serious Mental Illness
Recipient Search: Data on LAI Utilization

- Recipient-related data is refreshed weekly and all other sections are refreshed monthly.
- Search uses "OR" criteria within a list and "AND" criteria between lists.
- To select multiple options within a list, hold down "CTRL" while making additional selections.
Recipient Search: Data on LAI Utilization

1,849 Recipients Found

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

<table>
<thead>
<tr>
<th>Name</th>
<th>Medicaid ID</th>
<th>DOB</th>
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<th>Quality Flags</th>
<th>Managed Care Plan</th>
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<tr>
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<td>Hdcadea Ihcbaae</td>
<td>01/01/9999</td>
<td>Bdfeice Ffbgbgd</td>
<td>2+ ER-Medical, No Outpt Medical</td>
<td>Healthfirst PHSP, Inc.</td>
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<td>Gbfjcbb Heccbdif</td>
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<td>Cjbdbbg Cjhaefaj</td>
<td>2+ ER-BH, 2+ ER-MH, Adher-AP, BH QARR - DOH, No Gluc/HbA1c &amp; LDL-C - AP, No HbA1c &amp; LDL-C (DM &amp; Schiz), No HbA1c-DM, No LDL-C - AP</td>
<td>Fidelis Care New York</td>
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<td>01/01/9999</td>
<td>Fhbogefe Ceaaafah</td>
<td>BH QARR - DOH</td>
<td></td>
</tr>
</tbody>
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Click on a patient name to review Clinical Summary

Report can be exported to PDF or Excel.
PSYCKES Reports Can Be Exported to Excel or PDF

Export My QI Report
• Information from a specific tab or all tabs can be exported.
• After clicking the appropriate icon (PDF or Excel), an export option box will appear in which you can select specific section(s) to export or check the “Select All” check box to select all sections.

Export Recipient Search Results
• After conducting a cohort search using “Recipient Search,” select the “Excel” or “PDF” icon to export the results page.

Excel Export
• An Excel export can serve as a “master spreadsheet” tool for Quality Improvement projects.

PDF Export
• A PDF export provides a printer-friendly format.
**Report can be exported to PDF or Excel**

### My QI Report Recipients Tab: Export to PDF or Excel

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Quality Flags</th>
<th>Medications (BH; excludes enhanced PHI)</th>
<th>Most Recent BH Outpatient Attending</th>
<th>Clinical Summary Last Viewed</th>
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</tbody>
</table>
My QI Report Recipients Tab: Export to PDF or Excel

Check "Select All" or select one or more sections to export.
# My QI Report: Export to PDF or Excel

## MAIN STREET MENTAL HEALTH CENTER
**Quality Indicator Overview As Of 08/01/2017**

**PROGRAM TYPE:** CLINIC MH - ALL

### Indicator Set: High Utilization - Inpt/ER

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<tr>
<th>Recipient</th>
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<th>DOB</th>
<th>Indicator</th>
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<th>Recipients</th>
<th>HH/CM Site(s)</th>
<th>New QI Flag</th>
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</table>

**Open or save from internet browser options**

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Do you want to open or save QI-Overview.xls (4.28 MB) from psyckesmedicaid.omh.ny.gov?  
**Open**  **Save**  **Cancel**
My QI Report: Export to Excel

Use Excel export “Recipients” tab as a master spreadsheet tool for Quality Improvement projects

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Quality Flags</th>
<th>Medications (BH; e Most Recent BH Outpatient Clinical Summary Last Visits)</th>
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</table>
## Recipient Search: Export to PDF or Excel

The report has been exported to PDF or Excel. The screen displays the search results for recipients:

<table>
<thead>
<tr>
<th>Name</th>
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</tbody>
</table>

Review recipients in results carefully before accessing Clinical Summary.
Recipient Search: Export to PDF or Excel

1,849 Recipients Found

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<td>01/01/9999</td>
<td>Cjbdbbg Cjhafaj</td>
<td>2+ ER-BH, 2+ ER-MH, Adher-AP, BH QARR - DOH, No Gluc/HbA1c &amp; LDL-C - AP, No HbA1c &amp; LDL-C (DM &amp; Schiz), No HbA1c-DM, No LDL-C - AP</td>
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<td>Bdfhgbf ledeegj</td>
<td>2+ ER-Medical, No Outpt Medical</td>
<td>Amerigroup New York</td>
</tr>
</tbody>
</table>

Open or save from internet browser options

Do you want to open or save RecipientSearch.xls from psyckesmedicaid.omh.ny.gov?
### Recipient Search

**Selection Criteria:**
Psychotropic Drug Class: Antipsychotic - Long Acting Injectable (LAI)

1,849 Review recipients in results carefully before accessing Clinical Summary.

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What If I Am Interested in Other Clinical Response Measures Not in PSYCKES?

• Northwell consultants can assist with education about other clinical measures including quality of life, functional improvements, and psychopathology.

Delbert Robinson, MD
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Next Steps

• Export and print PSYCKES reports or clients who have the QI Flags reviewed in this presentation

• Implement a system for the appropriate treatment team members to receive the reports

• Implement a system to track actions taken based upon the data
  • Celebrate successes
  • Improvements in areas identified as problematic
Next Steps

• The CTN has developed a LAI toolkit that is available as an on-line program at the Center for Practice Innovations website
• It is expected to launch in the next few weeks
• Staff interested in using the toolkit can contact:

  Megan Walsh, MA, LMHC, MBA
  Email: mwalsh9@northwell.edu
  Telephone: (718) 470-5021
## Upcoming Events

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<td>Showcase Webinar</td>
<td>Tuesday, 10/31, 12:00–1:00 pm E.T.</td>
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PSYCKES Implementation Team  
Office of Mental Health

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References


