PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY17-18   CLINICAL PIP

GENERAL INFORMATION

MHP: San Luis Obispo

PIP Title: Integration of Mental Health and Substance Use Screening and Assessment

Start Date (MM/DD/YY): October 13, 2014	**Status of PIP (Only Active and ongoing, and completed PIPs are rated):**
Completion Date (MM/DD/YY): December 7, 2017	**Rated**
Projected Study Period (#of Months):	☐ Active and ongoing (baseline established and interventions started)
Completed: Yes ☒　　　　No ☐	☒ Completed since the prior External Quality Review (EQR)
Date(s) of On-Site Review (MM/DD/YY):	**Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.**
December 6 & 7, 2017	☐ Concept only, not yet active (interventions not started)
Name of Reviewer: Cyndi Eppler	☐ Inactive, developed in a prior year
	☐ Submission determined not to be a PIP
	☐ No Clinical PIP was submitted

Brief Description of PIP (including goal and what PIP is attempting to accomplish):

This PIP initially focused upon the assessment process, and protocol for providing an effective assessment for both substance use disorders and mental health disorders. The MHP cited numerous studies and literature that identify prevalence of co-occurring conditions. In addition, studies indicated that individuals with co-occurring conditions tended to have worse outcomes due to the challenges presented in treating mental health and substance/alcohol use simultaneously. It identified the need to develop enhanced screening/assessment abilities in its staff, and to also develop effective treatment approaches that target both conditions. The overall goals of the PIP are to improve the accurate identification of co-occurring diagnoses and to provide "right size" services to consumers from the start. In October 2016, the MHP developed and piloted an integrated screening tool to assess both mental health issues and substance abuse. In May of 2017, the MHP implemented an integrated walk-in screening tool at the SLO adult mental health clinic. Over this last year, the MHP

discontinued some of the less useful indicators and instead added Indicators focused on retention throughout the phases of care – at 30 days and 60 days after the initial screening. Retention rates at 30 and 60 days demonstrated significant improvement.

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

STEP 1: Review the Selected Study Topic(s)

Component/Standard	Score	Comments
1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The MHP originally gathered feedback from consumers requesting co-occurring diagnosis treatment services via a survey in 2014 to see where community members wanted efforts made.
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	This PIP is intended to improve the identification, treatment and outcomes of individuals with co-occurring conditions. The MHP provided baseline data on the number of clients with a mental health diagnosis only, the number of clients with an additional substance use diagnosis, and the percentage of clients with co-occurring diagnosis MH dx.

Select the category for each PIP:	Non-clinical:
Clinical: ☐ Prevention of an acute or chronic condition ☐ High volume services ☒ Care for an acute or chronic condition ☐ High risk conditions	☐ Process of accessing or delivering care

Component/Standard	Score	Comments
1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? *Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.*	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	The overall goals of the PIP are to improve the accurate identification of COD and to provide "right size" services to consumers from the start. If proven successful, integrated screening will become the standard process for consumers entering services in all of the adult services programs.

1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)? *Demographics:* ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Baseline diagnosis data was collected using a report from the MHP's electronic health record for all adult clients served in outpatient mental health clinic settings during FY 2013-2014. Follow up data for FY 2015-2016 similarly includes all adult clients served in outpatient mental health clinic settings.
Totals	**4** Met Partially Met Not Met UTD	

STEP 2: Review the Study Question(s)		
2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population? *Include study question as stated in narrative:* Study question from 2015 & 2016) Will integration of screening and diagnosis improve access and outcomes for clients with Co-Occurring Disorders? Updated question 2017: Will integrated walk-in screening improve access and retention for clients?	☐ Met ☒ Partially Met ☐ Not Met ☐ Unable to Determine	Question should also include indicators – "as measured by_____?)
Totals	Met **1** Partially Met Not Met UTD	

STEP 3: Review the Identified Study Population		
3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? *Demographics:* ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Study Question 1: The MHP collected baseline diagnosis data using a report from the MHP's electronic health record for all adult clients served in outpatient mental health clinic settings. The MHP retested using the same population. Study Question 2: As stated above, the MHP changed strategies in the final year of the PIP from a focus on clients with COD to aligning systems to study the resulting effect on client outcome (retention). Clients who participated in walk-in appointments at SLO Adult Outpatient clinic from 5/26/17 through 9/30/17 were the study group (N = 102), without regard to diagnosis. Clients scheduled at North County Adult outpatient clinic for assessment (business as usual) during the same period were the control group (N = 49). The MHP wanted to control for attendance issues related to the season of the year, so the North County Adult clinic was selected because it is provides services for a similar sized population. Another option was to use a different period for SLO Adult clinic, but The MHP felt that would introduce a variable that it could not control.

3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied?
 	
Methods of identifying participants:
    ☒ Utilization data   ☐ Referral   ☐ Self-identification
    ☐ Other: <Text if checked>
	☒ Met
	☐ Partially Met
	☐ Not Met
	☐ Unable to Determine	

Totals	**2** Met Partially Met Not Met UTD	

STEP 4: Review Selected Study Indicators			
4.1 Did the study use objective, clearly defined, measurable indicators? *List indicators:* 1. Rate of COD diagnosis (FY 2015-2016 repeated for open clients on 10/23/2017) 2. Adult Needs and Strengths Assessment (ANSA) and SUD diagnosis rate concordance (Discontinued in 2017) 3. Retention rate (at 30 and 60 days post assessment) (New measure 2017) 4. Kept Assessment with therapist followed by assessment/medication support service with MD (New measure 2017) 5. Compared the number of days from the request for services to the date of service by MD (New measure 2017) 6. Wait for first contact (New measure 2017) 7. FTS (New measure 2017)	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	They were clearly defined and measurable.	
4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be consumer focused. ☒ Health Status ☐ Functional Status ☐ Member Satisfaction ☐ Provider Satisfaction Are long-term outcomes clearly stated? ☐ Yes ☒ No Are long-term outcomes implied? ☒ Yes ☐ No	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Retention in services has strong associations with improved outcomes.	

| | **Totals** | **2**   Met   Partially Met   Not Met   UTD | |

STEP 5: Review Sampling Methods		

5.1 Did the sampling technique consider and specify the:
  a) True (or estimated) frequency of occurrence of the event?
  b) Confidence interval to be used?
  c) Margin of error that will be acceptable?
	☐ Met
	☐ Partially Met
	☐ Not Met
	☒ Not Applicable
	☐ Unable to Determine	

5.2 Were valid sampling techniques that protected against bias employed? *Specify the type of sampling or census used:* <Text>	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
5.3 Did the sample contain a sufficient number of enrollees? _____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)	☐ Met ☐ Partially Met ☐ Not Met ☒ Not Applicable ☐ Unable to Determine	
Totals	Met Partially Met **N**ot Met **3** NA UTD	

STEP 6: Review Data Collection Procedures		
6.1 Did the study design clearly specify the data to be collected?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	1. Rate of COD diagnosis (FY 2015-2016 repeated for open clients on 10/23/2017) 2. Adult Needs and Strengths Assessment (ANSA) and SUD diagnosis rate concordance (Discontinued in 2017) 3. Retention rate (at 30 and 60 days post assessment) (New measure 2017) 4. Kept Assessment with therapist followed by assessment/medication support service with MD (New measure 2017) 5. Compared the number of days from the request for services to the date of service by MD (New measure 2017) 6. Wait for first contact (New measure 2017) 7. FTS (New measure 2017)
6.2 Did the study design clearly specify the sources of data? *Sources of data:* ☐ Member ☒ Claims ☐ Provider ☐ Other: <Text if checked>	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	EHR
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied? *Instruments used:* ☐ Survey ☐ Medical record abstraction tool ☐ Outcomes tool ☐ Level of Care tools ☐ Other: <Text if checked>	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	Reports were completed to collect data and results were analyzed by Greg Vickery, LMFT, QST Division Manager. The MHP previously reported significance data for Indicators 1 and 2, so these measures were not repeated in 2017. Key issues included differences in size between the control and study groups in Indicators 3-7. Indicator 2 was discontinued because the initial results were positive enough that ongoing training would have any additional significant effect.
6.6 Were qualified staff and personnel used to collect the data? *Project leader:* Greg Vickery, LMFT, QST Division Manager *Other team members:* Names: <Text>	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

	Totals	6 Met Partially Met Not Met UTD

STEP 7: Assess Improvement Strategies

7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken? *Describe Interventions:* *Train staff in the proper coding of DSM 5 ICD 10 diagnosis codes* *Train staff regarding medical necessity and co-occurring disorders* *Provide ANSA training for Drug & Alcohol screeners* *Provide ASAM training* *Create and implement an Integrated Screening Tool* *New intervention for 2017:* *Implement Integrated Walk In Screening at SLO Adult MH clinic*	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	They included outcome measures in the integrated screening tool from ANSA, and ASAM. The screening tool is given before intake, and items from it feed into mental health assessment, items repeat (frequency) and not only screens but is an outcome aimed intervention. Integrated Screening was made active in EHR on 10/24/2016 Implement Integrated Walk In Screening at SLO Adult MH clinic 5/26/2017

	Totals	1 Met Partially Met Not Met UTD

STEP 8: Review Data Analysis and Interpretation of Study Results		
8.1 Was an analysis of the findings performed according to the data analysis plan? *This element is "Not Met" if there is no indication of a data analysis plan (see Step 6.5)*	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled? ☒ Yes ☐ No Are they labeled clearly and accurately? ☒ Yes ☐ No	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

| 8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?

Indicate the time periods of measurements: _____
Indicate the statistical analysis used: _____
Indicate the statistical significance level or confidence level if available/known: _____% _____Unable to determine | ☒ Met
☐ Partially Met
☐ Not Met
☐ Not Applicable
☐ Unable to Determine | Excerpt from PIP:
Performance Indicator 1:
Data demonstrates a 49.8 percent increase in co-occurring diagnoses in Mental Health clients in FY 15-16 compared to the FY 12-13 baseline at the SLO Adult clinic. The improvement surpassed our goal and is statistically significant at ⊠ 0.05.was statistically significant at ⊠ 0.05. We recalculated the data for open clients at all sites on 10/23/2017 to get a sense about stability of the behavior change. Of the 1255 clients open to adult mental health programs, 32.9 percent carried a COD diagnosis. We did not calculate significance because we measured a different group than the control, but the percentage is an increase over a previously significant change. We believe the results represent a real change in diagnostic practices by our clinical staff in response to training interventions.

Performance Indicator 2:
Data showed a slight decrease in concordance between ANSA rating and diagnosis at re-measurement from baseline. This difference is not significant at ⊠ 0.05. We looked closer at the specific coding issues and identified themes. We updated our ANSA training to clarify the use of the rating scale. We did not repeat this measure, but did increase staff training and published an Assessment Practice Guideline to reinforce correct use of the ANSA scale.

Retention rates at 30 and 60 days demonstrated significant improvement at ⊠ 0.05 in the study group. As could be expected, the differences were more dramatic at 60 days. One possible issue with the calculation of significance could be that we used binary values for yes and no. However, the T test normally accounts for this, so the overestimation of significance is not likely to be large. It is also theoretically possible that there are other differences between the two clinics, but each operate using the same practice models other than our study intervention. |

8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities? *Limitations described:* <Text> *Conclusions regarding the success of the interpretation:* <Text> *Recommendations for follow-up:* <Text>	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

	Totals	**4** Met Partially Met Not Met NA UTD

STEP 9: Assess Whether Improvement is "Real" Improvement

9.1 Was the same methodology as the baseline measurement used when measurement was repeated? *Ask: At what interval(s) was the data measurement repeated?* *Were the same sources of data used?* *Did they use the same method of data collection?* *Were the same participants examined?* *Did they utilize the same measurement tools?*	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
9.2 Was there any documented, quantitative improvement in processes or outcomes of care? Was there: ☒ Improvement ☐ Deterioration Statistical significance: ☒ Yes ☐ No Clinical significance: ☐ Yes ☐ No	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

9.3	Does the reported improvement in performance have internal validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention? *Degree to which the intervention was the reason for change:* ☐ No relevance ☐ Small ☐ Fair ☐ High	☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	Excerpt from PIP: The results discussed above for Performance Indicators 1 appears to have a high degree of face validity. The change in staff behavior in Performance Indicator 1 is highly likely to be "real" improvement given the size of the sample and that the results are consistent with data reported by such big studies as the NSDUH study cited in the introduction. Subsequent re-test of all open clients on 10/23/2017 showed an even greater improvement and further support our assertion that training improved diagnosis accuracy; further, the change was sustained over time.
9.4	Is there any statistical evidence that any observed performance improvement is true improvement? ☐ Weak ☐ Moderate ☐ Strong	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	Excerpt from PIP Similarly, results for Performance Indicators 3-6 appear to be robust, "real" changes that have ample face validity – it makes good sense that walk-in would result in better retention. The measures showed solid statistical significance, too. Better retention and improved access to services are highly likely to be associated with improved client outcomes. The intervention was successful and the clinical PIP will be retired. CalEQRO note: The statistical analysis shows that the slight improvement is not statistically significant and improvement noted above is not definite.
9.5	Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☒ Unable to Determine	
	Totals	**3** Met **1** Partially Met Not Met NA **1** UTD	

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)		
Component/Standard	**Score**	**Comments**
Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?	☐ Yes ☒ No	

ACTIVITY 3: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS

Conclusions:

Met   22

Partially Met   2

Not Met 0

UTD   1

Not applicable   3

Applicable   25

Score   92.00 %

Recommendations:

<Text>

Check one:	☐ High confidence in reported Plan PIP results	☐ Low confidence in reported Plan PIP results
	☐ Confidence in reported Plan PIP results	☐ Reported Plan PIP results not credible
	☐ Confidence in PIP results cannot be determined at this time	