USING PSYCKES TO SUPPORT CARE COORDINATION IN NEW YORK STATE
OVERVIEW

- Introduction to PSYCKES: The Psychiatric Services and Clinical Knowledge Enhancement System
- The PSYCKES Care Management Implementation Initiative
- Implementing PSYCKES: Challenges and Recommendations
- PSYCKES for Health Homes
- Resources
- Questions and Answers
INTRODUCTION TO PSYCKES
HIPAA-compliant web application that provides access to Medicaid claims and encounter data for clinical decision-making and quality improvement

- Includes fee for service and managed Medicaid, but not Medicare or private insurance

Developed by OMH using data feed from DOH

- Includes individuals with any behavioral health service, diagnosis or psychotropic medication

Launched in 2008, currently implemented in over 400 Medicaid programs statewide
VALUE OF PSYCKES

- Support intake assessment and treatment planning
  - Identify co-morbid conditions
  - Review medication history and adherence
  - Review ambulatory and acute service utilization

- Facilitate care coordination, care integration, discharge planning
  - Identify outpatient providers in health and mental health settings
  - Monitor follow-up post discharge

- Support clinical decision making
  - Identifies clients at elevated risk on a number of quality indicators
THREE CORE PSYCKES FUNCTIONS

- **Quality Reports:**
  - Allows users to examine performance on over 50 quality measures
  - Allows drill down from agency performance to clients with quality flags
  - Updated monthly

- **Clinical Summary:**
  - Allows users to review client treatment history for the past 5 years (all Medicaid services)
  - Updated weekly
  - Access with consent or Quality Flag

- **Recipient Search:**
  - Find an individual client for clinical review
  - Find a group of clients meeting search criteria (search by quality flag, diagnosis, utilization, region, age, etc.)
QUALITY IMPROVEMENT USE CASES

- To review performance on quality measures compared to regional and state levels
- To identify individual clients flagged for quality concerns
- Quality indicators nested within indicator sets
  - Psychotropic Medications: Prescribing patterns, medication adherence
  - Service Utilization: Inpatient/ER, hospital readmissions, engagement in outpatient care
### Quality Indicator Overview As Of 03/01/2014

**Provider:** ABC Behavioral Health Services Inc.

- **Region:** New York City
- **County:** ALL
- **Site:** ALL
- **Attending:** ALL
- **Program Type:** Case Management/Health Homes
- **Care Program:** ALL

#### Select Indicator Set for Details

<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>
<tr>
<td>BH Care Coordination</td>
<td>All</td>
<td>3,334</td>
<td>465</td>
<td>13.95</td>
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<td>Cardiometabolic</td>
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<td>Dose</td>
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<td>Health Promotion and Coordination</td>
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<td>1,109</td>
<td>33.26</td>
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<td>High Utilization - Inpt/ER</td>
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<td>500</td>
<td>15.00</td>
<td>12.63</td>
<td>13.01</td>
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## Indicator Set: Health Promotion and Coordination

Select indicator for detail.

<table>
<thead>
<tr>
<th>Indicator</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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</thead>
<tbody>
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<td>Diabetes Monitoring-No HbA1c &gt;1 Yr</td>
<td>All</td>
<td>632</td>
<td>208</td>
<td>32.91</td>
<td>24.65</td>
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<td>No Outpatient Medical Visit &gt;1 Yr</td>
<td>All</td>
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<td>529</td>
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<td>12.20</td>
<td>13.10</td>
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<td>No Diabetes Screening- On Antipsychotic</td>
<td>All</td>
<td>828</td>
<td>210</td>
<td>25.36</td>
<td>19.08</td>
<td>20.95</td>
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<td>4+ Inpatient/ER - Med</td>
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<td>307</td>
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<td>9.02</td>
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<td>Recipient</td>
<td>Medicaid ID</td>
<td>DOB</td>
<td>Quality Flags</td>
<td>Medication</td>
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<td>---------------------------</td>
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<tr>
<td>Aadibcb Hajebej</td>
<td>Dejhbbe</td>
<td>12/31/9999</td>
<td>Adher-AP, No DM Screen-AP</td>
<td>BENZTROP SODIUM, H</td>
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<tr>
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<td>Dgfehfb</td>
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<td>Adher-AP, DoseAP, HL, No DM Screen-AP</td>
<td>OLANZAPINE</td>
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CLINICAL USE CASES

- To clarify diagnosis and identify comorbid conditions
- To review all medications prescribed for an individual
- To review services provided to the client (e.g., hospitalizations, clinic services, medical providers)
- To identify clients at risk for poor outcomes
**PSYCKES CLINICAL SUMMARY**

**Clinical Report Date:** 4/25/2014  (This report contains all available clinical data.)

**Name:** Aedhabh Efbecff

**Indicator Set** | **Quality Flags (as of monthly QI report 3/1/2014)**
--- | ---
BH Care Coordination | Adherence - Antipsychotic (Schz) | 3+ Inpatient - BH
Health Promotion and Coordination | No Diabetes Screening- On Antipsychotic | Diabetes Monitoring-No HbA1c >1 Yr
Hospital ER Utilization | 4+ Inpatient/ER - All | 4+ Inpatient/ER - BH | Readmission - All BH 7 day

**Behavioral Health Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)**
- Schizophrenia
- Alcohol Abuse
- Schizoaffective Disorder
- Alcohol Related Organic Mental Disorder
- Other Nonpsychotic Disorders

**Medical Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)**
- Endocrine, Nutritional, And Metabolic Diseases And Fluid and electrolyte disorders
PSYCKES: VIEW SERVICES OVER TIME
### Care Coordination

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>First Date Billed</th>
<th>Last Date Billed</th>
<th>Number of bills</th>
<th>Most Recent Primary Diagnosis</th>
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<tbody>
<tr>
<td>ACT - MH Specialty</td>
<td>BELLEVUE HOSPITAL CENTER ACT</td>
<td>8/31/2009</td>
<td>2/1/2014</td>
<td>54</td>
<td>Schizo-Affective Type Schizophrenia, Unspecified State [295.70]</td>
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### Medication: Behavioral Health

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<thead>
<tr>
<th>Drug Class</th>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Last Dose*</th>
<th>Estimated Duration</th>
<th>First Day Picked Up</th>
<th>Last day Picked Up</th>
<th>Active in Past Month</th>
<th>Most Recent Primary Diagnosis</th>
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</thead>
<tbody>
<tr>
<td>Mood Stabilizer</td>
<td>Gabapentin</td>
<td>Gabapentin</td>
<td>1200 MG</td>
<td>9 Month(s) 1 Week(s) 1 Day(s)</td>
<td>8/1/2013</td>
<td>4/9/2014</td>
<td>Yes</td>
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<tr>
<td>Antidepressant</td>
<td>Citalopram Hydrobromide</td>
<td>Citalopram Hydrobromide</td>
<td>40 MG</td>
<td>11 Month(s) 6 Day(s)</td>
<td>5/24/2013</td>
<td>3/31/2014</td>
<td>Yes</td>
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</table>

### Hospital/ER Services

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<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>Admission</th>
<th>Discharge Date/Last Date Billed</th>
<th>Length of Stay</th>
<th>Most Recent Primary Diagnosis</th>
<th>Procedure(s)</th>
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<tbody>
<tr>
<td>Inpatient - SU - Rehab</td>
<td>BETH ISRAEL MEDICAL CENTER</td>
<td>1/6/2014</td>
<td>1/8/2014</td>
<td>2</td>
<td>Other And Unspecified Alcohol Dependence, Continuous Drinking Behavior [303.91]</td>
<td>Alcohol Rehabilitation</td>
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<td>Inpatient - Medical</td>
<td>BETH ISRAEL MEDICAL CENTER</td>
<td>12/27/2013</td>
<td>1/6/2014</td>
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<td>Acidosis [276.2]</td>
<td>Injection Or Infusion Of Therapeut</td>
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<tr>
<td>Inpatient - MH</td>
<td>BETH ISRAEL MEDICAL CENTER</td>
<td>12/5/2013</td>
<td>12/15/2013</td>
<td>10</td>
<td>Depressive Disorder, Not Elsewhere Classified [311]</td>
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LIMITATIONS OF PSYCKES DATA

- Accuracy dependent on coding and billing
- Data elements limited to what is shown on claims
  - See diagnostic procedures/ labs but without results
- Time lag between services and billing is variable
  - Service data may lag by weeks or months
- Client data affected by hospitalizations (bundled services), loss of Medicaid coverage, moves.
THE PSYCKES CARE MANAGEMENT IMPLEMENTATION INITIATIVE
Goal: Support integration of PSYCKES into routine Care Management workflow

Methods: Voluntary Learning Collaborative (Sept 2012 - June 2013) with 103 programs
- Kickoff meeting, monthly LC calls, monthly reporting on implementation progress, webinar trainings, ongoing technical assistance

Outcomes:
- 70% of programs had obtained tokens for PSYCKES users
- 37% were routinely using PSYCKES
- 24% had consented at least 50% of their clients
<table>
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<tr>
<th>Marker of Project Engagement</th>
<th>All Programs (n=103)</th>
<th>High Engagement (n=22)</th>
<th>Low-Moderate Engagement (n=81)</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
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<tr>
<td>Monthly Reporting</td>
<td>92</td>
<td>89.3%</td>
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<tr>
<td>Milestone Achievement (as of May 2013)</td>
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<tr>
<td>Implementation team assembled</td>
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<td>70.7%</td>
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<td>Implementation plan developed</td>
<td>55</td>
<td>59.8%</td>
<td>19</td>
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<tr>
<td>PSYCKES policies and workflows developed and approved</td>
<td>44</td>
<td>47.8%</td>
<td>18</td>
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<tr>
<td>PSYCKES Use by CM Point Persons</td>
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<tr>
<td>Teams with any PSYCKES use by CM point person as of July 1 2013</td>
<td>84</td>
<td>81.6%</td>
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<tr>
<td>Teams with PSYCKES use by CM point person in June 2013</td>
<td>42</td>
<td>40.8%</td>
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</table>
Client was receiving psychiatric care from a private psychiatrist who suddenly retired.

Client had historically been very guarded about sharing information with CM, but ultimately signed a PSYCKES consent form.

Information about client’s treatment history was obtained from PSYCKES and used to complete a referral to an outpatient clinic.

This helped to facilitate continuity of care despite the unanticipated disruption of services.
Client has asthma and a history of frequent visits to the ER for asthma-related issues.

A review of the PSYCKES record indicated that client is routinely picking up prescribed medication and attending appointments with PCP.

The client confirmed adherence and demonstrated an accurate understanding of his medical condition and use of prescribed medication.

Awareness that emergency service use rate is unrelated to compliance issues informed the team’s approach. Rather than focusing efforts on client education as anticipated, the CM will plans to collaborate with medical provider, PROS program, and client to explore alternative treatment options.
A new client called her psychiatrist for a replacement script soon after intake. The outpatient clinic requested the CM program check on the client’s medication history in PSYCKES.

The clinical summary indicated that the client has a pattern of medication seeking, leading staff to anticipate a discussion with the client around substance abuse.

When the client reported that she was selling medications, the discussion shifted to her financial hardship.

Planned interventions included: completing a HRA housing application, providing benefits training, tapping into resources available to client’s children through the school district, and educating the client on the risks of legal consequences of selling medication.
Staff at a Child and Youth program was concerned that a client had been missing school and appointments. The PSYCKES summary indicated a quality flag for frequent medical ER visits.

A clinical meeting was coordinated to complete a risk assessment and to rule out abuse/neglect. While discussing the quality flags staff learned the family did not have a PCP and were therefore accessing care at the ER.

Staff educated guardian and client about preventive care and connected them with a pediatrician. Staff also discussed the impact of absences on academic achievement and social life.

The program has since noted an increase in school attendance and less tension between siblings and parent.
A recent referral received from a Health Home did not include any information beyond the client’s name and address.

During the initial visit, the client requested assistance obtaining a prescription for an antidepressant.

A review of client’s PSYCKES record indicated a pattern of beginning antidepressants and subsequently stopping after 3-4 months.

Knowing this information upfront was helpful in engaging the client in a discussion about medication history and what has worked/not worked in the past.
OTHER USE CASES

- Obtaining accurate information for billing purposes
- Finding missing clients: by reviewing the clinical history, a CM was able to locate the client at the hospital where he had historically sought emergency services
- Facilitating conversations with clients about preventative care such as dental care and screening exams
IMPLEMENTING PSYCKES IN CARE MANAGEMENT SETTINGS

Challenges and Recommendations
- QI/QA staff access PSYCKES and share information with programs as needed/as defined by policies and procedures
- Program Director/Leadership accesses PSYCKES and share information with staff as needed/as defined by policies and procedures
- All staff access PSYCKES and are responsible for using the information as defined by policies and procedures
Outreach worker requests consent from new client during 1st or 2nd visit

Consent form submitted to Care Navigator for review (ensure appropriate box checked off, signed and dated)

Administrator inputs consent into Consent Module and prints out clinical summary for Supervisor

Clinical summary is reviewed in weekly supervision meeting with care managers

Clinical summary filed in client’s chart
A large agency with multiple CM programs gave all 75 CMs PSYCKES access, including registrar access.

Each supervisor is responsible for PSYCKES implementation at their respective programs and for ensuring that all users understand how to navigate the application.

Each CM is responsible for obtaining consent for clients on their respective caseloads.

The CM submits signed consent forms to their supervisor who reviews it for accuracy.

The CM then enters it into the consent module and downloads the clinical summary.

Supervisors check PSYCKES usage reports to monitor staff use and consent.
RECOMMENDATIONS: POLICIES AND PROCEDURES

- Decide who will be logging in to download clinical summaries and how often
- Determine how client information will be integrated into care
  - Intake, morning meetings or parking lot/case conferences, assessments, treatment plans, care coordination (inpatient, medical, etc.), follow up after discharge
- Develop protocol around emergency access to data
- Create a tracking system to support the consent process (refused, 1st/2nd/3rd attempt, staff responsible)
- In agencies where PSYCKES has already been successfully implemented, consult with other settings
RECOMMENDATIONS: MANAGING ACCESS

- Develop a list of who needs access to PSYCKES-Medicaid and obtain all information needed to enroll users
- Decide who will be a registrar (responsible for documenting right to access PHI)
  - Consider assigning the registrar role to staff who has office time
- Develop clear channels of communication with the agency Security Manager(s)
Group training: The Program Director met with care managers to review data available in PSYCKES.

Train-the-trainer: The Program Improvement Specialist attended a Train the Trainer webinar and then conducted an in-house training using the power point and handouts provided. During the training, clinical records were accessed for several consented clients; a projector was used during trainings so that all participants could review clinical summaries together.

Individual training: Project point person conducted 1:1 training sessions with CMs during which they had the opportunity to use tokens to log in, use the consent module, and explore live features in the clinical summary.
RECOMMENDATIONS: TRAINING

- Identify strategies to facilitate staff use of the application
  - Project champions as early adopters
  - Protected time
  - Pair up staff for additional support
- Identify strategies to facilitate staff use of PSYCKES data
  - Ask staff to bring back specific data on 1-2 clients
  - Schedule time during supervision/regular meetings to review
- Incorporate into agency training activities
  - Include PSYCKES in the employee handbook and training packet for new staff
  - Use the “Core Competencies” checklist available on PSYCKES website
PSYCKES AND HEALTH HOMES
ACCESS TO PSYCKES FOR HEALTH HOME PARTNERS

- Providers who have access to PSYCKES can grant access to CM program staff
- If a client signs PSYCKES consent, any program within the agency can access data
  - Redislosure to other providers governed by applicable regulations
- If a client signs revised DOH 5055, Health Homes can share PSYCKES data with network partners
  - However, access to PSYCKES for Health Homes as entities is under development
- Interim solution: ask clients to sign both Health Home consent (release of data to Health Home entity) and PSYCKES Consent (release of data to care management program)
PSYCKES ENHANCEMENTS FOR HEALTH HOMES

- Health Homes as entities currently not contained in PSYCKES
- Workgroup is convening to develop requirements for application enhancements
  - Who should be able to see what data?
  - How to display network relationships?
- Anticipate targeted rollout for Health Homes in Fall 2014
RESOURCES
PSYCKES for Care Management Implementation Resources

The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) team has developed an array of resources to support Care Management programs. Available resources include:

- Access to PSYCKES
- Tools
- Live Webinars
- Recorded Webinars

Comments or questions about the information on this page can be directed to the PSYCKES Team.
CONTACT INFORMATION

- PSYCKES website
  - www.psyckes.org
  - “Contact Us” page

- PSYCKES Help (PSYCKES support)
  - PSYCKES-help@omh.ny.gov

- OMH Help Desk (SMS support)
  - 800-HELP-NYS (800-435-7697)
  - Helpdesk@omh.ny.gov
QUESTIONS
AND ANSWERS