

The background features a stylized landscape with green, triangular mountain peaks in the upper half and a textured orange field in the lower half. The text is overlaid on the orange field.

In the Weeds

Cultivating a Culture of Outcomes-informed Care in Behavioral Health

Great Lakes ATTC. 2016 Behavioral Health Webinar Series

For the record...

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Where we are starting

- How many people have an EHR in your organization?
- How many people/organizations feel your EHR gathers important data elements that are *meaningful* to your staff and the people you serve?
- How many people/organizations use the data from the EHR to drive improvement?
- How many people/organizations have a dedicated person, tool or process for gathering *meaningful* data to inform the care you provide to the people you serve?

Don't have an EHR?

- How many programs/organizations track KPI's (key performance indicators) somewhere in their facility?
 - Days on the wait list
 - Reduction in symptoms
 - Reduction in hospitalization
 - Improvement in social functioning
 - Reduction in use of substances
 - Days from intake call to first appointment
 - Number of patients who complete four sessions post intake in the first 30 days

Of course people will have suggestions...

- PQRS
- NCQA
- NQF
- UDS
- eCQM
- QCDR

PQRS (Physician Quality Reporting System)

- <http://www.socialworkers.org/assets/secured/documents/practice/clinical/PRA-NL-12915.PQRS-PP.pdf>

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PQRS 2015

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**Reporting Requirements for PQRS 2015
for Individual Measures Used by Clinical Social Workers***

Since 2007, clinical social workers have been eligible to report Physician Quality Reporting System (PQRS) under the Tax Relief and Health Care Act of 2006. PQRS identifies individual measures that may be used by clinical social workers in private practice to improve the quality of care provided to Medicare beneficiaries.

Medicare-Fee-for-Service-Payment/Physician Feedback Program/ValueBasedPayment Modifier.html. NASW encourages its members to report PQRS to avoid reductions in Medicare reimbursement in 2017.

PQRS measures are developed through a variety of resources including the Centers for Medicare and Medicaid Services (CMS), the American Medical Association Physician

Examples of PQRS

Getting a flu shot during flu season.

Making sure older adults have gotten a pneumonia vaccine.

Screening for depression and developing a follow-up plan.

Screening for tobacco use and providing help quitting when needed.

Screening for an unhealthy body weight and developing a follow-up plan.

Screening for high blood pressure and developing a follow-up

Here's where it's good to know the difference
between **flowers** and **weeds**.

- PQRS: NASW recently put out a bulletin that attempted to summarize the 400 page document on PQRS reporting. If you reported your PQRS measures in 2015 you can avoid a 2% penalty on Medicare payments.

Pssst...Here's a link: <http://www.socialworkers.org/practice/PQRS-2016-final.pdf>

What you really need to blossom...

- Pick something you are committed to (eh-hem...that means you should like it or you won't want to do it.)

Know your weeds?

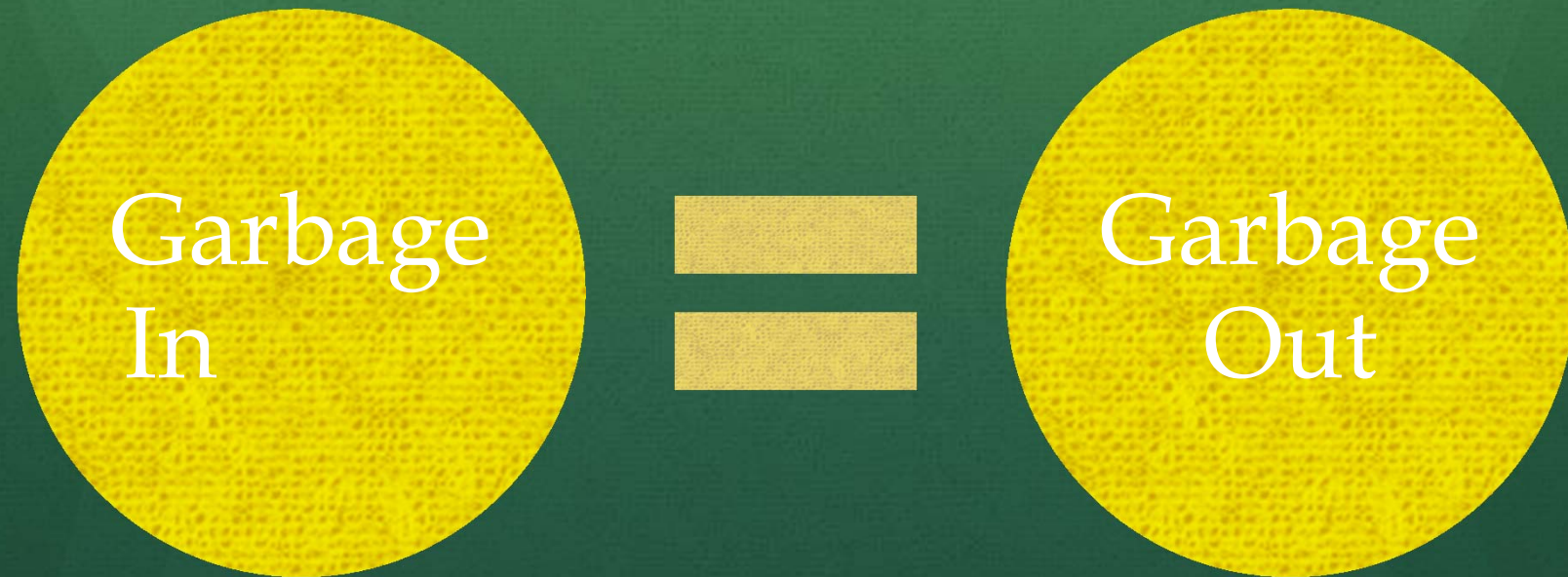
- Data is messy
- Data is confusing
- Sometimes we think we have a beautiful flower and it turns out what we've got is...

WEEDS

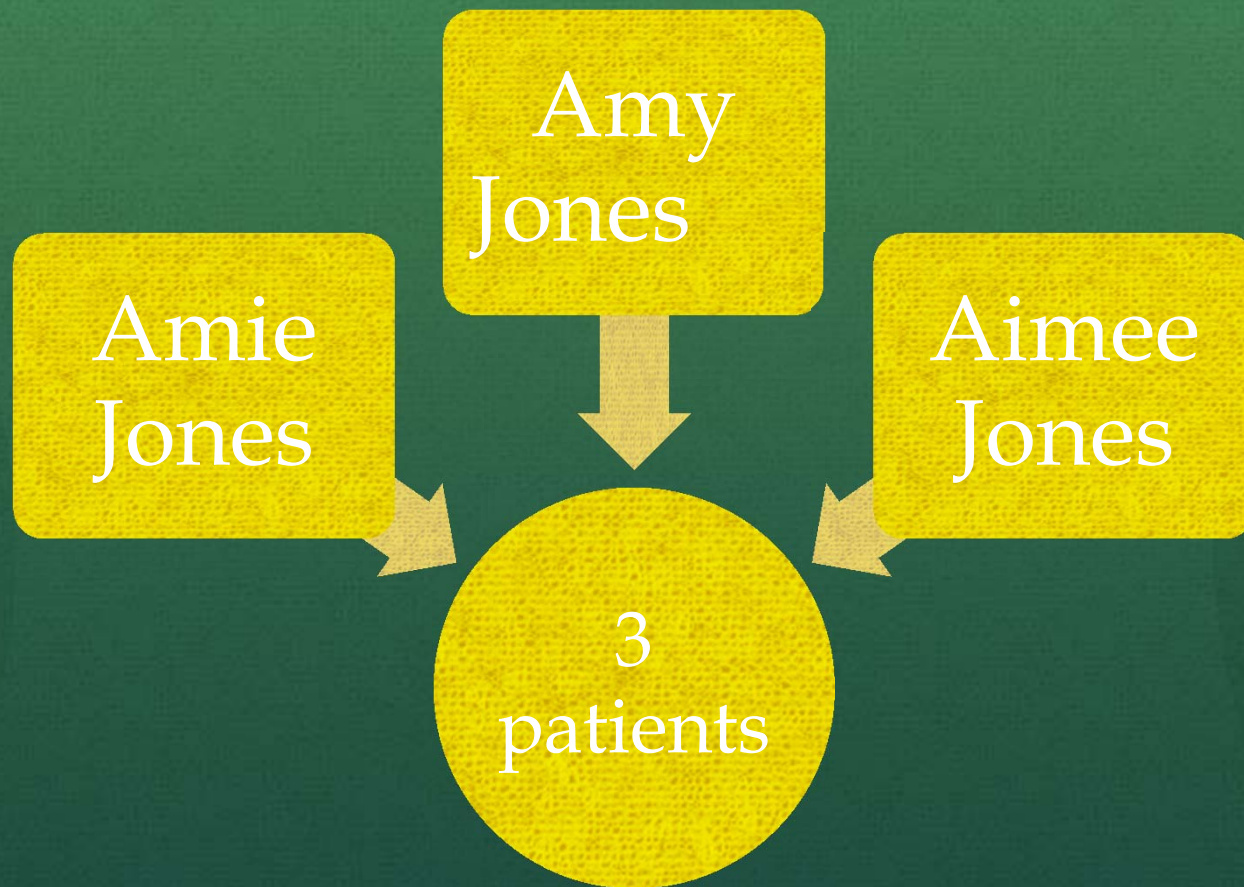
“Meaningful”

- Meaningful data (information) is data that is:
- Accurate
- Actionable
- Adds Value

Accurate



Data Entry is a very HUMAN task...



Question: How many smokers do you have in your organization?

Smoking status:

Yes...



Smoking status:

No...



Smoking Status:

Switched from
Camel to
Marlboro...

?

Actionable

"Hello, Amy. I received a report today from the IT department. It says that only 33% of your patients are showing improvement on their PHQ-9 scores since admission. The benchmark is 56%. You are not currently meeting the standard."

The image features a sunset scene with a bright orange and yellow sky above a dark green field. In the center of the field, there are four large, white question marks arranged horizontally.

????

Actionable data is data that *you can take action on.*

- Who are the patients/clients/consumers I am NOT reaching?
- What do I know about them?
- Are they even still in treatment?
- How does this compare to other providers?
- What's working for others that might work for me in serving the people in my care?
- Do PROVIDERS get the data or does it reside with administration??

Adds VALUE

- Does tracking gender matter to you if you are in an all-female program?
- Do you track “unit cost” even if you are grant-funded?
- Can you leverage the data you collect to increase payment from funders?
- Are the “key performance indicators” that you are tracking reflective of the values of your staff? Those you serve? Payers?

A word about Gardeners

- There are MANY Master Gardeners out there.
- It's easier than you think.
- Start with a few plants (measures, initiatives) that you find attractive and that will do well in your environment.
- Add to your garden over time. Get good at few things first. Better to have a couple of successes that inspire you than a lot of failures that demoralize you and your team.

Tools you can use

- Tools that are normed and accepted are best.
 - PHQ-9
 - GAD-7
 - ASRS
 - BAM
 - AUDIT

The “Rose” of depression measurement...

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to Do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

BAM (Brief Addiction Monitor)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to Do your work, take care of things at home, or get along with other people?

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Harvest what you plant

- The BAM has three subscales:
 - Use
 - Risk Factors
 - Protective Factors

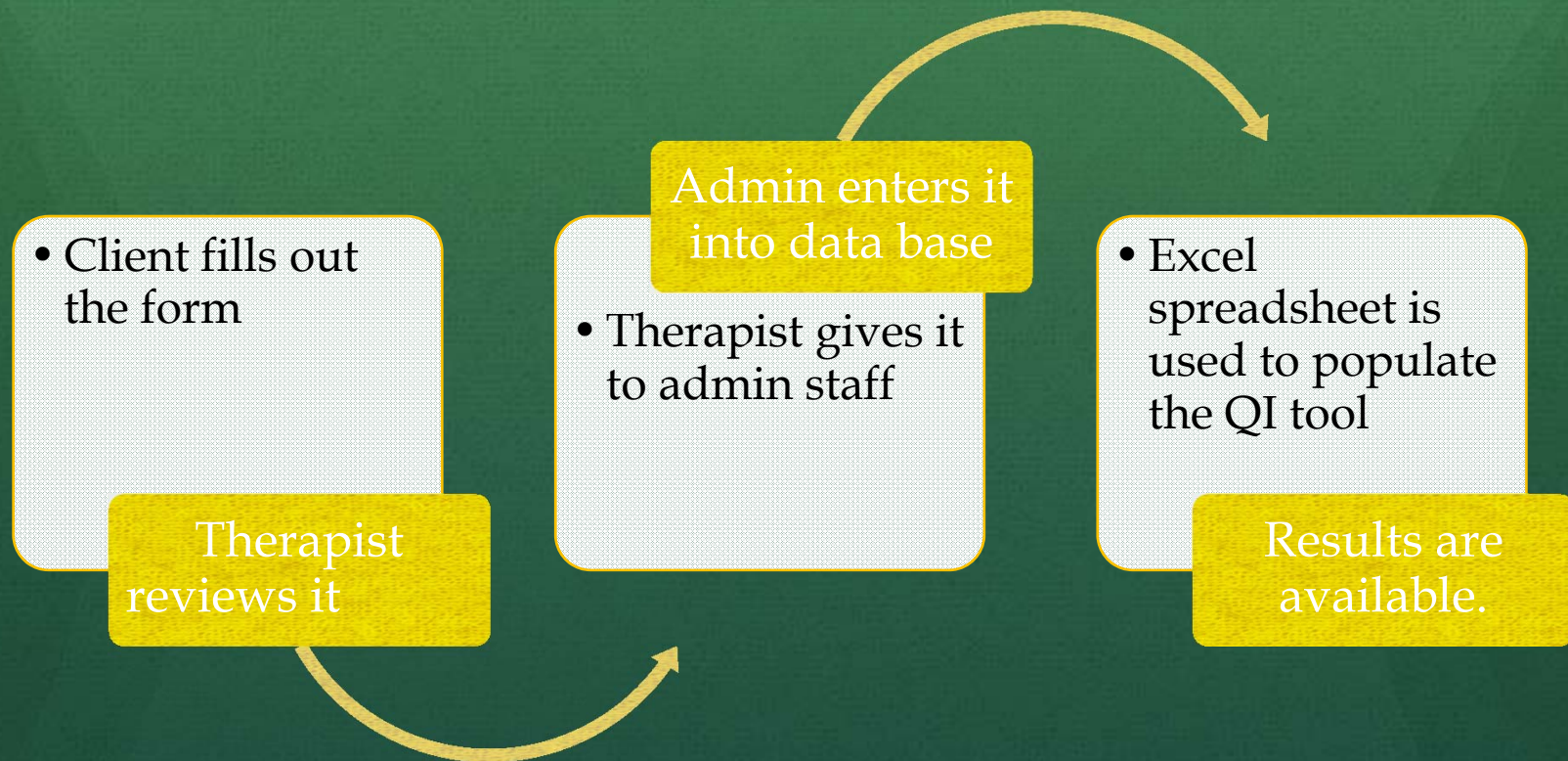
Your collecting this data, why not use it? These protective and risk factors can translate directly to measureable goals and objectives on treatment plans!

Example of Outcomes-Based Treatment Planning:

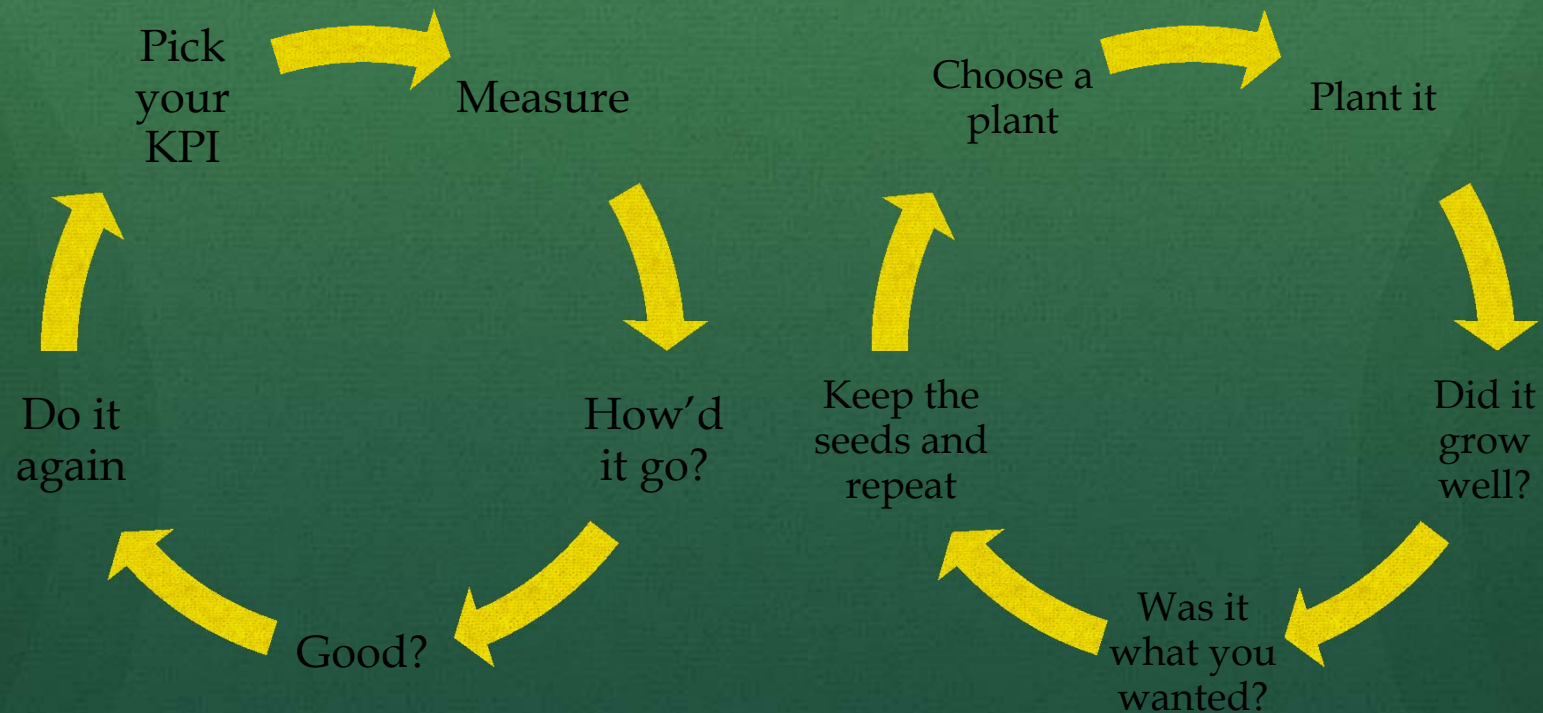
- Treatment plan goal #1:
 - “I will enhance my quality of life by reducing my risk factors for relapse.”
 - Outcome: “My BAM Protective Factors will improve by 1-3 points.”
 - Outcome: “I will spend time each week with people who are supportive of my recovery.”

(These are right off the BAM!)

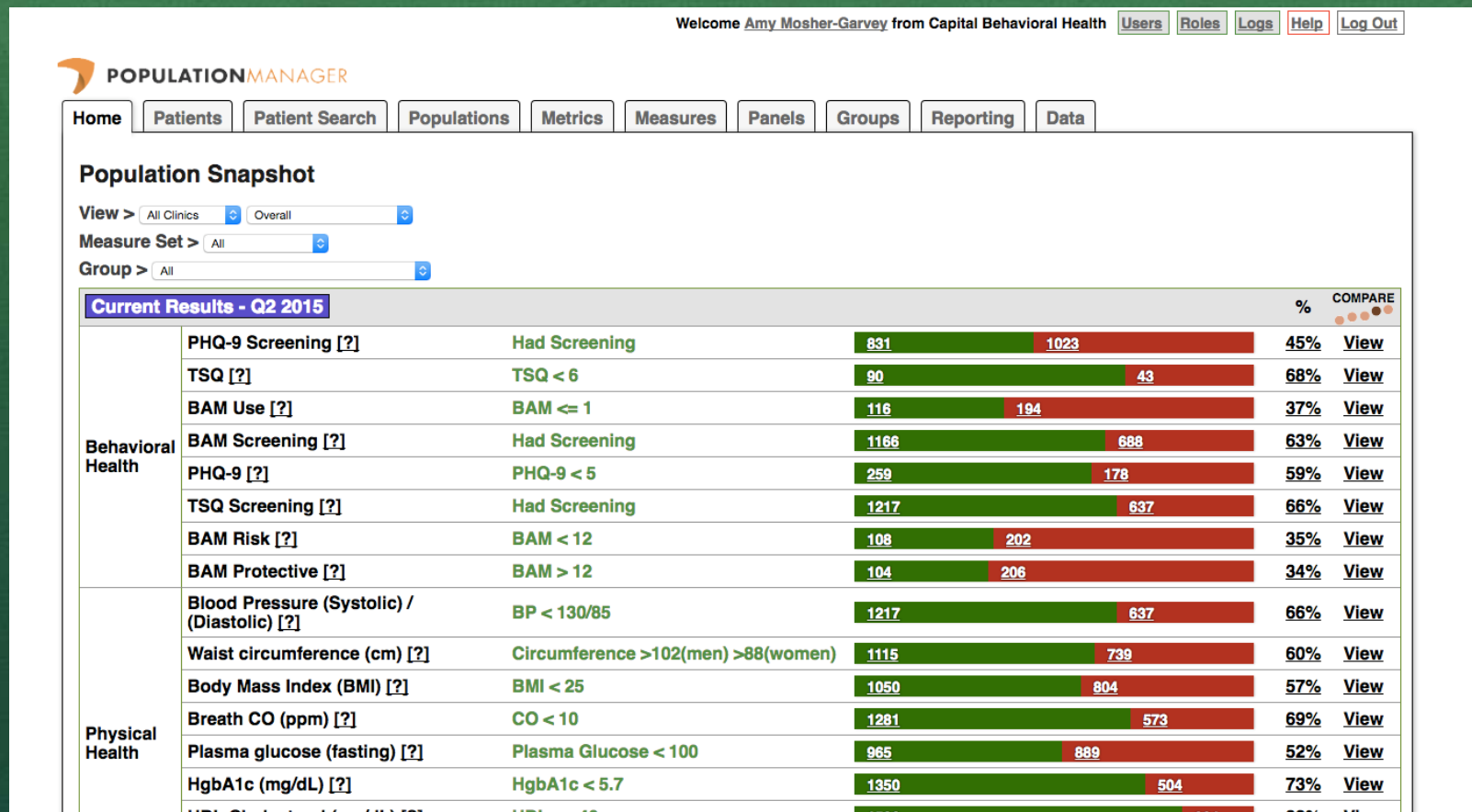
Garden Smart: Avoid having to transplant your data too many times.



Complete the Circle of Life



Here's an example..



Learn from your efforts!

This is hard stuff!
Everyone “fails” at first. This is an iterative process – meaning you have to keep trying and adjusting – whether it is because you failed famously or because it was a roaring success. The important part is that you keep working at it.

