Finger Lakes Southern Tier Behavioral Health Care Consortium

System Transformation Report

January 31, 2021

Project Goals:

The Finger Lakes and Southern Tier Behavioral Health Care Collaborative (FLST BHCC) is engaged in a number of initiatives to ensure their network of providers are better positioned for success in a performance based contracting environment. To assist FLST in achieving these goals, Coordinated Care Services Inc. (CCSI) has provided business analytic consulting and technical assistance to Network Providers to collect meaningful data to drive decision making and demonstrate value within the larger healthcare system. In an effort to support member agencies in developing policies and practices to effectively perform in a value-based payment environment, FLST BHCC has partnered with CCSI to integrate Quality Improvement (QI) Specialists to work directly with member agencies under the System Transformation project. This report is a summary to date of the work that has been completed under the System Transformation project as of January 2021. The grant funding for the project runs from February 2019 through January 2021.

The System Transformation project focuses on improving agencies' data infrastructure by building capacity from within the agency. This initiative focuses on three key areas designed to build a performance driven network and support readiness for value-based contracting, including: 1) development of data analytic tools focusing on key indicators of quality and value across multiple domains; 2) enhancing skills and capacity to utilize data to drive decisions and improve performance; and 3) utilizing a pool of experts to drive targeted continuous quality improvement (CQI) efforts in areas such as financial performance, disparities reduction, process improvement, and practice transformation that is evidence-based, trauma-informed, person-centered, and results-focused.

Fifteen FLST BHCC member agencies participate in the System Transformation project. Agencies began their participation in the project at different times as part of a phased approach, based on each agency's capacity to begin. Participating agencies comprise a range of provider types, such as residential mental health providers, substance use outpatient clinics, and housing services providers.

Dedicated QI Specialists were integrated within each agency to provide in-house support. QI Specialists have skills and experience related to data management, but each have unique experiences in human resources, clinical operations, marketing, and office of mental health – regulations work. Through the QI Specialist, agencies were able to collaborate with in-house experts in statistical analyses, financial management, cultural competence, and trauma-informed services. One of the primary objectives of the System Transformation project is to include high-profile NYS behavioral health measures focused on reducing the overuse of acute services, improving medical follow-through, and linking individuals discharged from acute services into outpatient and other care.

Project Activities:

In support of the goals of the System Transformation project, all Network Providers participated in projects designed to expand their knowledge of quality improvement practices and tools to implement evidence-based practices.

Data management practices were implemented in accordance with the Plan-Do-Study-Act model for process improvement. Within this framework as it relates to the current project, newly implemented data collection and management processes were discussed and planned through collaboration between QI Specialists and their agency workgroups. This process was then implemented for a pre-determined period of time and analyzed for its efficacy in achieving the intended goals. Modifications were then made to the process based on these analyses and the cyclical process continued.

The FLST BHCC sought to establish Network-wide high-quality data management practices. They offered incentive dollars to members to help agencies obtain the resources needed to implement these practices. These quality improvement initiatives were aligned with the key performance measures mentioned previously. To achieve performance-driven agency objectives, all agencies participated in the following practices:

Performance-Driven Culture Assessment Survey

To help determine areas of strength and develop strategies for approaching complex change, assessment surveys were completed by each agency participating in the System Transformation initiative. Respondents were asked to rate their agreement with statements assessing organizational culture, continuous learning/training, communication, quality assurance/quality improvement structure, and performance measurement. Results of the assessment were used to provide baseline information about the current state, to identify opportunities for growth and current strengths to leverage in achieving CQI goals. These discussions provided QI Specialists with insight into the current state of CQI practices and data-driven decision making within each agency. Results were combined to develop a network view of the BHCC as a performance driven network.

The assessment survey was redeployed at the end of the grant timeframe to measure change from the baseline and provide guidance to agencies as they continued to develop plans to sustain data driven CQI practices beyond the grant timeframe. At the network summary level, an increase was seen in all domains that supported a performance driven culture.

Figure 1. Performance Driven Culture Assessment
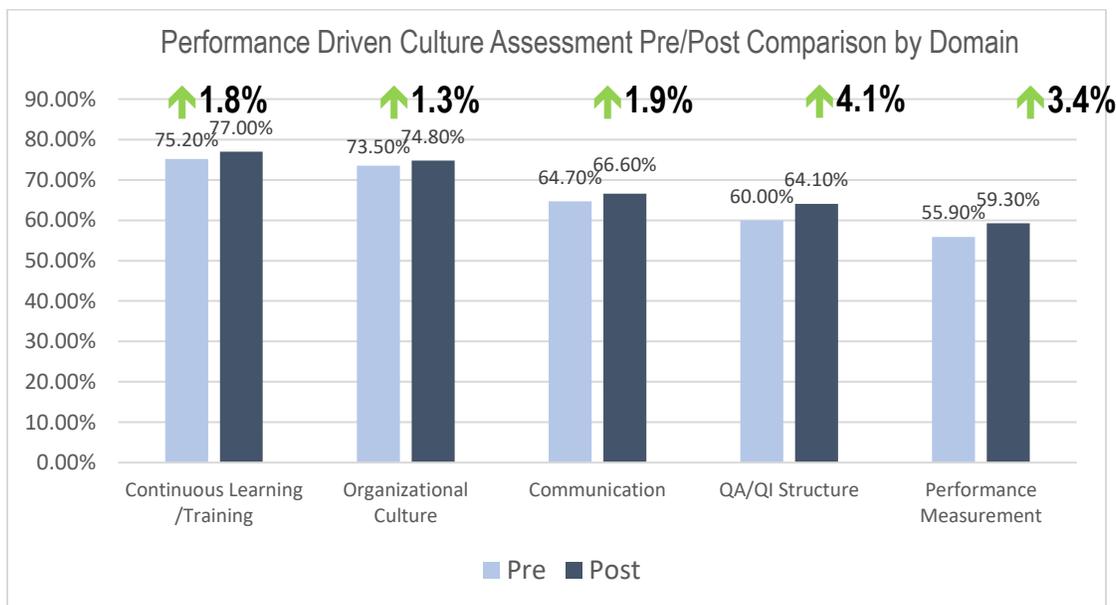
Performance Measurement Roadmap

A structured guide to key project activities was developed and shared with agencies, known as the Agency Roadmap. The Roadmap has served as a visual representation of the project's primary goals, with the completion of each goal leading into the next goal to build a foundation of measurement practices, ultimately resulting in the implementation of quality improvement activities.

Figure 2. Performance Measurement Roadmap
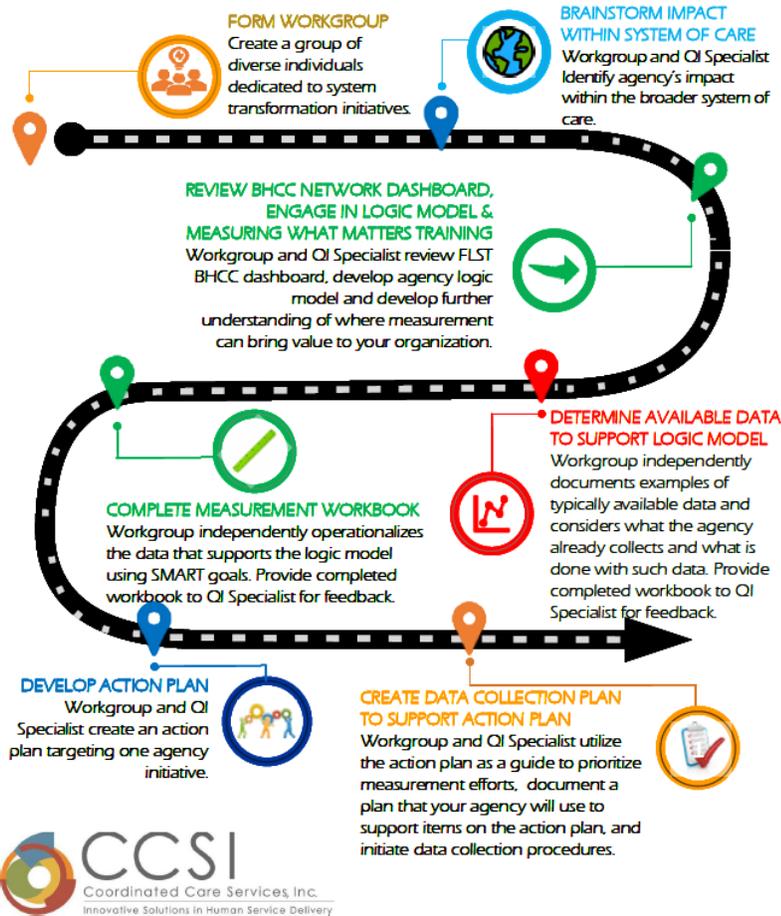
Agencies participated in a structured workshop led by QI Specialists to gain knowledge and skills to implement performance measurement practices. This training reviewed why data is important in the emerging Value Based Payment environment, best practices, tips for selecting meaningful measures, and introduced tools to describe the impact of the organization within the overall health care delivery system. Participants utilized this process to examine trends related to staff productivity, client engagement, and others.

Continuous Quality Improvement

QI Specialists supported agencies with implementing continuous quality improvement CQI practices to support improving client health outcomes while engaging in data-driven and sustainable best practices. QI Specialists supported agencies to examine their client outcomes within the context of their population, as well as how they were performing relative to the network, region, and state through the following approaches:

- Development of targeted follow-up procedures utilizing RHIO alert system
- Gathering and prioritizing essential service data (from PSYCKES, RHIO, EMR, etc.)
- Enrollment, data, and information sharing guidance
- Establishing workflow to recognize client consent, enrollment, alert of emergency encounter, response actions, and documentation
- Data management to support CQI efforts
- Establishing sustainable and replicable procedures to promote practice improvement

A key priority of the network was to develop data dashboards to inform decision making and business practices. QI Specialists worked individually with agencies to determine areas of greatest priority and develop specific measures. Development of dashboards was driven by collaborative work between QI Specialists and agency staff to identify and collect actionable data. Dashboards were built using a variety of software packages, such as Tableau, Excel, and PowerBI, depending on each agency's data needs and available resources. Additionally, the FLST BHCC maintains a Tableau dashboard that displays agency PSYCKES data as they relate to network goals. Agency staff received individual guidance on interpreting and using the FLST BHCC PSYCKES dashboard by QI Specialists to track trends and inform practices.

Through the intuitive use of data visualizations within the dashboards, agencies and QI Specialists were able to target specific trends within the data to identify opportunities for process improvement. This process allowed agencies to systematically go through the 'study' and 'act' portions of a Plan-do-study-act approach of quality improvement procedures.

To ensure that network goals were addressed while fulfilling the unique needs of each agency, network goals were integrated into the individualized agency projects. While each agency focused on network goals such as reducing client use of acute service, improving medication adherence, and reducing inpatient service readmission, the actions taken to address these goals varied across agencies. QI Specialists and agency workgroups approached these goals based on unique agency needs in a manner suited to their selected client populations served. QI Specialists assisted agencies in utilizing existing infrastructure, performance monitoring processes, and identified additional data analysis tools available as resources. They coached agency leaders through data resources like PSYCKES to identify agency priorities and desired project outcomes. This approach allowed agencies to tailor their work to best serve clients while supporting network level goals.

RHIO Alert Response Process Development

The FLST BHCC identified reducing reliance on emergency and inpatient services and connecting individuals to outpatient services as network priorities. Regional Health Information Organization (RHIO) alerts were recognized by the network as a way to identify individuals who have been admitted to or discharged from emergency or inpatient services. By tracking these alerts, the FLST BHCC and member agencies can identify clients who utilize emergency services or have been admitted or discharged from inpatient stays to initiate targeted follow up and ensure they receive prompt outreach in an effort to positively impact client outcomes.

QI Specialists worked with agencies to support those who were not receiving RHIO alerts to select a RHIO that best fits their needs and geographical location. Agencies that were already receiving RHIO alerts were assisted in analyzing their process for receiving and responding to RHIO alerts. In many cases, processes for receiving RHIO client and network consents were incorporated into intake procedures and agency staff responsible for receiving alerts were identified.

Client Engagement Tracking

For many agencies, consistency in treatment engagement and session attendance plays a major role in determining client health outcomes. QI Specialists supported agencies in improving these outcomes through the development of tracking tools. These tools helped agencies to efficiently analyze and improve attendance rates among particular groups and target specific clients for engagement in treatment.

Outcomes: February 2019 – September 2020

Continuous Quality Improvement Plan

All participating agencies:

- Developed and implemented continuous quality improvement action plans that include agency-defined indicators, outcome goals, defined metrics, and review timeframes
- Utilized PSYCKES to track agency performance in relation to network priorities
- Have developed agency/program level dashboards
- Have developed new and/or updated measurement workflows, procedures, and policies

Figure 3 represents the tracking of activities supporting quality improvement practices for each participating agency. These activities have been foundational in supporting overall CQI initiatives with each agency. Results are as of January 2021.

Figure 3. CQI Scorecard

Agency	Agreed to Participate	Participated in Initial Kick-Off Meeting	Formed Workgroup	Completed Readiness Assessment	Participated in Logic Model Training	Incentive $ Drafted and Submitted Agency Action Plan	Developed Agency/Program Level Dashboards	Developed New and/or Updated Measurement Workflows, Procedures, Policies, etc.	Train Leadership and Staff on Dashboards, Policies, and Procedures	Incentive $ Engaged in CQI Initiatives
Arbor House	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
Arc Wayne	Complete	Complete	Complete	Complete		Complete	Complete	Complete	Complete	Complete
Baden	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
Capabilities	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
CASA Trinity	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
DePaul	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
East House	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
Family Services	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
FLACRA	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
Lakeview	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
MHA	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
Rochester Rehab	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
Helio	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
Delphi Rise	Complete	Complete	Complete	Complete		Complete	Complete	Complete	Complete	Complete
Endeavor	Complete	Complete	Complete	Complete		Complete	Complete	Complete	Complete	Complete

Complete	(green)
In Progress	(yellow)
Not yet started	(gray)

RHIO Alert Process Development and Implementation

Prior to the start of the System Transformation project, 2 of 15 agencies had implemented a process to utilize RHIO alerts to initiate follow up with recently hospitalized clients. As of the completion of the project in January 2021 all agencies have developed and deployed workflows and processes to use RHIO alerts to initiate follow up with recently hospitalized clients.

Figure 4 represents the tracking of RHIO Alert process development and implementation for each participating agency. Results are as January 2021.

Figure 4. RHIO Alert Process Scorecard

Agency	Decide on RHIO company	Data Exchange Authorization form or Provider Agreement completed	Internal Prioritization of targeted program and clients	RHIO Consent process decision	RHIO Consent and BHCC consent distributed and in use	Decide on technology process to receive alerts from RHIO company (i.e. rostering process, CSV file)	Incentive $ High Level Workflows and processes drafted and submitted	Workflows and processes established and documented	RHIO Alert Process performance tracking and review included in QA activities	Incentive $ Agency has begun utilizing RHIO alerts beyond Care Management	CQI processes implemented
Arbor House											
Arc Wayne											
Baden											
Capabilities											
CASA Trinity											
DePaul											
East House											
Family Services											
FLACRA											
Lakeview											
MHA											
Rochester Rehab											
Helio											
Delphi Rise											
Endeavor											

- Complete (green)
- In Progress (yellow)
- Not yet started (gray)

Telehealth

The onset of the pandemic initiated the rapid transition to telehealth services. The network utilized an agency survey to assess agency readiness to implement telehealth services, in an effort to support their needs. Additionally, a client survey was distributed to assess satisfaction with telehealth services. All 15 agencies participated in a telehealth learning collaborative to discuss the essential components of effective telehealth practice. Agencies currently have the option to use Finger Lakes Telehealth for a virtual onsite assessment, training, and development of planning to support effective of deployment of telehealth services.

Figure 5 represents the tracking of telehealth activities for each participating agency. Results are as of January 2021.

Figure 5: Telehealth Scorecard

Agency	Complete Agency Survey and Funding Request	Deploy Client Survey with minimum of 15 respondents	Agency Telehealth Learning collaborative attended and support $ earned	30 minute session Agency/FLTH (Optional)	Virtual "on-site" session Agency/FLTH (Optional)
	Status				
Arbor House	🟩	🟩	🟩	⬜	⬜
Arc Wayne	🟩	🟩	🟩	🟩	🟨
Baden	🟩	🟨	🟩	🟩	🟨
Capabilities	🟩	🟩	🟩	⬜	⬜
CASA Trinity	🟩	🟩	🟩	🟨	🟨
DePaul	🟩	🟩	🟩	⬜	⬜
East House	🟩	🟩	🟩	⬜	⬜
Family Services	🟩	🟩	🟩	🟩	⬜
FLACRA	🟩	🟩	🟩	⬜	⬜
Lakeview	🟩	🟩	🟩	⬜	⬜
MHA	🟩	🟩	🟩	🟨	⬜
Rochester Rehab	🟩	🟩	🟩	🟨	⬜
Helio	🟩	⬜	🟩	⬜	⬜
Delphi Rise	🟩	⬜	🟩	🟩	⬜
Endeavor	🟩	⬜	🟩	⬜	⬜
Wayne CAP	🟩	⬜	🟩	⬜	⬜
YWCA	🟩	⬜	🟩	🟩	🟨

🟩 Complete
🟨 In Progress
⬜ Not yet started

Tool Development

QI Specialists worked with agencies to develop a variety of tools to support the work of the System Transformation project and to further establish agencies as part of a performance-driven network. In many cases, these tools facilitated the collection of data and helped to streamline the use of performance measures to drive decision making. The following tools were developed through collaborations between QI Specialists and agency staff.

- Measurement workbook
  - Knowledge, skills, tools
    - Healthcare outcome measures
    - Hiring and training staff to create standard approaches that are easier to measure and improve
- Agency Data Dashboards
  - Focus on key indicators of quality and value
  - Productivity, attendance, program capacity, referral patterns, revenue, trainings, client and employee satisfaction, fundraising, total cost of care

- Client Engagement Tracking
  - Quantify rates of engagement in treatment for clients based on their last billable service date
  - Tracking specific to programs and clinicians within identified timeframes
- Fiscal Management
  - Cost of unit of service, productivity models
  - Administrative support to learn and utilize business intelligence tools
- Human Resources
  - Developed Procedures, Policies
  - Training on process mapping
  - Hiring Practices – job description and role expectations

Additional Support

- COVID Support - While some agencies chose to temporarily pause their System Transformation work in direct response to the COVID-19 pandemic, some agencies received support from QI Specialists in aiding major transitions taking place during this time.
  - Technology troubleshooting and assistance throughout the transition to telehealth
  - Agency/client telehealth needs assessment
  - Ongoing tracking of changing regulations during pandemic phases
- Funding sources, financial planning, regulation review
  - Information gathering for grant opportunities
  - Service productivity tracking
  - Fiscal modeling
- Selecting clinical assessments and implementing these assessments in EHR
  - Improved agency capacity for client data collection and tracking
  - Enabled output and analysis of client information
  - Allowed for agencies to track staff productivity
- Development and delivery of staff satisfaction assessment surveys and workshops
  - Evaluated staff wellbeing, perceptions of current wellness programs, and satisfaction related to agency's response to COVID
  - Discussion with staff of needed resources to close gaps on client outcomes
  - Results were used to identify potential strategies to improve staff wellbeing, satisfaction, and performance
- Internal communication and collaboration support
  - Development of inter-departmental collaboration strategies to improve client care for individuals being served by multiple departments
  - Supported in the development of an agency intranet, which has facilitated the communication of agency news, staff updates, and company policies
  - Assisted in the creation and implementation of several committees to promote agency communication related to a variety of issues and subjects, such as staff wellbeing, system-level data, and performance-driven decision making

Participating Agencies:

- Arbor House
- ARC of Wayne County
- Baden Street Settlement
- Capabilities
- CASA Trinity
- Delphi Rise
- DePaul
- East House
- Endeavor
- Family Services of Chemung County
- FLACRA
- Helio Health
- Lakeview
- Mental Health Association
- Rochester Rehabilitation