


REACH HEALTHCARE FOUNDATION - COMMON INDICATORS AND METRICS FOR GRANTEES PROVIDING MENTAL HEALTH SERVICES

VERSION 10-15-2014

Identifier	Indicators of Access	Definitions and Goals	Suggested Data Collection	How to Measure or Calculate
A-1.	Time from client request for services to initiation of intake at agency.	<p>Definitions: The elapsed time from the point of initial contact (by phone, email, referral, etc) to intake as measured by the time written on the sign in sheet at first visit.</p> <p>Elapsed Time is the time in days (less than 1 day is recorded in quarter day increments 2 hours = .25; 4 hours = .50; 6 hours = .75) from client request for services to the time on the sign in sheet for intake.</p>	For all new consumers who have an initial visit during the measurement year – which is typically the grant term. You may want to create a field in your EHR that calculates this for you or you will need to extract the data into Excel and calculate following the steps in the “How to Measure or Calculate” column.	<p>Step 1: Calculate elapsed time from consumer request (by phone, email, referral, etc.) to intake for each consumer (see definition of intake time).</p> <p>Step 2: Sum across all new consumers the number of days elapsed since client request for services to intake for all consumers. Answer should be in number of days and fractional days (see definition for elapsed time)</p> <p>Step 3: Sum the total number of consumers who participated in intake.</p> <p>Step 4: Divide the answer in Step 2 by the answer in Step 3. Formulaically it looks like this:</p> $\text{Mean} = \frac{\sum n_{\text{days}}}{\sum n_{\text{consumers}}}$ <p>The resultant mean is the average days from client request for services to intake for all new consumers since the start of the measurement year.</p>

Identifier	Indicators of Access	Definitions and Goals	Suggested Data Collection	How to Measure or Calculate
A-2.	Time from intake to subsequent clinical contact or billed service.	<p>Definitions: The elapsed time from the point of initial intake to clinical contact or billed service as measured by the time reflected in clinical notes or bill for service.</p> <p>Elapsed Time = The time in days (less than 1 day is recorded in quarter day increments 2 hours = .25; 4 hours = .50; 6 hours = .75) from intake with the agency to the time on the sign in sheet for clinical contact or billed service.</p> <p>Calculate the average elapsed time across all new consumers during the measurement year</p>	<p>For all new consumers who have an initial visit during the measurement year – which is typically the grant term.</p> <p>You may want to create a field in your EHR that calculates this for you or you will need to extract the data into Excel and calculate following the steps in the “How to Measure or Calculate” column.</p>	<p>Step 1: Calculate elapsed time from intake to subsequent clinical contact or billed service for each consumer.</p> <p>Step 2: Sum the number of days elapsed since intake to clinical contact or billed service for all new consumers since the start of the measurement year.</p> <p>Step 3: Sum the total number of consumers who participated in both intake and received services.</p> <p>Step 4: Divide the answer in Step 2 by the answer in Step 3. Formulaically it looks like this:</p> $\text{Mean} = \frac{\sum n_{\text{days}}}{\sum n_{\text{consumers}}}$ <p>The resultant mean is the average days from intake to clinical contact or billed service for all new consumers since the start of the measurement year.</p>
A-3.	Utilization of a mental health engagement specialist	<p>Definition: Engagement Specialists provides outreach to and case management for clients of outpatient services who are identified as needing assistance to stay engaged with their services. The Engagement Specialist works closely with program therapists, case managers, nurses, and prescribers to re-engage clients in services. The term “engagement specialist” is not as important as having a position on staff that performs the functions of an engagement specialist.</p>	Not applicable – Answer the question in the next column.	<p>Provide the answer to the following question on interim and final grant reports:</p> <p>Does your agency employ an individual who primarily serves as a mental health engagement specialist or performs the functions listed in the column labeled “Definitions and Goals”? Yes/No</p>

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A-4.	Implementation of Open Access Scheduling	<p>Definition: One way to decrease the backlog of appointments is through open-access scheduling. With open access, patients are seen on the day they call for an appointment regardless of the reason for their visit.</p> <p>Definition: Open access – also known as advanced access and same-day scheduling – is a method of scheduling in which all patients can receive an appointment slot on the day they call, almost always with a member of their care team. Rather than booking each provider’s time weeks or even months in advance, this model leaves a portion of the day open; the other portion is booked with clinically necessary follow-up visits and appointments for patients who chose not to come on the day they called (typically no more than 25 percent of patients).</p>	<p>Answer Questions A-D in the column labeled “How to Measure or Calculate.”</p> <p>Note: It is important to keep track of the number of consumers who are turned away on the day they seek services. Use the following or your existing “turn away” codes for each consumer who was unable to see a provider on the same day:</p> <ol style="list-style-type: none"> 1. Inadequate staffing to meet demand for services 2. Consumer presents with a need that cannot be met with available providers. 3. Consumer rejects available slot(s) on the same day 4. Consumer does not show up for appointment. 5. Other: please describe _____ 	<ol style="list-style-type: none"> A. Does your agency use open access scheduling? Yes/No B. If no, does your agency triage or prioritize presenting consumers based on need or severity of illness? Yes/No C. Does your agency have a wait list for patients Yes/No D. Report the number of individuals seeking services who were unable to be seen for any reason by a mental health provider at your agency for the measurement year _____

Identifier	Indicators of Quality	Definitions and Goals	Suggested Data Collection	How to Measure or Calculate
Q-1.	<p>Implementation of a Quality Improvement Process</p> <p>A. Does your agency have a PQI Plan (Quality Improvement Plan)? Yes/No</p> <p>B. Provide a specific example of how your organization has instituted a quality improvement process to affect change in the quality of care for the population you serve.</p>	<p>According to HRSA, Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Institute of Medicine's (IOM)  which is a recognized leader and advisor on improving the Nation's health care, defines quality in health care as a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations ⁽¹⁾.</p> <p>Quality is directly linked to an organization's service delivery approach or underlying systems of care. To achieve a different level of performance (i.e., results) and improve quality, an organization's current system needs to change. While each QI program may appear different, a successful program always incorporates the following four key principles ⁽²⁾:</p> <ul style="list-style-type: none"> ▪ QI work as systems and processes ▪ Focus on patients ▪ Focus on being part of the team ▪ Focus on use of the data 	<p>Provide a specific example of how your organization has instituted a quality improvement process to affect change in the quality of care of the population you serve. What results have you observed?</p>	<p>Provide in your final report to the Foundation. A good example will incorporate a description of the rationale for the QI process, the population it was/is designed for, a description of the process, the role(s) of staff in the process, how the process informed clinic operations, the results of the process and how the process changed clinical or operational activity.</p>

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Q-2.	Consumer experience at your organization	<p>Definition: Consumer experience and involvement in decision making.</p> <p>Goal: To be determined by each grantee. After reviewing the results set a quality threshold (target) for future consumer experience visit data. <u>For example</u>, the percent of consumers that responded positively to all 4 items = 85%. Use this quality target to assess your organization's performance in subsequent consumer experience data reports.</p> <p>Note: the target set should be based on discussion within the organization and be informed by the pattern of past survey results. Set a reasonable but challenging target.</p>	<p>Create a simple survey to ask consumers questions about their experience at this organization.</p> <p>Choose one week each month to randomly ask 50 consumers (e.g., flag every other appointment, or the first 50 appointments) to complete the survey at checkout and drop it in a secure collection box.</p>	<p>Survey items for consumers who received clinical services today. Instructions: In your reporting to the Foundation please include the # of consumers seen and the # surveyed during the measurement year. Please collect this information on a routine basis (see Suggested Data Collection).</p> <ol style="list-style-type: none"> 1. How satisfied are you with the health services you (or your child) have received at this organization? <ol style="list-style-type: none"> 1. Very satisfied 2. Somewhat satisfied 3. Somewhat dissatisfied 4. Very dissatisfied 2. How much are you included in deciding your (or your child's) treatment? <ol style="list-style-type: none"> 1. A great deal 2. Sometimes 3. A little 4. Not at all 3. Mental health workers involved in my (or my child's) case listen to me and know what I/we want. <ol style="list-style-type: none"> 1. A great deal 2. Sometimes 3. A little 4. Not at all 4. I have a lot to say about what happens in my (or my child's) treatment. <ol style="list-style-type: none"> 1. A great deal 2. Sometimes 3. A little 4. Not at all <p><i>Source: Ohio Mental Health Consumer Outcomes System.</i></p>

Identifier	Indicators of Consumer Outcomes	Definitions and Goals	Suggested Data Collection	How to Measure or Calculate
O-1.	Clinically meaningful reduction in <u>symptomology</u>	Provider organization defines and selects: <ol style="list-style-type: none"> 1. Clinically meaningful reduction 2. Disease or condition (e.g., depression) 3. Population (e.g., child, adult) 4. Time frame (e.g., after 60 days of treatment, etc) 	<p>Each grantee organization identifies a particular disease or condition it wishes to study and monitor for a given population it serves. For example, an organization may choose to study and monitor childhood depression because the organization is seeing more and more children for depression.</p> <p>Using a standardized approach, measure symptomology at first clinical assessment and then again after treatment to establish the change in symptomology.</p>	<p>For the specified population and disease or condition chosen, provide in interim and final reports to the Foundation the % of consumers demonstrating a clinically meaningful reduction in symptoms. Also report the disease or condition, the population and the timeframe.</p>
O-2.	Clinically meaningful improvement in consumer <u>functional status</u>	Provider organization defines and selects: <ol style="list-style-type: none"> 1. Clinically meaningful improvement 2. Disease or condition (e.g., depression) 3. Population (e.g., child, adult) 4. Time frame (e.g., after 60 days of treatment, etc). 	<p>Each grantee organization identifies a particular disease or condition it wishes to study and monitor for a given population it serves. For example, an organization may choose to study and monitor childhood depression because the organization is seeing more and more children for depression.</p> <p>Using a standardized approach, measure functional status at first clinical assessment and then again after treatment to establish the change in functional status.</p>	<p>For the specified population and disease or condition chosen, provide in interim and final reports to the Foundation the % of consumers demonstrating a clinically meaningful improvement in consumer functional status. Also report the disease or condition, the population and the timeframe.</p>

Identifier	Indicators of Health Equity	Definitions and Goals	Suggested Data Collection	How to Measure or Calculate
E-1.	Clinically meaningful reduction in <u>symptomology</u> across consumer groups served.	<p>Healthy People 2020 defines health equity as "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."</p> <p>Health equity is a desirable goal/standard that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires 1) continuous efforts focused on elimination of health disparities and 2) continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.</p> <p>Note: Provider judgment or established clinical guidelines should be used to determine clinically meaningful improvement. Have providers make a judgment about whether change observed is clinically meaningful. Note this for each consumer.</p>	<p>Each grantee organization identifies a particular disease or condition it wishes to study and monitor for a given population it serves. For example, an organization may choose to study and monitor childhood depression because the organization is seeing more and more children for depression.</p> <p>Using a standardized approach, measure symptomology at first clinical assessment and then again after treatment to establish the change in symptomology. Have providers make a judgment about whether the reduction in symptoms is clinically meaningful. Note this for each consumer.</p> <p>In order to study disparities in mental health outcomes data must be collected on the consumer's symptomology at intake and at some meaningful time point in the future – that may be after 30, 60, 90 days or at a point in time when the consumer has discontinued treatment or fails to show up for appointments, or when the provider deems meaningful.</p> <p>Measuring disparities also requires that the organization identify subsets of consumers for which a disparity exists between different groups of patients (often its ethnic/racial, gender, payer type, age, economic) and measures of these social, economic, or demographic factors must be collected and examined.</p>	<ol style="list-style-type: none"> 1. Follow procedures as described in indicator O-1. 2. Compare groups of patients (ethnic/racial, age, gender, payer type, etc) on their reduction of symptoms (i.e., percentage of consumers with clinically meaningful reduction in symptoms). At minimum examine the percent of patients within each group who have who have and who have not had a clinically meaningful reduction in symptoms by race/ethnic, gender, patient age, co-morbidities, payer type or other factors that clinicians identify as a potential contributor to disparities in clinical outcomes. 3. Are there any apparent disparities between the groups you compared? If so, among what groups? 4. What plan of action has been created to further understand and address these disparities? <p>Report on these four stages/questions in your interim and final reports to the Foundation.</p>

Identifier	Indicators of Health Equity	Definitions and Goals	Suggested Data Collection	How to Measure or Calculate
E-2.	Clinically meaningful improvement in consumer functional status across consumer groups served.	<p>Healthy People 2020 defines health equity as "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."</p> <p>Health equity is a desirable goal/standard that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires 1) continuous efforts focused on elimination of health disparities and 2) continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.</p> <p>Note: Provider judgment or established clinical guidelines should be used to determine clinically meaningful improvement. Have providers make a judgment about whether change observed is clinically meaningful. Note this for each consumer.</p>	<p>Each grantee organization identifies a particular disease or condition it wishes to study and monitor for a given population it serves. For example, an organization may choose to study and monitor childhood depression because the organization is seeing more and more children for depression.</p> <p>Using a standardized approach, measure functional status at first clinical assessment and then again after treatment to establish the change in functional status. Have providers make a judgment about whether the reduction in symptoms is clinically meaningful. Note this for each consumer.</p> <p>In order to study disparities in mental health outcomes data must be collected on the consumer's functional status at intake and at some meaningful time point in the future – that may be after 30, 60, 90 days or at a point in time when the consumer has discontinued treatment or fails to show up for appointments, or when the provider deems meaningful.</p> <p>Measuring disparities also requires that the organization identify subsets of consumers for which a disparity exists between different groups of patients (often its ethnic/racial, gender, payer type, age, economic) and measures of these social, economic, or demographic factors must be collected and examined.</p>	<ol style="list-style-type: none"> 1. Follow procedures as described in indicator O-2. 2. Compare groups of patients (ethnic/racial, age, gender, payer type, etc) on their functional status (i.e., percentage of consumers with clinically meaningful improvement in functional status). At minimum examine the percent of patients within each group who have who have and who have not made a clinically meaningful improvement by race/ethnic, gender, patient age, co-morbidities, payer type and other factors that clinicians identify as a potential contributor to disparities in clinical outcomes. 3. Are there any apparent disparities between the groups you compared? If so, among what groups? 4. What plan of action has been created to further understand and address these disparities? <p>Report on these four stages/questions in your interim and final reports to the Foundation.</p>