



California Department of Mental Health (DMH)

Welcome to

# Road Map to EPSDT PIP

---

EPSDT Statewide Performance Improvement Project (PIP) Training Webinar

- GROUND RULES

July 10, 2008



# Contact Information

---

- Website:
  - [http://www.dmh.ca.gov/Services\\_and\\_Programs/Medi\\_Cal/EPSTD\\_Statewide\\_PIP.asp](http://www.dmh.ca.gov/Services_and_Programs/Medi_Cal/EPSTD_Statewide_PIP.asp)
- E-mail: [EPSTD.PIP@dmh.ca.gov](mailto:EPSTD.PIP@dmh.ca.gov)



# Training Presenters

---

California Department of Mental Health (DMH)

California Institute for Mental Health (CIMH)

APS Healthcare, California External Quality Review

California Mental Health Directors Association (CMHDA)

California Council of Community Mental Health Agencies  
(CCCMHA)



# Training Overview

---

- Welcome – How did we get here?
- Purpose of training
- Roles and Responsibilities
- What is a PIP?
- Use of Data
- Lessons Learned – Multi-County Collaborative Efforts
- Next Steps...



# How Did We Get Here?

---

- Budget Reduction in EPSDT by 10%
- Identify actions that could be take to increase efficiencies
- Initially proposed service necessity requirements to day treatment program authorization requirements.
- Legislative request to work with partners and stakeholders to develop the alternative.
- Random review indicated potential inefficiencies that can be addressed by the state
- An effort to improve quality management and coordinated care activities for children and youth receiving EPSDT services.

# Where are we now?

---

Organized as (3) workgroups working towards one initiative:

- Review EQRO contract for scope and additional costs
- Contract negotiations with CMHDA
- Identify data points
- Establish participants – over 85 currently
- Provide education
- Communication strategy
  - website
  - emails
  - dedicated email box



# Pre-Planning: Design and Implementation

➤ Pre-planning, contract negotiations and data discussions



# TRAINING:

---

- DMH website
- Today's webinar session
- Follow-up conference call

# DATA :

---

- Evaluate available data sources
- Provide available data sets to guide the formation of the study question
- Provide MHPs with key questions to ask their data vendors that will ensure capacity for data collection for outcome measurement and reporting
- Provide a forum for ongoing discussions about intervention and outcome data measurement and reporting



---

What is a PIP?

# A PIP is not

---

- Research designed to add to the body of knowledge
- Rigid in its design
- About regulations or compliance

# A PIP...

---

- Is about a problem affecting consumers
- Uses quantitative data and tools
- Is flexible in design based upon initial findings
- Is based in performance improvement principles: Plan, Do, Study, Act cycles
- May include rapid process improvement strategies

# A PIP...

---

- Starts with baseline data about the problem
- Interventions defined based upon analysis of the problem
- Has specific quantitative outcomes to measure against the baseline data

# Road Map to a PIP

## 1. Assemble multi-functional team

- A. Identify/list shortcomings, problems, weakness in services/delivery.
- B. Review relevant data: routine QI monitoring, MHP data, DMH or APS data, complaints, rumors, or concerns.
- C. Identify priority area(s) of concern.
- D. Review each per steps 2-4.
- E. Pick one for PIP.

- A. Does the problem affect consumers' satisfaction, MH outcomes, or functional status? Is it within our scope of influence?
- B. Use numbers – rates or frequency.
- C. Use benchmark literature (MHP, CA, US, etc.) relating to goals.
- D. Identify MHP's current baseline numbers or %.
- E. **What number or % would indicate "improvement"? Why?**

## 2. "Is there really a problem?" Validate the problem

- A. Investigate what is or is not happening. Process mapping can be helpful.
- B. Accept/reject all possible reasons by examining data and processes.
- C. For each accepted reason, what is broken? These are the "barriers."

## 3. Team Brainstorming: "Why is this happening?" Root cause analysis to identify challenges/barriers

## 4. "How can we try to address the broken elements/barriers?" Planned interventions

- A. Identify interventions, then determine how and when to measure.
- B. What measurements represent success?
- C. Did we eliminate bias?
- D. After a measurement cycle, review results, alter intervention(s) as necessary, remeasure or move on.
- E. Document/account for outside influences.

"If we do \_\_\_\_\_ (step 4.), then, can we \_\_\_\_\_ (step 2E.)?"  
Have study question **identify the problem** targeted for improvement, a the specific population, and a **general intervention(s)** approach.

## 5. Formulate the study question

## 6. Apply Interventions "What do we see?"

Data analysis:  
apply intervention, measure, interpret

- A. Specify and apply intervention(s) for each targeted barrier/element.
- B. **Make interventions as measurable as possible: frequency, time, etc.**
- C. Consider pilot, surveys, etc., to initially validate the intervention(s).

## 7. "Was the PIP successful?" What are the outcomes?

- A. Were numerical goals achieved?
- B. Has PIP demonstrated improvement for consumer MH outcomes, functional status, or satisfaction?
- C. Were numerical goals sustained after a time period of re-measurement?
- D. If successful, institutionalize changes and implement routine monitoring to maintain improvement.
- E. Return to appropriate step if necessary.
- F. **Publicly celebrate your team's successes !!**

CAEQRO  
January 2006  
v5.5

# Road Map to a PIP

## 1. Assemble multi-functional team

- A. Identify/list shortcomings, problems, weakness in services/delivery.
- B. Review relevant data: routine QI monitoring, MHP data, DMH or APS data, complaints, rumors, or concerns.
- C. Identify priority area(s) of concern.
- D. Review each per steps 2-4.
- E. Pick one for PIP.

- A. Does the problem affect consumers' satisfaction, MH outcomes, or functional status? Is it within our scope of influence?
- B. Use numbers – rates or frequency.
- C. Use benchmark literature (MHP, CA, US, etc.) relating to goals.
- D. Identify MHP's current baseline numbers or %.
- E. **What number or % would indicate "improvement"? Why?**

## 2. "Is there really a problem?" Validate the problem

- A. Investigate what is or is not happening. Process mapping can be helpful.
- B. Accept/reject all possible reasons by examining data and processes.
- C. For each accepted reason, what is broken? These are the "barriers."

## 3. Team Brainstorming: "Why is this happening?" Root cause analysis to identify challenges/barriers

4. "How can we try to address the broken elements/barriers?"  
Planned interventions

- A. Identify interventions, then determine how and when to measure.
- B. What measurements represent success?
- C. Did we eliminate bias?
- D. After a measurement cycle, review results, alter intervention(s) as necessary, remeasure or move on.
- E. Document/account for outside influences.

"If we do \_\_\_\_\_, then, can we \_\_\_\_\_?"  
(step 4.) (step 2E.)

Have study question **identify the problem** targeted for improvement, a the specific population, and a **general intervention(s)** approach.

5. Formulate the study question

6. Apply Interventions  
"What do we see?"

Data analysis:  
apply intervention, measure, interpret

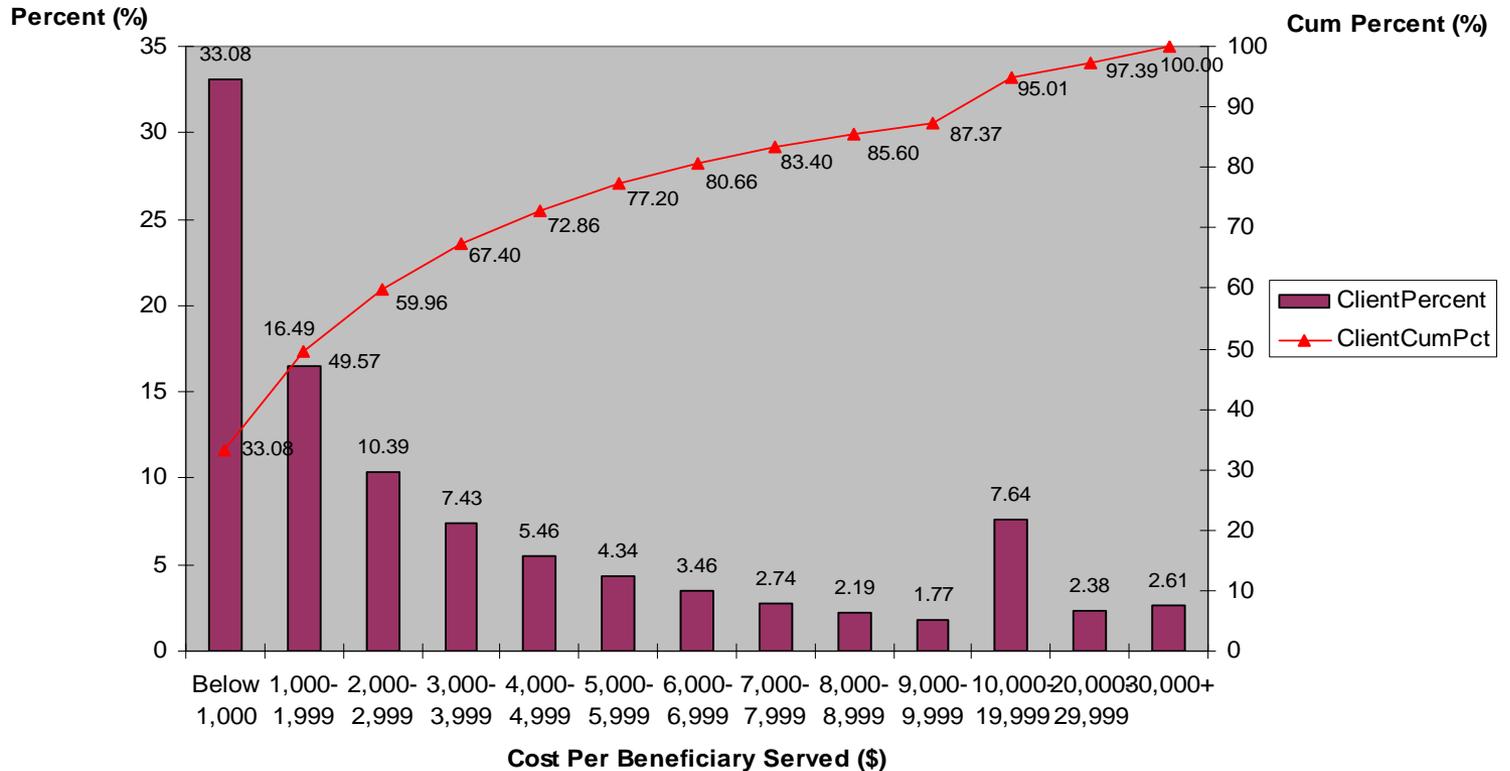
- A. Specify and apply intervention(s) for each targeted barrier/element.
- B. Make interventions as measurable as possible: frequency, time, etc.**
- C. Consider pilot, surveys, etc., to initially validate the intervention(s).

7. "Was the PIP successful?"  
What are the outcomes?

- A. Were numerical goals achieved?
- B. Has PIP demonstrated improvement for consumer MH outcomes, functional status, or satisfaction?
- C. Were numerical goals sustained after a time period of re-measurement?
- D. If successful, institutionalize changes and implement routine monitoring to maintain improvement.
- E. Return to appropriate step if necessary.
- F. Publicly celebrate your team's successes !!**

CAEQRO  
January 2006  
V5.5

## California Statewide Distribution of EPSDT Beneficiaries Served in 2006

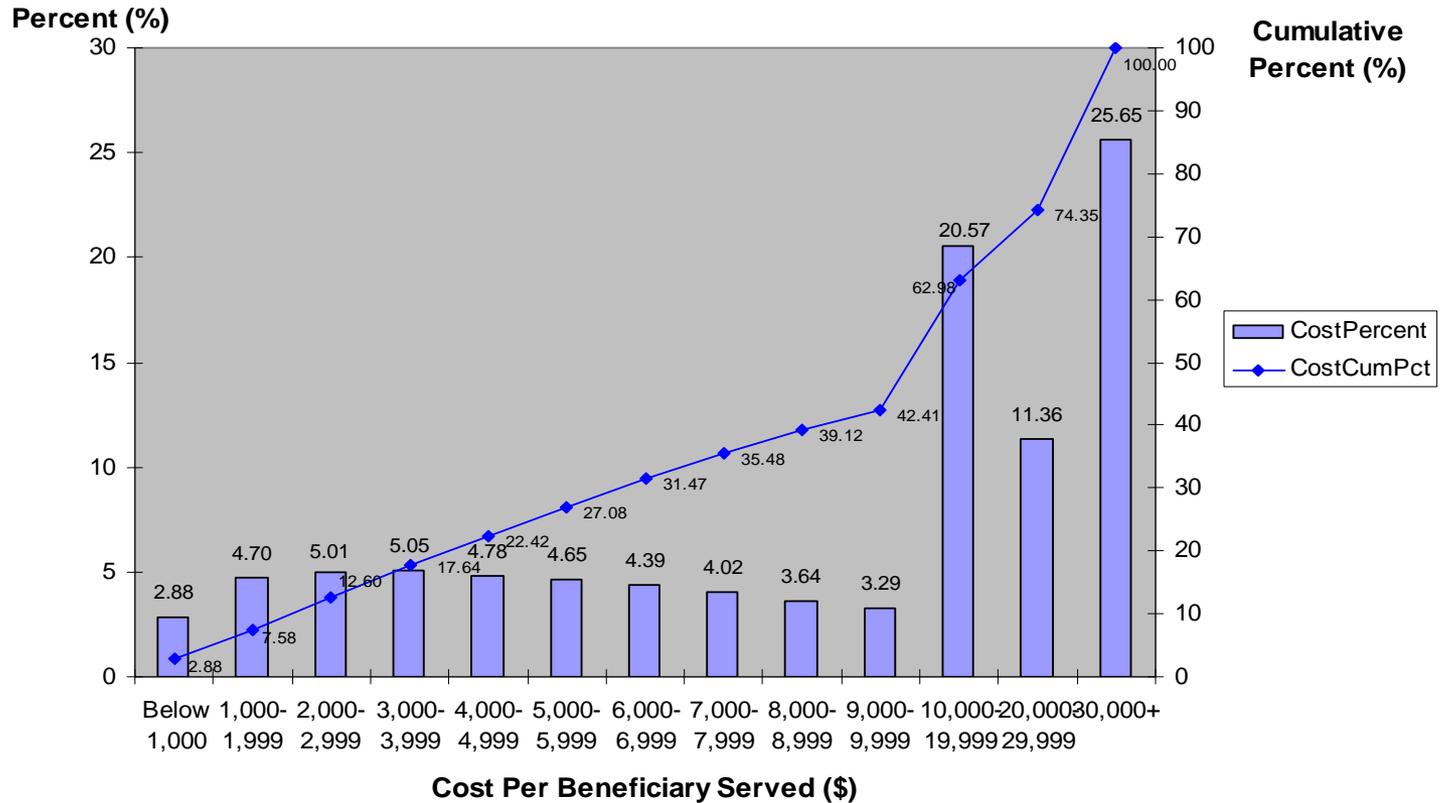


Total Beneficiaries Served=188,186, Total Approved Amount=\$0.96 Billion, Mean=\$5,113, Median=\$2,036, Maximum=\$289,398, Std.Dev.=\$9,680

Data source: SDMC approved claims as of October, 2007

Prepared by: APS Healthcare/CAEQRO

## California Statewide Distribution of EPSDT Approved SDMC Claims Payments in 2006

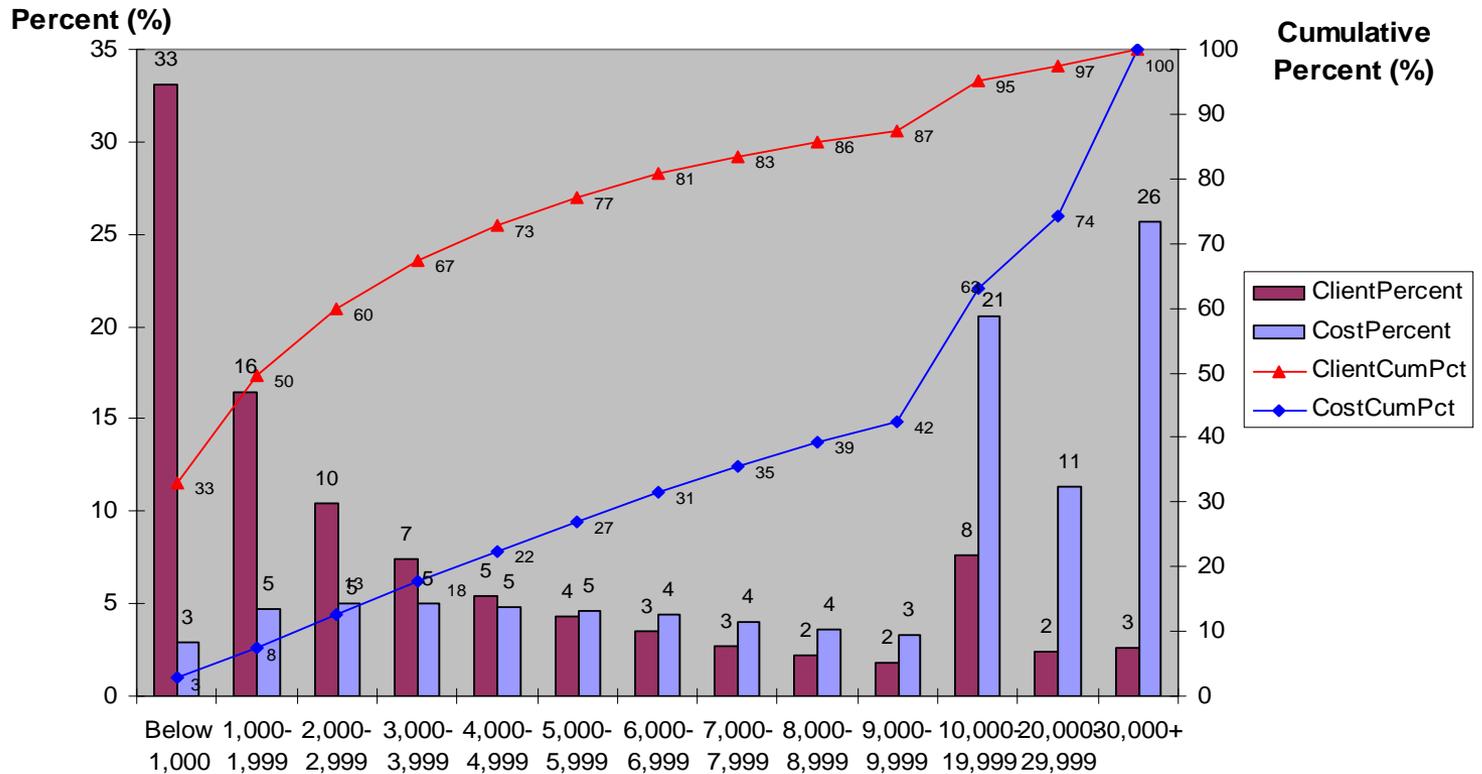


Total Beneficiaries Served=188,186, Total Approved Amount=\$0.96 Billion, Mean=\$5,113, Median=\$2,036, Maximum=\$289,398, Std.Dev.=\$9,680

Data source: SDMC approved claims as of October, 2007

Prepared by: APS Healthcare/CAEQRO

## California Statewide Distribution of EPSDT Beneficiaries Served and Approved SDMC Claims Payments in 2006



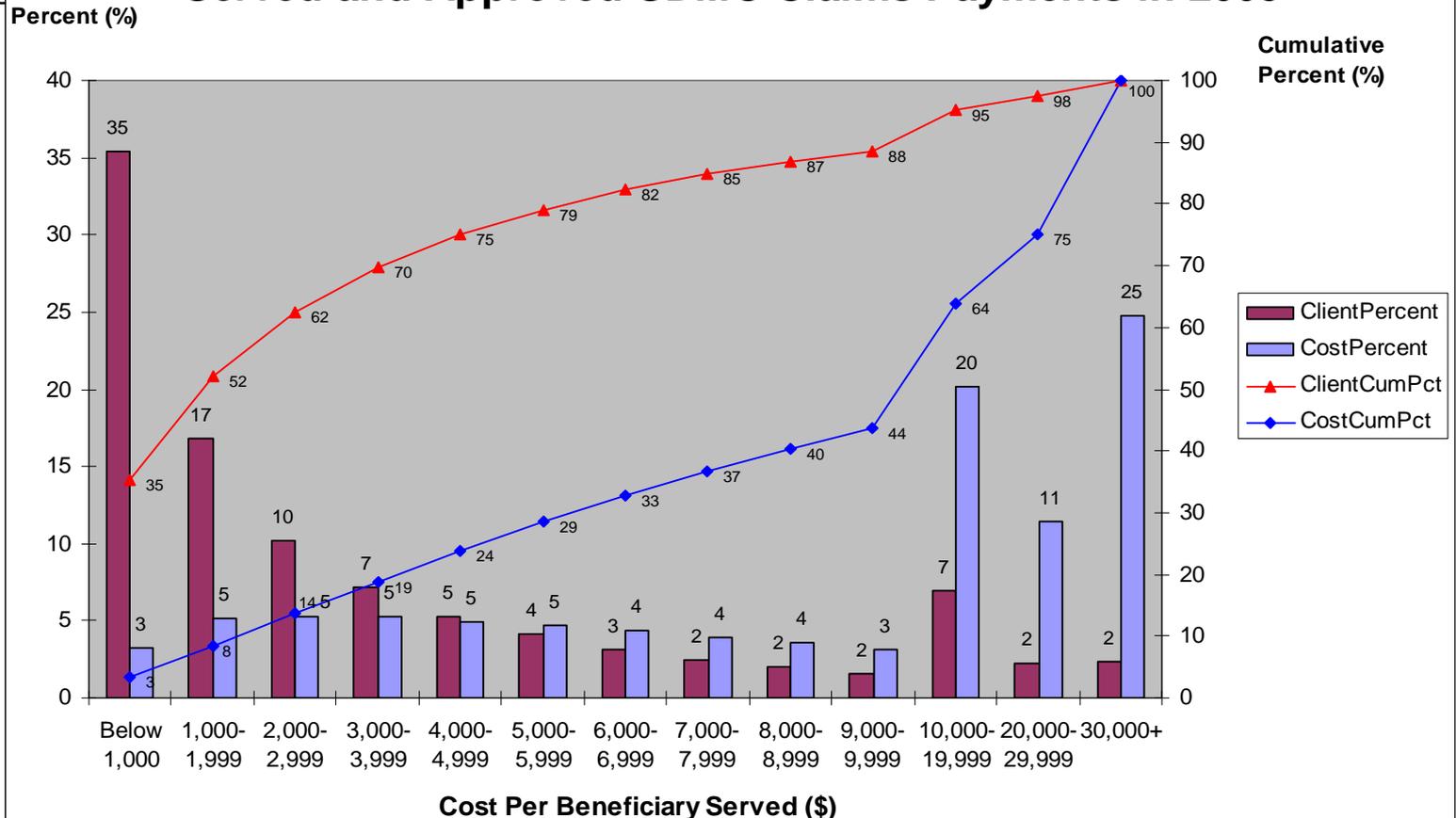
### Cost Per Beneficiary Served (\$)

Total Beneficiaries Served=188,186, Total Approved Amount=\$0.96 Billion, Mean=\$5,113, Median=\$2,036, Maximum=\$289,398, Std.Dev.=\$9,680

Data source: SDMC approved claims as of October, 2007

Prepared by: APS Healthcare/CAEQRO

## California Statewide Distribution of EPSDT Beneficiaries Served and Approved SDMC Claims Payments in 2005

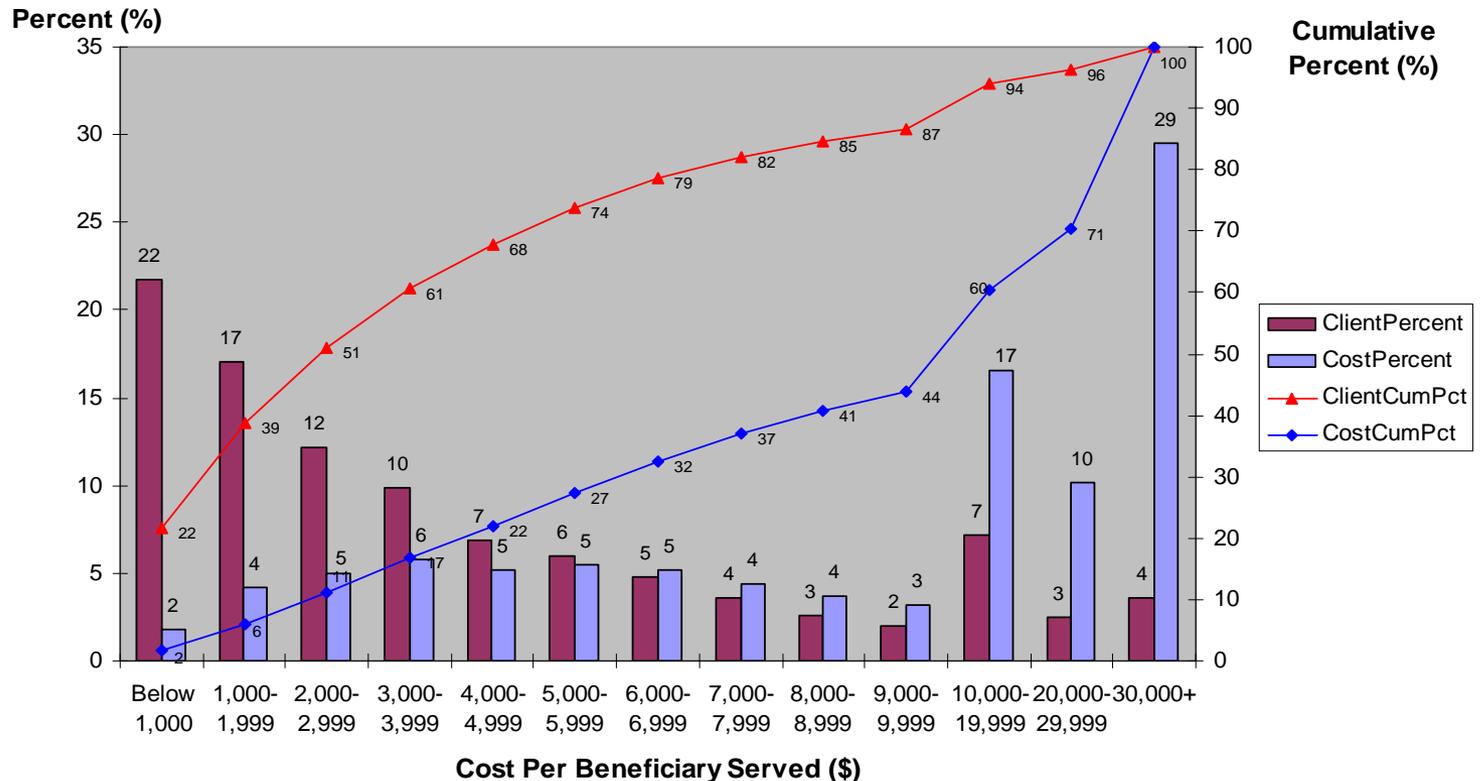


**Cost Per Beneficiary Served (\$)**  
 Total Beneficiaries Served=189,088, Total Approved Amount=\$0.90 Billion, Mean=\$4,765, Median=\$1,830, Maximum=\$322,454, Std.Dev.=\$9,176

*Data source: SDMC approved claims as of October, 2007*

*Prepared by: APS Healthcare/CAEQRO*

## Sacramento Distribution of EPSDT Beneficiaries Served and Approved SDMC Claims Payments in 2006

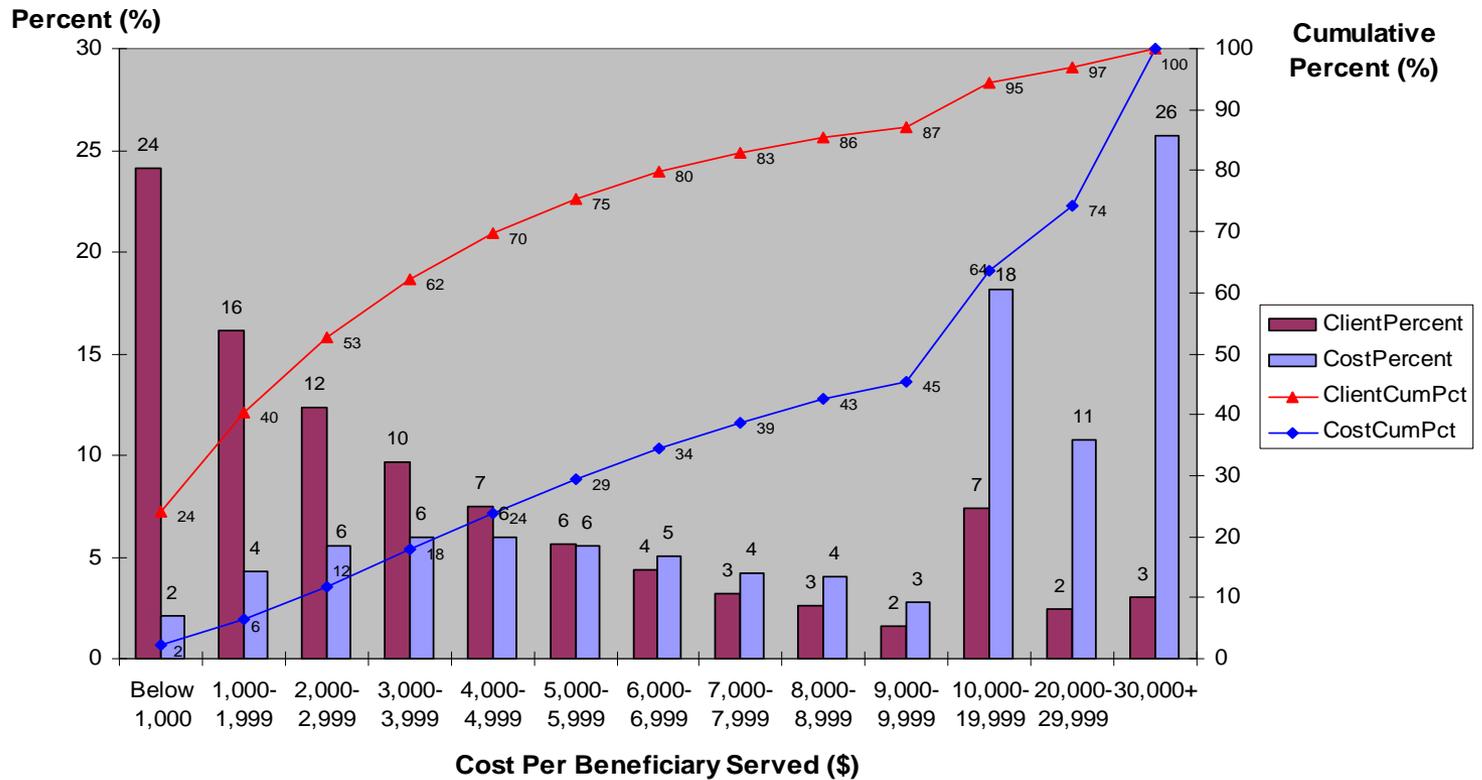


Total Beneficiaries Served=10,280, Total Approved Amount=\$61.82 Million, Mean=\$6,013, Median=\$2,923, Maximum=\$238,585, Std.Dev.=\$10,448

Data source: SDMC approved claims as of May, 2008

Prepared by: APS Healthcare/CAEQRO

## Sacramento Distribution of EPSDT Beneficiaries Served and Approved SDMC Claims Payments in 2005

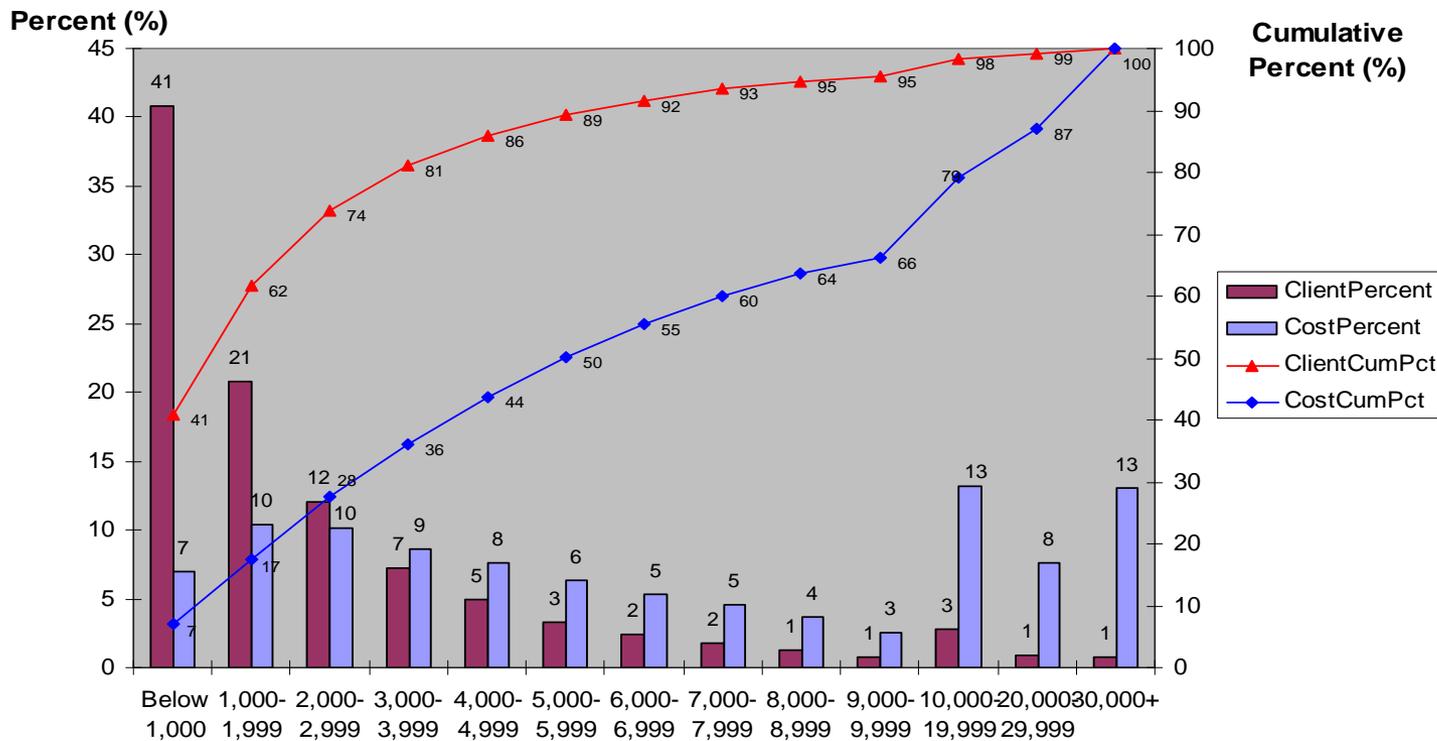


Total Beneficiaries Served=10,507, Total Approved Amount=\$58.60 Million, Mean=\$5,576, Median=\$2,780, Maximum=\$150,804, Std.Dev.=\$9,374

Data source: SDMC approved claims as of October, 2007

Prepared by: APS Healthcare/CAEQRO

## San Bernardino Distribution of EPSDT Beneficiaries Served and Approved SDMC Claims Payments in 2006



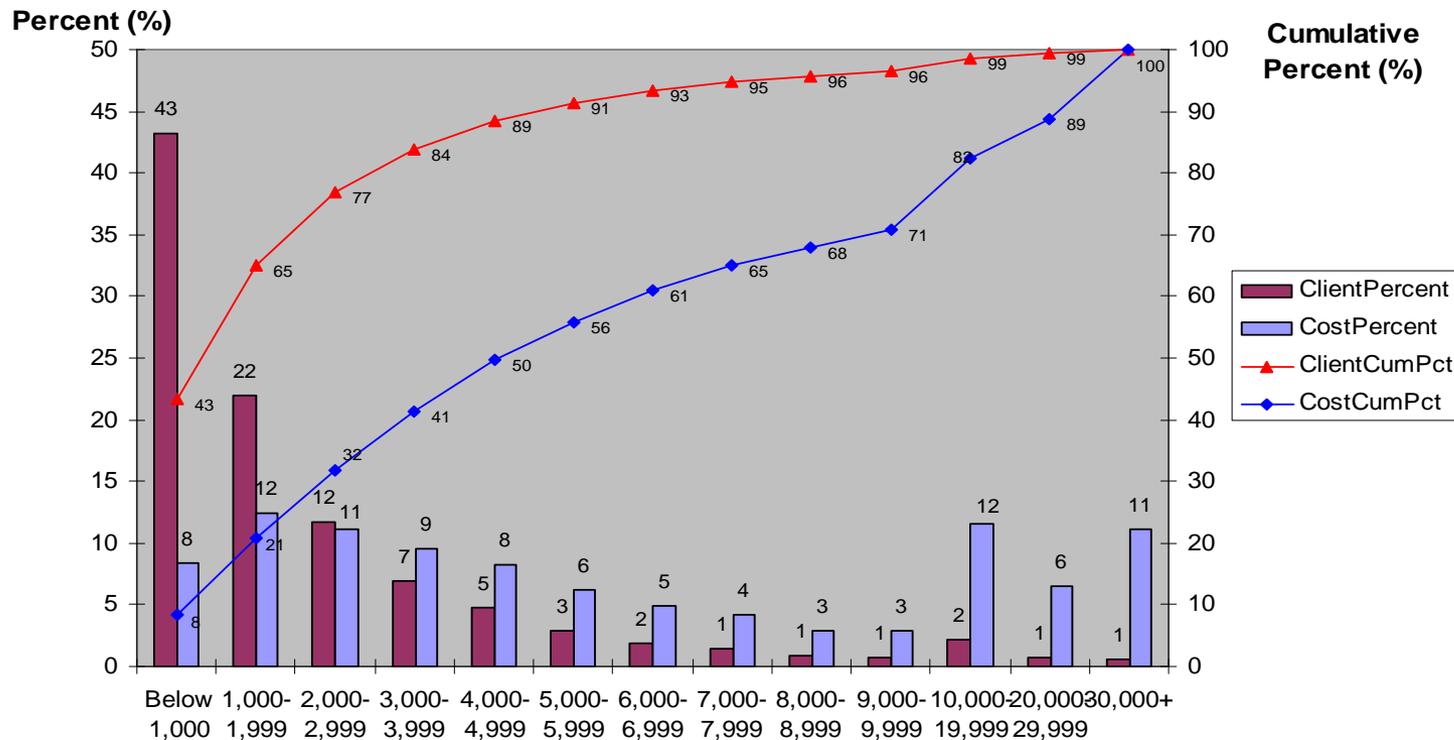
### Cost Per Beneficiary Served (\$)

Total Beneficiaries Served=10,615, Total Approved Amount=\$30.84 Million, Mean=\$2,905, Median=\$1,361, Maximum=\$105,546, Std.Dev.=\$5,500

Data source: SDMC approved claims as of October, 2007

Prepared by: APS Healthcare/CAEQRO

## San Bernardino Distribution of EPSDT Beneficiaries Served and Approved SDMC Claims Payments in 2005



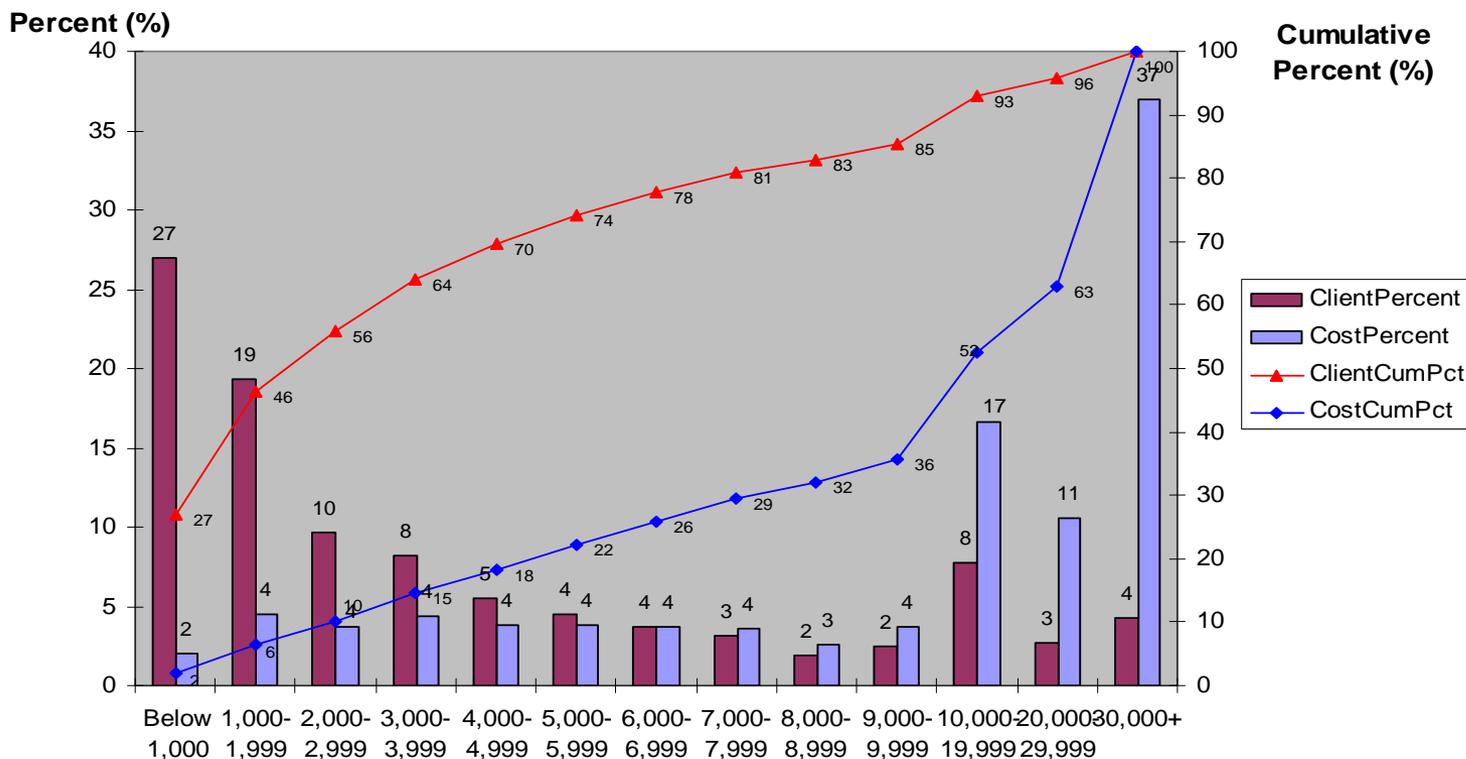
### Cost Per Beneficiary Served (\$)

Total Beneficiaries Served=11,731, Total Approved Amount=\$29.93 Million, Mean=\$2,551, Median=\$1,450, Maximum=\$115,631, Std.Dev.=\$4,775

Data source: SDMC approved claims as of October, 2007

Prepared by: APS Healthcare/CAEQRO

## Monterey Distribution of EPSDT Beneficiaries Served and Approved SDMC Claims Payments in 2006



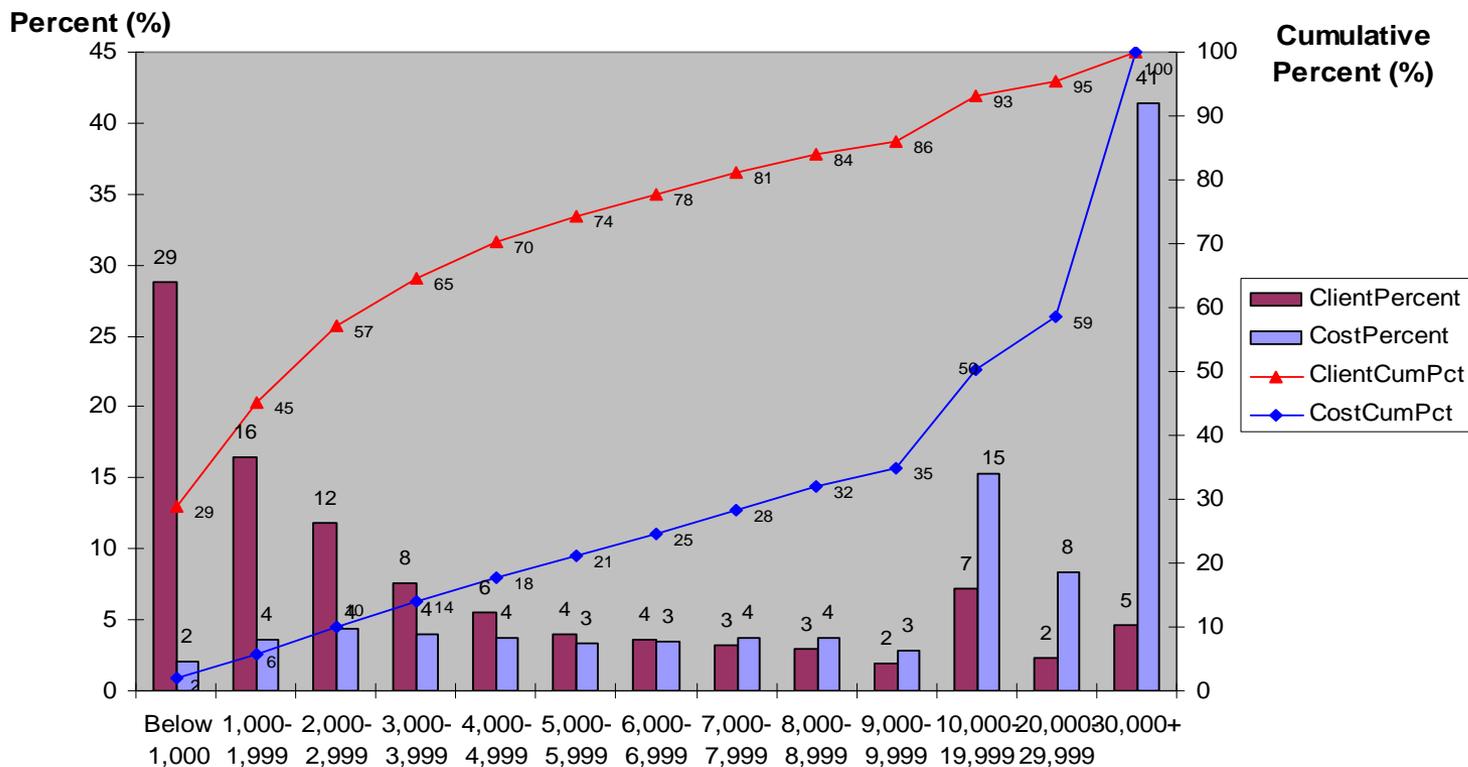
### Cost Per Beneficiary Served (\$)

Total Beneficiaries Served=1,841, Total Approved Amount=\$11.85 Million, Mean=\$6,348, Median=\$2,335, Maximum=\$185,819, Std.Dev.=\$13,586

*Data source: SDMC approved claims as of October, 2007*

*Prepared by: APS Healthcare/CAEQRO*

## Monterey Distribution of EPSDT Beneficiaries Served and Approved SDMC Claims Payments in 2005



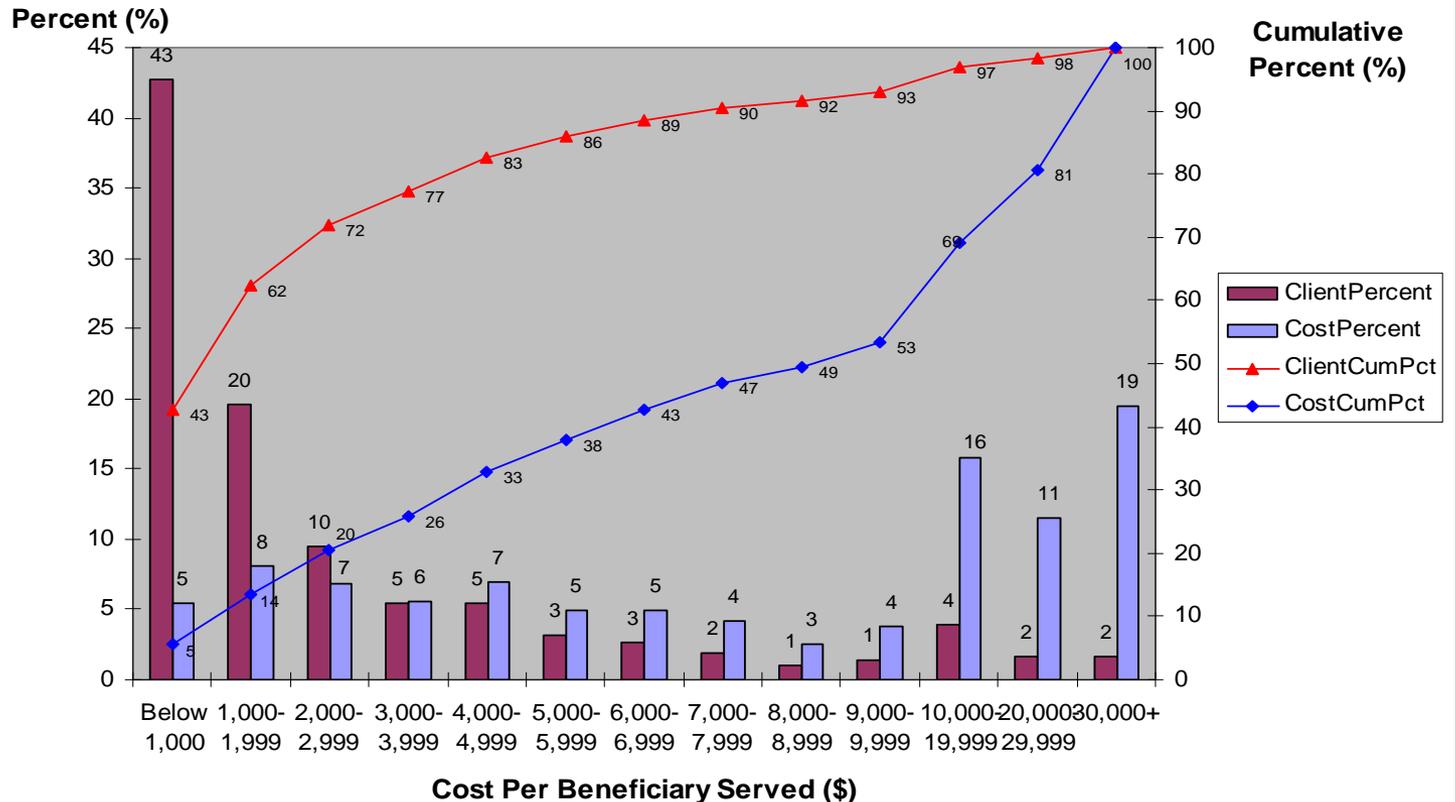
### Cost Per Beneficiary Served (\$)

Total Beneficiaries Served=1,665, Total Approved Amount=\$10.94 Million, Mean=\$6,574, Median=\$2,342, Maximum=\$155,506, Std.Dev.=\$13,888

Data source: SDMC approved claims as of October, 2007

Prepared by: APS Healthcare/CAEQRO

## El Dorado Distribution of EPSDT Beneficiaries Served and Approved SDMC Claims Payments in 2006

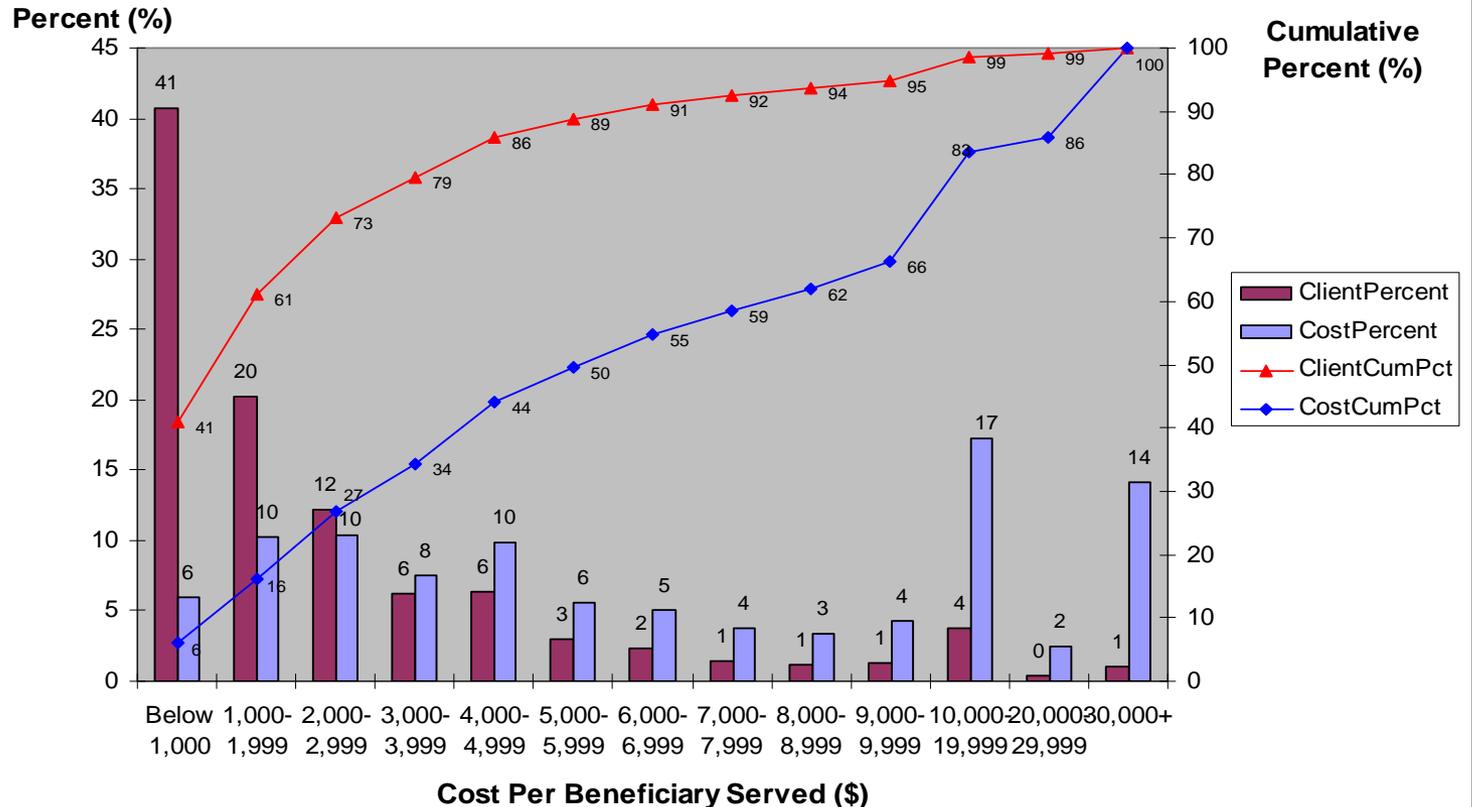


Total Beneficiaries Served=567, Total Approved Amount=\$1.97 Million, Mean=\$3,475, Median=\$1,261, Maximum=\$65,132, Std.Dev.=\$6,721

Data source: SDMC approved claims as of October, 2007

Prepared by: APS Healthcare/CAEQRO

## El Dorado Distribution of EPSDT Beneficiaries Served and Approved SDMC Claims Payments in 2005



Total Beneficiaries Served=613, Total Approved Amount=\$1.78 Million, Mean=\$2,897, Median=\$1,399, Maximum=\$49,799, Std.Dev.=\$5,072

Data source: SDMC approved claims as of October, 2007

Prepared by: APS Healthcare/CAEQRO



---

# Experiences with Multi-County Collaborative PIPs



## *Small County Process*

---

1. Assemble Counties to review Hospitalization / Rehospitalization data
2. Attendees return home to investigate data
3. Weekly Conference calls to discuss interpretations of data
  - CMHDA, APS, CIMH, Individual Counties

## *Small County Process*

---

4. Volunteers identified to act as leads in the development of the PIP
5. Volunteers identified  
(County QI Coordinators) to write the Roadmap to a PIP



## *Small County Process*

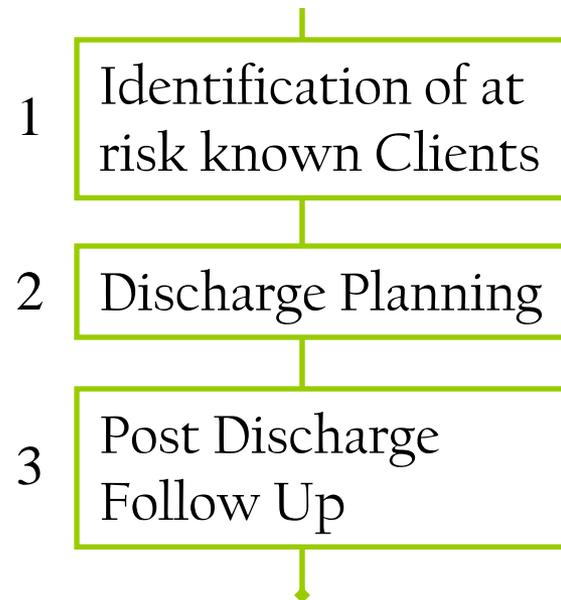
---

6. Sections of the Roadmap discussed and revised on Weekly Calls 
7. Progress reviewed monthly w/Small County MH Directors
8. Data elements identified and agreed upon
9. Target reduction in Rehospitalization identified

# *Small County Process*

---

10. Data elements identified and collated into three clusters:





# *Small County Process*

---

11. Final acceptance of Roadmap
12. Baseline data collected
13. Interventions begun
14. Quarterly data collected
15. On-Going weekly conference calls held to review data and clarify data collection issues.



---

# *Lessons Learned*

---

# *Lessons Learned*

---

1. Collaboration saves time 
2. Confirming agreement a few steps at a time allows to keep all involved and up to date
3. Starting with data discussions allows for informed decisions
4. Group learning helps support the process

# *Lessons Learned*

---

5. APS proved to be an excellent source of data and helped refine the process and study question
6. Two counties took the lead, supported by a workgroup of five counties who reported to the full group:
  - This created a workable process and minimized time involvement for the majority of counties.
  - For future PIPs, other counties need to step up to volunteer



# Responsibilities and Roles for Overall Project

---

- DMH
- APS
- CMHDA
- CIMH
- Other Stakeholders



# NEXT STEPS

---

- What's been covered so far?
- Anticipated Implementation Dates



# Contact Information

---

- California Department of Mental Health (DMH)
  - Rita McCabe, LCSW
  - Sophie Cabrera
  - Caroline Castaneda
- APS Healthcare – California External Quality Review (EQRO)
  - Sheila Bailer, Ph.D., M.P.H.
  - Sandra Sinz
  - Michael Reiter, Pharm.D.California Institute of Mental Health (CIMH)
  - Ed Diksa, ScD
- California Mental Health Directors Association (CMHDA)
  - Don Kingdon, Ph.D.



# Contact Information

---

- Website:
  - [http://www.dmh.ca.gov/Services\\_and\\_Programs/Medi\\_Cal/EPSTD\\_Statewide\\_PIP.asp](http://www.dmh.ca.gov/Services_and_Programs/Medi_Cal/EPSTD_Statewide_PIP.asp)
- E-mail: [EPSTD.PIP@dmh.ca.gov](mailto:EPSTD.PIP@dmh.ca.gov)



---

**THANK YOU!!!**