Mental Health Metrics on the SAIL Report for Performance Improvement

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Jodie Trafton aka Wonder Woman
Not everything that can be counted counts, and not everything that counts can be counted.

~ Albert Einstein
Strategic Analytics for Improvement and Learning (SAIL) – What’s Missing in FY14 ?!

Puget Sound VAMC - 1-Star in Quality (FY2014Q1) (Domain)

Marker color: Blue - 1st quintile; Green - 2nd; Yellow - 3rd; Orange - 4th; Red - 5th quintile.
Objectives

Describe the three mental health component metrics on SAIL.

Identify methods of utilizing SAIL to move forward MH quality improvement processes at their facility.

Identify clinical opportunities via integrating MH SAIL and MH Management Planning Tool.
The SAIL report has been an important senior management tool that did not include Mental Health Measures

– Risk of management deemphasizing MH in comparison to medical services.
– Inconsistent with VHA and Congressional priorities

A new Mental Health Domain has been added to the SAIL report for FY15

– SAIL is the quantitative portion of the Network Director Performance Plan and comprises 40% of the total rating.
– MH Domain consists of 3 component scores that provide a high-level assessment of access to and quality of MH services across programs.
Purpose of Adding MH Composite

• Metrics are designed to “screen” facilities for probable problems with access to or quality of services.

• Should trigger:
  – Comprehensive assessment of challenges to facility access and quality
  – Action planning to address the drivers of problems with access and quality

• Increase awareness and help Network/Facility Directors build upon and facilitate existing action plans at each facility

• Keep Mental Health high on the management agenda in a constructive way
### Three Components of MH Domain

<table>
<thead>
<tr>
<th>Population Access</th>
<th>Continuity of Care</th>
<th>Experience of Care*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Examines proportion of potentially indicated patients who receive services</td>
<td>• Examines likelihood of receipt of follow-up or coordinated care</td>
<td>• Examines Veteran and MH provider satisfaction with access and quality</td>
</tr>
</tbody>
</table>

*The Population and Continuity Composites include measures that have been used as part of the MH site-visit and action planning for the past several years*
Dos and Don’ts of MH Sail Data

**Do’s**
- Composites designed to provide signal of high-level challenges related to MH for further review
- Item level drill-down of composites help investigate challenges.
- Investigation of other structure and process indicators and local conditions will be needed to identify key issues
- Adequate staffing of mental health programs (e.g. higher FTE/patient ratios) is strongly associated with positive performance on the composites.

**Don’ts**
- Because of measure design, these are **not appropriate** for trickle-down performance measurement for MH service chiefs or providers
- Do not change your whole system of care to improve one metric – consider full ramifications of changes and if such changes make clinical sense for improved care
Recommendations for Using MH Domain

• Review performance in the new MH Domain on SAIL
  – Examine individual components to identify strengths and weaknesses. Operational measures (e.g. staff to patient ratio, growth rate) and item level drill down may help.
  – Investigate drivers of performance concerns using MH Management Dashboard
  – Develop and implement plans to address MH access and quality gaps
Recommendations for Using MH Domain

- Office of Mental Health Operations can provide technical assistance in investigating areas of concern and developing plans to improve access and quality
  - For questions regarding measures or data needs, contact the 10NC5 Program Evaluation Centers at: Jodie.Trafton@va.gov or Ira.Katz2@va.gov
  - For technical assistance in addressing gaps in mental health access or quality, contact the 10NC5 Technical Assistance Specialists at: Lisa.Kearney3@va.gov
Navigating the SAIL Report

Strategic Analytics for Improvement and Learning (SAIL)

NOTE: EFFICIENCY FOR FY2013-2014 IS BASED ON FY2013 DATA. IMPATIENT SHEP AND PCMH SURVEY FOR FY2014Q4-FY2015Q1 IS BASED ON FY2014Q4 DATA.

SAIL IS REFRESHED ON A QUARTERLY BASIS. MEASURE VALUES MAY CHANGE IN ACCORDANCE WITH CHANGES IN THE SOURCE DATA.

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Palo Alto VAMC - 3-Star in Quality (FY2015Q1) (Domain)

- Avoidable Adverse Events
- Mortality
- Length of Stay
- Satisfaction
- Efficiency
- Efficiency
- Access
- Performance Measures
- CMS Mortality & Readmit
The Radar Chart of All Components
## The SAIL scorecard

<table>
<thead>
<tr>
<th>Adjusted length of stay</th>
<th>2020.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance measures</td>
<td></td>
</tr>
<tr>
<td>1. Inpatient performance measures (ORYX)</td>
<td>%</td>
</tr>
<tr>
<td>2. Outpatient performance measures (HEDIS like)</td>
<td>%</td>
</tr>
<tr>
<td>Customer satisfaction</td>
<td></td>
</tr>
<tr>
<td>1. Patient satisfaction</td>
<td>%</td>
</tr>
<tr>
<td>2. Best places to work</td>
<td>%</td>
</tr>
<tr>
<td>3. Registered nurse turnover rate</td>
<td>%</td>
</tr>
<tr>
<td>Ambulatory Care Sensitive Condition hospitalizations</td>
<td>hosp/1000 pts</td>
</tr>
<tr>
<td>Access</td>
<td></td>
</tr>
<tr>
<td>1. Primary care wait time</td>
<td>%</td>
</tr>
<tr>
<td>a. New primary care appointments completed within 30 days from preferred date</td>
<td>casemix adjusted %</td>
</tr>
<tr>
<td>b. PCMH Access composite</td>
<td>casemix adjusted %</td>
</tr>
<tr>
<td>2. Specialty care wait time</td>
<td>%</td>
</tr>
<tr>
<td>a. New specialty care appointments completed within 30 days from preferred date</td>
<td>casemix adjusted %</td>
</tr>
<tr>
<td>3. Mental health wait time</td>
<td>%</td>
</tr>
<tr>
<td>a. New mental health appointments completed within 30 days from preferred date</td>
<td>casemix adjusted %</td>
</tr>
<tr>
<td>4. Call responsiveness</td>
<td></td>
</tr>
<tr>
<td>a. Call center speed in responding to calls in seconds</td>
<td>seconds</td>
</tr>
<tr>
<td>b. Call center abandonment rate</td>
<td>%</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>1. Population coverage</td>
<td></td>
</tr>
<tr>
<td>2. Continuity of care</td>
<td></td>
</tr>
<tr>
<td>3. Experience of care</td>
<td></td>
</tr>
<tr>
<td>Efficiency (1/SAF)</td>
<td></td>
</tr>
<tr>
<td>score (0-100)</td>
<td></td>
</tr>
</tbody>
</table>
“Grading on the Curve”

• Composites, components and elements are standardized scores
• Facility scores for each are standardized based on this formula:
  – \((\text{Facility score} - \text{FY14Q4 mean for all facilities}) / \text{FY14Q4 standard deviation for all facilities}\).
• By placing scores on the same scale, standardized scores facilitate averaging across measures to reflect aggregate performance.
“Grading on the Curve” but with a Benchmark of FY14Q4

• Because all scores are standardized to the FY14Q4 distribution, they will show absolute change over time.
• Positive scores - current performance is better than the average facility performance in FY14Q4,
• Negative scores - current performance is worse than the average facility performance in FY14Q4.
• Unlike with the ranks on the radar charts, if your facility improves, your score will improve, regardless of the change in performance of other facilities.
• There will still always be a bottom quintile in rank
### MH Domain

#### Measure Components Summary

![MH Domain Measure Components Summary](image)

1. **Mental Health Domain Composite**
   - **Measure Description**: Mental Health Domain Quality
   - **Measure Name**: MHQ1
   - **Weight**: 1
   - **Direction**: 
   - **FY14 Facility Score**: 0.0: 0.1: 0.9
   - **Score**: -0.50
   - **Std. Score**: -0.76
   - **Score**: -0.37
   - **Std. Score**: -0.56

2. **Population Coverage Composite**
   - **Measure Description**: MH Population Coverage
   - **Measure Name**: PCov1
   - **Weight**: 1
   - **Direction**: 
   - **FY14 Facility Score**: 0.5: 0.0: 0.5
   - **Score**: -0.29
   - **Std. Score**: -0.44
   - **Score**: -0.31
   - **Std. Score**: -0.68

3. **Measure Description**: % primary care patients engaged in PC-MH
   - **Measure Name**: PACT15
   - **Weight**: 1
   - **Direction**: 
   - **FY14 Facility Score**: 5.5: 6.1: 9.9
   - **Score**: -0.30
   - **Std. Score**: -0.44
   - **Score**: -0.31
   - **Std. Score**: -0.68

4. **Measure Description**: % VHA pts using MH services
   - **Measure Name**: mpt1
   - **Weight**: 1
   - **Direction**: 
   - **FY14 Facility Score**: 13.3: 18.7: 22.7
   - **Score**: -0.30
   - **Std. Score**: -0.44
   - **Score**: -0.31
   - **Std. Score**: -0.68

5. **Measure Description**: % MH-service-connected Vets in VISN receiving VA MH services
   - **Measure Name**: Pop6
   - **Weight**: 1
   - **Direction**: 
   - **FY14 Facility Score**: 43.6: 51.5: 59.0
   - **Score**: -0.30
   - **Std. Score**: -0.44
   - **Score**: -0.31
   - **Std. Score**: -0.68

6. **Measure Description**: % of Veterans in VISN receiving VA MH services
   - **Measure Name**: Pop1
   - **Weight**: 1
   - **Direction**: 
   - **FY14 Facility Score**: 5.1: 6.0: 6.9
   - **Score**: -0.30
   - **Std. Score**: -0.44
   - **Score**: -0.31
   - **Std. Score**: -0.68

### VETERANS HEALTH ADMINISTRATION
SAIL for Performance Improvement

• The VHA quality management practices (first initiated in 1995) have been credited for helping transform the VHA into one of the highest quality healthcare system in the US.

• Are MH SAIL metrics validated quality measures?
  – Discrete parameters for structure, process, or outcomes used to define good care.
  – This is the fundamental building block for SAIL utilization.
  – Do we really believe the measures reflect various aspects of care – processes, outcomes, satisfaction, etc.
Leadership and Performance Improvement

- Damschroder et al (2014) highlighted the unintended consequences of performance improvement implementation
  - Feedback is dissociated from realistic capability/capacity to address the gaps
  - Evaluative criteria at odds with patient centered care
  - Managerial pressure narrows the focus which is viewed as punitive and not motivating
- Implementation strategies are critical.
Leadership and Performance Improvement

• Five Critical Constructs for managing people and performance
  – Context – resources, including staffing, physical environment
  – People Management – workload and teamwork, employee involvement, leadership support
  – Psychological consequences – stress and health, motivation
  – Employee behavior – absenteeism, turnover, errors and near misses, satisfaction
  – Organizational performance
Quality Improvement –
It is more than chasing a number

• ACTIONS
  – Measures are perceived as valid
  – Provide actionable feedback to providers
  – Time and Space to review results to build capability

• RESULTS
  – Align organizational resources
  – Understand the measure and the time needed for change

• EVALUATIONS
  – Reinforce desired behaviors rather than punishing undesired behavior

• OUTCOMES & NEED SATISFACTION
Without a compelling cause, our employees are just putting in time. Their minds might be engaged, but their hearts are not. Meaning precedes motivation.

~ Lee J. Colan
Motivating and Empowering Employees

Top down changes frequently fail to respond to the local context of the frontline provider.

Empower staff to be part of the solution - each person brings a piece of the puzzle.

Realize you are unable to achieve this alone.

Set an appropriate frame for the challenge at hand: The power of a promotion orientation.

(Edmonson, 2003; Higgins, 2000)
Motivating and Empowering Employees: Building a Psychologically Safe Environment (Edmonson, 2011)

- Frame the work accurately: Anticipate expected failures.
- Embrace the messenger: Reward rather than shoot!
- Acknowledge limits: model openness about mistakes
- Invite participation: Create options for reporting failures and promoting experiments
- Set boundaries and hold people accountable
Motivating and Empowering Employees

Make no little plans; they have no magic to stir men's blood and probably themselves will not be realized.

Make big plans; aim high in hope and work, remembering that a noble, logical diagram once recorded will not die, but long after we are gone be a living thing, asserting itself with ever-growing insistence.

~ Daniel Hudson Burnham
Resource List

- MH Management Dashboard available from MH leads or as a link off of the SAIL Resources page or MH Domain Components Summary
Questions?