

Mental Health Metrics on the SAIL Report for Performance Improvement

Lisa Kearney, PhD, ABPP – Office of Mental Health Operations
Dan Kivlahan, PhD – Mental Health Services
Cliff Smith, PhD, ABPP – Iron Mountain VA Medical Center
Jodie Trafton, PhD – Office of Mental Health Operations

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 ?!



Strategic Analytics for Improvement and Learning (SAIL)

Sort by Level of Quality

Sort by Top Quintile of a Metric

Sort by Complexity Level

Why Not the Best VA

NOTE: EFFICIENCY FOR FY2013-2014 IS BASED ON FY2013 DATA; INPATIENT 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.

Data Definitions

Short Metric List

Metric Links

These documents or records or information contained herein, which resulted from the Operational Analytics and Reporting, VA Office of Informatics and Analytics are confidential and privileged under the provisions of 38 USC 5705 and its implementing regulations. This material will not be disclosed to anyone without authorization as provided for by that law or its regulations. The statute provides for fines up to \$20,000 for unauthorized disclosures.



VSSC Help Desk

Rate Report

FAQs

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.

SAIL Mental Health Domain

- 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

Population Access

- Examines proportion of potentially indicated patients who receive services

Continuity of Care

- Examines likelihood of receipt of follow-up or coordinated care

Experience of Care*

- Examines Veteran and MH provider satisfaction with access and quality

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

Select VISN Select Facility

Select FY Select FY for Comparison (Applies to Facility Scatter Plot Only)

1 of 2 ? 100% Find | Next

Document Map

- SAIL
 - Facility
 - VISN
 - Trends and Distributions of Individual Measures
 - Tools

Strategic Analytics for Improvement and Learning (SAIL)

NOTE: EFFICIENCY FOR FY2013-2014 IS BASED ON FY2013 DATA; INPATIENT 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.

These documents or records or information contained herein, which resulted from the Operational Analytics and Reporting, VA Office of Informatics and Analytics are confidential and privileged under the provisions of 38 USC 5705 and its implementing regulations. This material will not be disclosed to anyone without authorization as provided for by that law or its regulations. The statute provides for fines up to \$20,000 for unauthorized disclosures.

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

Metric	Current Performance (Blue Diamond)	Best Performance (Green Diamond)
ACSC Hospitalizations	~100	~120
Mortality	~10	~20
Satisfaction	~10	~20
Efficiency	~10	~20
Performance Measures	~10	~20
CMS Mortality & Readmit	~10	~20
Access	~10	~20
Mental Health	~10	~20
Length of Stay	~10	~20
Avoidable Adverse Events	~10	~20

The Radar Chart of All Components

Document Map

- SAIL
 - Facility
 - Domain Radar
 - Radar Chart**
 - Scorecard
 - vs. 5-Star Facilities
 - FY Change Domain Scatter
 - FY Change Scatter Plot
 - Relative Performance vs. Absolute
 - Relative Performance vs. Absolute Facility Opportunity Matrix
 - VISN
 - Trends and Distributions of Individual Measures
 - Tools

Strategic Analytics for Improvement and Learning (SAIL)

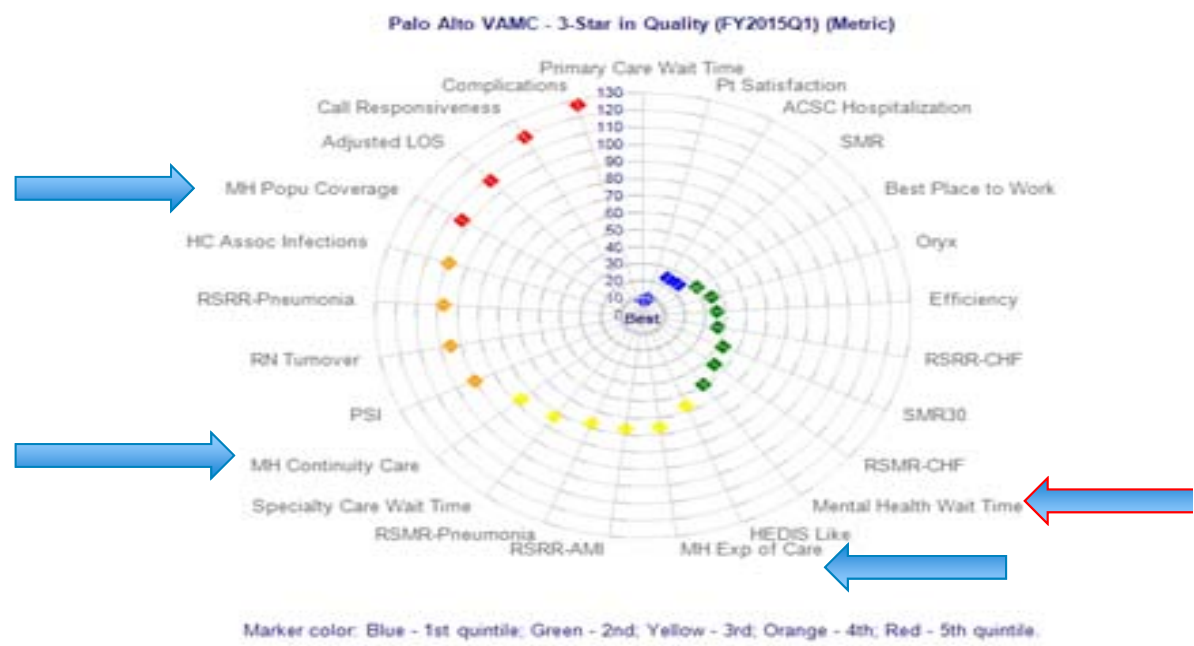
Sort by Level of Quality | Sort by Top Quintile of a Metric | Sort by Complexity Level | Why Not the Best VA

NOTE: EFFICIENCY FOR FY2013-2014 IS BASED ON FY2013 DATA; INPATIENT 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.

Data Definitions | **Short Metric List** | **Metric Links**

These documents or records or information contained herein, which resulted from the Operational Analytics and Reporting, VA Office of Informatics and Analytics are confidential and privileged under the provisions of 38 USC §705 and its implementing regulations. This material will not be disclosed to anyone without authorization as provided for by that law or its regulations. The statute provides for fines up to \$20,000 for unauthorized disclosures.



Mental Health

The SAIL scorecard

Measure	Measure Unit	Preferred Direction	Value
Adjusted length of stay	days	↓	5,249
Performance measures			
1. Inpatient performance measures (ORYX)	%	↑	98.808
2. Outpatient performance measures (HEDIS like)	wct %	↑	89.459
Customer satisfaction			
1. Patient satisfaction	score (0-300)	↑	267.023
2. Best places to work	score (1-100)	↑	62.158
a. Overall job satisfaction	score (1-5)	↑	3.624
b. Satisfaction with organization	score (1-5)	↑	3.554
c. Recommend my organization as a good place to work	score (1-5)	↑	3.715
3. Registered nurse turnover rate	%	↓	7.616
Ambulatory Care Sensitive Condition hospitalizations	hosp/1000 pts	↓	23.231
Access			
1. Primary care wait time			
a. New primary care appointments completed within 30 days from preferred date	%	↑	96.761
b. PCMH Access composite	casemix adjusted %	↑	53.800
i. Get an urgent care appointment as soon as needed	casemix adjusted %	↑	58.500
ii. Get a routine care appointment as soon as needed	casemix adjusted %	↑	63.793
2. Specialty care wait time			
a. New specialty care appointments completed within 30 days from preferred date	%	↑	95.208
3. Mental health wait time			
a. New mental health appointments completed within 30 days from preferred date	%	↑	99.255
4. Call responsiveness			
a. Call center speed in responding to calls in seconds	seconds	↓	230.863
b. Call center abandonment rate	%	↓	20.444
Mental Health			
1. Population coverage	Standardized score	↑	-0.587
2. Continuity of care	Standardized score	↑	-0.742
3. Experience of care	Standardized score	↑	-0.333
Efficiency (1/SFA)	score (0-100)	↑	95.172

“Grading on the Curve”

- **Composites, components and elements are standardized scores**
- **Facility scores for each are standardized based on this formula:**
 - **(Facility score minus FY14Q4 mean for all facilities)/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

Actions | 1 of 1 | Find Next | 100%



Mental Health Domain Composite Measure Components Summary

[Tech Manual](#)
[Feedback](#)

★ TIP ★
Hover over measure names for detailed definitions

[About Data Calculations](#) |
 [View numerators & denominators](#)

Mental Health Domain Composite						FY2014 Qtr3		FY2014 Qtr4	
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY14 Facility Score 10th-50th-90th ptile	Location	Score	Std. Score	Score	Std. Score
Mental Health Domain Quality	MHQ1		↑	-0.8: -0.1: 0.9		-0.50	-0.76	-0.37	-0.56

Population Coverage Composite						FY2014 Qtr3		FY2014 Qtr4	
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY14 Facility Score 10th-50th-90th ptile	Location	Score	Std. Score	Score	Std. Score
MH Population Coverage	PCov1		↑	-0.5: 0.0: 0.5		-0.20	-0.44	-0.31	-0.68
% primary care patients engaged in PC-MHI	PACT15	1	↑	3.5: 6.1: 9.9		6.81%	0.07	7.05%	0.16
% VHA pts using MH services	mpt1	1	↑	13.3: 18.7: 22.7		21.40%	0.76	21.12%	0.69
% MH-service-connected Vets in VISN receiving VA MH services	Pop6	1	↑	43.6: 51.5: 59.0		53.86%	0.36	52.68%	0.17
% of Veterans in VISN receiving VA MH services	Pop1	1	↑	5.1: 6.0: 6.9		6.28%	0.29	5.52%	-0.66
% PTSD-dx'd patients starting psychotherapy for PTSD	Psy81	1	↑	53.3: 68.7: 79.0		57.98%	-0.91	56.06%	-1.10
% SUD-dx'd patients starting psychosocial treatment for SUD	Psy61	1	↑	34.9: 43.9: 54.5		44.31%	0.03	41.92%	-0.27
% SMI-dx'd patients starting psychosocial treatment for SMI	Psy41	1	↑	40.2: 58.7: 69.5		49.02%	-0.67	46.45%	-0.89
% depression-dx'd pts starting psychotherapy for depression	Psy21	1	↑	37.5: 51.5: 61.9		46.27%	-0.39	44.11%	-0.61
% pts w/ opioid use dx receiving opioid agonist/antagonist	SUD16	1	↑	11.7: 27.5: 48.2		13.27%	-1.09	14.09%	-1.03

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 front line 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

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
- SAIL available at:
http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fVATR%2fSAIL_Prod%2fSAIL&rs:Command=Render
- SAIL MH Domain Components Summary available at:
https://spsites.dev.dwh.cdw.portal.va.gov/sites/OMHO_PEC/_layouts/ReportServer/RSViewerPage.aspx?rv:RelativeReportUrl=/sites/OMHO_PEC/AnalyticsReports/MHDomainCompositeSummary.rdl&Source=https%3A%2F%2Fspsites%2Edev%2Edwh%2Ecdw%2Eportal%2Eva%2Egov%2Fsites%2FOMHO%5FPEC%2FAnalyticsReports%2FForms%2FAllItems%2Easpx&DefaultItemOpen=1

Questions?