

BEACON Initiatives Review: Accomplishments in 2011

February 3, 2012 Retreat

Pediatric Psychiatry Network/PPN

- PPN is a public/private partnership formed to address the significant shortage of child and adolescent psychiatrists across Ohio.
- PPN increases access for primary care providers and their patients by allowing for easy and direct access to consultation services from diverse rural and underserved Ohio locations.
- PPN provides a 24/7 state-wide telephone/video/email/e-visit support, web-based expert information and services.
- PPN has created an inter-connected resource of a statewide decision support service through a collaboration of child & adolescent psychiatrists and social worker/nurses stationed at Ohio's Children's hospitals.
- PPN increases patient and family access to appropriate and timely mental health services in their medical homes and/or within their local community.
- PPN helps to improve mental health treatment outcomes, and decrease cost of care and out of pocket cost to families.

PPN Accomplishments

- Development of statewide infrastructure for centralized toll-free consult line, associated roles and responsibilities, telemedicine capabilities and dedicated website.
- Development of standard clinical protocols (posted on website).
- Development of program evaluation tools and database.
- Change of rule with the State Medical Board for additional telepsychiatry services.
- From October 2010 through December 2011, PPN has provided 337 telephone consultations and the website has been visited by over 1500 users with nearly 6000 individual page views.
- Initial provider surveys have indicated high satisfaction from primary care providers who have utilized the services.
- Surveys indicate that utilization of PPN services has help to avert emergency room visits and hospitalizations for mental health conditions.
- Evaluation of data shows that PPN service helps to save families an estimated minimum of \$200 of out of pocket costs per PPN consult provided through their primary care physician.

PPN Next Steps

- Continue development of additional web-based resources, behavioral service links and additional clinical protocols based on provider feedback and community needs.
- Seek changes to allow for reimbursement of new and/or expanded services including telemedicine to encourage treatment of mental health conditions within primary care.
- Continue development of statewide technology infrastructure to further support telepsychiatry services.
- Seek sustainable funding structure.
- Develop and make available CME and MOC programs on the website.
- Develop quality improvement programs to support early recognition of and treatment for common mental health conditions in children and adolescents for better outcomes.

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Ohio's System of Care SAMHSA Planning Grant



Youth and young adults in transition, ages 14 – 21 years, with serious emotional disturbances or serious mental illnesses, including co-occurring disorders, and multi-system needs

Why Should Ohio Be Involved?

- 1,287,162 youth & young adults in Ohio, ages 14-21
- **More than 90,000** of them with serious emotional disturbances or serious mental illness
- **7.8% of SED youth** (6,180 youth) were in out of home placements (foster care/residential) when treated
- **4,334 youth (13-18) and 2,046 young adults (18-20)** with Medicaid were treated and discharged from Regional Psychiatric Hospitals or in psychiatric units of private hospitals (2011)
- **1 out of every 3 children** (47,600 children) that enter Kindergarten in Ohio will not graduate from high school (2009)
- On average, **250 youth** are homeless in Ohio daily (2009)
- On average, **1,300 youth** emancipate annually, after age 18, from Ohio's foster care system (2009)
- Approximately **8,200 youth and young adults** are in Ohio's prison, representing 22% of the total incarcerated inmate population (2009)
- On a daily average, **823 youth** are in juvenile facilities and **953** are on parole (2010)

ENGAGE's Outcomes

Direct Impact for Youth:

- Improved functioning
- Increased strengths
- Fewer suicide attempts
- Improved school performance
- Reduced contacts with law enforcement
- Less reliance on inpatient care
- More stable living situations



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ECMH/CW Demonstration Project FY 2011

Concept: Provide Early Childhood Mental Health Consultation and Treatment Services to children birth to age 6 including their families (either birth, custodial, adoptive or foster) involved with the child welfare system

ECMH/CW Demonstration Project

Expected Outcomes:

- Increased access to ECMH consultation and treatment services;
- Increased protective factors and decreased behavioral concerns;
- Increased number of children who are able to safely remain in their own homes;
- Decreased number of children removed from foster homes and early care and education settings due to behavioral health concerns; and
- Decreased recidivism for abuse/neglect.

ECMH/CW Demonstration Project

Referral Reason

– Substantiated A/N	6.5%
– Entering foster care	10.8%
– At risk of removal	11.1%
– At risk due to behavioral issues	20.3%
– Alternative Response	51.3%

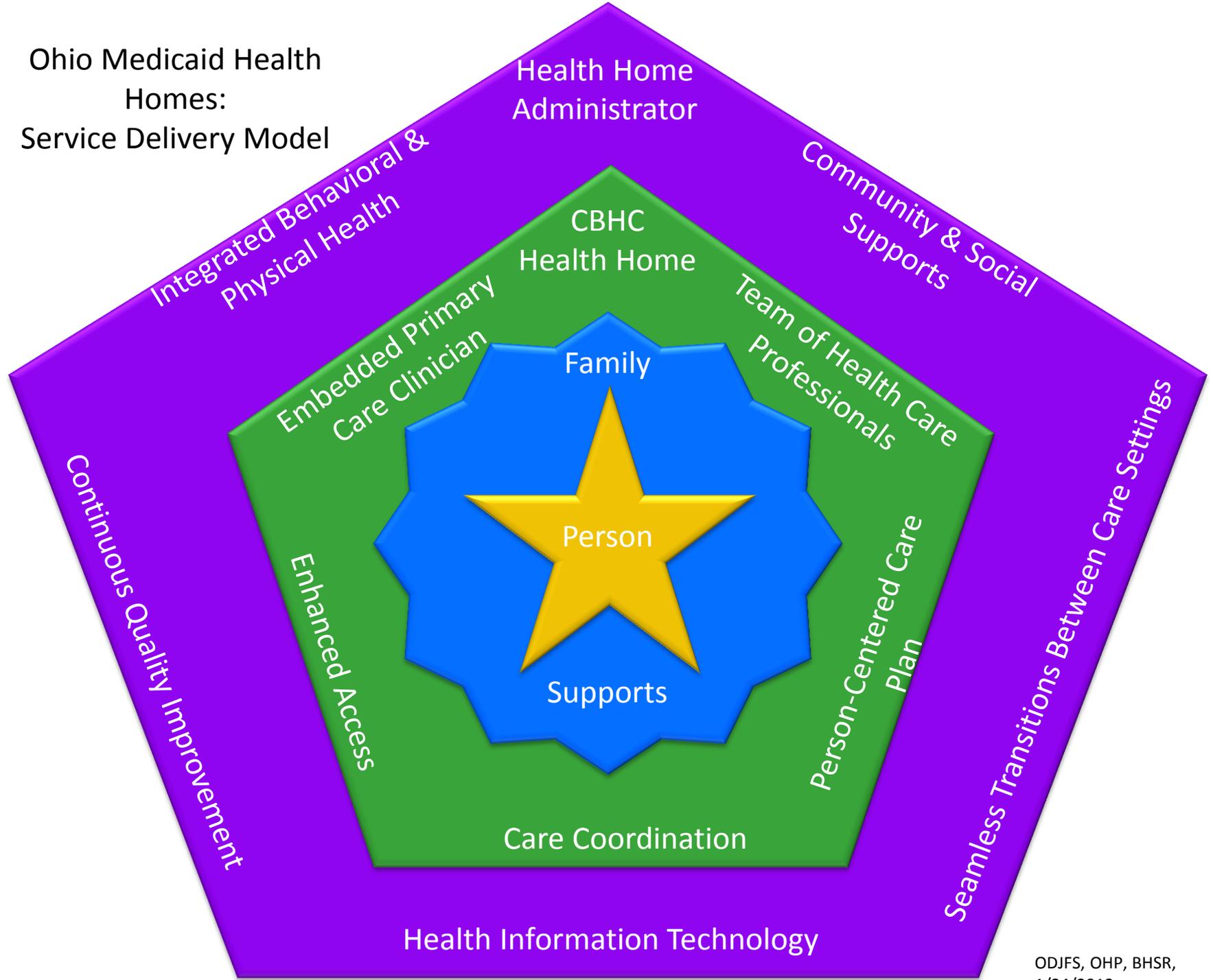
ECMH/CW Demonstration Project

Status at 3 month follow-up

- 48.5% at risk of removal at start of services
- 88.9% maintained in home at closure
- 85.3% maintained at 3 months
- 1.3% returned to custodial home
- .3% moved to other foster home due to behavioral issues

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Ohio Medicaid Health
Homes:
Service Delivery Model



Milestones & Next Steps

<u>Item/Activity</u>	<u>Target Date</u>
Begin stakeholder logistical focus groups	November 3, 2011
Consultation call with SAMHSA	December 1, 2011
Finalize SPA template for review and discussion	December 16, 2011
Complete stakeholder logistical focus groups	December 16, 2011
Submit draft SPA to CMS for informal review	December 23, 2011
Submit SPA to CMS for formal review	February 6, 2012
CMS 90-day clock ends	May 8, 2012
Implementation of CBHC Medicaid Health Homes	June 1, 2012

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For a complete list of Health Home documents,
please visit the following link:

<http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/medicaid/health-home-committees.shtml>

MEDTAPP Mental Health Projects

- ❖ Clinical Profile of Children with Severe Emotional Disorders
 - Awarded December, 2011 to Cynthia A. Fontanella, The Ohio State University College of Social Work
- ❖ Children's Access to Psychiatric Services
 - Applications Under Review
- ❖ Children's Mental Health Learning Collaborative
 - Applications Under Review
- ❖ Pediatric Telepsychiatry Pilot Study
 - RFA released January 13, 2012, Applications due February 17, 2012

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Ohio Chapter AAP

**Autism Diagnosis Education Pilot
Program (ADEPP) 2008 – 2011**

***Concerned About Development
Learning Collaborative***

Accomplishments

- Program lead by Ohio AAP, under Medical Director John Duby, MD, Akron Children's and QI Expertise Carole Lannon, MD, Cincinnati Children's
- 108 Primary Care practices were trained between Sept 2008 – December 2010; 74% of practices see >25% Medicaid
- 935 licensed pediatricians trained out of 2173 licensed in Ohio
- Increase in screening from less than 15% to between 72-90%
- In January – June 2011, 4 learning sessions held to introduce screening to PCPs; additional 115 trained
- Average % of kids who received ASQ at 9 months went from 13% to 85%
- Average % of kids who received ASQ-SE at 12 months went from 0% - 97%
- Average % of kids to receive an ASQ at 18 months went from 13% to 83%
- Average % to receive MCHAT at 24 months went from 20% to 90%
- All pediatricians who participated in QI Learning Collaborative participated in program for 8 months

Ohio AAP's Leadership Team – Proposed Next Steps

Mental Health Learning Collaborative

- Training 8 practices in screening, diagnosis and treatment of mental health in primary care
- Birth – 18
- And incorporating Pediatric Psychiatric Network

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The Ohio Perinatal Quality Collaborative/OPQC



Mission: 'Through collaborative use of improvement science methods, to reduce preterm births & improve outcomes of preterm newborns in Ohio ASAP'

Methods: Conduct statewide simultaneous OB & Neo quality improvement projects to increase use of best methods of care for pregnant women and preterm newborns

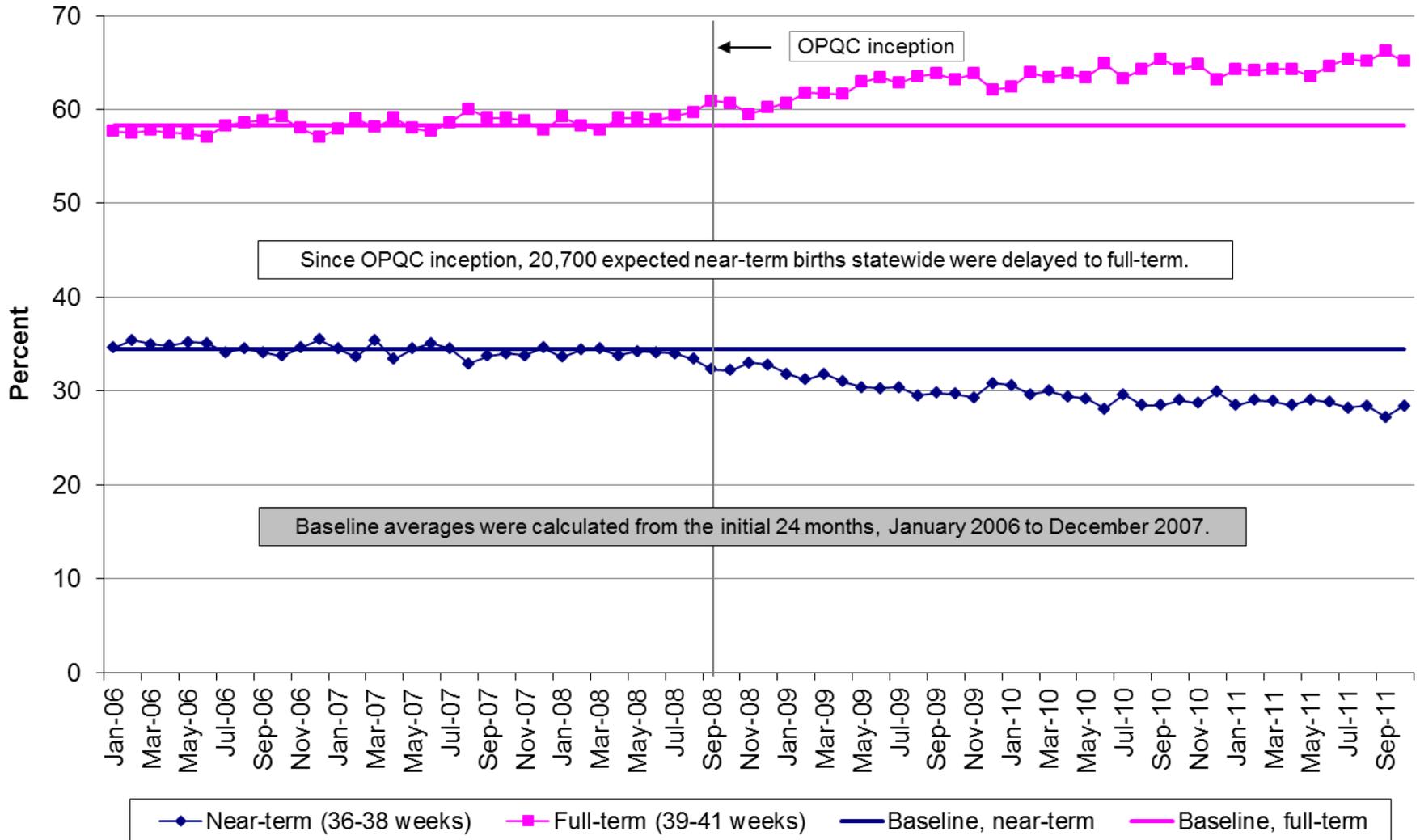
Ohio Partners

- Ohio Dept of Health (Vital Statistics & Children Family Health Services)
- ODJFS Ohio Medicaid/CMS
- Centers for Disease Control
- Vermont Oxford Network
- AAP, ACOG, March of Dimes - Ohio
- NICHQ
- Academic medical centers in Ohio
- Participating health care provider teams at 24 Ohio hospitals (44 total)

OPQC Process

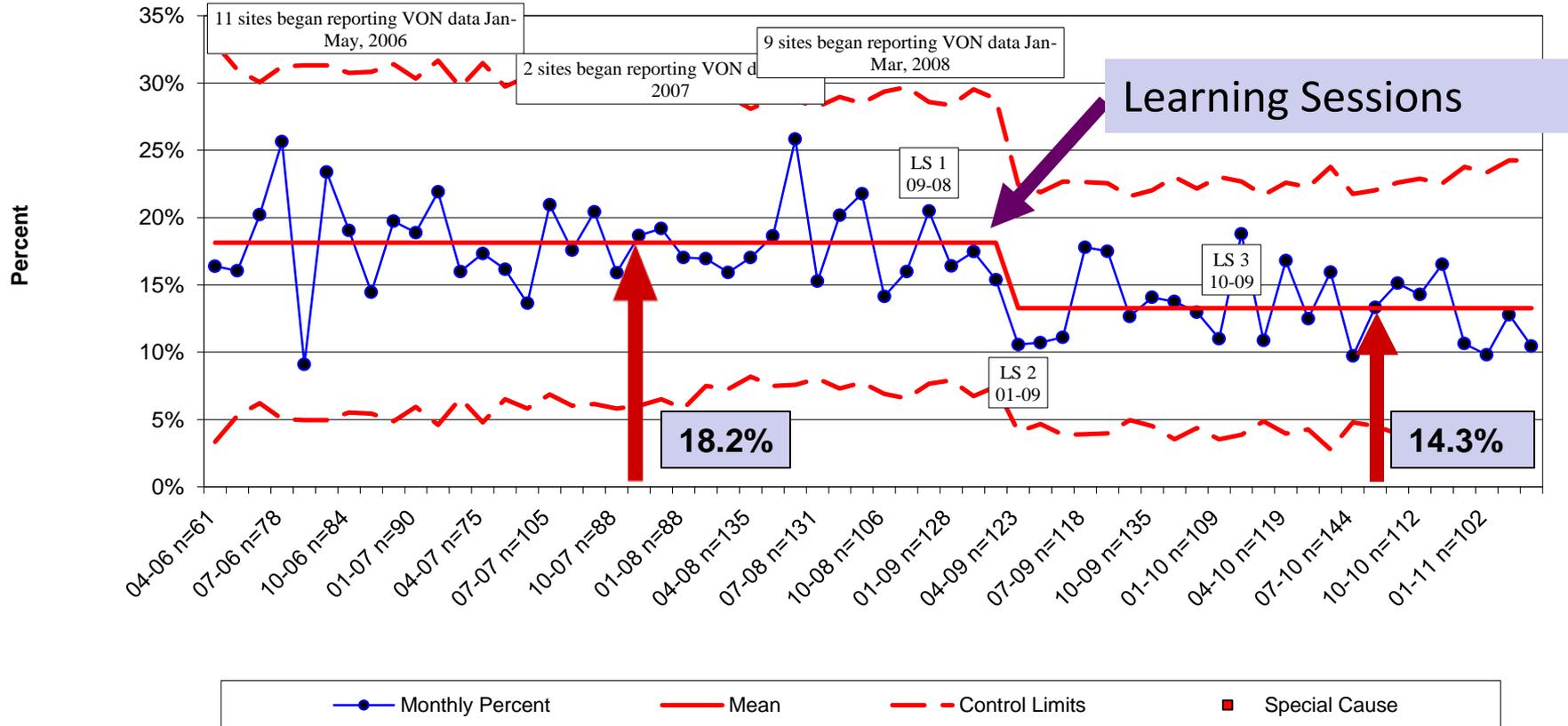
- **Simultaneous QI Neo & OB Projects**
 - Teams = Physician + Nurse + Administrator
 - IHI QI Experts - Key Driver Diagrams & PDSA Cycles
- **Monthly Webinars & Conference Calls**
 - Review Project Goal
 - Rapid Data Analysis & Return to Sites
 - Review Aggregate & Site Specific Data
 - Each site sees aggregate & its own data
 - Trouble-shoot Systemic & Local Issues w/ PDSA's
- **3 Joint Learning Sessions 2008-09**

Percent distribution of Ohio full-term and near-term births, by month January 2006 to October 2011



OPQC Late Onset Bloodstream Infection in Infants at 22-29 Weeks of Gestation

Infants 22 - 29 Weeks discharged with at least one Nosocomial Infection
 data from Jan, 2006 through Dec, 2007 used to compute mean and control limits



2006 → 2011

Lessons From Initial OPQC Projects

- Create A Culture of Change
- Learn From All Participants
 - Go to the Sites
- Improve Communication
 - Data Collectors, Data Users, Data Analysts
 - Pediatrics & Obstetrics
- Birth Certificate = A Q.I. Instrument
- Population level improvement possible
- Return on investment- millions of dollars of savings to the system

OPQC Projects for 2012 & beyond

OB

- Antenatal Corticosteroids in OPQC hospitals
 - **Identify & Spread Optimal ANCS Strategies**

Neo

- Continued focus on ↓ bloodstream infections
 - Improve Reliability of Catheter Care
 - Human Milk for Infants 22-29 wks. in the NICU (Aim have human milk begun in 80% of 22-29 week GA infants by 72 hours of life; achieve ≥ 100 ml/kg/day of human milk by 21 days of life)

Spread 39

- wk. 'scheduled delivery' to 16 more Ohio maternity hospitals

Improve BC data quality

What does it take to build a successful, statewide, perinatal improvement collaborative?

- Well-connected, committed, clinical leadership in both obstetrics and pediatrics (at least 25% effort)
- Population-based, rapid-response data system
- Access to one or two years of baseline data
- Involvement of key state agencies & professional organizations
- Centralized administrative infrastructure
- Access to rigorous, improvement science expertise
- Integration of community and academic providers
- Open to idea of transparent sharing of results

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Ohio Children's Hospitals' Solutions For Patient Safety (OCHSPS)

8 Ohio Children's Hospitals Working Together

- Shared aspiration of making Ohio the safest place in the nation for Children's health care
- Innovative & strategic approach to building a statewide Pediatric Collaborative Improvement Model
- Transparency of Data: each hospital's willingness to share successes and failures in order to improve healthcare in Ohio for children



Building Upon Success.....

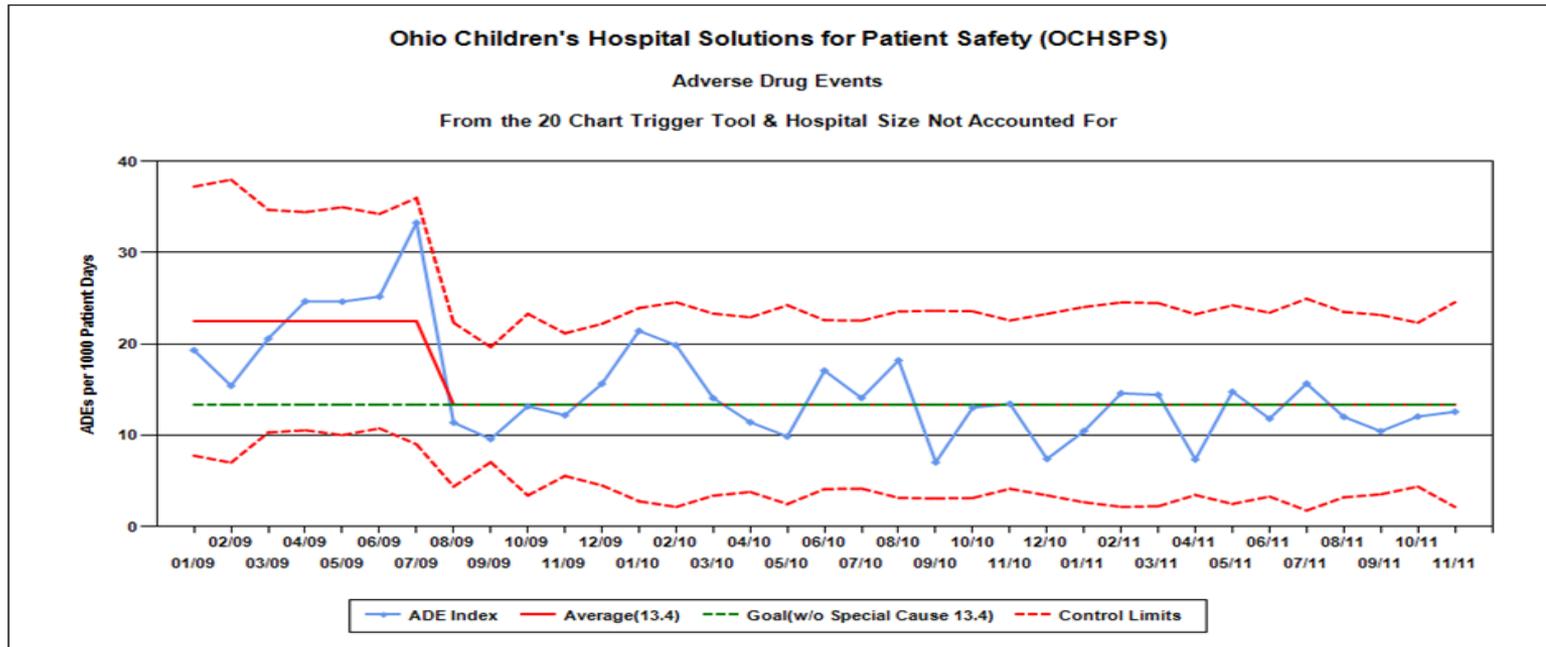
Other Ohio Children's Hospital Quality Improvement Initiatives

- CABSİ (NACHRI)
- MRT Code (OCHA)
- ADE (OCHSPS)
- SSI (OCHSPS)
- Bedside Care (CHCA)
- Pressure Ulcers (CHCA)
- Procedural Never Events (CHCA, 2008)
- ADE – Sustain & Spread (CHCA, 2008)
- MDRO (CHCA, 2008)
- Inpatient Throughput (CHCA, 2007)
- Eliminating Codes (CHCA)
- ED Wait Times (CHCA, 2006)
- SSI (CHCA, 2006)
- CABSİ (CHCA, 2005)
- ADE-Narcotic (CHCA, 2005)

Adverse Drug Event Accomplishments

- Utilization of a Standardized ADE Trigger Tool
- Improvement Focus: Highly reliable use of Narcotic & Laxative Order Sets
- Estimated 850 ADE's/month with monthly cost of \$650,000 – a 34.5% reduction
- Estimated 7,700 fewer children harmed
- Since August 2009 – \$9.9 million in health care costs saved

Solutions for
Patient Safety
 Every patient. Every day.



	11/09	12/09	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10	01/11	02/11	03/11	04/11	05/11	06/11	07/11	08/11	09/11	10/11	11/11
ADE Index	12.2	15.6	21.4	19.9	14.1	11.4	9.9	17.1	14.1	18.2	7	13	13.4	7.4	10.5	14.6	14.4	7.3	14.8	11.8	15.7	12	10.4	12	12.6
Patient Days	1,969	1,535	1,073	957	1,209	1,313	1,014	1,406	1,421	1,154	1,137	1,151	1,414	1,216	1,051	959	971	1,226	1,016	1,185	894	1,165	1,246	1,494	955
ADEs	24	24	23	19	17	15	10	24	20	21	8	15	19	9	11	14	14	9	15	14	14	14	13	18	12
# of Hospitals	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8

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SSI Accomplishments

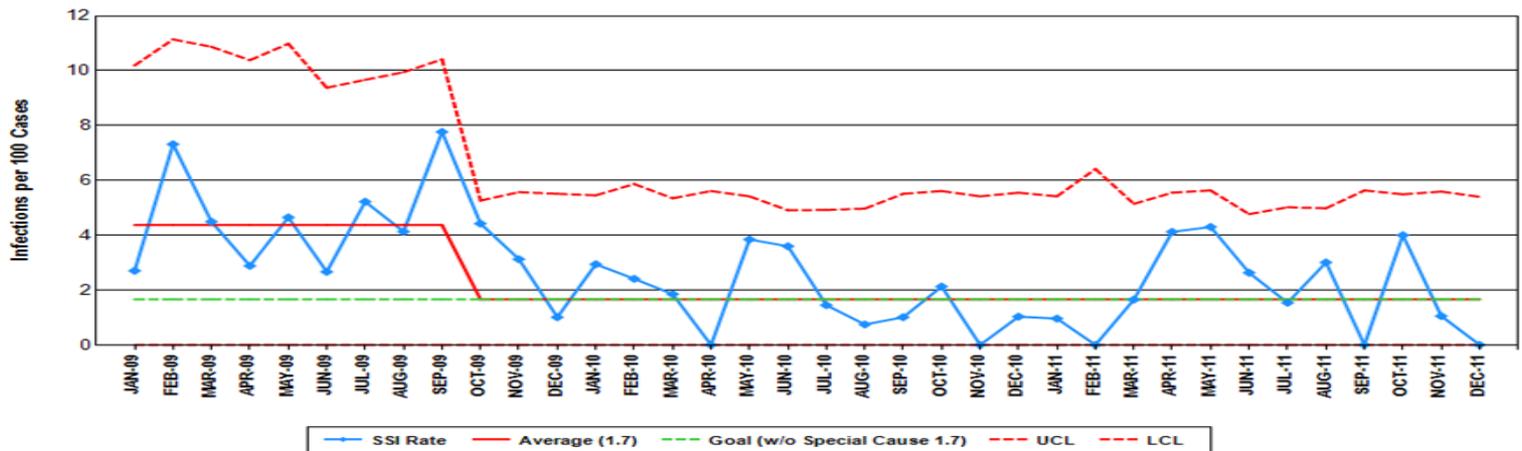
- Adopted a State SSI “Basic Care Bundle”
- Improvement Focus: Highly reliable use of SSI basic care
- Baseline rate: 4.4 SSIs/100 procedures, Current Rate: 1.7 SSIs/100 procedures – a 60% reduction
- Estimated 60 fewer children harmed
- Since October 2009 – \$1.9 million in health care costs saved



Ohio Children’s Hospital Solutions for Patient Safety (OCHSPS) Surgical Site Infections by Procedure Month

(Cardiothoracic, Neuro Primary Shunts, and Orthopedic Surgical Procedures only)

Estimated Monthly Average SSI Cost in Ohio was \$113,750 at Baseline. Currently Estimated Average Monthly SSI Cost is \$56,875



	12/09	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10	01/11	02/11	03/11	04/11	05/11	06/11	07/11	08/11	09/11	10/11	11/11	12/11	
Cases	99	102	83	108	94	104	139	138	134	99	94	104	97	104	65	121	97	93	152	130	133	93	100	95	105	
SSI	1	3	2	2	0	4	5	2	1	1	2	0	1	1	0	2	4	4	4	2	4	0	4	4	1	0
SSI Rate	1	2.9	2.4	1.9	0	3.8	3.6	1.4	0.7	1	2.1	0	1	1	0	1.7	4.1	4.3	2.6	1.5	3	0	4	4	1.1	0
Hospitals	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	7	7	

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OCHSPS National Children's Network

CMS contract with OCHSPS:

- \$4.3 million over two years with option for third year
- 2012: 26 national children's hospitals join OCHSPS
- 2013: 50 additional children's hospitals join OCHSPS

National outcome measures:

- $\geq 40\%$ reduction in Serious Harm Safety Events across National Network by 12/31/13
- $\geq 20\%$ reduction in readmission for National Network by 12/31/13

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Ohio Chapter AAP

Chapter Quality Network

Asthma Learning Collaborative

Accomplishments

CQN Asthma Pilot Project – Ohio AAP

- 13 practices enrolled
- Approximately 80 clinicians participated
- The Ohio AAP provided support to these practices in implementing the 2007 National Heart, Lung, and Blood Institute (NHLBI), National Asthma Education and Prevention Program (NAEPP), Expert Review Panel 3 (EPR3) asthma guidelines
- Ohio practices demonstrated steady improvement in the “optimal care” measure, rising from below 40% to 89% at the end of the collaborative.
- The interim goal of 75% by June, 2010 was exceeded with the May data set
- All while consistently recording the highest number of patient encounters throughout the collaborative.
- AAP reported that ED utilization on a national basis went from over 30% down to around 20% in participating practices.

CQN2 Asthma Project – Ohio AAP

- August, 2011 – December, 2012
- 17 practices enrolled Ohio AAP, 19 enrolled with Partners for Kids
- 88 clinicians participating

Ohio AAP's Leadership Team – Proposed Next Steps

- Continue with current collaborative
- Seeking funding for another round of training

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Ohio Chapter AAP

**Ounce of Prevention, Healthy Kids Ohio, and
Pound Of Cure**

Childhood Obesity Initiatives

Accomplishments

Healthy Kids Ohio/Ounce of Prevention Learning Collaborative

- Joint training by Ohio AAP and OCHA
- 12 Primary Care practices, 14 FQHC's, roughly 75 providers involved
- Focus on documenting BMI, providing nutrition and physical activity counseling
- 98% of well-child exams from 2 – 11 years of age had a charted BMI, 88% received documented nutrition counseling and 80% received documented fitness counseling

Ounce of Prevention CME Training

- 53 practices trained, 460 providers
- Toolkit has age appropriate handouts for families around nutrition, fitness

Pound of Cure Learning Collaborative

- 10 practices, over 60 providers, participated in January 2012
- Focus is on obesity counseling and treatment

Ohio AAP's Leadership Team – Proposed Next Steps

- Continue with Pound of Cure Learning Collaborative
- Train additional practices in Ounce of Prevention as recruitment for Pound of Cure
- Host additional collaboratives in year two

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The CHEC-UPPP Project

(Child Healthcare Excellence Center: A
University-Public-Private Partnership)

Leona Cuttler, M.D.

Rainbow Babies and Children's Hospital

Case Western Reserve University

BEACON meeting, Feb. 3, 2012



CHEC-UPPP Goals

- **Improve quality of primary care practice** - adherence with 3 key CHIPRA/HEDIS quality measures:
 1. **BMI** (calculate, plot, categorize, manage)
 2. Prevent **dental decay** (fluoride varnish app)
 3. **Lead** screening



CHEC-UPPP Goals

- Improve quality of primary care practice - adherence with 3 key CHIPRA/HEDIS quality measures:
 1. BMI (calculate, plot, categorize, manage)
 2. Prevent dental decay (fluoride varnish app)
 3. Lead screening
- **Method: PRACTICE TAILORED - FACILITATION**



CHEC-UPPP Design Approach

Primary care sites (>20% Medicaid, includes FQHCs)

Education (academic detailing)

Group 1

Practice-tailored
Facilitation x 6 mo

Group 2

No intervention
x 6 mo

Practice-Tailored
Facilitation x 6 mo

CHEC-UPPP Outcomes

- Measure percentage of eligible children at each practice site who receive the key services:
 1. BMI (calculate, plot, categorize, manage)
 2. Fluoride varnish applicn (+ screen/referral)
 3. Lead screening
- At baseline, 2 months, 4 months, and 6 months



CHEC-UPPP: To Date

- 31 practice sites across 4 counties (27 Peds, 4 FP)
- 113 PCPs (94 Peds, 19 FPs)
- To date, practices receiving practice-based facilitation have shown marked improvement in meeting CHIPRA/HEDIS quality measures

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