

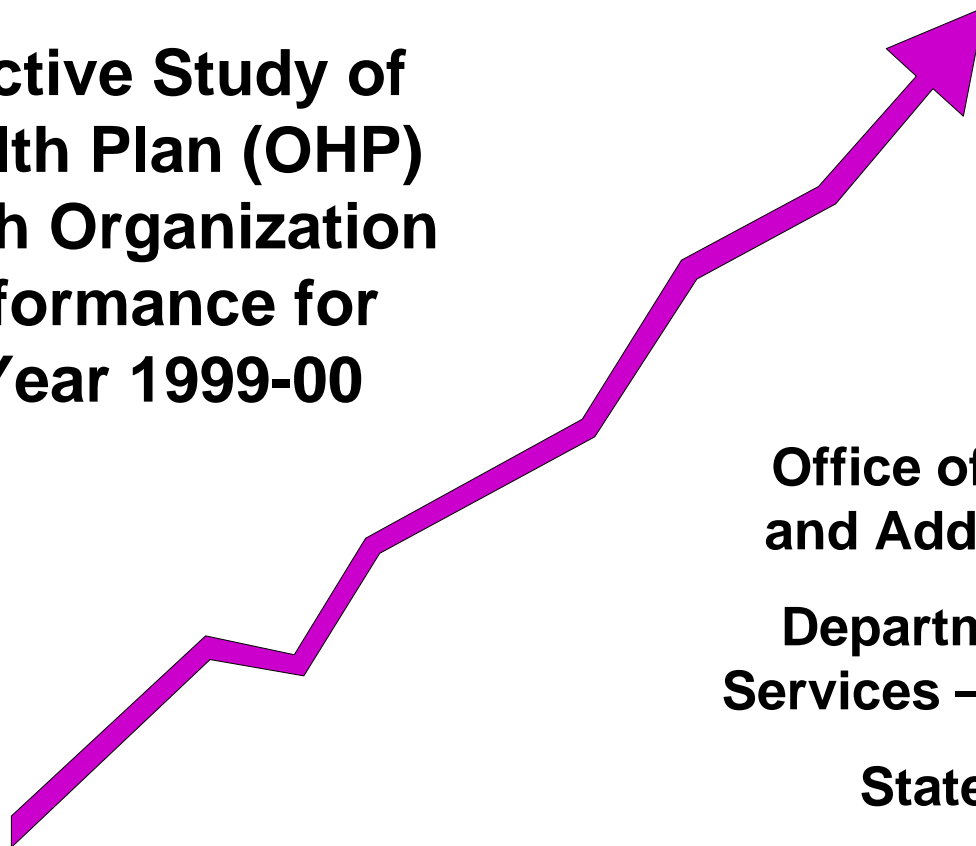
# Performance Indicators Project Report: Evaluating the Performance of the Mental Health Organizations (MHO)s under the Oregon Health Plan (OHP).

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# Performance Indicators Project (PIP) Report

**A Retrospective Study of  
Oregon Health Plan (OHP)  
Mental Health Organization  
(MHO) Performance for  
Contract Year 1999-00**



**Office of Mental Health  
and Addiction Services  
Department of Human  
Services – Health Services  
State of Oregon**



## OFFICE OF MENTAL HEALTH SERVICES

### MISSION STATEMENT:

Assist people to become independent, healthy, and safe by promoting mental health and optimal treatment of mental illness and emotional disorders.

# BACKGROUND

- Developed in the Office of Mental Health Services in collaboration with stakeholders.
- First report released in March 2001 on Contract Year 1998-99.
- Second report released Dec. 2001 on Contract Year 1999-00 – first opportunity for comparison to baseline data.

# WHAT IS THE PURPOSE OF THE PIP?

- Provides information for stakeholders.
- Answer questions from legislators.
- Measures performance of the MHOs.
- Compares the performance of the MHOs to one another and to national standards.
- Identifies system-wide problems.
- Identifies MHO-specific problems.
- Focus resources more efficiently.

# What does the PIP hope to accomplish?

- Improve quality
- Promote accountability
- Promote understanding
- Improve outcomes
- Identify areas of concern
- Monitor performance
- Feedback mechanism
- Improve data collection efforts

# Performance Indicator – Defined

“An indicator is a measure for which we have data, that helps quantify the achievement of a desired result.”

Friedman, M. (1997). A guide to developing and using performance measures in results-based budgeting. Washington, D.C.: The Finance Project. Retrieved August 3, 2001 from the World Wide Web: <http://financeproject.org/measures.html>.

# Where did these indicators come from?

- Nationally recognized indicators
  - NASMHPD
  - ACMHA
  - MHSIP
- Previous performance
- Contract requirements
- Stakeholder feedback
- Reasonable expectations

# TYPES & SOURCES OF DATA

## Quantitative/Objective

- Administrative Data
  - MMIS (Medicaid Management Information System)
    - Encounters
    - Claims
    - Eligibility
    - Capitated Claims
  - Client Process Monitoring System (CPMS)
  - Oregon Patient/Resident Care System (OP/RCS)

# TYPES AND SOURCES OF DATA (CONTINUED)

## Qualitative/Subjective

- Adult Mental Health Services Survey
- Services Fit Child & Adolescent Survey
- Mental Health Services Practitioner Report

# Decisions, Decisions

- Contract compliance vs. quality improvement
- Should we use data that aren't perfect?
- What will people really use?
- How many indicators should we have?
- Should we display the data by MHO or statewide only?
- Timeliness of data

# WHAT DID WE MEASURE?



- 22 INDICATORS
- FIVE DOMAINS
  - ACCESS (9)
  - QUALITY (2)
  - INTEGRATION AND COORDINATION (2)
  - PREVENTION, EDUCATION, AND OUTREACH (1)
  - OUTCOMES (8)

# ACCESS

- Are the people who need services getting services?
- Are people being served in a timely manner?
- Are there cultural, linguistic, or financial barriers to services?



# QUALITY



- Are the services being delivered clinically appropriate and of good quality?
- Are service recipients actively involved in their services?

# INTEGRATION AND COORDINATION

- Are service delivery systems working well with other organizations and programs to address all of the needs of individuals?



# PREVENTION, EDUCATION, AND OUTREACH

- Are systems in place to ensure preventative mental health care and education, especially for at-risk or vulnerable populations?
- Is information available and disseminated for the purpose of reducing the risk of developing mental illness?



# OUTCOMES

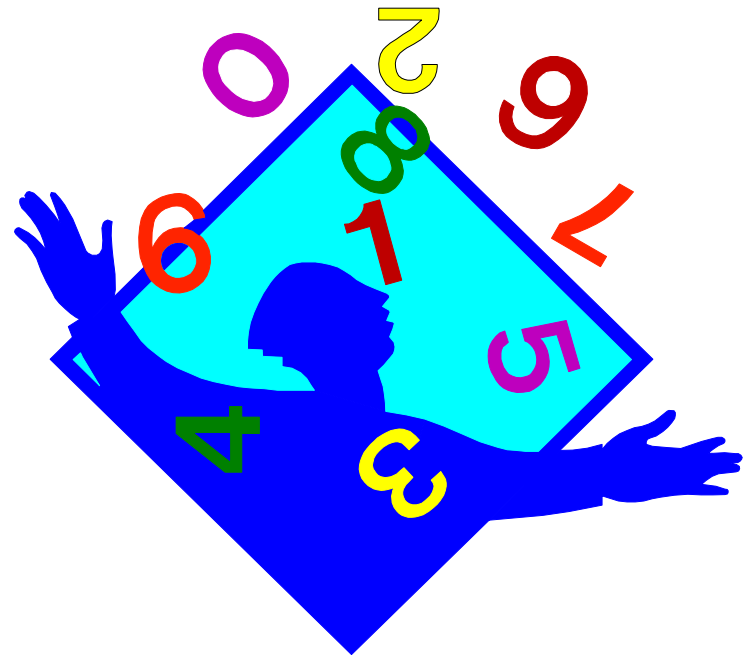
- Are people getting what they want out of services?
- Is the system moving people toward recovery?
- Are people functioning more independently?
- Are people improving their quality of life?

# Under each Domain...

- Goals
- Indicators
  - Data Source
  - Time Period & Sample Size
  - Rationale
  - Notes & Limitations

# HOW DID WE DO? KEY RESULTS

Overview of  
selected  
indicators and  
corresponding  
goals.



# Access

## Goal #1:

To ensure timely and convenient access to outpatient services for child, adolescent, and adult consumers.

## Performance Indicator Access 1.3:

The average number of days between first assessment and follow-up services.

Data Source: Encounters

[Access1.3FINAL.doc](#)

# Performance Indicator Access 1.5

Percentage of consumers discharged from an acute care facility or state-run psychiatric facility who receive outpatient services (any covered services) within 7 days.

Data Sources: MMIS (Encounters, Eligibles); OP/RCS

[Access1.5FINAL.doc](#)

# ACCESS

## Goal #3

To improve access to outpatient services for vulnerable populations, including children, the elderly, members of ethnic groups, and individuals with disabilities, including severe mental illness.

# Performance Indicator

## Access 3.1

Percentage of members served out of enrolled for all groups compared with special needs populations and racial and ethnic minorities.

Data Source: Encounters; Enrollment; Demographics

[Access3.1FINAL.doc](#)

[Access1.3aFINAL.doc](#)

# Quality



Goal #2:

To ensure that consumers are involved in treatment planning and are informed of their rights, including the right to refuse treatment.

# Performance Indicator Quality 2.1

Percentage of consumers who report that they were involved in treatment planning.

Data Source: Adult Mental Health Services Survey

[Quality2.1Final.doc](#)

# Integration and Coordination



## Goal #2:

To ensure that mental health consumers with co-occurring chemical dependency disorders receive referrals or services.

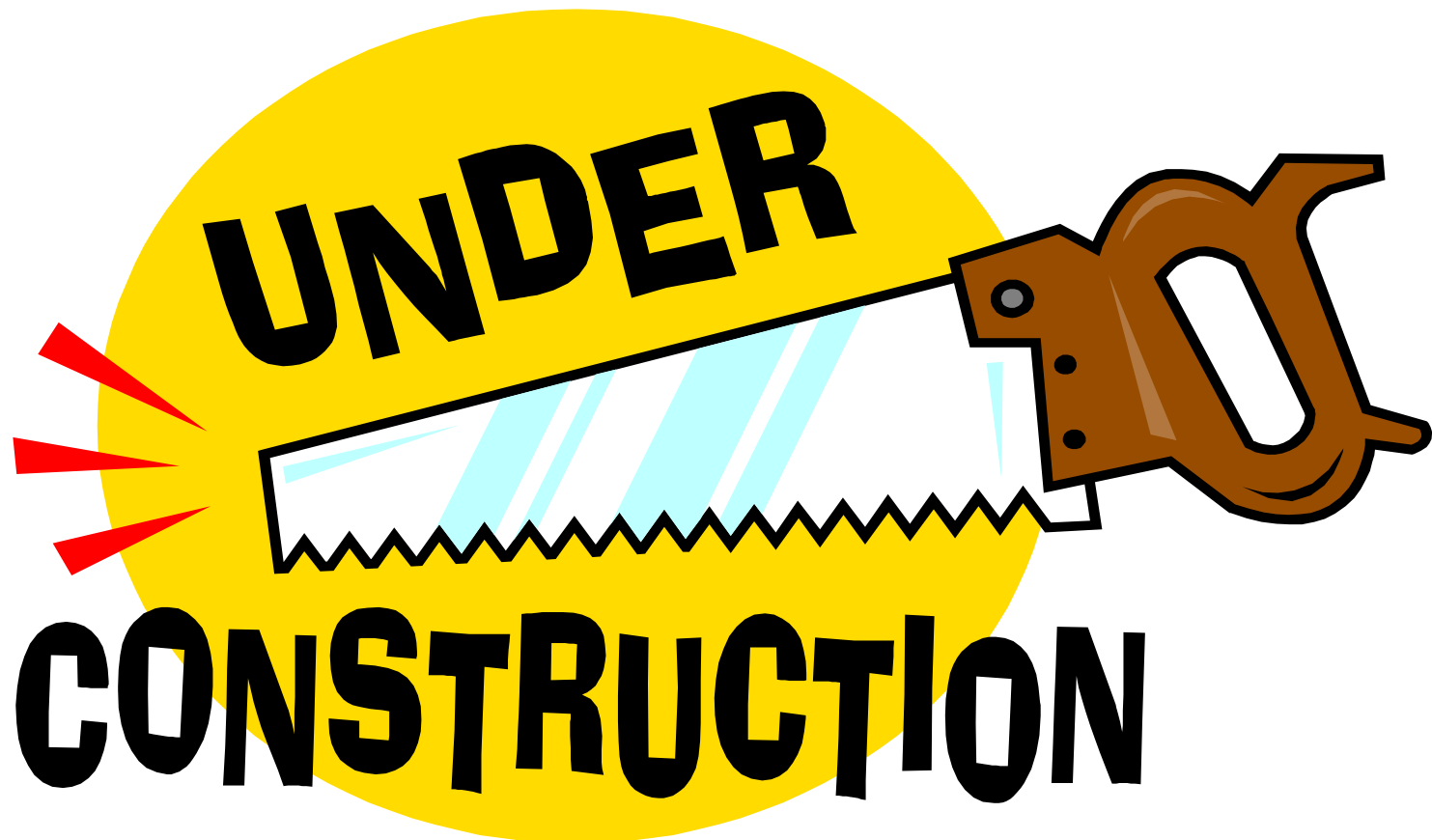
# Performance Indicator Integration and Coordination 2.1

Percentage of people receiving mental health services with a primary or secondary chemical dependency (CD) diagnosis listed who received at least one CD service.

Data Source: Encounters; Enrollment; Demographics; CPMS.

[IandC2.1FINAL.doc](#)

# Prevention, Education, and Outreach



# Outcomes

Goal #2:

To increase consumers'  
opportunities to engage in  
competitive employment.

# Performance Indicator Outcomes 2.1:

Percentage of members served with full-time, part-time, or irregular paid employment.

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00Prsntn\Outcomes2.1.doc

# Outcomes

Goal #5:

To decrease the number of enrollees who are involuntarily committed.

# Performance Indicator Outcomes 5.1:

Enrollees involuntarily committed to an acute care facility or state-run psychiatric facility in a year.

Data Source: Encounters; OP/RCS

[Outcomes5.1Final.doc](#)

# HOW WILL THE DATA BE USED?

- Inform stakeholders
- Feedback mechanism
- Identify areas for quality improvement
- Collaborate with MHOs to improve service delivery system
- Establish goals, standards

# How is the information communicated?

- Report is available on the OMHAS web site.
- Data are discussed in QI Coordinators Meetings.
- Presentations
- Need more marketing

# Incorporating Feedback

- Feedback sources
  - QI Coordinators
  - Consumers
  - Providers
- Acknowledgement
- Balance

# Next Steps...

- More analysis!
- Include Fee For Service
- MHO QI Coordinators focusing on 3 key indicators
- Incorporate more national standards and establish benchmarks.
- Additional Data Sources
  - MHO Complaint Log
  - Clinical Chart Review

# Challenges



- Special needs populations
- Establishing benchmarks
- Involving stakeholders
- Integrating with other internal and external performance measure efforts.
- Translation into logic model.

# Looking Ahead



- Now collecting and analyzing data for 00-01 Contract Year.
- Internal work group
- Keeping an eye on national performance measure activities.

# Questions/Comments or Copy of the PIP Report

Office of Mental Health and Addiction Services web  
site: <http://omhs.mhd.hr.state.or.us/>

Questions/Comments please contact:

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