DMC-ODS PIPs

December 5, 2019

What is a PIP?

- ▶ PIP = Performance Improvement Project
- ▶ Part of the annual EQRO (External Quality Review Organization) audit

What is a PIP?

- ▶ Purpose of PIP: To assess and improve processes, and thereby outcomes, of our continuum of care.

- ▶ The problem we are trying to address must be supported by data we collect.

- ▶ Must complete 2 PIP for DMC-ODS
  - ▶ 1) Clinical PIP: Focuses on a clinical/treatment intervention.
  - ▶ 2) Non-Clinical PIP: Focuses on more administrative/technical interventions.

Timely Access to Care

- Ensuring timely access to treatment is critical piece of giving clients the best chance of addressing their needs when they are ready and allows us to meet them "where they are at."

- As a system, we haven't been looking very closely or consistently at this data, but we are now starting to.

- Analysis of our Outpatient Programs and Residential Treatment Programs was done to assess how we are doing as a system with regards to timely access to care.

Outpatient treatment

- State Standard = 10 days. It appears we are meeting the state's standard, with an average of 10 days from first request to first appointment. HOWEVER…
  - Data is inconsistent and we have a lot of missing data that isn't being recorded.
  - Not recording first offered appointment.
  - Unsure if ALL individuals who request outpatient services are receiving treatment in a timely manner.

- **53% drop-off rate.** This means that 53% of people who requested appointments did not make it to a first face-to-face appointment. (N=202)

Residential Treatment

- We have had an improvement in number of days that people waited before being admitted into residential treatment.

  - Average wait-time for FY18-19 was 9 days for men (down 3 days compared to FY17-18.

  - Women, waited for 5.2 days on average in FY 18/19.

- **40%** Drop-off rate. This means 40% of individuals who requested and received an authorization for residential treatment were not subsequently admitted into a residential treatment program.

  - FY18-19, 611 total authorizations, of which there were 242 who were never admitted into residential treatment.

PIP Ideas

▶ One PIP to address drop-off rate in Outpatient programs

▶ Second PIP to address drop-off rate in Residential Treatment programs

▶ Why two separate PIPs?

    ▶ Reasons for the drop-offs and the interventions that would be applied to address this would be different for each type of program due to the nature of these programs.

Next Steps

- Explore: Why is this drop-off rate happening? Get stakeholder and provider/staff perspectives.

- Key Informant Interviews
  - Reach out to former potential clients to explore contributors to not making it to the first appointment.
  - Provide incentives (e.g. gift cards) for participating in the interviews.

- Feedback from Contract Providers and BHRS staff.
  - Through face-to-face discussions and/or anonymous survey.

Next Steps

- For outpatient programs, look into:
  - Explore why individuals who requested services never made it to a first face-to-face appointment.
  - Are appointments being offered in a timely manner? If not, why?
  - Possible interventions that might address barriers to coming to first appointment.
  - What are the gaps in our data? How can we close these gaps?

- For residential treatment, explore:
  - Possible reasons why people authorized for residential were not subsequently admitted into residential treatment.
  - Possible interventions that might reduce the number lost to follow-up and increase residential admissions after an individual has been authorized for residential treatment.

Questions?

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