

How Performance Data Dashboards can help staff and consumers measure progress and improve outcomes

Presenters

Jim Svensson – Community Support and Treatment Services (CSTS)

Steve Wiland – Community Support and Treatment Services (CSTS)

Chris Akerley – Afia, Inc.

Contributors

Jeff Capobianco – Washtenaw Community Health Org. (WCHO)





Presentation Overview

1. Brief Participant Needs Assessment
2. Introduction to Dashboards
3. Key “Metrics” – What to Measure, and Why?
4. Incorporating Dashboards into your Electronic Health Record (EHR)

Needs Assessment



What are Performance Data Dashboards ?



- Pictorial displays of key data (e.g. indicators and warnings) that are understandable at a glance
- Helps to monitor a process, but should not distract from *doing* the process
- Customizable to meet the need of different staff or consumers

The Blind Man and the Recovery Elephant...



→ To the Administrator recovery is....

→ To the Supervisor recovery is...

→ To the Clinician recovery is...

→ To the Client recovery is...

A few comments on data...

“What gets measured gets done.”

– *Mason Haire*

“If measurement by itself really had that much impact on behavior, anyone who had a scale would never be overweight.”

– *Mark Graham Brown*

“Facts do not cease to exist because they are ignored.”

– *Aldous Huxley*

“Get your facts first, and then you can distort them as much as you please.”

– *Mark Twain*



KEY “METRICS” – WHAT TO MEASURE, AND WHY?

Key “Metrics” – What to Measure, and Why?



WHICH MEASURES MATTER?

→ Consumer-defined recovery progress

- Progress toward stated goals in the PCP

→ Consumer-perceived provider helpfulness

- Service Satisfaction

→ Widely recognized/understood progress indicators

- National Outcome Measures (NOMs)
- Client Outcomes – Quarterly Report Form found in every SAMHSA evidence-based practice toolkit

Key “Metrics” – What to Measure, and Why?



CONSUMER-DEFINED RECOVERY PROGRESS

→ Progress toward Stated Goals in the Person-Centered Plan

- Conventional goals that overlap with NOMs, but can also be different than NOM domains
 - *“Get off this ATO”*
 - *“Be my own Representative Payee”*
 - *“Not be a client of CMH services”*

→ Additional markers not captured in PCP

- Person-Centered Plan may not be comprehensive enough (due to practitioner and/or consumer influences)
- How to capture and track? What tools are useful?

Key “Metrics” – What to Measure, and Why?

CONSUMER-PERCEIVED PROVIDER HELPFULNESS

→ Service Satisfaction

- Traditional client satisfactions surveys
- Technologically enhanced satisfaction reporting
- User-friendliness vs. depth/complexity?
- Frequency?

→ Potential usefulness for engagement?

- *Ex. Scott Miller’s “Session Rating Scale,” “Outcome Rating Scale”*

- For more details, visit www.talkingcure.com,
www.talkingcure.com/documents/SessionRatingScale-JBTv3n1.pdf
www.talkingcure.com/documents/TheOutcomeRatingScaleArticle.doc

Key “Metrics” – What to Measure, and Why?



BROADLY RECOGNIZED PROGRESS INDICATORS

→ National Outcome Measures (NOMs)

1. Decreased symptoms, improved functioning, reduction in DOA use
2. Getting and keeping a job or enrolling and staying in school
3. Decreased involvement with the criminal justice system
4. Securing a safe, decent, and stable place to live
5. Social connectedness to and support from others in the community
6. Increased access to needed services
7. Retention in services for SA, or decreased inpatient psych hospitalizations
8. Client perception of care
9. Cost-effectiveness of care
10. Use of evidence-based practices in treatment

Key “Metrics” – What to Measure, and Why?



BROADLY RECOGNIZED PROGRESS INDICATORS

→ Client Outcomes – EBP Toolkit Quarterly Report Form

1. EBP eligibility, EBP enrollment (10)
2. Employment status (2), homelessness (4), legal status (3), hospitalization status (7,1)
3. Stage of treatment (~1)
4. Living arrangement (4)
5. Educational status (2)



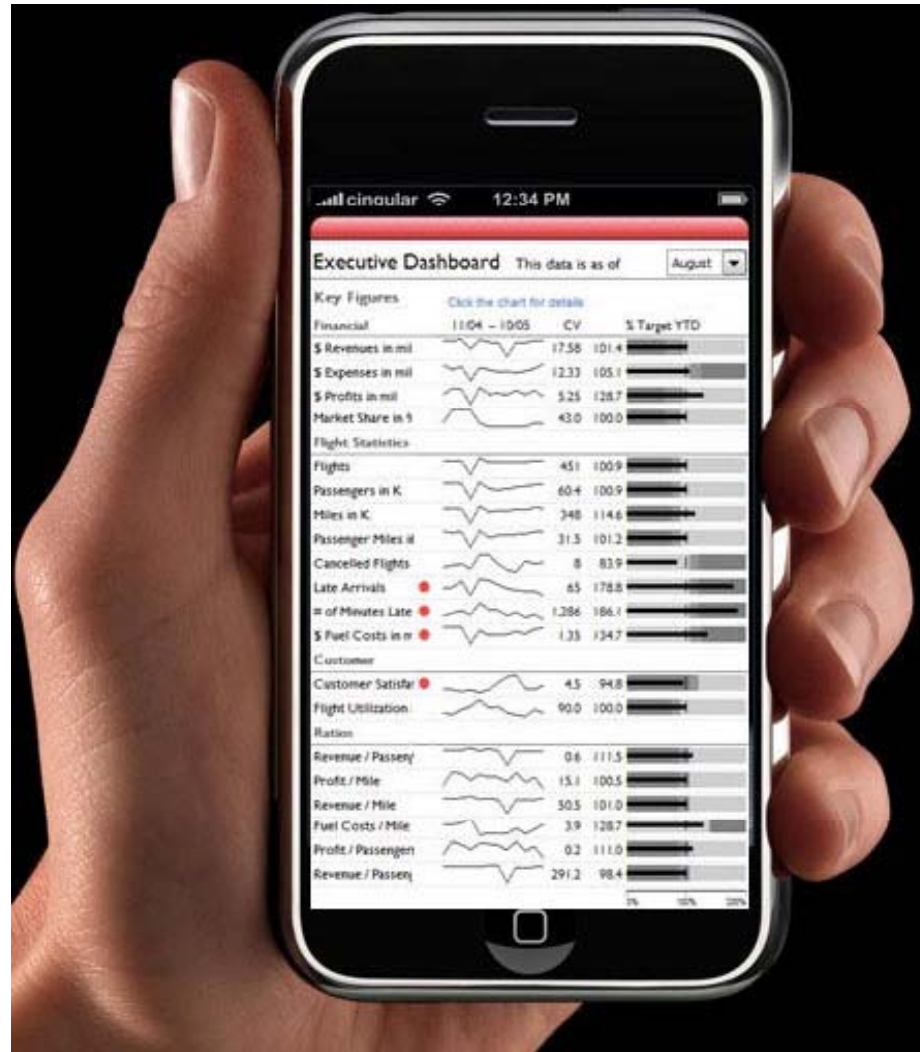
INCORPORATING DASHBOARDS INTO YOUR ELECTRONIC HEALTH RECORD (EHR)

Some examples...Election Results



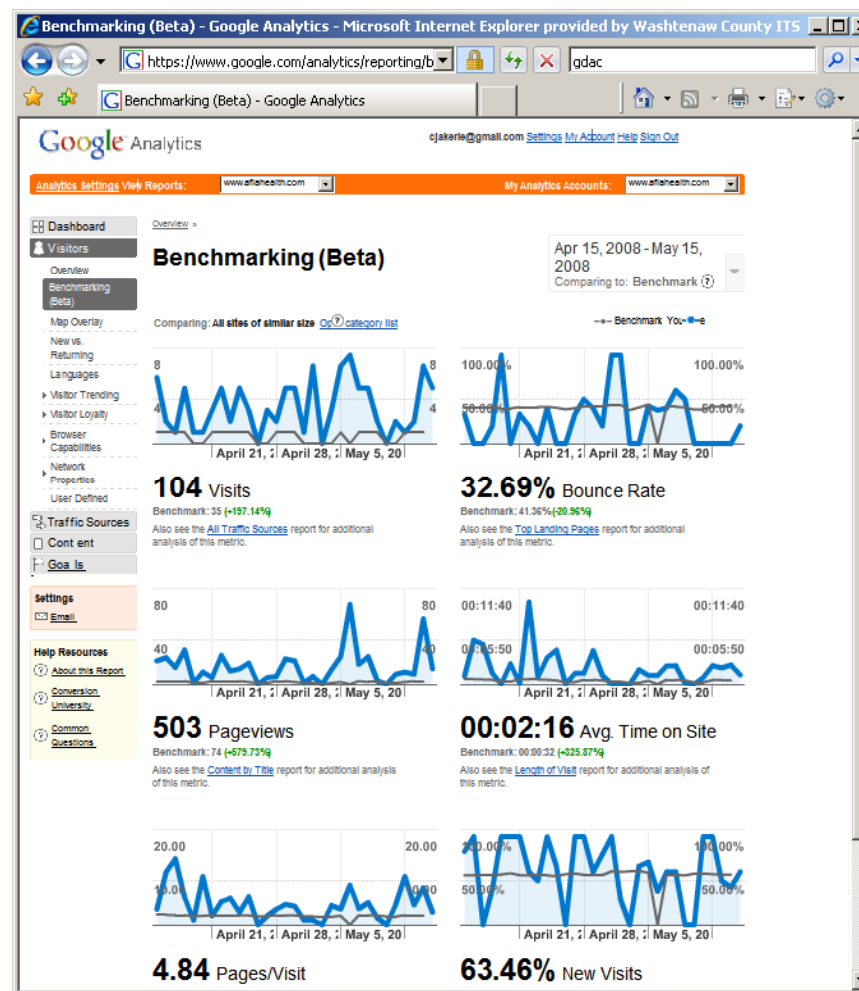
<http://www.forestandthetrees.com/election2008/#>

Some examples...Mobile Dashboards



<http://www.enterprise-dashboard.com/>

Some examples...Google Analytics



Some examples...Consumer Dashboard



Clinical information	
Team Team 1	
Case Manager Johnny CSM	
Psychiatrist Janie MD	
Allergies	
Allergy	Reaction
Allergy 1	Anaphylaxis
Allergy 2	Nausea
Allergy 3	Joint swelling
Axis I diagnoses	
Diagnosis 1	
Diagnosis 2	
Axis I SA diagnoses	
Diagnosis 1	
Axis II diagnoses	
Axis III diagnoses	
Diagnosis 1	
Diagnosis 2	
Medications	
Medication	Valid Thru
● Medication A	9/16/2007
Medication B	10/29/2007
Medication C	12/17/2007
Medication D	12/17/2007
Medication E	Non-CMHSP
Medication F	Non-CMHSP
Print clinical information	

Recovery indicators		
MIMA - Algorithm ABC Stage X, CDP Y		
● Main Symptoms		22
13 Days ago		
CAFAS		
○ Total		80
School/work		20
Home		10
Community		10
Behavior towards others		20
Moods/emotions		10
Self-harmful behavior		0
Substance use		0
Thinking		10
47 days ago		

Services Due Within 30 Days	
Service Type	Service Due By
● Assessment	9/28/2007
○ PCP	10/9/2007
See all services due	

Next Month's Appts		
Appt time	Appt type	Appt with
9/30/2007 10:00AM	Assessment	Johnny CSM
10/15/2007 11:00AM	PCP	Nurse Jane
See all scheduled appointments		

Some examples...Staff Dashboard

Caseload			
Jane Adams	10014	Chart	Dashboard
Jesse Client	11366	Chart	Dashboard
John Doe	10873	Chart	Dashboard
Michael Foo	17269	Chart	Dashboard
Larry Smith	10325	Chart	Dashboard
Susan White	20685	Chart	Dashboard

Today's Appointments			
Consumer	Appt time	Appt type	Appt with
Jane Adams	10:00AM	Assessment	Dr Smith
Jesse Client	11:00AM	PCP	Nurse Jane
John Doe	1:30PM	Case management	Johnny CSM

[Upcoming appointments](#)

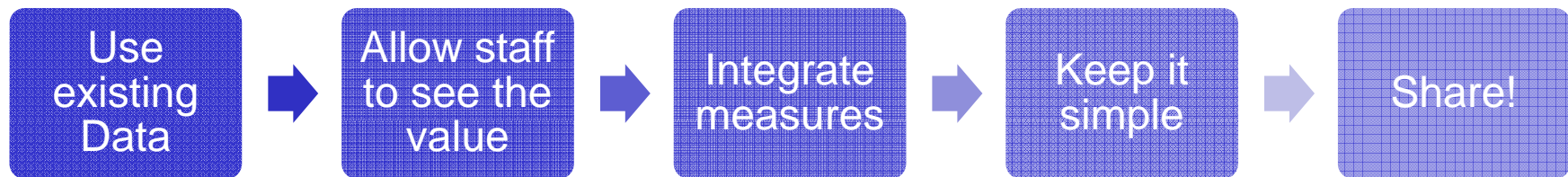
To-do
Documents to sign
Periodic services due

Consumer Crises		
Consumer	Status	Since
John Doe	Inpatient	1/13/2008
Jane Smith	Partial Hospitalization	1/13/2008
Jesse Client	Crisis Residential	1/13/2008
Clark Kent	Detox	1/13/2008

My Links
Appointment Book
Progress Notes
Person-Centered Plans

[Team Caseload](#)

Improve outcomes by integrating measures into your electronic records



Step 1: Use existing data

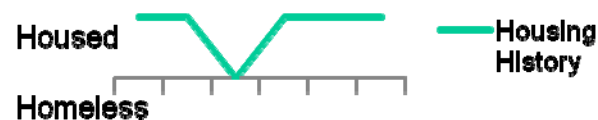
- While dashboards are an incredibly simple and efficient way to display information, collecting all that great information may not be so simple
- No one is happy when they are asked to do more work without seeing the benefit
- As a first step, build a dashboard out of what you already collect and show staff the value in the data

Step 1: Use existing data

Housing

Use the address you collect in your demographics to look for periods of homelessness

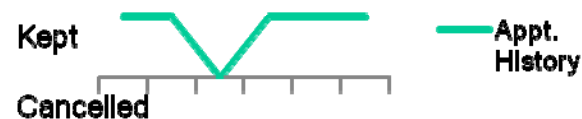
Housing Stability



Appointments

Measure engagement in services by charting appointment adherence

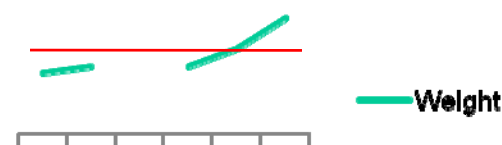
Appointments



Weight

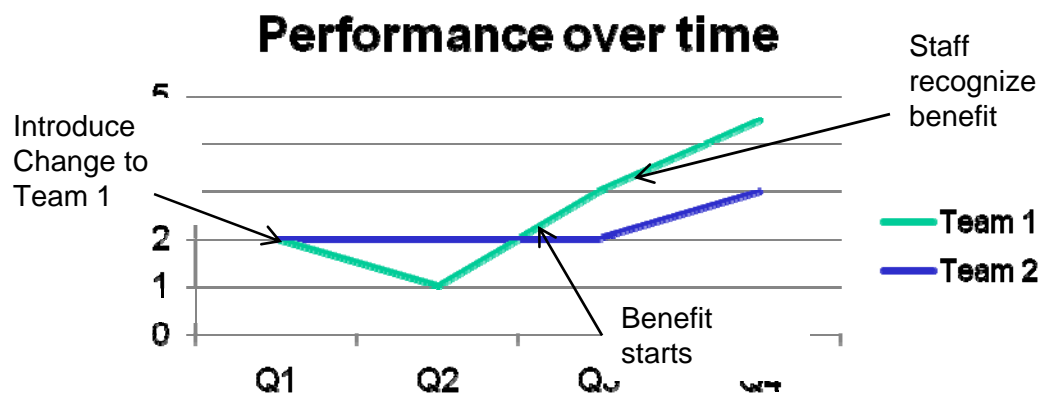
You might not be collecting this today...but start

Weight



Step 2 – Allow staff to see the value

- It may take some time for patterns to emerge
- Most of the value of a performance dashboard is seeing how outcomes change over time or relative to others
- Use the time to explore different options and views of the data and see what people like best.
- Sit with staff as they use the dashboard and see what's missing and what's unclear



Step 3 – Integrate measures

Measure Who Completes it? How to collect?

Service Satisfaction



Consumer

Paper



PHR



Internet

Consumer progress toward goals

National progress indicators



Clinician



EHR

Step 4 – Keep it simple


You want something everyone can use...



...without hours and hours of training.



Step 4 – Keep it simple

- This cannot be stressed enough – It will ruin your dashboard  to have too much information on it
- The art is to pick **key** metrics that will encompass other metrics
- The dashboard will raise more questions than it will contain answers
- That's okay! It tells you how things are going...not necessarily what's causing it to go one way or the other
- Use your reporting, data mining, and business intelligence apps to answer questions raised by your dashboard or provide “drill-down” functionality for more details

Step 5 – Share the dashboard

→ Once you...

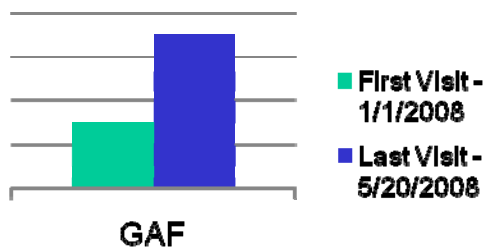
- Feel the data in the dashboard is accurate
- And, you've made it simple and easy to understand at a glance

→ You should...

- Turn your computer around in the next visit and show your client
- And/Or, print the dashboard out for your client to take home
- And/Or, put it on a PHR for your client to view (and edit) at any time

→ Because...

This....



Is easier to understand
than...

This

Progress Note – 5/20/2008

At this meeting we discussed C.A.'s ability to manage his finances. C.A. has made great progress in this area since his first visit. C.A. is now buying his own groceries. In turn, this has inspired him to buy healthier food, which is making

...

Conclusion

- Think of dashboards from different perspectives
 - Consumer
 - Clinician
 - Supervisor
 - Administrator
- Choose progress indicators from different perspectives
 - Consumer-defined recovery progress
 - Consumer-perceived provider helpfulness
 - Widely recognized/understood progress indicators
- Integrate into your EHR
 - Look at other examples for inspiration
 - Add dashboards to your EHR by following these five steps
 - Monitor performance and make changes to improve under-performing areas



QUESTIONS?

Download the presentation at:

<http://www.afiahealth.com/articles/Dashboards.pdf>