



The Council of State Governments
Sharing capitol ideas.

2010 Innovations Awards Application
Deadline: March 15, 2010

ID # (assigned by CSG): **10-W-04AZ**

Please provide the following information, adding space as necessary:

State: Arizona

Assign Program Category (applicant): **Health and Human Services, Human Services**

1. Program Name

Maricopa County Provider Outcomes Dashboard

2. Administering Agency

Arizona Department of Health Services/
Division of Behavioral Health Services (ADHS/DBHS)

3. Contact Person (Name and Title)

Dr. Laura Nelson, Acting Deputy Director DBHS

4. Address

150 North 18th Avenue
Phoenix, Arizona 85007

5. Telephone Number

(602) 364 - 4566

6. FAX Number

(602) 542-1062

7. E-mail Address

nelsonla@azdhs.gov and SORCER@azdhs.gov

8. Web site Address

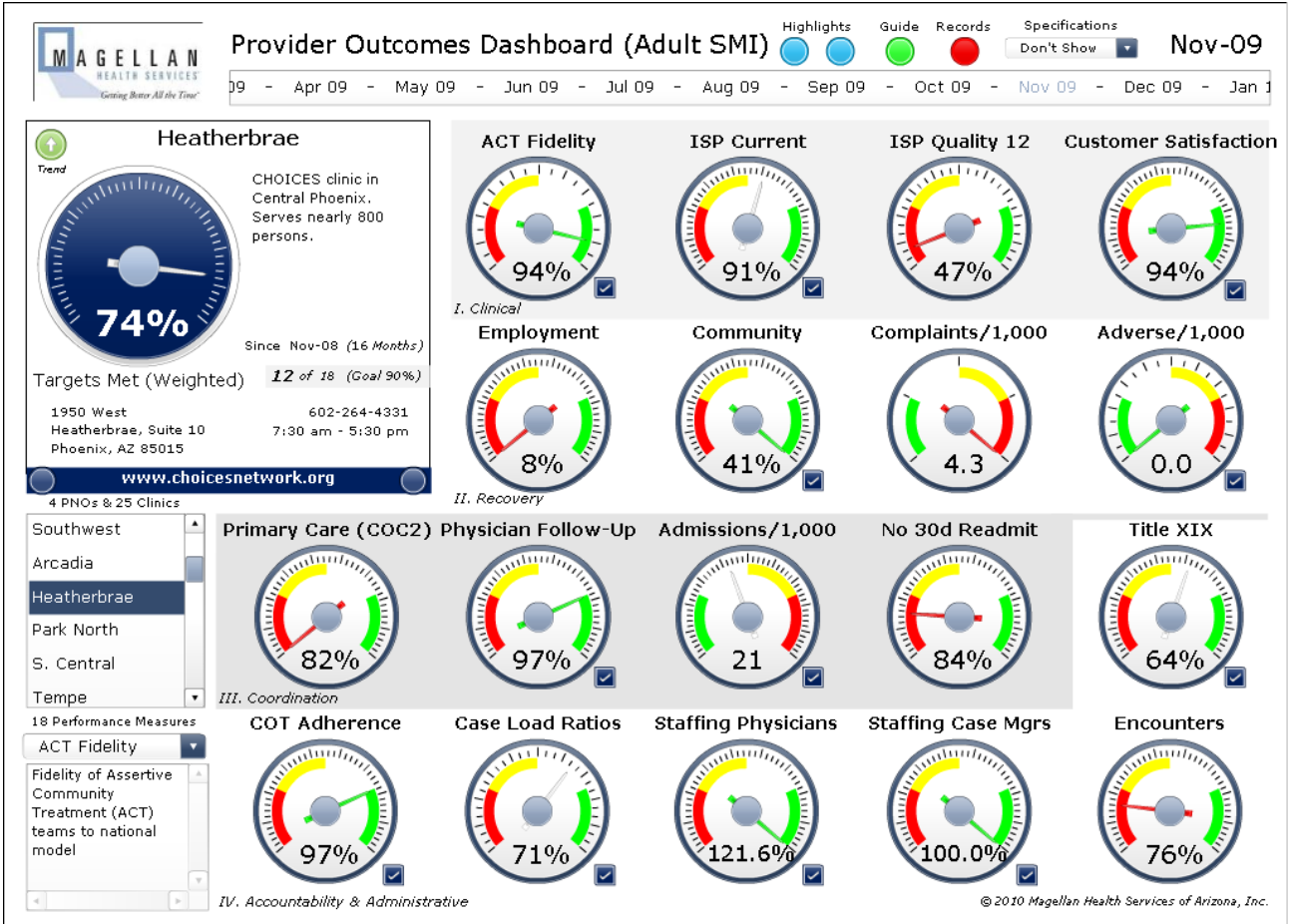
www.azdhs.gov and www.magellanoafaz.com/dashboards

9. Please provide a two-sentence description of the program.

The Arizona Department of Health Services' Division of Behavioral Health Services (ADHS/DBHS) and its vendor Magellan Health Services of Arizona (the Regional Behavioral Health Authority for Maricopa County) created an innovative online Provider Outcomes Dashboard that provides real-time performance data to service recipients, their families, provider agencies and other stakeholders. This easy to use online tool provides dramatically increased accountability and transparency through visual representations of 18 critical indicators grouped into balanced scorecard categories of service maximization/administration, coordination of care, clinical quality and recovery outcomes; which are evaluated to strengthen the outcomes of the behavioral health system and provide informed choice to service recipients.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2010 to be considered.

The Provider Outcomes Dashboard was developed and implemented in late 2008 with an official system-wide launch in March 2009. Since then, the program has evolved to incorporate feedback from providers and recipients and launched publicly on Magellan's Web site (magellanofaz.com/dashboards) in December 2009.



11. Why was the program created? What problem[s] or issue[s] was it designed to address?

The outcomes dashboard gives eyes to the performance of the largest and one of the most complex behavioral health care systems in the country. The only way to ensure recipients of care are living meaningful lives in the community is to make decisions and allocate resources based on accurate timely data and quantifiable results.

Prior to the outcomes dashboard, Maricopa's behavioral health system evaluated processes instead of meaningful recovery outcomes for individuals it served while recipients selected their provider based upon available anecdotal feedback.

12. Describe the specific activities and operations of the program in chronological order.

Step 1 - ADHS/DBHS awarded a contract to Magellan Health Services who assumed responsibility in 2007. At that time, there were 23 clinics providing case management and clinical home services to the 21,000 individuals with serious mental illness in Maricopa County. The staff at these clinics and the properties were assumed by Magellan who delivered services directly. ADHS/DBHS required that these services be transitioned to community-ownership and operation and that Magellan operate exclusively in the role of managed care monitoring and support without any delivery of direct care services.

The first year was dedicated to planning the unprecedented transition of nearly 1,500 staff and over \$100 million in services to four community-owned and operated direct service providers.

Step 2 - By March of 2009, ADHS/DBHS and Magellan had contracted with four primary mental health Provider Network Organizations (PNOS): CHOICES Network, People of Color, Partners in Recovery Network and Southwest Network. Through a collaborative developmental process that involved the 25 clinics, the team was able to identify 18 meaningful outcome metrics.

Every Thursday throughout the remainder of 2009, an executive steering committee met to implement and drive excellence based on this dashboard tool. Representation included CEOs and operations for all four entities. ADHS Director Will Humble provided key direction in spring 2009 when he referenced the San Francisco Public Health online dashboard as a potential model. DBHS Acting Deputy Director Dr. Laura Nelson and members of Magellan's senior executive team met with the Governor's office in summer 2009 for further direction and feedback on implementation. Magellan consulted with national outcomes experts including Vijay Ganju and former SAMHSA administrator Charlie Curie.

The four Provider Network Organizations began utilizing the tool with their management teams and Magellan used the results to guide oversight and support. The transition of all 25 clinics was completed ahead of schedule, and all direct care service provision was transitioned to independent community-owned and operated agencies by September 1.

Instead of simply guarding against a deterioration of performance during this transition, the outcomes dashboard immediately became a resource to drive quality improvement activities; resulting in a tool that quantifiably measured system-wide performance improvement even during the challenging time period associated with the transition of direct care clinics. The 18 metrics incorporated into the dashboard are as follows:

COMPETITIVE EMPLOYMENT - This measure reports the percent of recipients who are employed on some level.

MEANINGFUL ACTIVITIES - This measure reports the percent of recipients who are involved in meaningful activities, such as education, volunteering or being a homemaker. Data includes unpaid rehabilitation activities, work adjustment training or transitional employment.

COMPLAINTS PER 1,000 ENROLLEES - This measure reports the number of complaints received per 1,000 enrollees, defined by dissatisfaction with any aspect of their care.

ADVERSE INCIDENTS PER 1,000 ENROLLEES - This measure reports adverse incidents per 1,000 enrollees, including: deaths; abuse or neglect; adverse reaction to medication; medication error(s); abuse; coercion; discrimination; exploitation; manipulation; neglect; physical abuse/allegation; physical injury; sexual abuse/allegation; and suicide attempt.

ACT FIDELITY - Assertive Community Treatment (ACT) Teams meet fidelity to the model as outlined in the Substance Abuse and Mental Health Service Administration (SAMHSA) national best practice guidelines.

ISP CURRENT - The Individual Service Plan (ISP) for mental health recipients is considered current if it has been completed and/or updated within the past 12 months.

ISP QUALITY VALIDATION - An accepted ISP is one that is completed via the ClaimTrak Client Information System and designated as completed by the appropriate staff.

RECIPIENT SATISFACTION - The purpose of the survey is to assess the level of satisfaction with experiences and quality, including: *I was able to get services I needed; I felt respected; I was seen in a timely manner; and I believe I can grow, change and recover at this clinic.*

STAFFING – PHYSICIAN - This measure reports the percent of behavioral health medical practitioner positions filled, i.e., physicians, nurse practitioners, and physicians' assistants.

STAFFING – CASE MANAGER - This measure reports the percent of positions filled.

CASE MANAGER CASE LOADS - This measure reports the percent of supportive team case manager caseloads less than or equal to established ratios for supportive teams.

COT ADHERENCE - This measure reports the percent of Court-Ordered Treatment (COT) recipients seen face-to-face by a case manager within the past 30 days. The recipient is seen as frequently as indicated, but never less than one face-to-face contact per month.

PCP COORDINATION - For all Title XIX/XXI eligible behavioral health recipients assigned to a clinic, there is evidence that the person's diagnosis and current prescribed medications have been provided to the person's assigned PCP at least annually.

FOLLOW-UP AFTER DISCHARGE WITHIN 7 DAYS - This measure reports the percent receiving a follow-up service within 7 days of discharge from a Level I facility, including a psychiatric acute hospital, a residential treatment center, or a sub-acute facility.

LEVEL I ADMISSIONS PER 1,000 ENROLLEES - This measure reports the number of behavioral health recipients admissions to a Level I facility per 1,000 enrollees.

READMISSIONS WITHIN 30 DAYS - This measure reports the percent of behavioral health recipients readmitted to a Level I facility within 30 days of discharge.

TITLE XIX RATIO - This measure reports the ratio recipients who are Title XIX (Medicaid) eligible. Title XIX refers to Title 19 of the Social Security Act, a program jointly funded by the states and the federal government.

ENCOUNTERING - This measure reports the percentage of all encounters based on funding provided. An encounter is defined as a record of a covered service rendered by a provider to a person enrolled with a capitated PNO on the date of service.

Step 3 - With the completion of the transition and improvement noted in multiple key areas, including staffing, documentation, court-ordered treatment and customer satisfaction, ADHS/DBHS required that the results be shared with recipients, families and key stakeholders for increased transparency and accountability.

Despite some concerns from provider agencies that negative news stories might result from throwing back the curtain on the performance for the 18 items (several of which still need a lot of improvement), Magellan in conjunction with ADHS/DBHS slated a December posting of the results on the www.magellanofaz.com/dashboards site.

Local and National Publicity

Instead of negative publicity, there was an extremely positive reception, including:

- Phoenix Business Journal, February 19, 2010, "Magellan Creates 'Dashboard' to Track Quality of Behavioral Healthcare" references to a focus on outcomes for recipients.
- Behavioral Healthcare magazine, February 2010 highlights the Maricopa ADHS/DBHS, Magellan and Provider Network Organization partnership to create the Provider Outcomes

Dashboard with all six CEOs on the cover, including ADHS/DBHS Dr. Laura Nelson and Magellan of Arizona's Dr. Richard Clarke. The article included a full page picture of the Provider Outcomes Dashboard and a link to the Arizona website.

- ADHS Director's Blog, February 1, 2010, "Behavioral Health Milestone," includes reference to "revolutionary new outcomes dashboard [that] will improve transparency and accountability" and February 4, 2010 "A Year of Progress at ADHS," includes reference to "state of the art online Outcomes Dashboard to give voice and choice."
- The Arizona Republic newspaper, December 8, 2009, guest editorial by Dr. Laura Nelson, "Mental Health Service Options Change for Better," with reference to an "interactive online dashboard that that simply and graphically depicts the real-time status or 'temperature' of the [publicly-funded behavioral healthcare] system."
- The Arizona Guardian newspaper, December 7, 2009, "Mental Health 'Dashboard' Offers Reams of Data, Clinic Comparisons" by Mary K. Reinhart includes expectation that the model will be used by other regions of the state and adapted nationally.
- Mental Health Weekly, June 1, 2009, "Arizona Pursues More Direct Role in Outcomes Evaluation in Maricopa."

In January 2010, David Covington, Chief of Adult Services for Magellan, also presented the Outcomes Dashboard to the Western States Decision Support Group, which is a component of SAMHSA's Mental Health Statistics Improvement Project (MHSIP).

13. Why is the program a new and creative approach or method?

The dashboard provides a much needed level of accountability and transparency to ensure that those in the mental health system are working smarter and more collaboratively to help the more than 80,000 individuals challenged by mental health and substance abuse issues.

Prior to the implementation of the dashboard, ADHS/DBHS and Magellan as the RBHA relied on antiquated technology and less-precise reporting methodologies. As a result, reported outcomes were often outdated or difficult to understand, which did not allow for timely review and analysis.

With the dashboard's real-time measurement posted online, providers and recipients can review immediate results and respond promptly by initiating changes as needed. The information allows consumers to make decisions about where they choose to go for services. The dashboard also is easy to read and interpret as it graphically depicts the outcomes and progress made in each of the 18 measurement areas. *[Also, see "Creativity and Originality" under Question 24.]*

14. What were the program's start-up costs?

There were no additional costs to implement the dashboard. It was created as an administrative expense in Magellan's contract with ADHS/DBHS as the RBHA for Maricopa County.

15. What are the program's annual operational costs?

The Provider Outcomes Dashboard has not required additional annual operational costs. It is a management strategy and public accountability approach that has been embedded within existing functions and resources of ADHS/DBHS, Magellan and provider agency management.

16. How is the program funded?

Administrative funds are provided to Magellan by ADHS/DBHS in the RBHA contract.

17. Did this program require the passage of legislation, executive order or regulations? If

YES, please indicate the citation number.

No. The dashboard is not related to any reporting requirements. Rather, it was introduced by ADHS/DBHS and Magellan to equip the PNOs with actionable data items and predictable expectations about key performance areas. The dashboard also supports the dissemination of information to the public which supports informed provider selections for service recipients.

18. What equipment, technology and software are used to operate and administer this program?

The Provider Outcomes Dashboard gathers information from a variety of resources, including:

- The Provider Network's Electronic Health Medical Record (EHMR) Claim Trak
- The Magellan Claims Adjudication Processing System (CAPS)
- The ADHS/DBHS financial encounter system
- Quality Monitoring data

This information is then aggregated and presented using SAP Business Objects Crystal Xcelsius data presentation software and posted online at www.magellanofaz.com/dashboards.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

Yes, this innovative program originated in Maricopa County, Arizona. ADHS Director Will Humble, DBHS Acting Deputy Director Dr. Laura Nelson and Magellan of Arizona CEO Dr. Richard Clarke were the architects. While the concepts of actionable intelligence, balanced scorecards and real-time accountability reporting obviously have existed, no other large scale behavioral health authority has put the tools together in this robust fashion. The program has been highlighted in the Arizona Guardian, Phoenix Business Journal and was featured on the cover of the national trade publication "Behavioral Healthcare" in its February 2010 issue.

David Covington and Shawn Thiele, who serve as the Chief of Adult Services and Chief of Child Services respectively for Magellan, led the community collaborative which executed on the vision. David's contact information is 4129 East Van Buren Street, Phoenix, Arizona 85008, 602-652-5959 and dwcovington@magellanhealth.com.

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

Yes, other state mental health authorities have implemented approaches to manage by key data elements. For example, in December 2009, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) began utilizing its new healthcare data tracking system connected to its community service board provider agencies. Maricopa County's initiative is different for several key reasons:

1. Focus on Outcomes – A fundamental tenet of the Maricopa County Provider Outcomes Dashboard is moving prioritization of outcomes that impact recipients where they live, work and play and reducing the emphasis on administrative compliance of record keeping and process measurement. It is for this reason that the tool includes competitive employment and involvement in meaningful community activities.
2. Principle of Actionable Intelligence – For decades, state mental health authorities had little quantifiable data upon which to make decisions. They relied largely on anecdote and basic information on enrollment, without knowledge of array, quantity or frequency of service mix. In the 1990s, data systems began to offer massive data sets and the opposite problem was introduced when an overwhelming volume of information created analysis paralysis. One Maricopa County provider CEO described "weighing" the data he received from the state and RBHA during this time as a result of the hundreds of pages received in meetings. Maricopa uses the concept of "actionable intelligence," prioritizing enormous data sets into key meaningful information that can drive excellence, improve delivery capacity, reliability, accessibility, quality and speed. The dashboard is a one-page document.
3. Principle of Balanced Scorecard – Many reporting mechanisms utilized by state mental health authorities do not contain embedded frameworks for quantifiable systems analysis, e.g., metrics are not grouped according to a balanced scorecard methodology. In 1992, the Harvard Business Journal included an article that changed business metrics, "The Balanced

Scorecard – Measures that Drive Performance” by Robert Kaplan and David Norton. Previously, businesses had focused their report cards exclusively on financial measures, and this study moved industry and business to incorporate quality, customer satisfaction, innovation and other key outcomes areas in order to achieve optimal performance. They noted the inherent flaw with previous approaches that myopically pursued enhanced performance of a solitary metric to the detriment of the whole. It took nearly six years for these principles to filter into healthcare. We are unaware of another large scale mental health authority or collaboration of community mental health agencies that utilizes these breakthrough business principles to enhance and optimize performance.

4. Clinic Site Drill Down Detail – Other states do not tend to share data at a level lower than regional area. The ADHS/DBHS Arizona initiative for Maricopa County drills down to the region, the provider and the actual clinic site level, resulting in data that empowers consumers to make real choices between service provider alternatives.
5. Transparent Accountability – Magellan does not limit the use of this data to the sole purpose of driving the performance of the provider community. It is providing the information in real-time to the public with a tangible commitment to accountability. Recipients are reviewing these metrics and making informed choices about where and from whom they receive their care based upon readily-accessible performance data.
6. Staff Responsiveness & Results – In the traditional management model, there is a delay in reporting and information proceeds from the top down, an approach that has been demonstrated to make incremental progress over longer periods of time. In the Maricopa initiative, the 1,250 direct care staff receive the information in real-time online. The ownership and investment in solving problems and improving performance is shared at all levels utilizing this approach and demonstrable results are achieved in a significantly escalated time-frame (see Question 12, step 3 above).
7. Reliability and Validity – The Virginia initiative notes that they cannot eliminate duplicate records because they are receiving the information from independent entities that do not connect their databases through a master consumer index or unique identifier. The Maricopa initiative is unique in that the four Provider Network Organizations share the same Electronic Health Medical Record (EHMR) platform through ClaimTrak hosted by the ADHS/DBHS Regional Behavioral Health Authority.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

Yes, the Provider Outcomes Dashboard has been fully implemented for one area of Magellan’s contract with ADHS/DBHS, namely the 21,000 with “Serious Mental Illness (SMI)” served by the four Adult Provider Network Organizations. We are actively pursuing the utilization of this management approach with the other systems managed by Magellan.

For example, outcomes dashboards are in development for:

- Three child Provider Network Organizations and is scheduled for public release in March 2010. This system serves approximately 22,000 young people.
- The 29 agencies that serve 40,000 individuals with general mental health and/or substance abuse needs (GMH/SA). An executive steering committee was convened in December 2009 and the outcomes dashboard is scheduled for summer 2010.
- The seven agencies that provide sub-acute and acute facility-based community crisis services. This group has been meeting since summer 2009 and an outcomes dashboard is scheduled for spring 2010.

Magellan and the adult Provider Network Organizations in concert with ADHS are also developing a supplement to the Provider Outcomes Dashboard that will offer details at the individual staff member level for the 1,250 employees across the four organizations. This enhancement will equip agency executives, managers, supervisors and the direct care workforce with the precise information needed to drive their overall performance to new levels of excellence.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

The Provider Outcomes Dashboard demonstrated month-over-month improvement from March 2009 through January 2010, even during the complex transition phase, including:

- Clinics staffed with case managers at rates of 95% or greater increased 280% (from 5 in March 2009 to 19 in October 2009);
- ISP Current improved nearly 40% (from 56% in March 2009 to 79% in November 2009);
- Caseload ratios increased 142% (from 19% in March 2009 to 46% in October 2009);
- ACT Fidelity increased 25% (from 68% in March 2009 to 85% in October 2009);
- Clinics meeting 99% or greater for COT adherence with Case Manager visits increased 650% (from 2 clinics in March 2009 to 15 in October 2009); and
- TXIX coverage increased 12% (from 52% in February 2009 to 58% in October 2009).

23. How has the program grown and/or changed since its inception?

By gathering ongoing feedback from providers and recipients of care among others in the behavioral health system, we continue to provide timely, relevant information to improve levels of care and affect positive outcomes. ADHS/DBHS and Magellan understand that it is vital for consumers to have easy access to helpful information on provider performance. Continued development of the dashboard will provide valuable information for not only consumers, but also providers on making recommendations to improve their clinics' performance.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

In the past six months, Magellan Health Services has begun implementing the Provider Outcomes Dashboard initiative in its five other states where it holds public sector mental health managed care contracts. The Maricopa team has consulted with the quality managers in other areas and the following limitations have been noted:

1. Leadership Focus on Outcomes – The Maricopa County Provider Outcomes Dashboard does not operate in a vacuum but integrates with the core vision and leadership of ADHS/DBHS to move the system from a preferential focus on process and administrative results to ultimate outcomes for the recipients of behavioral health services. This support and leadership are required for the Provider Outcomes Dashboard approach to have optimal success.
2. Data Accessibility – The platform and managerial approach has strong value regardless of the availability of real-time, full data sets, but is dramatically enhanced where the decisions are being made based upon all records. Some states do not have a shared provider data system like the unified approach in Maricopa, e.g., Virginia referenced above.
3. Collaboration in Development – One of the strongest components of the Maricopa Provider Outcomes Dashboard initiative has been the collaborative nature of the development, with the senior executive teams driving changes to the tool with input from direct managers and staff. The ability to draw these leaders to the table for the time investment may be a challenge but produced significant dividends in Maricopa in terms of ownership and shared input.
4. Fears Related to Dramatically Increased Transparency and Accountability – NAMI is a national advocacy organization that provides grades to state mental health systems. The national average grade was a D in the 2009 report. States are challenged by a complex set of variables and there have been extreme funding challenges since the current national fiscal crisis began in 2008. However, the commitment to public accountability is a major ingredient in the month-over-month progress we are tracking.

Transferability to Other States

The transferability potential for the Provider Outcomes Dashboard approach is tremendous. As referenced above, ADHS/DBHS is implementing the same approach with other systems (including children's, crisis, GMH/SA, etc.) and encouraging other Arizona regions to follow suit. In order to maximize the ability to replicate this project freely, a 40-page specifications manual is available along with the monthly updates to the Provider Outcomes Dashboard on magellanofaz.com/dashboards.

However, the project is already being implemented in five other states where Magellan contracts with state and county mental health authorities. In December 2009, Dr. Laura Nelson attended the annual meeting of the National Association of State Mental Health Program Directors (NASMHPD) in Washington, D.C., along with the other state mental health commissioners. She shared with the NASMHPD commissioners list serve her excitement about this new innovative approach and the early results.

In February 2010, Magellan was contacted by Debra Barry, Quality Assurance and Risk Management Director for the Office of Mental Health and Substance Abuse Services for Pennsylvania who had seen Dr. Nelson's correspondence and wanted to inquire about replication. Magellan is moving forward aggressively with a project plan for implementation in 2010 of the Provider Outcomes Dashboard for five states, including Arizona, Pennsylvania, Iowa, Nebraska and Florida. In Pennsylvania, Magellan will implement three Provider Outcomes Dashboards in five urban counties: one for outpatient services that covers the three counties around New Town, one for outpatient services that covers the two counties around Lehigh, and a third joint one for all five counties that covers crisis services, including 24-hour inpatient.

Creativity and Originality

In addition to the cover article reporting on the Maricopa County Provider Outcomes Dashboard, the February 2010 edition of Behavioral Healthcare also contained an article on other Community Mental Health Center "dashboards." The variety of management reports that were presented included financial ratio summaries, accreditation quality indicators, provider agency profiles, etc. These tools were missing the key ingredients in the Maricopa County alchemy, the most important of which is posting the interactive outcomes for public accountability.

The four states that are replicating Maricopa's unique model are working together to ensure integrity to the original ADHS/DBHS and Magellan of Arizona vision. The email below from the project leader Barbara Dunn to the Quality Managers of the various state projects captures the essence of this cutting-edge approach. It also shows how quickly this innovative management approach can be adopted and/or adapted in a variety of settings.

"Thank you for the many conversations to develop a Core Balanced Scorecard template for a Provider Outcomes Dashboard! The decisions for inclusion on the Core elements were based on the principles of:

- The Balanced Scorecard -- clinical quality, recovery, coordination of care, and accountability and administrative outcomes
- Meaningful and Actionable measures for provider and consumer use – measures which are monthly and quarterly have more opportunities for change
- Consumer Driven measures– our gold standard is if consumers report they are better off
- Alignment with National Standards for outcomes -- from SAMHSA, NASMHPD, NAMI, and others who drive quality measures

The Core Balanced Scorecard Elements --

1. Recovery - Recovery (NOMS or recovery orientation) & Satisfaction
2. Clinical - Participation in Treatment & Perception of Care
3. Coordination - Admission, Intake to 2nd Appointment, 7 Day Follow-up & 30 Day Readmit
4. Accountability and Administrative - Encounter/Claims & Complaints/1000

Next month we will focus on obtaining the best source of the measure

- Populating the Specification Template (for where the metrics will be pulled, how often, and why important)
- Deciding which providers will be on your Provider Outcomes Dashboard
- Deciding your Care Management Center (CMC) specific measures to add

I would challenge you to consider a targeted selection of items (12-15 total) and providers (under 20). Think along the lines of which providers will be best challenged to provide quality, where consumers will take the most action, and how this fits into your current quality efforts with providers.

Thank you again for your enthusiasm and value in this effort! You are part of taking this the next step for excellence in the public sector for accountability, transparency, and quality!"