

Performance Evaluation, Analytics and Research (PEAR)

The Performance Evaluation, Analytics and Research (PEAR) Department leads and participates in data, analytic, and research activities to support performance improvement. By providing evaluation, analytical, and research expertise, PEAR supports data-driven decision making to improve services and systems of care for CBH members and their communities.

Consistent with the six aims of improvement articulated in *Crossing the Quality Chasm: A New Health System for the 21st Century*¹, PEAR focuses measurement efforts to ensure that services are:

- **Safe:** avoiding injuries
- **Timely:** minimal wait times
- **Equitable:** providing care that does not vary in quality because of personal characteristics
- **Effective:** producing desired outcomes that are guided by best clinical practices
- **Person, Family, and Community-Centered:** providing care that is guided by the preferences, needs, and values of the individual and his/ her family and community
- **Cost Effective:** avoiding waste and unnecessary cost

Consistent with HealthChoices requirements, PEAR also supports measurement efforts to ensure accessibility. Thus, in addition to the six quality domains listed above, PEAR also measures services to assure that they are:

- **Accessible:** requested services available to those who need them

The Importance of Data

Performance improvements rely on the use of data and measurements. Data is information about who, what, when, where, and how. Data that reflects service processes and outcomes is a major measurement area for PEAR. While every data point reflects an individual's experience, aggregated data reflects occurrence at the program, provider, agency, or system level. By using data to inform performance improvement, we hold ourselves and our providers accountable to the population that we serve.

As a leading user of the DBHIDS data systems, PEAR works closely with other departments to inform the DBHIDS data infrastructure. In this area, PEAR contributes to standard clinical definitions, *ad-hoc* reporting, master data management, management of analytics requests, and recommendations for system enhancement.

¹ Institute of Medicine (IOM). 2001. *Crossing the Quality Chasm. Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C: National Academy Press.

Framework for Performance Improvement

Performance improvement begins with performance assessment. In any service provision, it is critical to account for our efforts to meet member needs. PEAR strives to do so through both quantitative and qualitative methods. Performance assessments should include measurements that encompass clinical processes, outcomes, and member satisfaction. In the spirit of continuous quality improvement, PEAR strives to continuously develop and implement measures that are based on CBH's mission, vision, and strategic plan.

PEAR provides ongoing analytic support to multiple CBH departments, including Clinical Care Management, Member Services, Provider Operations and Quality Management Departments. Using an evaluation framework, PEAR is responsible for the following data/analytic/research activity areas that support:

- Provider Performance Evaluation
- Program Evaluation
- Service System Evaluation
- Cross-systems Analytics

Provider Performance Evaluation/Pay for Performance (P4P)

Based on input from various stakeholders and following a multi-year development effort, CBH inaugurated the first instance of performance pay for network providers in 2010. Since the first performance payout, PEAR has continued to develop and issue provider performance profiles for the following levels of care: Inpatient Psychiatric Hospitalization, Children's Residential Treatment, Drug and Alcohol Residential Rehabilitation, Targeted Case Management, Behavioral Health Rehabilitation Services, Mental Health Outpatient, Drug and Alcohol Outpatient, and Intensive Outpatient.

PEAR welcomes input to the provider performance evaluation process, and PEAR will continue to encourage ideas and discussions to improve the process and vet the resultant reports. Throughout the development process, PEAR has consistently sought provider input, posting discussions, meeting summaries, presentations, and baseline results on our website. Provider input has included:

- Suggested measures
- Participation in focus groups
- Review and vetting of operational definitions
- Recommended differential weighting for P4P
- Initiating quality improvement plan(s) in response to performance results

Program Evaluation

PEAR supports program evaluation at multiple levels, including plan development/design, evaluation of plans, data collection, program monitoring and analysis. Evaluation results are used to support discussion around program monitoring and when warranted, around program improvements.

Service System Evaluation

In collaboration with the Quality Management Department, PEAR co-chairs the DBHIDS Quality Council, a primary venue for review and discussion of systems-level enhancements. Discussions at Quality Council vary and may include: Provider profile measurements and report development, Quality Improvement Plans, under or overutilization/penetration trends; state/contract compliance and reporting, among others.

Cross-systems Analytics

In partnership with other human services city agencies and external research entities, PEAR contributes to cross-system analyses and longitudinal studies. Incorporating other service information allows these analyses and studies to examine behavioral health service population from a larger framework.