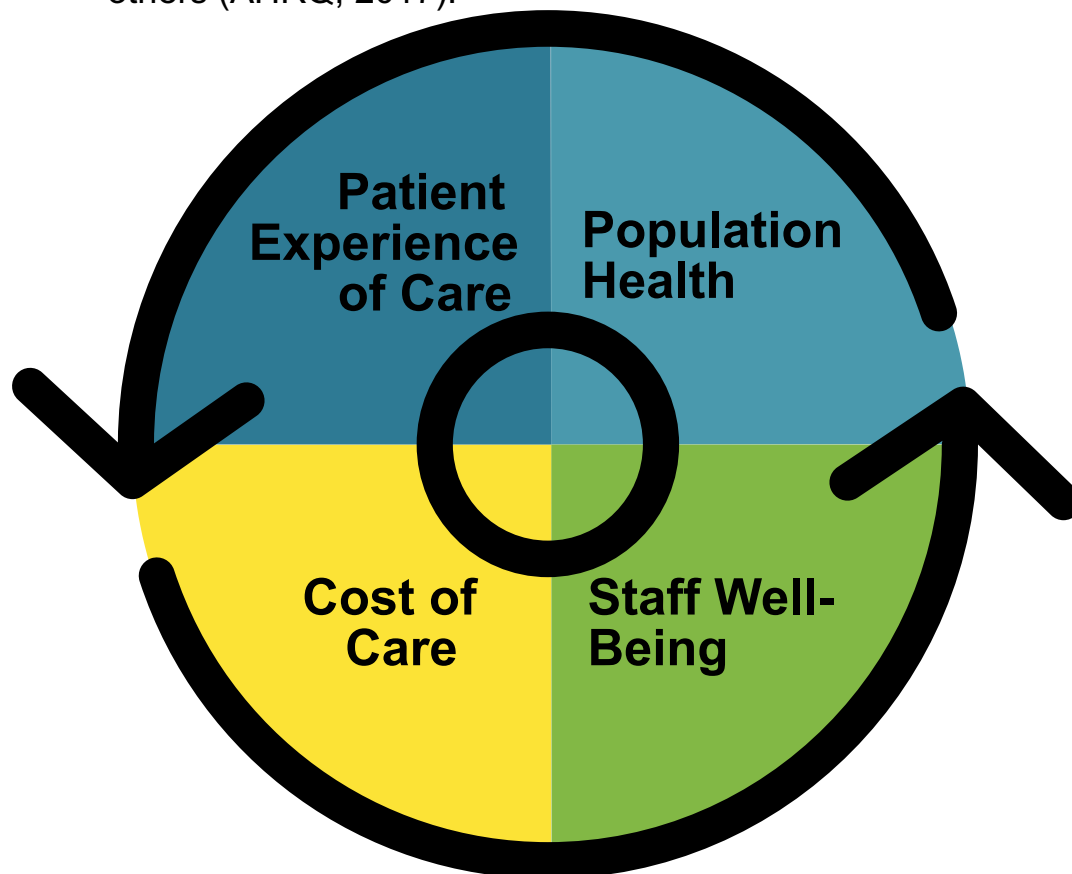




## The Framework: The Quadruple Aim

The patient experience of care encompasses the range of interactions that patients have with the healthcare system and includes several aspects of healthcare delivery, including satisfaction, timely appointments, and easy access to information, among others (AHRQ, 2017).

"Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group " (Kindig and Stoddart, 2003).



The total cost of care a patient receives across all settings and services, often presented as cost per member of the population per month (Stiefel & Nolan, 2012).

The quality of work life and the well being of healthcare professionals (Bodenheimer and Sinsky, 2014).

# CARS QUALITY DASHBOARD SUMMARY Q2 2020

## A NEW FOCUS: RACIAL EQUITY

Racial disparities in health and social determinants of health are pervasive throughout the United States. Evidence indicates that, relative to whites, Blacks have higher rates of premature and infant mortality, poorer self-rated health, higher rates of unemployment, higher rates of substandard housing, lower rates of high school completion, and rates of poverty nearly three times greater. These disparities extend to healthcare, as research has found lower rates of access, poorer care quality, and even implicit racial bias among providers, which can negatively impact the experience of care for Black patients. Many of these inequities are particularly pronounced in Milwaukee County, with an average age of death for Black citizens that is nearly 14 years lower than that of whites (61.33 and 75.22, respectively) and an infant mortality rate that is more than twice that of white infants. In 2019, the Milwaukee County Executive, the Milwaukee County Common Council, and the city of Milwaukee passed a resolution declaring racism to be a public health crisis.

In support of this resolution, the CARS Research and Evaluation Team asserts the following: 1) We believe in the inherent value and dignity of each individual we serve. 2) We believe everyone has the right to strive to achieve their best quality of life. 3) We believe everyone has a right to effective and timely health care. 4) We believe that a fair and just system of care does not systematically disadvantage one group over another. These beliefs are at the foundation of three guiding principles:

- 1. *Our commitment to equity embraces all forms of diversity.***
- 2. *Equity is not simply something that we do, it must reflect who we aspire to be.***
- 3. *An equity gap is a quality gap that must be acknowledged and addressed.***

The realization of these principles means that we seek to cultivate a culture of equity that is explicitly embedded in our professional and organizational philosophy. We understand, however, that a verbal commitment to equity rings hollow without the actions to support it. On the CARS Research and Evaluation Team, we believe that one of the practical, immediate ways we can contribute to this vital mission is by leveraging data to identify and highlight any disparities that exist.

Therefore, beginning this quarter, the CARS Research and Evaluation Team will begin to disaggregate several key metrics by race in every category of the Quadruple Aim on the CARS Quarterly Dashboard. We intend to have this disaggregation complete by the winter meeting of the Mental Health Board Quality Committee. Further, these disaggregated metrics will be given place of preference in the Quarterly Dashboard, presented as the first set of statistics in each "Aim," rather than relegated to back page "supplementary analyses."

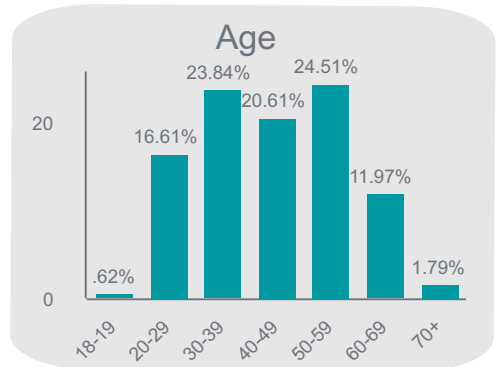
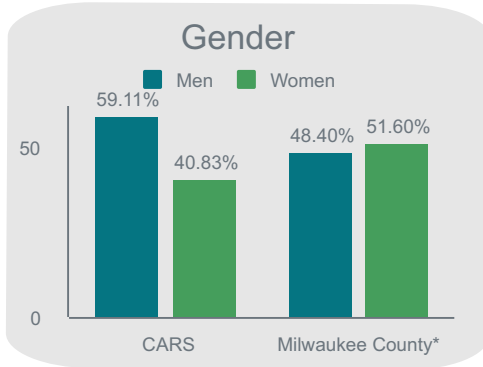
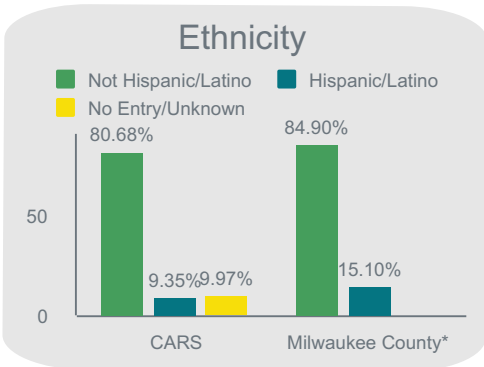
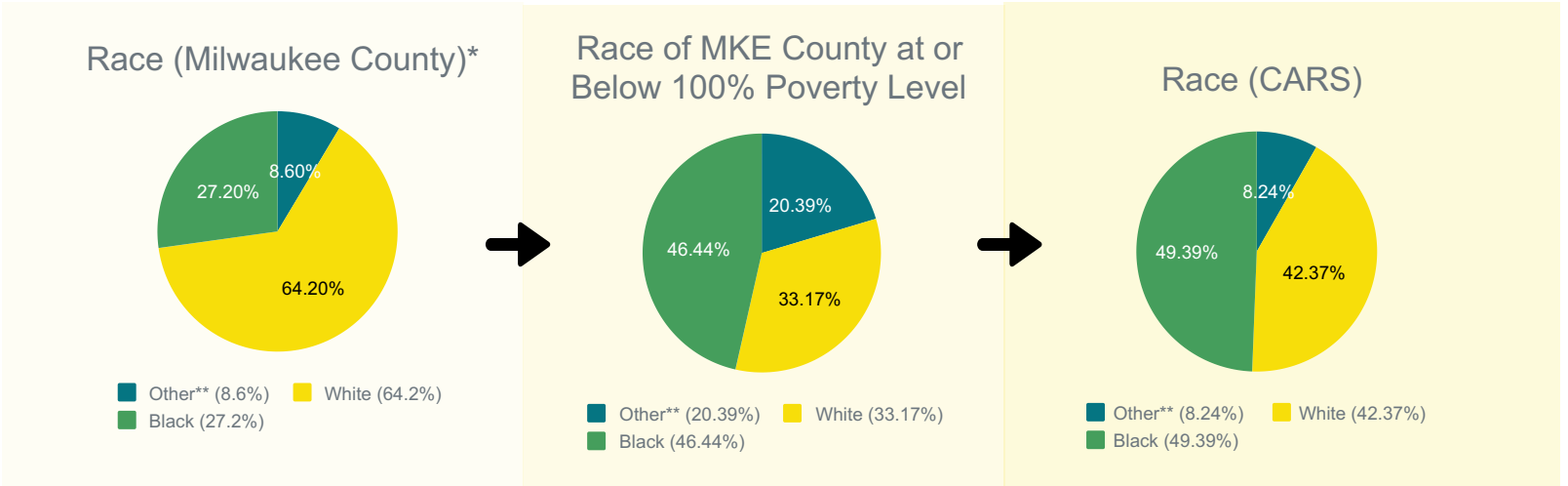
We believe these changes will help us to identify existing disparities of which we may not be aware and will allow us to monitor for the development or exacerbation in disparities in any of these key metrics over time. We hope they will raise awareness, drive quality improvement projects, and help to make the concept of equity part of our daily language and workplace culture. Perhaps most importantly, however, these revisions reflect the commitment of CARS to place equity and racial justice front and center in the work we do. It is, therefore, our perspective that equity is both a moral and scientific issue. *It is our conviction that true, comprehensive quality of care and true, universal population health cannot be achieved without equity.* Let's get to work.

# Looking at our Metrics with a Racial Equity Lens

Q2-2020 data unless noted

## Demographic Information of the Population We Serve

This section outlines demographics of the consumers CARS served last quarter compared to the County population.

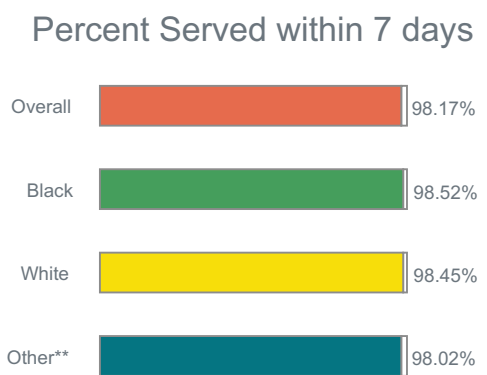
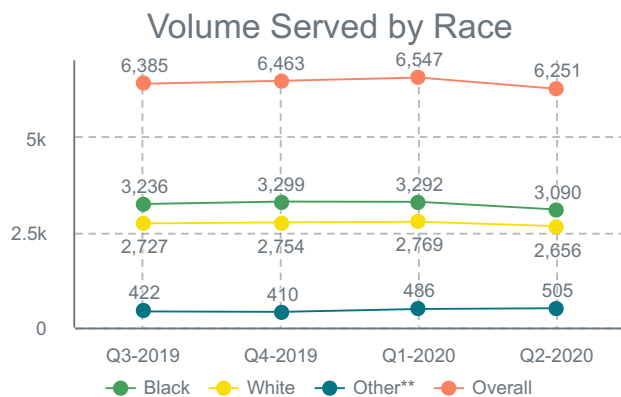


\*Comparable data from United States Census Bureau, which can be found at: <https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin/PST045217#qf-flag-Z>  
 \*\*"Other" encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Biracial", "Native Hawaiian/Pacific Islander", and "Other"

## Domain: Patient Experience of Care

**Volume Served**

**Timeliness of Access**



Average Consumer Satisfaction Score (Range of 1-5)

159  
client experience surveys received in Q2 2020

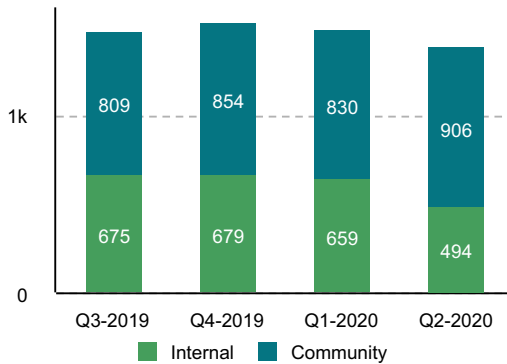
3.80  
average for all consumers (n=159)

3.85  
average for Black consumers (n=92)

3.61  
average for white consumers (n=48)

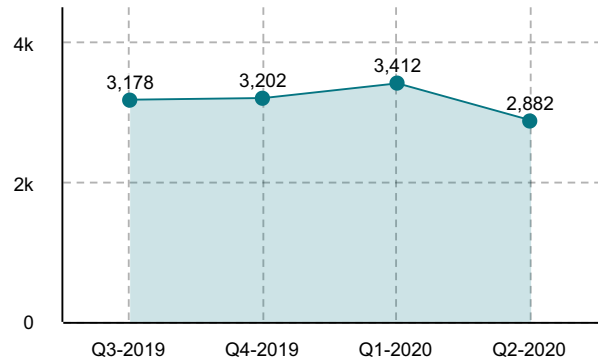
Referrals

Referrals



Admissions

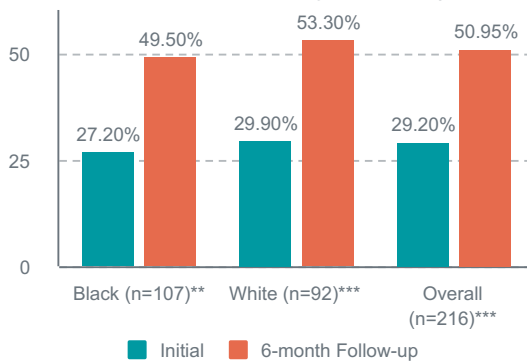
Admissions



Domain: Population Health

Change Over Time

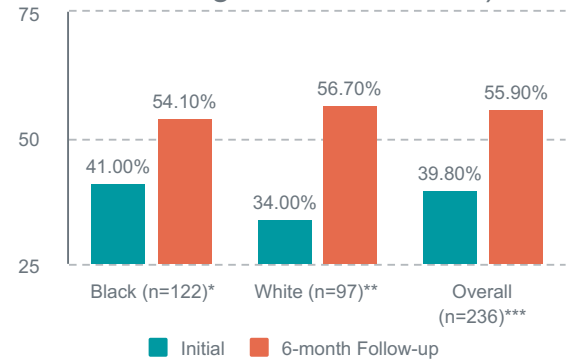
Quality of Life (Percent indicating "Good" or "Very Good")



Quality of Life

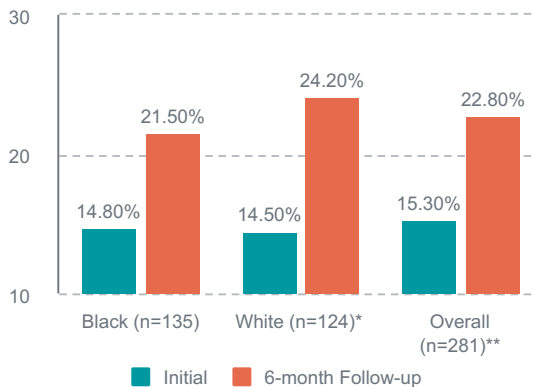
Self-Rated Health

Self-Rated Health (Percent indicating "Good" or better)



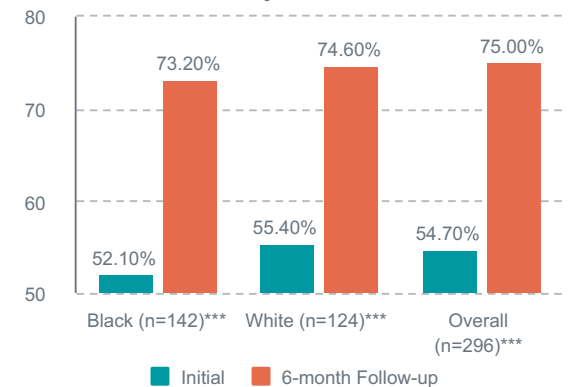
Employed

Employed



Stably Housed

Stably Housed

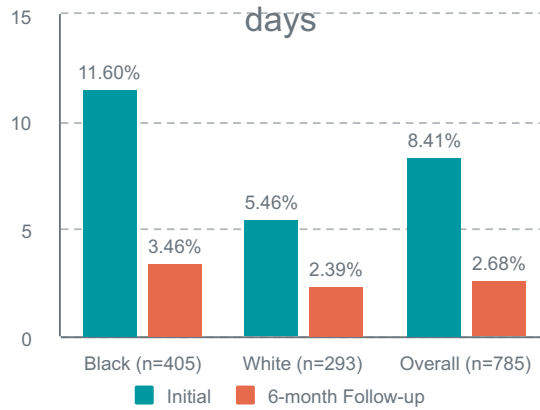


\*p<.05 \*\*p<.01 \*\*\*p<.001

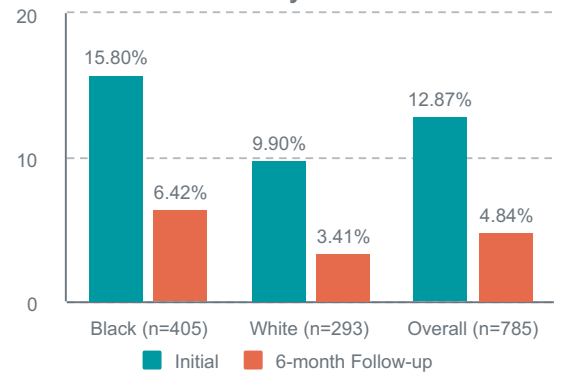
Change Over Time

PCS visits

Percent with PCS visit in last 30 days



Percent with Detox Visit in last 30 days



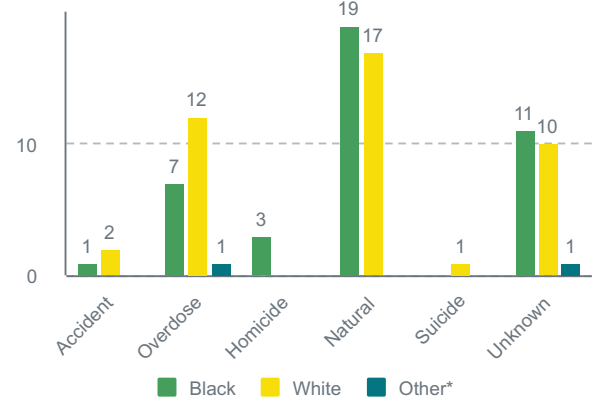
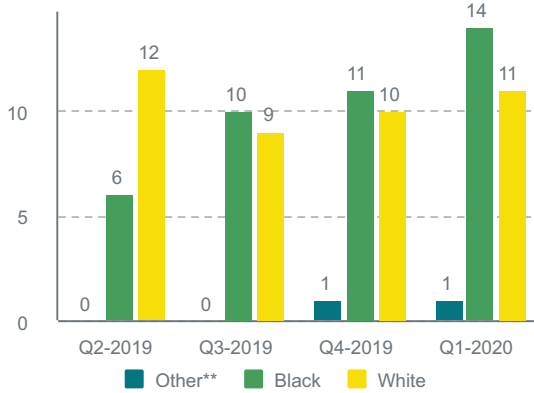
Detox Visits

Mortality Over Time by Race

one quarter lag in reporting

Cause of Death by Race

for deaths between Q2-2019 and Q1-2020



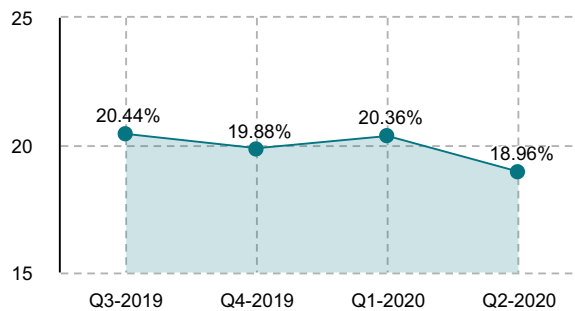
Acute Service Utilization

ER Utilization

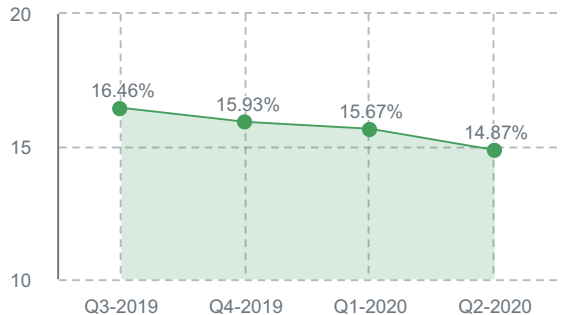
Homelessness

Employment

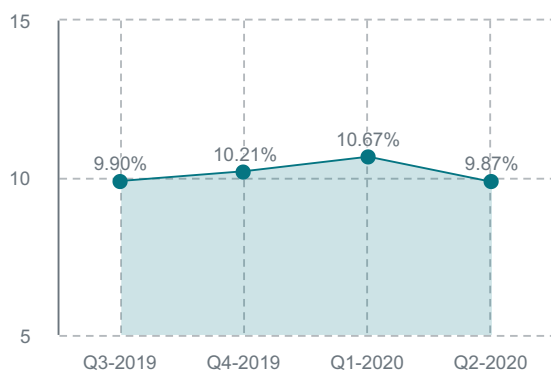
Acute Services



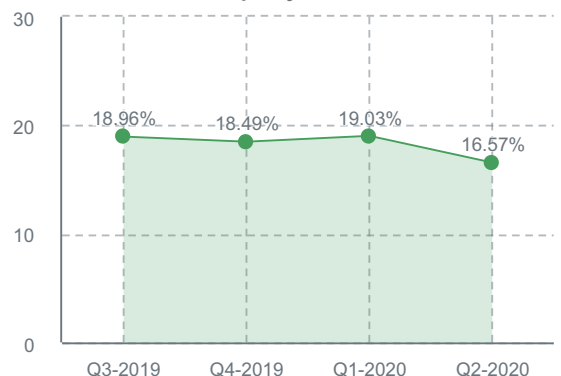
ER



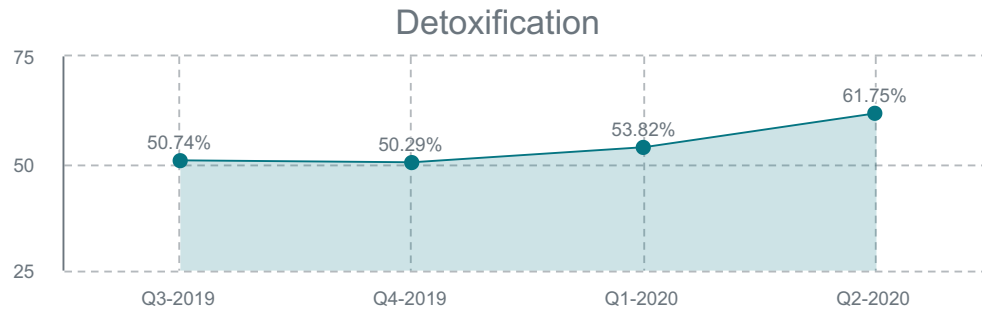
Homelessness



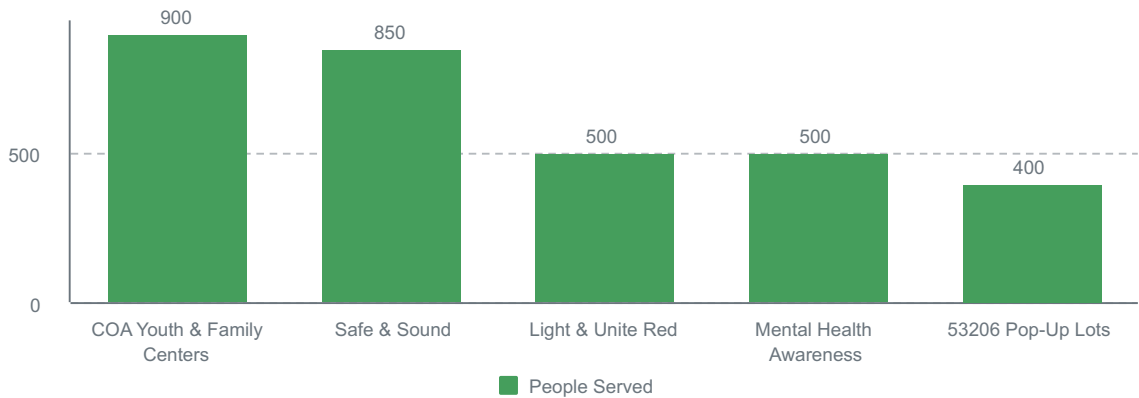
Employment



Detoxification  
7-Day  
Readmissions



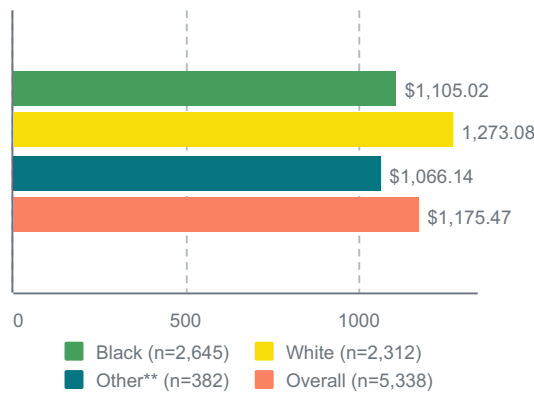
Top Prevention  
Initiatives



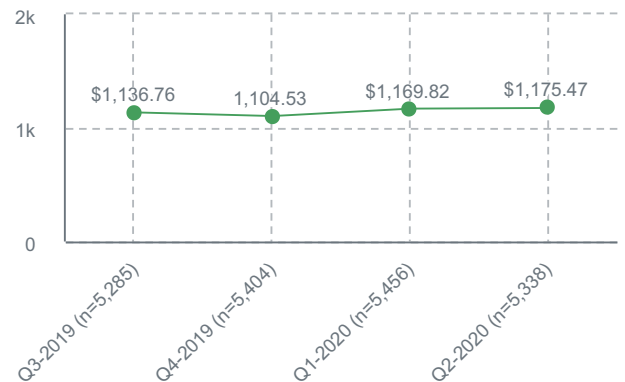
Domain: Cost of Care

Average Cost per  
Consumer per  
Month for Q2 by  
Race

"n" refers to an average of the number of unique consumers served per month for the quarter



Average Cost per  
Consumer per  
Month by Quarter



Domain: Staff Well-Being

Turnover

**4.76%**  
CARS turnover rate

Staff Quality  
of Life

**20.00%**  
Turnover rate for  
government employees  
(per year)\*

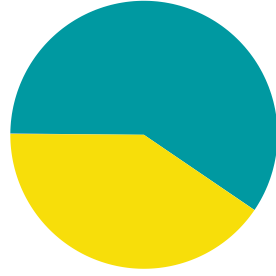
In an effort to increase staff well-being during the COVID-19 pandemic, CARS staff have engaged in Staff Enrichment meetings. Several CARS staff have stepped up to present to their fellow colleagues on topics such as emotional intelligence, racial equity, and gratitude. These meetings have been informational and a great way for staff to connect with one another while working remotely. Staff Enrichment meetings take place every other Friday and will continue throughout the pandemic, and after we reconvene at BHD.

## Metric Definitions

<b>Acute Service Utilization</b>	Percent of all unique clients who reported that they had received a psychiatric hospitalization, medical hospitalization, or detoxification service in the last 30 days.
<b>Admissions</b>	All admissions during the past four quarters (not unique clients, as some clients had multiple admissions during the quarter). This includes detoxification admissions.
<b>Consumer Satisfaction</b>	Implementation of the new, more succinct Client Satisfaction has begun. The survey ranges from 4-10 questions, depending on the program, and all questions range from 1="strongly disagree" to 5="strongly agree". The survey is currently being utilized in CCM, RSC, CLASP, and the Office of Consumer Affairs. CSP will begin implementing the survey in the next month.
<b>Cost of Care</b>	The average cost per consumer per month within each quarter for CARS services received by CARS consumers (not including inpatient and crisis). This is not separated out by funding stream or limited to those dollars spent by Milwaukee County on these services. The "n" is an average of the unique number of consumers served per month for the 3 months in the quarter in question.
<b>Detoxification Re-admissions</b>	Percent of consumers returning to detoxification within 7 days. This includes both Detoxification 75.07, as well as Detoxification 75.09 (Sober Up).
<b>Employment</b>	Percent of current employment status of unique clients reported as "full or part time employment, supported competitive employment, sheltered employment, or student status".
<b>ER Utilization</b>	Percent with any emergency room utilization. Includes any medical or psychiatric ER utilization in last 30 days.
<b>Homelessness</b>	Percent of all unique clients who reported their current living situation was "street, shelter, no fixed address, homeless".
<b>Mortality Over Time</b>	Mortality is a population health metric used by other institutions such as the Center for Disease Control, the U.S. Department of Health and Human Services, and the World Health Organization. The graph represents the total number of deaths by cause of death from the previous four quarters. There is a one quarter lag in death reporting.
<b>Percent Served Within 7 days</b>	Percentage of clients per quarter who received a service within 7 days of their Comprehensive Assessment.
<b>Prevention</b>	Prevention is an important population health factor. Many prevention activities include evidence based practices and presentations. The top five prevention activities from the previous quarter are listed in the graphic.
<b>Quality of Life</b>	This is a self-reported measure based on the question on the Comprehensive Assessment. The graph shows the percentage of people that said that their quality of life was "good" or "very good".
<b>Referrals</b>	Total number of referrals at community-based and internal Access Points per quarter.
<b>Self-Rated Health</b>	This is a self-reported measure based on the question on the Comprehensive Assessment. The graph shows the percentage of people that said that their physical health was at least "good".
<b>Stably Housed</b>	Percent of clients who reported their current living situation as a permanent or supported residence.
<b>Turnover</b>	Turnover is calculated by looking at the total number of staff who have left over the previous four quarters, divided by the average number of employees per month, for the previous four quarters *Source: Bureau of Labor Statistics ( <a href="https://www.bls.gov/news.release/jolts.t16.htm">https://www.bls.gov/news.release/jolts.t16.htm</a> )
<b>Volume Served</b>	Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.

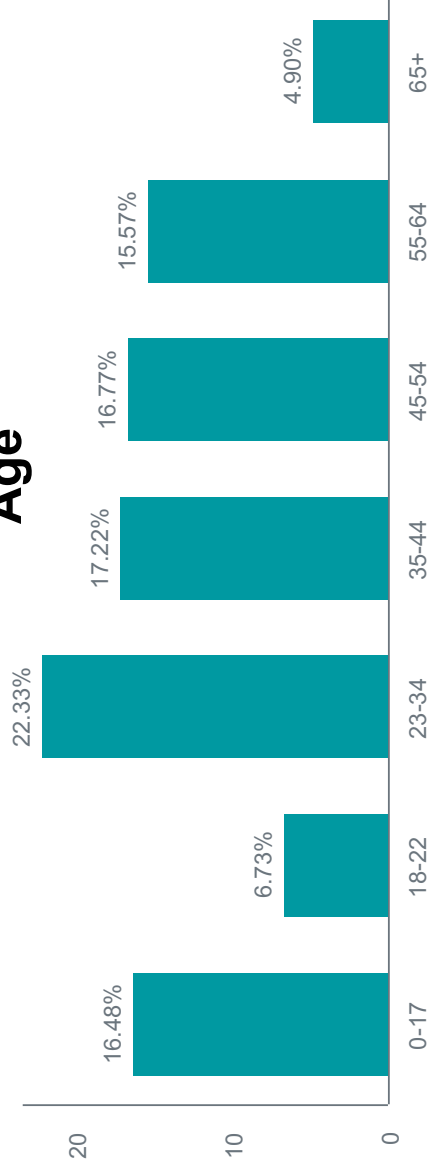
**Volume Served**  
**9,422**

### Gender



\*"Other" encompasses transgender, non-binary, and other individuals

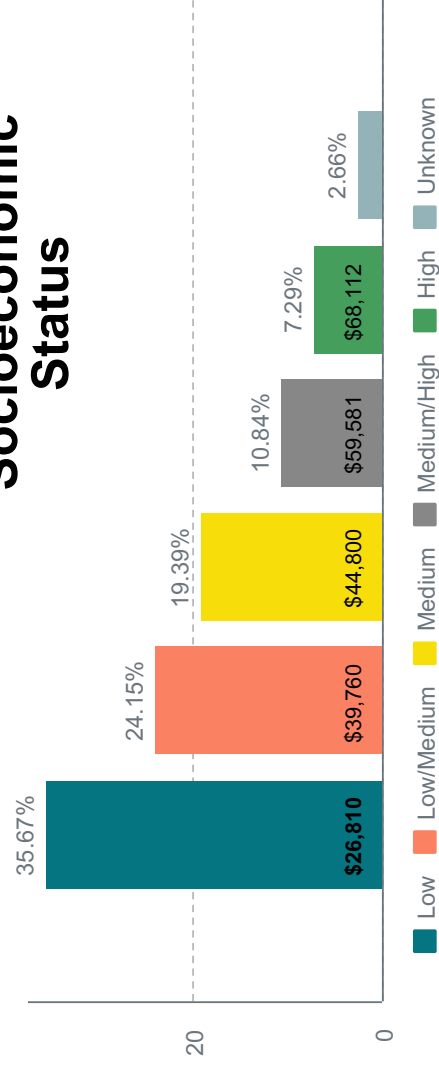
### Age



### Race/Ethnicity



### Socioeconomic Status



\*"Other" encompasses small percentages of indicated racial identity including "Alaskan Native/American Indian", "Asian", "Native Hawaiian/Pacific Islander", "Other", and N/A

SES is determined based on income and education levels, and calculated based on zip code. Median income is listed for each group.  
<http://www.cuph.org/milwaukeee-health-report.html>