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).
CONTINUED FOCUS ON RACIAL EQUITY

As stated in our previous quarterly report, CARS is committed to racial equity and to building equity into all aspects of our department, from care provision to administrative oversight and internal operations. We introduced our guiding principles in the last quarterly report, and we reaffirm them below:

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.**

As noted in the previous quarterly report, we have begun to disaggregate our key metrics by race, a process we continued in this iteration. As of this moment, nearly all CARS quarterly reporting metrics have now been disaggregated, save our staff turnover metric (see below). The remainder of this document will highlight key developments and/or findings in the each of the Aims of the Quadruple Aim, consistent with our previous reporting.

**Population Health**
For the first time since we began disaggregating our health metrics by race, the rate of improvement in the self-reported quality of life ratings of Black clients newly enrolled in CARS services surpassed that of white clients. This continues the positive trend of increasing rates of improvement for Black clients that we’ve observed for the last year and half. Also notable is the progress the BHD business analytic team continues to make with regards to developing an enrollment reporting structure that will enable better tracking and outcomes reporting of CARS’s entire client population. Of note, there was a significant increase in overdose-related deaths among our white clients in quarter 2. This concerning finding will be discussed with CARS leadership.

**Patient Experience of Care**
The implementation of the client experience survey in CARS is well underway, with two new programs beginning administration of the survey in quarter three and another program in the implementation planning stages. CARS has streamlined the collection and feedback process of the client experience survey with our Qualtrics analytic software, and program managers have been making good use of the data visualization capabilities of this software. Importantly, our aggregate quarter 3 data from the survey suggests that there are no differences in scores between our Black and white clients, though we will continue to monitor this metric.

**Staff Wellbeing**
The data CARS has received from HR indicate that no staff left CARS in the third quarter of 2020. This brings CARS’s rolling twelve-month turnover rate down to 2.17% (against a national benchmark of 20.0%)! Our partners in HR will begin providing this turnover data disaggregated by race starting in the fourth quarter of 2020. Upcoming CARS initiatives in the Staff Wellbeing Aim include the development of a mentorship program within CARS, research on the concept of a Results Only Work Environment, and the possible development and implementation of an ongoing professional quality of life survey for all CARS staff on an annual basis.

**Cost of Care**
The cost of care metric has already been disaggregated by race, and gap in dollars spent per client per month between Black and white clients has increased slightly since the previous quarter. We are actively investigating potential reasons for this difference and will respond accordingly.

**NEXT STEPS**
The CARS R&E Team believes that a critical next step of the activities and data disaggregation articulated above is to now act on it! Therefore, over the next several months, we will be meeting with CARS leadership to discuss how to use this disaggregated data to identify potential quality improvement targets for the CARS Quality Plan. A new version of this Plan is scheduled for release in the Spring of 2021 and will include ideas and goals generated from this work. We hope to give updates on the CARS Quality Plan during the Spring meeting of the MHB Quality Committee.
Looking at our Metrics with a Racial Equity Lens
Q3-2020 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.

Race (Milwaukee County)*
- Other** (8.6%)
- White (64.2%)
- Black (27.2%)

Race of MKE County at or Below 100% Poverty Level
- Other** (20.39%)
- White (33.17%)
- Black (46.44%)

Race (CARS)
- Other** (7.95%)
- White (42.12%)
- Black (49.93%)

Ethnicity
- Not Hispanic/Latino
- Hispanic/Latino
- No Entry/Unknown

Gender
- 58.78% Men
- 41.17% Women

Age
- 20-29: 16.60%
- 30-39: 20.52%
- 40-49: 24.51%
- 50-64: 11.97%
- 65+: 1.67%

A look at poverty in Milwaukee County vs. CARS
This graph illustrates the estimated number of people living in poverty in Milwaukee County each year from 2016 to present, relative to the unique number of people in poverty served by CARS per year in the same timeframe. These data indicate that although the population of Milwaukee County, both overall and those living in poverty, is decreasing from year to year, the proportion of the community served by CARS is actually growing. This suggests that CARS is increasing its community reach and impact over time, even as the community itself contracts. *2020 is a projection.

*Comparable data from United States Census Bureau, which can be found at: https://www.census.gov/quickfacts/fact/table/milwaukee county/wisconsin/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

![Chart showing volume served by race and percent served within 7 days](chart)

- **Overall**: 99.61%
- **Black**: 99.39%
- **White**: 99.81%
- **Other**: 100%

### Average Consumer Satisfaction Score (Range of 1-5)

- **430**
  - Client experience surveys received in Q3 2020
- **4.38**
  - Average for all consumers (n=430)
- **4.36**
  - Average for Black consumers (n=241)
- **4.35**
  - Average for white consumers (n=127)

### Referrals

- **Overall**: Referrals across quarters 2019-2020
- **Black**: 789, 812, 674
- **White**: 556, 589, 475

### Admissions

- **Overall**: Admissions across quarters 2019-2020
- **Black**: 3,202, 3,412, 2,882
- **White**: 2,014, 2,162, 1,870

**Domain: Population Health**

### Change Over Time

#### Quality of Life ("Good" or "Very Good")

- **Black**: 25.20% (n=119)**
- **White**: 22.10% (n=77)**
- **Overall**: 24.90% (n=225)**

#### Self-Rated Health ("Good" or better)

- **Black**: 45.60% (n=136)
- **White**: 45.20% (n=84)
- **Overall**: 45.20% (n=248)

*p<.05  **p<.01  ***p<.001
Domain: Top Prevention Initiatives

- Milwaukee Public Schools: 22,000
- Milwaukee County Substance Abuse Prevention Coalition (MCSAP): 15,595
- Safe & Sound: 6,925
- Mental Health Awareness: 3,150
- Light Unite Red: 2,200

Domain: Cost of Care

Average Cost per Consumer per Month for Q3 by Race

- Black: $1,049.42 (n=2,695)
- White: $1,273.27 (n=1,986)
- Other**: $1,110.37 (n=754)
- Overall: $1,139.67 (n=5,435)

"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

- Q4-2019: $1,104.53 (n=5,404)
- Q1-2020: $1,169.82 (n=5,456)
- Q2-2020: $1,175.47 (n=5,338)
- Q3-2020: $1,139.67 (n=5,435)

Domain: Staff Well-Being

- Turnover: 2.17%
  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.
### Metric Definitions

<table>
<thead>
<tr>
<th>Metric Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Service Utilization</td>
<td>Percent of all unique clients who reported that they had received a psychiatric hospitalization, medical hospitalization, or detoxification service in the last 30 days.</td>
</tr>
<tr>
<td>Admissions</td>
<td>All admissions during the past four quarters (not unique clients, as some clients had multiple admissions during the quarter). This includes detoxification admissions.</td>
</tr>
<tr>
<td>Consumer Satisfaction</td>
<td>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=&quot;strongly disagree&quot; to 5=&quot;strongly agree&quot;. The survey is currently being utilized in CSP, CCM, RSC, CLASP, and the Office of Consumer Affairs.</td>
</tr>
<tr>
<td>Cost of Care</td>
<td>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 &quot;n&quot; is an average of the unique number of consumers served per month for the 3 months in the quarter in question.</td>
</tr>
<tr>
<td>Detoxification Re-admissions</td>
<td>Percent of consumers returning to detoxification within 7 days. This includes both Detoxification 75.07, as well as Detoxification 75.09 (Sober Up).</td>
</tr>
<tr>
<td>Employment</td>
<td>Percent of current employment status of unique clients reported as “full or part time employment, supported competitive employment, sheltered employment, or student status”.</td>
</tr>
<tr>
<td>ER Utilization</td>
<td>Percent with any emergency room utilization. Includes any medical or psychiatric ER utilization in last 30 days.</td>
</tr>
<tr>
<td>Homelessness</td>
<td>Percent of all unique clients who reported their current living situation was &quot;street, shelter, no fixed address, homeless&quot;.</td>
</tr>
<tr>
<td>Mortality Over Time</td>
<td>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 shows deaths by quarter and aggregated cause of death from the previous four quarters. These data come from the CARS notification of death form and is supplemented by information from the Medical Examiner’s office. There is a one quarter lag in death reporting.</td>
</tr>
<tr>
<td>Percent Served Within 7 days</td>
<td>Percentage of clients per quarter who received a service within 7 days of their Comprehensive Assessment.</td>
</tr>
<tr>
<td>Prevention</td>
<td>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.</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>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”.</td>
</tr>
<tr>
<td>Referrals</td>
<td>Total number of referrals at community-based and internal Access Points per quarter.</td>
</tr>
<tr>
<td>Self-Rated Health</td>
<td>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 &quot;good&quot;.</td>
</tr>
<tr>
<td>Stably Housed</td>
<td>Percent of clients who reported their current living situation as a permanent or supported residence.</td>
</tr>
<tr>
<td>Turnover</td>
<td>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  &lt;br&gt; &lt;br&gt; *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>)</td>
</tr>
<tr>
<td>Volume Served</td>
<td>Service volume has been consolidated into one category to avoid potential duplication of client counts due to involvement in both MH and AODA programs.</td>
</tr>
</tbody>
</table>
Volume Served

10,039

Gender

- Men (59.23%)
- Women (40.71%)
- Other* (0.06%)

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

Age

- 0-15: 12.05%
- 16-25: 18.40%
- 26-35: 19.07%
- 36-45: 16.64%
- 46-55: 16.34%
- 56-65: 13.80%
- 66+: 3.72%

Race/Ethnicity

- Black (51.14%)
- White (30.71%)
- Hispanic (10.38%)
- Other* (7.77%)

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

Socioeconomic Status

- Low: $26,810
- Low/Medium: $39,760
- Medium: $44,800
- Medium/High: $59,581
- High: $68,112
- Unknown: 3.22%

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/milwaukee-health-report.html