### Proposed Performance Measures:

## New Caller Satisfaction (14):

 Metric: Mean rating of "new" CPAN callers on satisfaction with consultations call. Specific question is "How likely are you to recommend CPAN to your colleagues?"

### Consult Satisfaction (14):

- o **Metric:** Mean rating of satisfaction with consultation call following patient consultation
  - Note: Data not currently available but will be incorporated in Trayt change. Specific question is "How likely are you to recommend CPAN to your colleagues?" Data proposed to be captured on first call in each 6-month period (subsequent to the period with an initial call).

## PCP Perception of Improved Care (23):

- Metric: Mean rating of CPAN callers (patient-specific) on comfort with care plan at the end
  of the consultation
  - Note: Data not currently available but will be incorporated in Trayt change. Specific question is "How comfortable are you in applying the recommendations provided during your consultation?" Data will be collected on initial call and first call in each 6-month period (subsequent to the period with an initial call).
- Participation (2): Percent of CPAN leadership calls with HRI CPAN Medical Director in full attendance. If CPAN Medical Director will have an extensive absence, alternative Lead can be proactively identified to COSH.
  - o Numerator: Number of meetings attended by CPAN Medical Director per HRI
  - o Denominator: Number of CPAN leadership calls held in quarter.

### Proposed Results Measures:

### Consults per month/quarter (8).

 Definition: Count of CPAN consults by month/quarter. This may be disaggregated in the visual by initial and DPC follow-up consults.

## Rate of consults involving psychiatric clinicians per psychiatric clinical FTE (18)

- Numerator: Number of CPAN consults involving a psychiatrist within the past month/quarter.
- o Denominator: Average number of psychiatric clinical FTEs over the month/quarter

# Rate of consults involving resource referral per non-psychiatrist FTE (counselor or navigator) (18)

- Numerator: Number of CPAN consults involving a non-psychiatry provider within the past month/quarter.
- Denominator: Average number of non-psychiatry FTEs over the month/quarter

## Proportion of consults involving a psychiatric clinician (18)

- Numerator: Number of consults involving a psychiatric clinician
- Denominator: Total number of completed consults within the month/quarter.
- Proportion of consults limited to resource referral (18)

- Numerator: Number of consults in which a resource referral was made (not involving a psychiatrist).
- o Denominator: Total number of completed consults within the month/quarter.

## Percent of consults in which a direct patient consult offered (8/17)

- o Numerator: Number of consults with indicator that direct patient consult was offered.
- Denominator: Total number of completed consults (excluding DPC follow-ups) within the month/quarter.

### Number of high-touch outreach activities completed (3)

- Metric: Count of outreach activities in past month/quarter. Outreach activities must have a time of 30 minutes or more.
- o Note: This data will be available through Salesforce from March 2025.

# Proportion of eligible consults with response under 30 minutes (13)

- Numerator: Number of completed consults meeting the requirement for 30-minute response with response time under 30 minutes.
- o Denominator: Number of consults meeting the requirement for 30-minute response.

# Proportion of calls unanswered/transferred (13/18)

- o Numerator: Number of consults that were transferred to another HRI to complete.
- o Denominator: Total number of completed consults within the month/quarter.
- Note: There are a few ways in which transfers can happen and some reasons transfers should occur. The definition is still be finetuned.

# • Cost per Consult (27)

Metric: The total number of consults divided by the CPAN budget for the month/quarter. The CPAN budget is the full annual budget for the HRI divided by 12 (monthly budget) or 4 (quarterly budget) shown monthly and quarterly, with cost data based on funding allocation (versus expenditures). Data will be additive so that subsequent months/quarters will incorporate consults and budget from previous periods.