



SAMHSA-HRSA Center for Integrated Health Solutions

Collecting and Using Data to Improve Consumers' Health and to Meet PBHCI Grant Requirements

November 28, 2012

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Got Questions?
Please type your
questions into the
question box



Goals of this Webinar

1. Review the grant data collection requirements.
2. Discuss common barriers to implementation & data collection experienced by previous cohorts.
3. Answer questions related to data collection and evaluation.
4. Link you with the people & services who can provide ongoing support regarding data collection & evaluation.



Overview of RFP Section 2.1 Grant Requirements

- A. Establish a Continuous Quality Improvement system.
- B. Collect and Report Infrastructure Development, Prevention, & Mental Health Promotion Indicators (IPP).
- C. Collect and Report on National Outcome Measures (NOMs) which includes Physical Health Indicators or “H” section data.
- D. Use data collected (in particular section H data) to inform care provision and improve patient activation.



CMHS *TR*ansformation & *AC*countability (TRAC) system

- In response to the 1993 Government Performance and Results Act (GPRA) requirements CMHS developed the TRAC system.
- The TRAC is a web-based performance measurement system that provides a set of basic indicators for program assessment.
- Measures include client level outcomes, indicators regarding infrastructure development, mental health promotion, and prevention activities, and satisfaction with technical assistance services.



Transformation Accountability (TRAC)

- Maintained by SAMHSA contractor, Westat
- Grantees enter into data:
 - Infrastructure Development, Prevention & Mental Health Promotion (IPP) Indicators
 - National Outcome Measures (NOMs)
- Data cannot be uploaded into TRAC; data must be entered by hand
- Data can be downloaded from TRAC



Infrastructure Development, Prevention & Mental Health Promotion (IPP) Indicators

- Entered quarterly directly into TRAC.
- Must discuss IPP goals with your GPO prior to collecting and entering these data.
- TRAC provides detailed training on how to develop and enter IPP data. Please be sure to attend TRAC sponsored webinars and read TRAC website materials related to IPP.



CMHS TRAC IPP Indicator Domains

- Policy
- Workforce development
- Financing
- Organizational change
- Partnerships/
Collaborations
- Targets of Practice
Awareness
- Training
- Knowledge/Attitudes/
Beliefs
- Screening
- Outreach
- Referral
- Access



Example of two IPP Indicators

Policy Development (PD)

PD1. The number of policy changes completed as a result of the grant.

Financing (F)

F3. The amount of pooled, blended, or braided funding used for mental health-related practices/activities that are consistent with the goals of the grant



CMHS TRAC NOMs Indicator Domains

- Demographics
Functioning
- Stability in housing
Education &
Employment
- Criminal justice status
- Perception of Care
- Social Connectedness
- Services Received
- Status at Reassessment
- Clinical Discharge



Physical Healthcare “H” Indicators are Part of NOMs

Mechanical

At Intake collected at 3 months--reported every 6 months:

- Height (cm)
- Weight (kg)
- Blood pressure
- Waist circumference (cm)
- Breath CO

Blood Labs

At Least Annually:

- Glucose or HgBA1c
- Successful 8h fast for glucose?
- Triglycerides
- LDL & HDL Cholesterol



Remember!

H indicator data must be entered into both TRAC and your own registry or data collection system so that you can meet the grant requirement to:

“...collect and report on data that permits an evaluation of increased coordination of care...on the individual level ...and quality of care outcomes at the population level.”



Remember!

Use data to:

- Support Continuous Quality Improvement.
- Monitor client/program progress.
- Target interventions to specific sub-groups of clients.
- Provide meaningful feedback to providers, clients and partners.

Also:

- The biggest threat to evaluation efforts may be missing data.
- Requires an ongoing monitoring of data to ensure that information is being collected and clients are receiving needed clinical care.
- Can be accomplished in many ways, e.g., an Access database and related queries/reports.



Access Database Example

Baseline Health											
TRAC ID	Name	PCP	DOB	BL Visit Date	BL Height	BL Weight	BL Waist	BL BP Systolic	BL BP Diastolic	BL Lab Date	
FS0001	Amanda	Dr. Jones	1/1/1950	2/1/2011	62	155	84	120	80	2/5/2011	
FS0002	Betty	Dr. Kitson	2/2/1951	2/1/2011	61	145	82	125	90	2/7/2011	
FS0003	Cathy	Dr. Currin	3/3/1952	2/2/2011	60	180	90	127	100	2/7/2011	
FS0004	Debra	Dr. Pina	4/4/1953	2/4/2011	54	175	90	130	90		
FS0005	Elizabeth	Dr. Winger	5/5/1954	2/5/2011	53	155	85	128	110	3/1/2011	
FS0006	Frank	Dr. Miller	6/6/1955	2/7/2011	72	245	120	160	120	2/15/2011	
FS0007	Gerry	Dr. Hernandez	7/7/1956	2/15/2011	64	260	125	140	110	2/15/2011	
FS0008	Henry	Dr. Currin	8/8/1957	2/17/2011	70	255	130	135	100		
FS0009	Isabel	Dr. Duffy	9/9/1958	2/19/2011	66	180	100	135	90	2/20/2011	
FS0010	Jane	Dr. Levinson	10/10/1959	2/22/2011	67	174	94	142	100	3/1/2011	
FS0011	Kate	Dr. Hyde	11/11/1960	2/23/2011	70	166	93	137	91	3/2/2011	
FS0012	Linda	Dr. Jones	12/12/1961	3/1/2011	64	156	85	120	90	3/20/2011	
FS0013	Mandy	Dr. Winger	1/1/1962	3/2/2011	63	167	87	120	90		
FS0014	Noah	Dr. Duncan	2/2/1963	3/4/2011	69	199	92	125	100	3/7/2011	
FS0015	Odessa	Dr. Leo	3/3/1964	3/7/2011	59	310	130	127	90	3/7/2011	
FS0016	Penelope	Dr. Kitson	4/4/1965	3/9/2011	56	298	105	130	110	3/15/2011	
FS0017	Quinn	Dr. Bergman	5/5/1966	3/12/2011	58	168	91	120	80	3/15/2011	
FS0018	Rachel	Dr. Hernandez	6/6/1967	3/15/2011	64	254	107	135	90	3/15/2011	
FS0019	Steven	Dr. Levinson	7/7/1968	3/17/2011	70	274	110	110	90	3/19/2011	
FS0020	Timothy	Dr. Jones	8/8/1969	3/19/2011	75	244	115	127	100	3/22/2011	
FS0021	Ulysses	Dr. Duncan	9/9/1970	3/19/2011	56	265	117	140	110		
FS0022	Veronica	Dr. Hyde	10/10/1971	3/21/2011	58	210	95	137	109	3/25/2011	
FS0023	Wendy	Dr. Pina	11/11/1972	3/22/2011	59	285	109	130	90	3/22/2011	
FS0024	Xander	Dr. Miller	12/12/1973	3/24/2011	74	285	120	150	120	3/27/2011	
FS0025	Yolanda	Dr. Jones	1/1/1974	4/2/2011	58	235	117	140	110	4/5/2011	
FS0026	Zev	Dr. Currin	2/2/1975	4/5/2011	72	300	126	135	95	5/1/2011	



CMHS TRAC H Indicator FAQs

When should blood labs be drawn?

- At enrollment and annually thereafter
- Ideally, blood draws will occur ~at the same times as the NOMs interview

When should mechanical indicators be assessed?

- Quarterly (per contract w/ SAMHSA)
- Enter into TRAC biannually



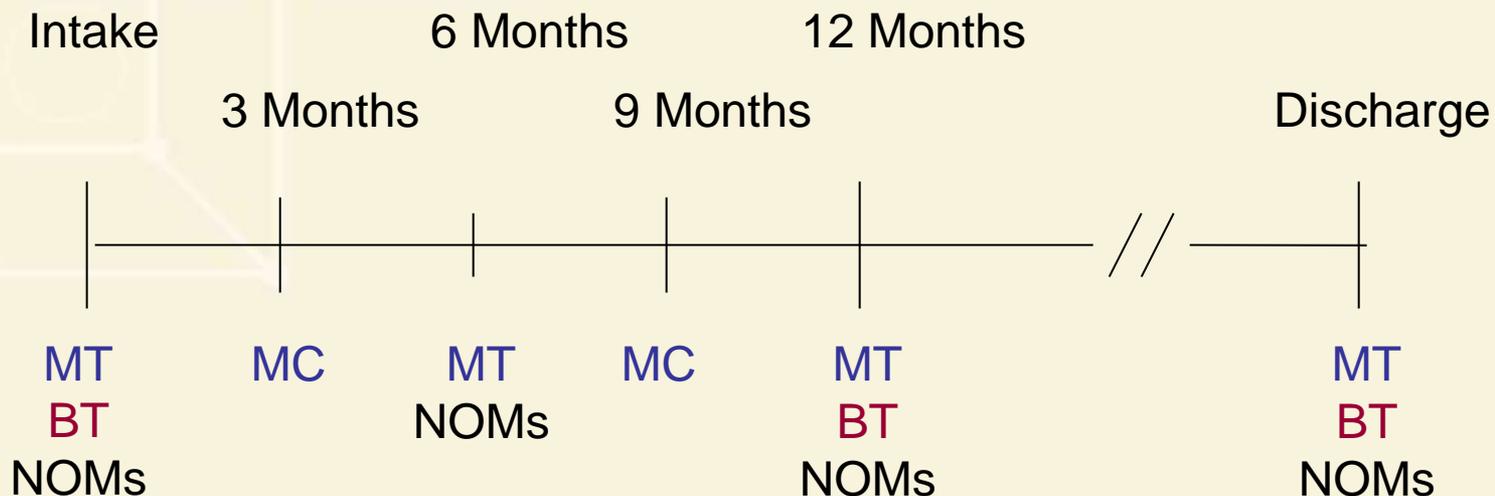
Timelines for Collecting & Reporting PH Indicators

MC = Mechanical indicators: Collect and store in medical records only.

MT = Mechanical indicators: collect, store in medical records, AND enter in TRAC

BT = Blood work: collect, store in medical records, and enter in TRAC

NOMs = NOMs survey, enter in TRAC



CMHS TRAC H Indicator FAQs

Do the mechanical H indicators need to be entered using a metric scale?

- Yes, sites can use online conversion software or download PDFs with the conversion tables.

What if our doctor(s) does not see annual blood labs as being clinically indicated?

- It is required as part of the grant and understood to be clinically indicated for this population.



CMHS TRAC H Indicator FAQs

Can the grant pay for labs?

- Yes, however finding a sustainable billing mechanism is recommended.

What if we have both Glucose *and* HgBA1c available should we enter both?

- Enter the HgBA1c



CMHS TRAC H Indicator FAQs

How is this data going to be used by SAMHSA?

- The data comprises part of the GPRA report to Congress. SAMHSA is also using these data to see if IH services impact these health indicators.

What is Breath Carbon Monoxide (CO)?

- CO values are obtained using a breathalyzer device that the consumer blows into. Breath CO measurement is able to indicate if a person has smoked & is a useful tool for working w/ consumers on smoking cessation.



CMHS TRAC H Indicator FAQs

Why should we capture waist circumference if we already capture the BMI score (i.e., height & weight)?

- Waist circumference has been linked to health risk factors and is a valuable clinical indicator when paired with BMI score.



CMHS TRAC H Indicator FAQs

What if we have a few sets of labs to choose from to enter?

- Enter the most recent date. If the 2 sets of test results are within 60 days of each other, both sets of results can be entered under this date. If the 2 sets of results are more than 60 days apart, only enter the data from the most recent blood draw and leave the earlier values blank (missing).



CMHS TRAC H Indicator FAQs

If the consumer does not fast for 8hr, should we still obtain the blood sample?

- Yes.
 - Note on the form that the fast wasn't completed and record the value of the non-fasting glucose test.



Questions and Answers





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Challenges & Solutions to NOMs Data Collection & Entry

Lessons Learned from the Earlier Cohorts



Using H Indicator Data to Inform Care

- The NOMs Client-level Measures module “**Cross Tabulation & Frequency Report**” allows creation of frequencies or cross tabs on most indicators.
- The data displayed in the cross tabulations & frequencies are aggregated across pts & displayed at the grantee or program levels.
- You may view the results of this report in table view, a bar chart, or a pie chart.
- It can also be exported to Excel or saved as a query.



Using H Indicator Data to Inform Care

- Sites have found it beneficial to share monthly or quarterly data reports (e.g., H indicator findings) with PBHCI team and other staff who work closely with the PBHCI consumers.
- These data reports can be tied to the PBHCI grant work plan and related Continuous Quality Improvement dashboards.
- Collection of these data can also be tied to the consumer's health goals and used to inform the consumer about progress made/or not on their health goal(s).



Approaches to Data Collection: What works?

Important to consider two aspects:

1. Who is assigned to collect & report the NOMs data (i.e., enrollment & reassessment data)?
2. What protocols/procedures do these staff use to collect the data?



Who is assigned to collect & report the NOMs data?

Approach: Dedicated staff that just collect & report NOMs data.

Pros:

- Burden is taken off clinical staff to do this.
- Anecdotally, these sites seem to more consistently/reliably get NOMs data into TRAC.

Cons:

- Less buy-in from clinicians to support getting NOMs reassessments done and referrals made to the PBHCI services.
- Consumers find it harder to see the connection between NOMs and their clinical care (i.e., they perceive being in a research study).



Who is assigned to collect & report the NOMs data?

Approach: Clinicians collect NOMs data as part of their work with the consumer.

Pros:

- Consumers & staff more easily link data collected to the person's clinical care/health goals.
- If clinicians from outside PBHCI grant are collecting data, awareness of the PBHCI grant services spreads more easily across agency.

Cons:

- Appears to be a less consistent/reliable data collect process.
- Staff see this as an added burden.



What approaches do these staff use to collect the data?

Regardless of who is collecting the NOMs data these approaches have been found to work:

- Assume no one is going to return for a reassessment without a good deal of prompting/support!
- Implement reminder calls to consumers prior to their reassessment.
- Assess need for transportation support & provide it.
- Discuss NOMs data collection in the context of the consumers health goals.



What approaches do these staff use to collect the data?

Regardless of who is collecting the NOMs data these approaches work:

- Report back to clinicians and consumer the data trends that emerge from the NOMs data collect (e.g., weight loss).
- Meet with clinical teams often to report who is due for a reassessment and to share NOMs data findings.
- Schedule reassessments around the same time as other appointments and alert clinicians when you are trying to connect w/ a consumer for a reassessment.



What approaches do these staff use to collect the data?

Regardless of who is collecting the NOMs data these approaches work:

- Develop your own Excel dataset or Access w/ your agency's NOMS data.
- At least monthly pull from the TRAC system the enrollment and reassessment rates for your agency. Contract TRAC immediately if there is a discrepancy.
- Read all the technical guidance materials on the TRAC website and attend TRAC webinars.



Questions and Answers





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Challenges and Barriers to Program Implementation

Start-Up and 1-Year



Methods

- RAND coded and analyzed an item from Cohort I – III grantee quarterly reports at:
 - Baseline
 - First quarter after initial implementation; i.e., first consumer served
 - One-year follow-up
- Focus on items addressing “barriers [grantees] experienced in implementing [their] programs”



Challenges at Start-Up

Data collection (20%)

Recruiting, hiring, retaining qualified staff (32%)

- Especially for rural programs (80%)

Sharing consumer information across provider groups (20%)

Licensing and/or approvals from agency administration, city, state, HRSA, etc. (20%)



Challenges at Start-up

Space for PBHCI activities (18%)

Administrative issues

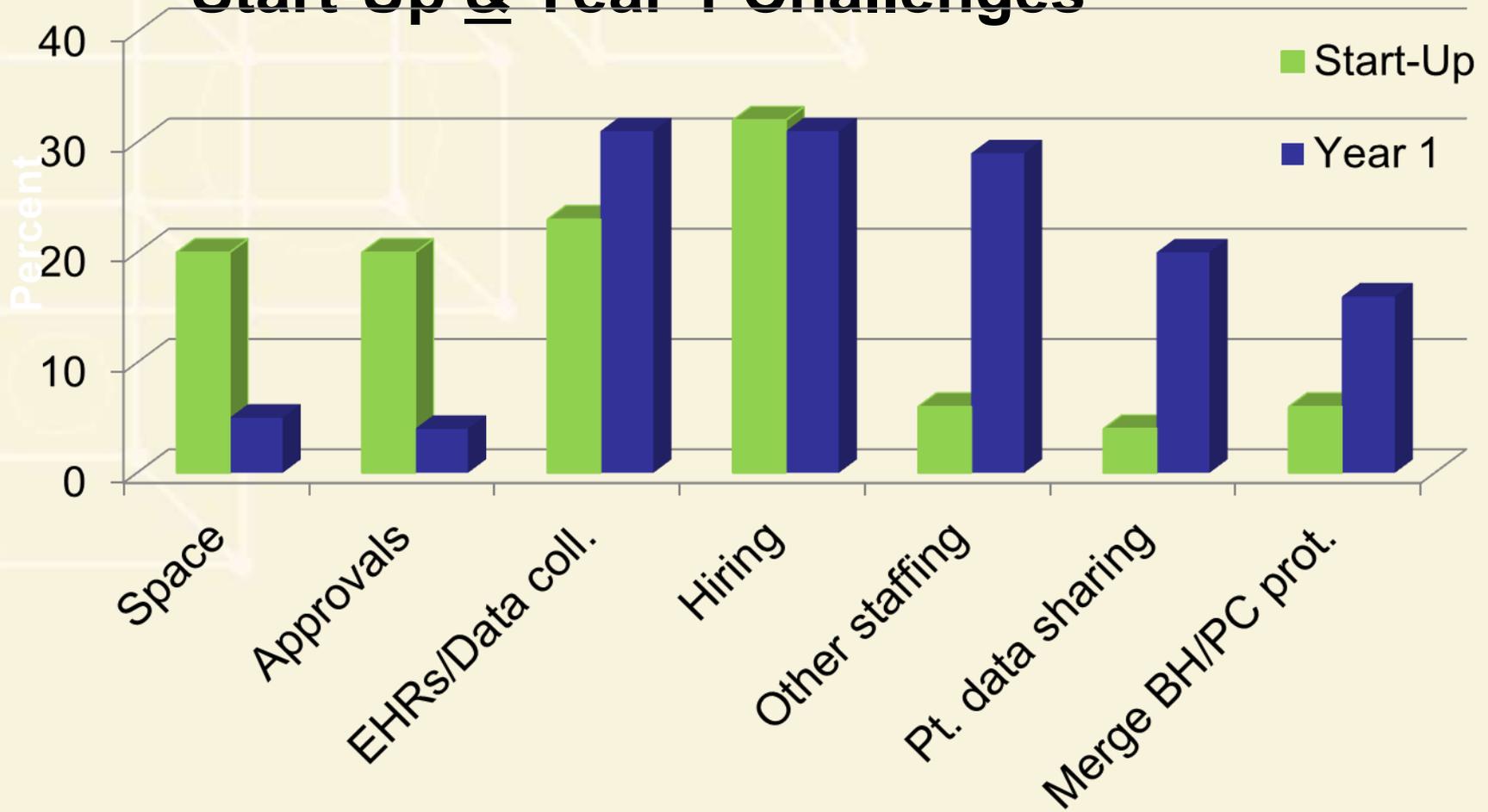
- e.g., billing and invoicing, dealing with patient insurance, agency reorganization (18%)

Merging PC and BH protocols, consumer recruitment (2-10%)

7% reported no barriers



Start-Up & Year 1 Challenges



New Challenges at 1-Year Follow-up

Consumer **recruitment** (35%)

Engagement / **retention** in PBHCI (24%)

Adequate **capacity** to serve consumers (16%)

Access to **specialists** (<7%)

Transportation for consumers (<7%)

Consumer **payment** / insurance (<7%)



Resources

November 2012 Evaluators Call:

Slides: http://www.integration.samhsa.gov/pbhci-learning-community/11.16.12_Evaluator_Webinar.pdf

Recording: <https://www2.gotomeeting.com/register/275153178>

TRAC NOMs Overview:

http://www.integration.samhsa.gov/pbhci-learning-community/TRAC_NOMS_overview.pdf

Reassessment Notification Report Guide:

http://www.integration.samhsa.gov/pbhci-learning-community/Reassessment_Notification_Report_Guide.pdf

PBHCI Outcome Measures Report Guide:

http://www.integration.samhsa.gov/pbhci-learning-community/PBHCI_Outcome_Measures_Report_Guide.pdf

Cross Tabulation and Frequency Report Guide:

http://www.integration.samhsa.gov/pbhci-learning-community/Cross-Tabulation_and_Frequency_Report_Guide.pdf

Outcome Measures Report Guide:

http://www.integration.samhsa.gov/pbhci-learning-community/Outcome_Measures_Report_Guide.pdf



Questions?

General Questions on Data Collection:

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