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Health Solutions**

Using Data to Inform Your Decision-Making Process

PBHCI Cohort VII Webinar
December 3, 2014
Aaron Surma, CIHS Evaluation Associate

NATIONAL COUNCIL FOR MENTAL HEALTH
Mental Health and Substance Use
Health, Hope, Strong Communities

SAMHSA
Substance Abuse and Mental Health Services Administration

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How to ask a question during the webinar



By phone: Please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**



By chat box: Please type your questions into the question box and we will address your questions. **(right)**

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Agenda

1. Data collection requirements
2. Managing your data
3. Using your data to inform consumers, clinicians and management
4. Resources available to you
5. Frequently asked questions

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DATA COLLECTION REQUIREMENTS

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Data Collection Requirements - NOMs

You will perform a NOMs interview with **all** enrollees at baseline and every six months until they are discharged from your integration program

You have a 60 day window (30 days before and after the due date) to perform reassessment interviews

You will be more successful if you have a workflow for baseline and reassessment NOMs interviews

Data Collection Requirements – Section H

Mechanical Indicators

- Height
- Weight
- BMI
- Waist Circumference
- Blood Pressure
- Breath CO

Blood Work

- Fasting Glucose OR HbA1c
- Triglycerides
- HDL Cholesterol
- LDL Cholesterol

Data Collection Requirements – Section H



MC = Mechanical indicators: Collect and store in medical records
 MT = Mechanical indicators: collect, store in medical records, and enter in CDP
 BT = Blood work: collect, store in medical records, and enter in CDP
 NOMs = NOMs interview, enter in CDP

MANAGING YOUR DATA

Managing Your Data

- Transition from TRAC to CDP – you will receive a notice of CDP trainings in January. CDP is live Feb 1.
- Using data downloads from TRAC/CDP vs. double entry
- SPSS, R, Access, Excel are all used by different grantees

USING YOUR DATA TO SUPPORT POPULATION HEALTH PRACTICES

Key Principles for Population Management

- CIHS has developed a great document about population management in CMHC-based health homes
- “Principle #2 – utilize data and analytics to make informed decisions”
- http://www.integration.samhsa.gov/integrated-care-models/14_Population_Management_v3.pdf

Glenn County Health Care Collaborative INDIVIDUAL WELLNESS REPORT

Name: **Bea Well**
Clinician: **John Smith**
Case Manager: **Jane Doe**



Normal*
 Caution
 At Risk

Progress on Key Health Indicators

Category	Indicator (Goal)	Baseline August 2011	6-Month Reassessment February 2012	12-Month Reassessment July 2012
Lungs	Breath CO (0-6)	25	8	5
Weight	BMI (18.5-24.9)	25.8	28.1	25.3
	Weight	162.0	174.0	158.0
	Waist Circumference	35.5	31.5	32.2
Blood Pressure	Systolic BP (90-140)	133	135	114
	Diastolic BP (60-90)	80	75	80
Blood Sugar	Fasting Glucose (70-99)	115	-	115
	Hemoglobin A1C (4.0-5.6)	5.4	-	5.4
Heart Health	Total Cholesterol (125-200)	197	-	189
	LDL Cholesterol (20-129)	111	-	103
	HDL Cholesterol (40+)	76	-	73
	Triglycerides (30-149)	53	-	64

Client Wellness Goal(s):

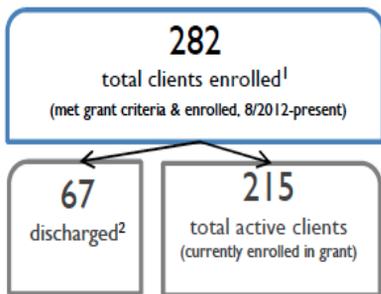
- Bea Well will lose 5 pounds within 6 months.
- Bea Well will maintain her excellent progress in reducing/stopping her tobacco use.

Client Mental Health Goal(s):

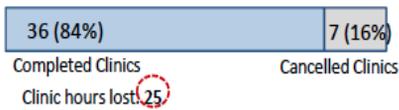
- Bea Well will sleep at least 7 hours each night to decrease symptoms of depression.

The screenshot shows an Excel spreadsheet with a grid of data. The columns include: ID#, First Name, Last Name, Case #, Race, Ethnicity, Date of Birth, Sex, Height, Weight, Blood Pressure (Systolic/Diastolic), Heart Rate, BMI, Vision, Hearing, Diabetes, Asthma, Allergies, and various insurance and enrollment status indicators. The data is organized into rows for individual patients, with some rows highlighted in pink and others in light blue.

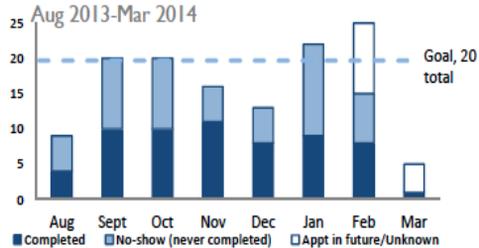
South of Market Mental Health Primary Care Clinic Process Dashboard, March 2014 As of March 12, 2014



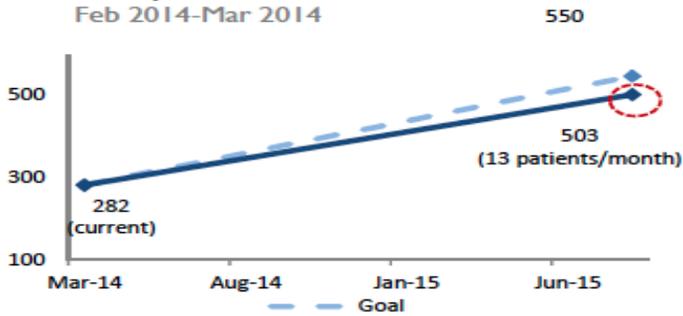
Completed vs. Cancelled Clinics
Jan 2014-Mar 2014



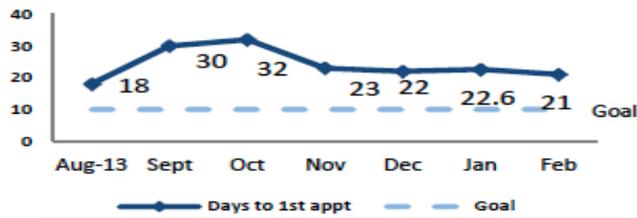
Referrals to primary care by BH providers⁵



**Grant enrollment straight line projection;
Last quarter enrollment vs Goal**
Feb 2014-Mar 2014



Days to first appointment, new clients⁶



Referral no-show (never completed) rate, Q2: 53%

Health Outcomes: Improvement



C Esguerra, MD, MBA

Healthcare Utilization Financial Data

Acute/Inpatient vs Outpatient Charges



Federal Fiscal Year: Oct 1 – Sept 30

C Esguerra, MD, MBA

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RESOURCES AVAILABLE TO YOU

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Resources

CIHS - Aaron Surma, AaronS@thenationalcouncil.org
and/or your regional liaison

GPO - Your regional SAMHSA grant project officer

CDP - CDP helpdesk (contact info TBD)

Other grantees – listserv, evaluation affinity group calls,
regional meetings

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FREQUENTLY ASKED QUESTIONS

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Do we have to collect HbA1c and fasting glucose?

No. You only need to collect one. HbA1c is considered more reliable, but either is acceptable for the PBHCI grant.

You are not required to only collect HbA1c or fasting glucose for all patients, but each individual patient should take the same test each time.

What if the consumer didn't fast for a fasting glucose lab?

Collect the reading and note in CDP that it was a non-fasting glucose reading. There is a checkbox when entering the data.



What is the window for collecting mechanical indicators?

30 days +/- the due date.



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What is the window for collecting blood work?

60 days +/- the due date.



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What are the collection expectations for H Indicators?

- On target = collected and recorded H Indicator data for 80%-100% of enrolled consumers
- Below target = 50%-79%
- Significantly below target = less than 50%

How do I indicate missing H Indicator Data in CDP?

For TRAC, select either 'refused' or 'missing,' depending on the situation. We anticipate that this will be the same with CDP.

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Can we use grant funds to pay for blood work?

Yes, but you should bill Medicaid or other funders as appropriate and only use grant funds if necessary.

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What happens if we miss collecting a lab for a consumer within the window?

Collect the lab as soon as you can and record it in CDP.

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What are the reassessment requirements?

- On target = reassessed 80%-100% of enrolled consumers
- Below target = 60%-79%
- Eligible for administrative review = less than 60%

What is the window for reassessment?

30 days +/- the reassessment due date

How do I know if someone is due for reassessment?

TRAC has a report called “Services Notification Report” that lists all consumers who are due for reassessment. We hope that CDP will have something similar. If not, CIHS can work with you to create a ‘tickler system’ to remind staff when someone is due for a reassessment. We have Access database templates that can be used to create this, and many other reports.

What if we can't find a consumer and they are due for reassessment?

Your agency should have a policy for administratively discharging consumers from your PBHCI program. This does not mean that they are discharged from your agency.

One example is administratively discharging enrolled consumers after 3 months without contact with the consumer. Administrative discharges must be entered into CDP.