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

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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 TRansformation & ACcountability (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

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<th>DOB</th>
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<th>BL Height</th>
<th>BL Weight</th>
<th>BL Waist</th>
<th>BL BP Systolic</th>
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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

Intake

3 Months 6 Months 12 Months

3 Months 9 Months

Discharge

MT MT MT MT
MC MC MC BT
BT NOMs NOMs BT
NOMs NOMs NOMs

//
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.
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).
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
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 PBHCCI 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
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
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:
Recording: https://www2.gotomeeting.com/register/275153178

TRAC NOMs Overview:

Reassessment Notification Report Guide:

PBHCI Outcome Measures Report Guide:

Cross Tabulation and Frequency Report Guide:

Outcome Measures Report Guide:
Questions?

General Questions on Data Collection:

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Questions Related to TRAC:

TRAC Help Desk

1-888-219-0238
TRACHELP@westat.com