Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Primary and Behavioral Health Care Integration Evaluation
Cohort 9 Evaluation Orientation
Dec 8, 2016
Meeting Agenda

• Goals of evaluation
• Data sources for evaluation
• Grantee participation in evaluation
• Timeline for evaluation activities
• Evaluation-related technical assistance
Introductions

• Mathematica Policy Research is conducting the evaluation
• Began in September 2015 and ends September 2020
• Mathematica Policy Research
  – Jonathan Brown, Evaluation Project Director
• SAMHSA
  – Laura Jacobus-Kantor, Contracting Officer’s Representative
  – Tenly Biggs, Alternate Contracting Officer’s Representative
Importance of National Evaluation

- Largest single investment focused on integration of care for SMI population

- Unprecedented opportunity to understand how integration improves health and why
  - Grantees implementing in diverse communities
  - Grantees implementing different integration strategies
Goals of Evaluation

1. What services do PBHCI clients receive?
2. How does integration improve the behavioral health, physical health, and functional outcomes of clients?
3. What are the essential components of integration?
4. What successes and challenges do grantees encounter?
Client Outcomes and Delivery of Care

- NOMs/physical health indicators entered into TRAC/SPARS
- Grantee registry/EHR data

Implementation

- Grantee applications
- Grantee quarterly reports
- BHICA
- Sustainability plans
- Telephone interviews
- Site visits
- Client focus groups

Staff Experiences with Integration

- Brief web-based grantee staff survey
We Use the Data that You Submit to SAMHSA!

• Assessment and physical health indicator data that you enter into TRAC/SPARS
• Quarterly progress reports
• BHICA
• Sustainability plans
What is TRAC/SPARS?

The TRansformation ACountability System (TRAC) is SAMHSA’s current data collection & monitoring system. A new system called SAMHSA’s Performance Accountability and Reporting System (SPARS) will replace TRAC in early 2017.

TRAC/SPARS is the online platform to enter your NOMS and physical health indicators.
Data collection:
• Grantees are expected to collect and report on the following health outcomes at baseline, 6 or 12-month intervals, and discharge:
  • Blood pressure – 6 month
  • Body mass index – 6 month
  • Waist circumference – 6 month
  • Breath CO (carbon monoxide) – 6 month
  • Plasma glucose (fasting) and/or HgbA1c – 12 month
  • Lipid profile (HDL, LDL, triglycerides) – 12 month
• Grantees are also expected to collect the National Outcomes Measures (NOMS) every 6 months after enrollment until discharge
• Grantees are encouraged to collect data more frequently to assess outcomes.
What Measurements Are Required?

<table>
<thead>
<tr>
<th>Mechanical Indicators (enter into TRAC every 6 months after enrollment/intake)</th>
<th>Blood Work (enter into TRAC every 12-months after enrollment/intake)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Fasting glucose or HbA1c</td>
</tr>
<tr>
<td>Weight</td>
<td>Triglycerides</td>
</tr>
<tr>
<td>BMI</td>
<td>HDL cholesterol</td>
</tr>
<tr>
<td>Waist circumference</td>
<td>LDL cholesterol</td>
</tr>
<tr>
<td>Blood pressure</td>
<td></td>
</tr>
<tr>
<td>Breath CO</td>
<td></td>
</tr>
</tbody>
</table>
### When are these Measurements Required?

<table>
<thead>
<tr>
<th>Data</th>
<th>Intake</th>
<th>6 month</th>
<th>12 month</th>
<th>18 month</th>
<th>24 month</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOMS</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Mechanical physical health indicators</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Blood work</td>
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<td></td>
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</tbody>
</table>
Other Data Collection for National PBHCI Evaluation

- Brief grantee survey
- Telephone interviews
- EHR/electronic data submission
In fall of 2018, the PBHCI director and clinical staff will be asked to complete web-based survey.

Survey includes questions about components of integration and staff perceptions of successes and challenges.

Staff answers are confidential; no individual’s responses will be shared with SAMHSA and only reporting in the aggregate (not at the grantee or clinic level).
Telephone Interviews

- In the winter of 2019, a sample of grantees may be selected for telephone interviews

- One hour telephone interviews provide opportunity for PBHCI staff to share implementation experiences
Rationale for EHR/Electronic Data Collection

What: Grantees are asked to extract a targeted set of variables from EHRs/clinical registries (or other electronic systems)

- Mathematica will provide grantees with list of variables and file layout
- Mathematica will provide grantees with technical assistance to crosswalk variables
- Grantees submit data via secure website every quarter

Why: We will use these data to assess -

- Whether consumers receive a “package” of integrated care
- Clinical quality measures: model our measures on those endorsed by the National Quality Forum and reported in public programs to facilitate comparisons
Background on EHR/Electronic Data Elements

- Data elements used to measure integrated care
- Data not available in TRAC/SPARS
- Requesting data elements that you can export from systems.
- We do not expect for you to conduct medical record reviews
- Extensive feedback from technical advisory panel, grantees, and grantee evaluators informed final list of requested data elements
### What Data is Being Requested?

<table>
<thead>
<tr>
<th>Domain</th>
<th>Data Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td>Gender, birth year, race/ethnicity, diagnoses</td>
</tr>
<tr>
<td>Services provided by your agency/clinic</td>
<td>Medication management, care management/care coordination, psychotherapy, peer support, physical health care, and treatment planning</td>
</tr>
<tr>
<td>Wellness services provided by PBHCI program</td>
<td>Participation in tobacco cessation, nutrition/exercise, chronic disease or wellness self-management (focus on RFA-mandated and elective EBPs)</td>
</tr>
<tr>
<td>Referrals</td>
<td>Referrals for obesity, tobacco cessation, physical health care, mental health and substance abuse</td>
</tr>
<tr>
<td>Medications</td>
<td>Behavioral and physical health</td>
</tr>
<tr>
<td>Services outside of agency/clinic</td>
<td>Hospitalization, ED, primary care/physical health care</td>
</tr>
</tbody>
</table>
Data in the Real World

- Grantees at different stages of developing and implementing their data systems
- May not have all data at first data submission; more data may be available over time
- Data can come from any systems (EHRs, registries, pharmacy/prescribing, Excel tracking sheets, others)
- We can accept data in different file types and formats (need to be linkable using TRAC identifier)
- Can use different variable names; give us crosswalk
Where and How to Submit Electronic Data

- Every grantee gets unique user ID and password to submit data to this site: https://www.pbhcieval.com/Grantee/SitePages/Home.aspx

- File types: Excel (XLS or XLSX), CSV, SAS, SPSS, Stata, other

- Do not email files to Mathematica

- Do not email files to your GPO or SAMHSA or CIHS
EHR/Electronic Data Submission Timeline

- **First submission:** Oct 31, 2017
- **Subsequent submissions follow quarterly schedule**

<table>
<thead>
<tr>
<th>Dates of the Quarter/Period Covered by Data Submission</th>
<th>Grantee Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; quarter – Oct 1 through Dec 31</td>
<td>Jan 31</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; quarter – Jan 1 through March 30</td>
<td>April 30</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; quarter – April 1 through June 30</td>
<td>July 31 – not in 2016</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; quarter – July 1 through Sept 30 (for first data submission, begin with first date of client enrollment into program if possible)</td>
<td>Oct 31 – first submission due date in 2017</td>
</tr>
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After You Submit EHR/Electronic Data

• Mathematica may check in with you if variables are not self-explanatory or we identify any anomalies
• Mathematica will follow-up with grantees that don’t submit data to see if we can help
Orientation to EHR/Electronic Data Spreadsheet

- Spreadsheet lists the type of service/encounter to report (spreadsheet is NOT a clinical registry)
- We are asking for date of service/encounter
- We are NOT asking for billing or procedure codes; however, we provide them in case they are useful to map the services that we’re looking for to your systems. Do NOT limit reporting to only billable services.
- 3 tabs of spreadsheet:
  1. List of variables/services that we’re asking you to report
  2. List of billing/procedure codes (these are provided as guidance; do not limit reporting to these billing/procedure codes)
  3. Example file layout (row represents client, columns are variables)
Next Steps with EHR/Electronic Data Submission

- Excel spreadsheet of data elements, slides, and FAQ available on CIHS website under “PBHCl Evaluation” heading: http://www.integration.samhsa.gov/pbhci-learning-community/resources#data_collection
- Mathematica will email all grantees a user ID and password for secure website to upload data
- Mathematica can help crosswalk variables to your systems and navigate secure website
Wellness Services Tracking Tool

Access tool to record client participation in RFA-mandated evidence-based practices (tobacco cessation, nutrition/diet/exercise, chronic disease self-management)


You are not required to use this tool. It is a resource for grantees.

Benefits of using tool:

- Supports submission of EHR/electronic data
- Helps you complete your quarterly report
- Helps you track delivery of EBPs
# Data and Evaluation Technical Assistance

<table>
<thead>
<tr>
<th>PBHCI Contractors</th>
<th>Technical Assistance Available</th>
<th>Contact</th>
</tr>
</thead>
</table>
| Center for Integrated Health Solutions | Implementation of integration activities (not providing TA for EHR/electronic data submission) | integration@thenationalcouncil.org  
www.integration.samhsa.gov |
| Westat                          | TRAC                                                                                           | TRACHELP@westat.com  
1-855-796-5777                                                   |
| Mathematica                     | Extracting EHR/electronic data                                                                  | pbhcieval@mathematica-mpr.com  
1-866-504-9640                                                    |
Resources

• General overview of evaluation:

• Spreadsheet and FAQs about electronic data submission request:
  http://www.integration.samhsa.gov/pbhci-learning-community/resources#data_collection
Evaluation Team Contacts

• Jonathan Brown (Mathematica Project Director): pbhcieval@mathematica-mpr.com

• Laura Jacobus-Kantor (SAMHSA Contracting Officer’s Representative): Laura.Jacobus-Kantor@samhsa.hhs.gov