Virginia Department of Behavioral Health & Developmental Services

Community Services Board Data Collection Options

August 22, 2016

Department of Behavioral Health and Developmental Services

DBHDS Vision: A life of possibilities for all Virginians

Data Collection Options – Current Environment

The current product and processes for collecting meaningful data from the CSBs offers some challenges.

- Data collection is difficult and latency is high
- Data gathered does not offer CSBs insight into their own business efficiency or effectiveness
- Metrics are not industry standard making comparative analyses difficult
- There is little in the current design to support measuring outcomes

Data Collection Options – Business Drivers

Multiple stakeholders are driving demand for CSB Data

- Performance-Based Contracting requirement per the Appropriation Act
- CCBHC/STEP/SAMHSA
- Data driven decision making is creating demand for more and better metrics
- Additional demand for outcomes based measures
- The CSBs want to see efficiency and effectiveness metrics that are relevant to their business functions
- A process focus is helping to facilitate data and performance discussions

Data Collection Options – Technology

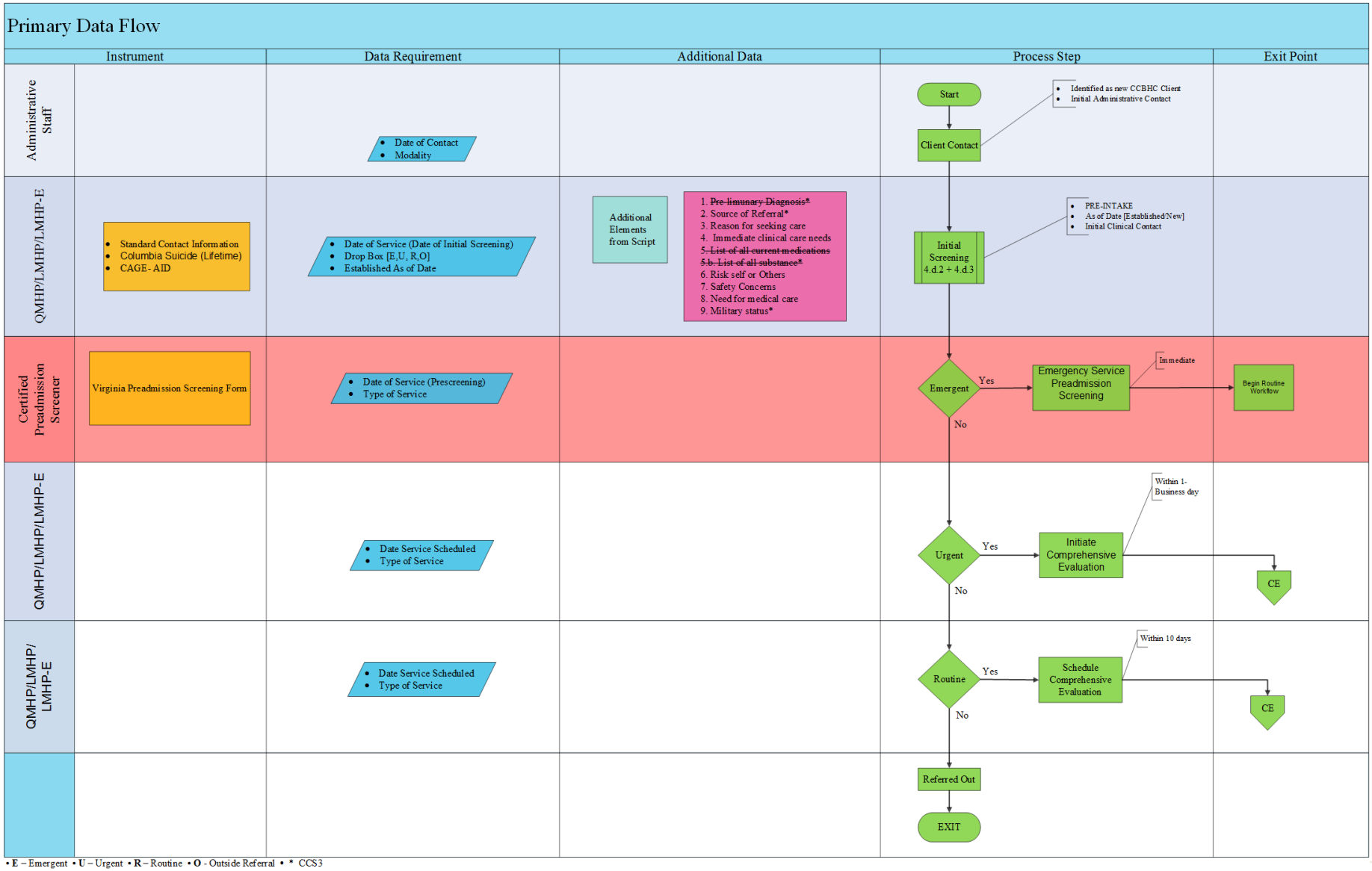
Supporting processes and technologies have matured

- The National Quality Forum (NQF) and Clinical Quality Measures (CQM) have matured
- EHR software has matured
- EHR software usage has become more consistent
- NQF/CQM standards have driven Meaningful Use (MU) certification maturity for EHRs
- Various technologies have also matured (SQL-Server, data warehouses, data visualization, and analytic tools

Data Collection Options – EHR MU Maturity

NQF or CQM	CMS ID	NQF or CQM Description	NQS Domain	CCBHC NQFs Req-uired	MU CQMs Adult Recom-mended	MU CQMs Pediatric Recom-mended	Cerner CBH MU Certified NQFs	Credible MU Certified NQFs	CoCentrix Profiler MU Certified NQFs	Netsmart Avatar MU Certified NQFs
0002	146	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources			●				
0004	137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Clinical Process/ Effectiveness	●			●	●	●	
0018	165	Controlling High Blood Pressure	Clinical Process/ Effectiveness	●	●		●		●	●
0022	156	Use of High-Risk Medications in the Elderly	Patient Safety		●					●
0024	155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/ Public Health	●		●	●	●	●	●
0028	138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/ Public Health	●	●		●	●	●	●
0033		Chlamydia Screening for Women	Population/ Public Health			●				
0036		Use of Appropriate Medications for Asthma	Clinical Process/ Effectiveness			●				
0038	117	Childhood Immunization Status	Population/ Public Health			●	●			●
0041	147	Preventive Care and Screening: Influenza Immunization	Population/ Public Health				●		●	●
0052		Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources		●					
0069		Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources			●				
0104	161	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/ Effectiveness	●			●		●	●
0105	128	Anti-depressant Medication Management	Clinical Process/ Effectiveness				●		●	
0108		ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/ Effectiveness			●			●	
0418	002	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/ Public Health	●	●	●	●		●	
0419	068	Documentation of Current Medications in the Medical Record	Patient Safety	●	●		●		●	●
0421	069	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Population/ Public Health	●	●		●	●	●	●
0710	159	Depression Remission at Twelve Months	Clinical Process/ Effectiveness	●					●	
1365	177	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Patient Safety	●			●		●	●
2152		Preventative Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling	Population/ Public Health	●						

Data Collection Options – Process Focus



• **E** – Emergent • **U** – Urgent • **R** – Routine • **O** - Outside Referral • * CCS3

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Data Collection Options – Current Process Limitations

Current process has various limitations

- Metrics and measures are not aligned with emerging standards
- Current measures do not facilitate comparisons with national measures, peer CSBs, trending over time, or epidemiological assessments
- Current measures are not process oriented
- Data are not uniquely identified transactions
- Data are cumulative
- Data latency can approach six weeks
- Data transmission and validation processes are manual and offer no feedback/learning loops

Data Collection Options – Options Analysis

AUGIE

- An additional independent data extract
- Flexible as it is completely incremental
- May duplicate some existing functionality

CCS3

- Current data processing product
- Existing solution
- Not transactional or industry standard

CSIVA

- Custom rewrite of CCS3
- Comprehensive for current needs
- Expensive (development and maintenance)

Data Collection Options – Options Analysis

One EHR

- Establish a single EHR product for all CSB
- Could drive standardization of data, metrics, and processes
- Expensive and long project execution

HL7 / ODS Standard Tier

- Leverage existing and standard warehouse, performance, and transmission facilities
- Align with standards and existing add-on products
- Standards and products are emerging so domain expertise is low

Data Collection Options – Options Analysis

Sl. No	AUGIE		CCS3		CSIVA		Statewide E.H.R.		HL7/ODS Standard Tier	
	Pros	Cons	Pros	Cons	Pros	Cons	Pros	Cons	Pros	Cons
1	Lays the ground work for CCS rewrite	Separate Reporting	Already exists	Not transactional	Comprehensive	Stick build	Opportunity to migrate to a standard product	Long implementation period. (Regulatory Compliance)	Supporting National Standard	Relative lack of domain expertise
2	Aligns with MU Reporting	Extra code base	Force of Contract with EHR vendors to provide for State reporting	Extra elements for all 40 CSBs (versus 2-8 certified clinics)	Contract with EHR vendors to provide for State reporting	Very expensive	Out of the box	Lack of maturity	Easier and Consistent data transmission	Longer Implemen-tation Time
3	Force of Contract (with EHR vendors to provide for State reporting)	Additional reporting mechanism from CCS	Modifying an existing system versus beginning from scratch	Historical relevance of CCS3 software is lost (Point in Time)	Fully compliant	Intermediate move, only a bridge	Mainstream certified EMR	Data required by State is not standard care transactions	Lower latency	
4	Green field (Open to changes)	Only 2-8 CSBs will provide this data	Would add alignment with MU reporting	Changes in status are missed		Hard to maintain	Management is open to this conversation	Very expensive	CSB's can choose their preferred E.H.R.	
5	Only required by CCBHC Clinics	Duplicate service data	Easier to incorporate comparison boards	Type of care record concept is limited		Training	Driven by National standards		May support CCBHCs and Non-CCBHCs simultan-eously	
6	Only requires elements not collected through CCS	Comparison boards	Easier to implement comparison Board	Assumption made on data may be errant			Needed to address greater oversight			
7			Meaningful use measurement	Services are limited			Addresses care coordination			
8				Data latency			One implementation			
9				An attempt to relate services as defined by Core service taxonomy to costs is not accurate			Reduction in overhead work			
10				Costing functions (CARS)			Real time evaluation			

Data Collection Options – Recommendation

Execute a project to move to standard metrics, measures, and data transmissions

- Engage a consulting firm to drive business metric development
- Engage EHR vendors to assess basic or add-on data mart or data warehouse performance products
- Assess any third party data products as needed
- Establish direct, secure communications with CSBs
- Drive adoption of meaningful use outcome measures, business metrics that support the CSBs and inform DBHDS, and measures to support the needs of those in our care
- Adopt a ‘balanced score card’ approach to key metrics

Discussion