NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

Healthy Minds. Strong Communities.

Collecting and Using Data to Improve Consumer Health Outcomes

Moderator:

Joan Kenerson King RN CSN

Presenters:

Kathleen Reynolds, LMSW ACSW

Trisha DeLong, APRN Butler Behavioral Health Services

Sandra Stephenson, MSW, MA Southeast, Inc.

Mary Haller, Ohio Medicaid

Amber Saldivar, HSAG

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Agenda

- **Brief Review of Data Elements – K. Reynolds**
- **How an Official Health Home is Using the Data – Trisha DeLong - Butler**
- **How a Non-Official Health Home Is Using the Data – Sandy Stephenson – Southeast**
- **Questions for Medicaid and HSAG**

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The Proposed 19 Phase 2 Data Elements

Providers Collect	Medicaid Provides
Comprehensive Diabetes Care - LDL-C Screening	Prenatal and Postpartum Care - Timeliness of Prenatal Care
Comprehensive Diabetes Care: HbA1c level Less Than 7.0%	Screening for Clinical Depression and Follow-up Plan*
Cholesterol Management for Patients With Cardiovascular Conditions	Adolescent Well-Care Visits
Adult Body Mass Index (BMI) Assessment*	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*
Controlling High Blood Pressure*	Use of Appropriate Medications for People With Asthma - Total
Smoking and Tobacco Use Cessation	Appropriate Treatment for Children With Upper Respiratory Infection
Care Transition – Transition Record Transmitted to Health care Professional*	Ambulatory Care - Sensitive Condition Admission*
Follow-Up After Hospitalization for Mental Illness - 7-day Follow-Up*	Plan- All Cause Readmission*
Medication Reconciliation Post-Discharge	Inpatient and Emergency Department (ED) utilization Rate
* CMS Core Measures	Adults' Access to Preventive/Ambulatory Health Services

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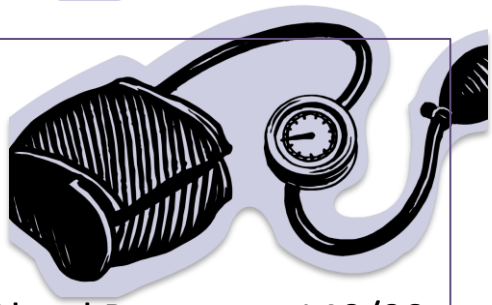
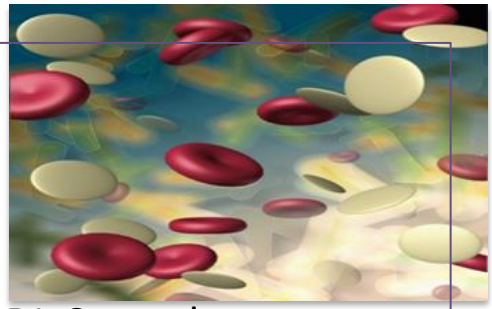
How Butler Uses the Data it Collects as a Health Home

Diabetes Ha1c goal <7



Blood Pressure <140/90



LDL Control

Transitional Care

Asthma

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How Butler Uses the Data it Collects

RiskCategory	Property
All	All

		PropertyName	A1c		BMI		BP		BP_Diastolic		LDL
HHTea	CareManager		PropertyValue	QDate	PropertyValue	QDate	PropertyValue	QDate	PropertyValue	QDate	PropertyValue
⊟ Health	Adalicia Carrillo		9.8	10/10/2013	64.3	6/11/2013	188	7/24/2013	106	9/17/2013	206
			9.5	5/23/2013	58.3	10/8/2012	169	9/11/2013	104	7/24/2013	192
			9.1	9/4/2013	49.6	7/11/2013	160	10/10/2013	100	10/10/2013	165
			9	8/22/2013	48.2	1/7/2013	155	5/7/2013	100	9/9/2013	163
			7.6	10/23/2013	45.5	4/10/2013	152	9/11/2013	99	5/7/2013	159
			6.9	8/23/2013	45.1	4/9/2013	150	4/10/2013	98	11/1/2013	158
			6.8	5/8/2013	44.4	8/28/2013	150	11/1/2013	98	1/10/2013	155
			6.8	5/1/2013	44.1	4/10/2013	147	9/17/2013	95	9/11/2013	144
			6.5	9/6/2013	43.9	11/1/2013	143	10/26/2013	93	7/9/2013	141
			6.2	7/23/2013	43.1	9/20/2013	143	4/25/2013	93	9/11/2013	135
			6.1	7/22/2013	43	8/5/2013	142	9/17/2013	93	9/26/2013	134
			6.1	10/23/2013	41.4	3/19/2013	142	10/22/2013	92	9/16/2013	131
			6	6/18/2013	39.9	4/8/2013	139	7/20/2013	92	4/8/2013	131
			6	6/19/2013	37.9	5/16/2013	139	7/30/2013	90	3/26/2013	131
			6	8/27/2013	37.7	3/27/2013	138	4/25/2013	90	10/22/2013	130
			6.21		30.46		123.84		79.45		112.70
	Total		6.21		30.46		123.84		79.45		112.70
Grand Total			6.21		30.46		123.84		79.45		112.70

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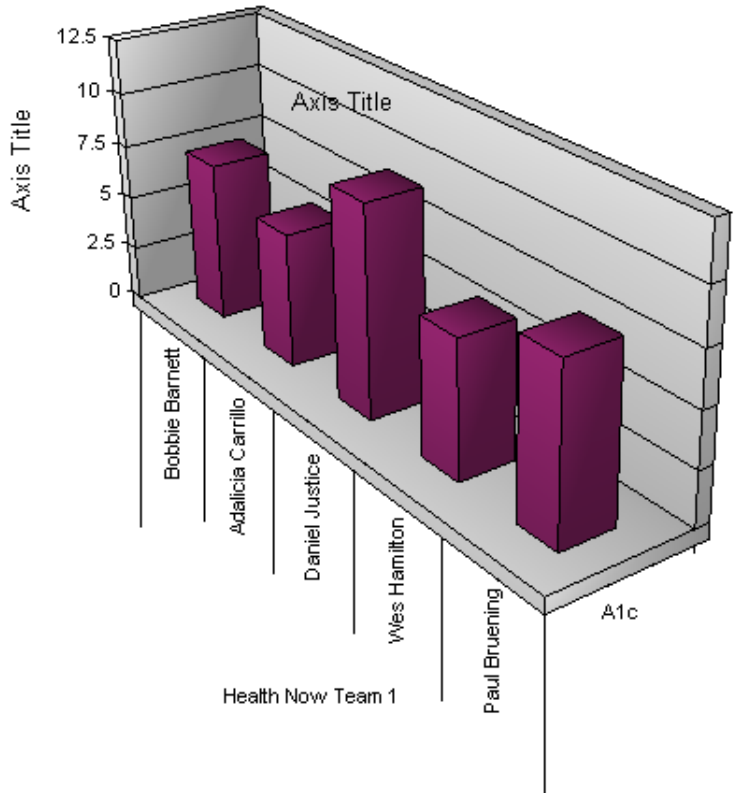
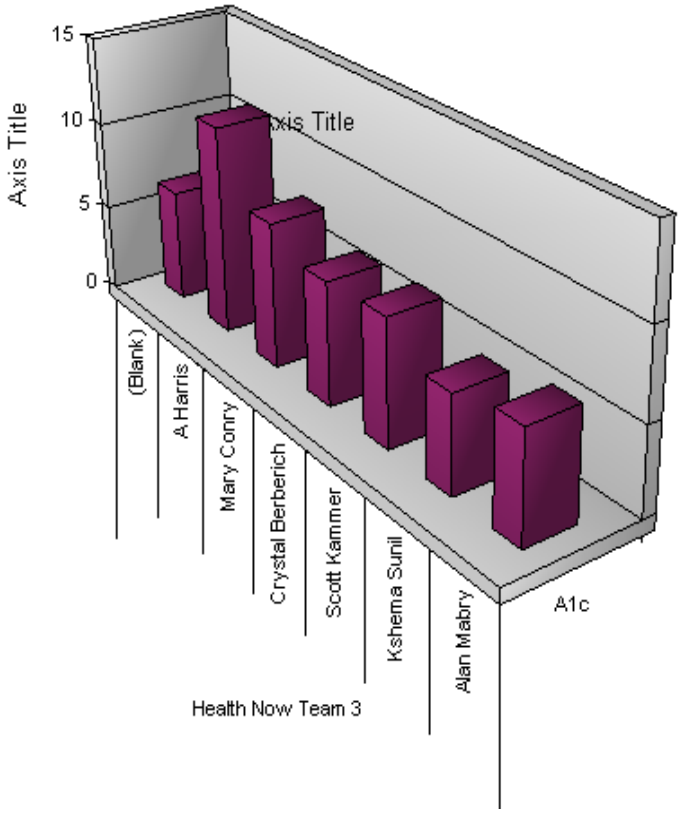
How Butler Uses the Data it Collects





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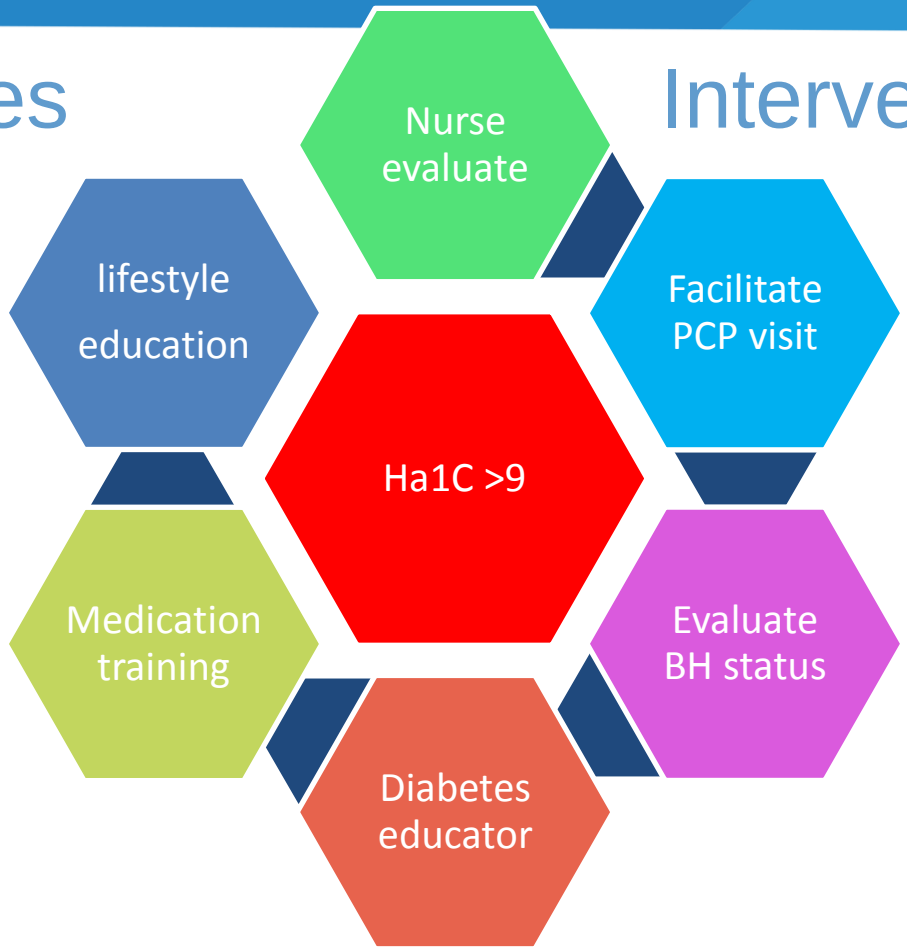
How Butler Uses the Data it Collects

Diabetes

Interventions



Questions for Trisha and Butler Behavioral Health?

Population Health Registries

"a systematic collection of a clearly defined set of health and demographic data"

- **Electronic Health Record Capacity**
- **Spreadsheets, Database, Report Writer Capacities**
- **Purpose and Use of Registries……having accurate data is a first step**
- **Example – Population Health Group Drill Down – People with Diabetes**
  - **By HbA1c Levels**
  - **By Provider**
  - **By Health Home Team (or Community Treatment Team)**
  - **By Gender, Race/Ethnicity, Age**
  - **By Other Chronic Disease Diagnoses, Cluster**

Southeast BH

Diabetes Registry – HbA1c by Provider 01/13 – 09/13						
Provider	**<7 %**	**>= 7% and < 8%**	**>= 8% and < 9%**	**>=9 %**	**No Lab Results**	**Grand Total**
Unassigned		4		4	3	**11**
Provider 1	1			1	1	**3**
Provider 2	22	6	4	10	15	**57**
Provider 3	22	7	2	12	10	**53**
Provider 4	4	4	3	7	5	**23**
Provider 5	1	2			1	**4**
Grand Total	**50**	**23**	**9**	**34**	**35**	**151**

Southeast BH

Patients Diagnosed with Hypertension – Controlled by Provider			
	Patient Count	Controlled Count	% Controlled
Provider 1	6	4	66.67%
Provider 2	183	82	44.81%
Provider 3	132	64	48.48%
Provider 4	65	28	43.08%
Provider 5	12	7	58.33%
Not Assigned	56	19	33.93%
Grand Total	454	204	44.93%

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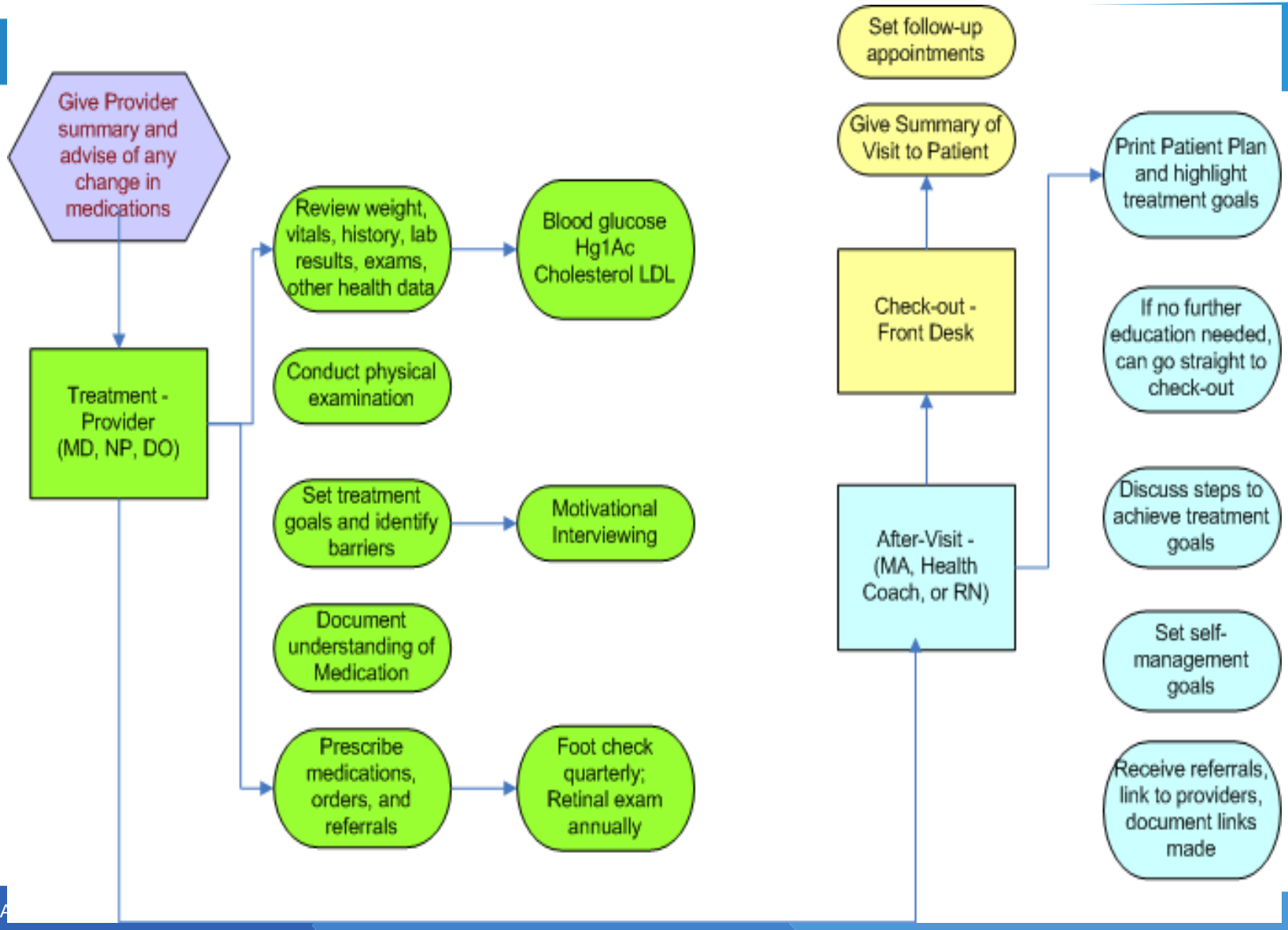

Questions for Sandy and Southeast?

Health Services Advisory Group

HSAG's Role with Ohio Phase I Health Homes

- **Develop detailed methods for clinical performance measures.**
- **Calculate performance measures for the Ohio Health Homes.**
- **Provide technical assistance regarding performance measure results.**
- **Calculate cost savings.**

How the measures have changed Health Home processes

- Greater awareness of what should be tracked and identification of flaws in the system
- Enhanced EHRs to incorporate measure components and generate reports
- Integration of measure requirements into operational work flow
- Use of data reporting to target interventions aimed at increasing consumer health outcomes

State Generated Data

- **Client Medicaid Claims History** **(updated monthly)**
  - Business Associate and Data Sharing Agreement
- **Client State Psych Hospital History** **(Updated monthly)**
- **E-Mail notice of Pre-Admission certification for psychiatric inpatient**
- **MITS search for inpatient psychiatric admission of HH enrollees**

Resource Documents for Health Home Data:

- **Methods for Clinical Performance Measures for Medicaid Health Homes**
  - **(http://mha.ohio.gov/Default.aspx?tabid=536)**
- **List of CPT Category II Codes for HH Use**
  - **(http://mha.ohio.gov/Default.aspx?tabid=536)**
- **Examples of How to Report CPT II Codes**
  - **(http://mha.ohio.gov/Default.aspx?tabid=536)**
- **Template for Medicaid Client Utilization Profile (claims history)**
  - **(http://mha.ohio.gov/Default.aspx?tabid=536)**

Questions from the Coaching Calls for Medicaid and/or HSAG

(1) **How often are the Medicaid generated data provided to the official Health Homes?**

(2) **How often do the providers need to collect and submit their nine data elements to the state?**

(3) **How can providers get assistance with understanding the Ohio data element descriptions in the code book?**

(4) **Are providers expected to "match up" the two data sets to get a complete picture for each consumer?**