

A Statewide System of Outcomes Measurement

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For the past several years the Maryland Mental Hygiene Administration (MHA) has worked with the Systems Evaluation Center (SEC) in the Department of Psychiatry at the University of Maryland, School of Medicine to develop a statewide Outcomes Measurement System (OMS). The OMS is being implemented as a part of the Public Mental Health System (PMHS) outpatient services authorization process which is administered by the State's Administrative Services Organization, MAPS-MD, a division of APS Healthcare, Inc. Each of these organizations would participate in the proposed presentation.

The OMS required an extensive developmental phase. MHA convened a Steering Committee of key stakeholders in the PMHS to assist in the identification of life domains and advise on the design of the outcomes instrument. Based on their input and the advice of several consultants, MHA and the SEC developed two outcome instruments: one for adults over the age of 18 and one for children ages 6 to 17 years of age. A pilot phase was then initiated. The adult instrument pilot phase lasted for about a year and focused on the content of the survey as well as the data collection methodology. The child and adolescent pilot phase was much shorter because it was not necessary at that point to test data collection methodology. Aside from collecting OMS data, during the pilots the SEC also sought input from the provider agencies and the clinicians who were using the instruments.

Some of the lessons learned from the pilot phases included the usefulness of the items in the survey, the burden on providers that was involved in obtaining and submitting the information and the feasibility of the data collection system.

The two existing instruments were then modified substantially based on provider feedback and the lessons learned during the pilot phases.

In order to maximize provider compliance with OMS data submission requirements, MHA collaborated with MAPS-MD to make several changes in the authorization process as well as in reimbursement policies. This



included a shift of emphasis from individual client clinical necessity determinations to a focus on program-wide service effectiveness as reflected in part by outcomes. MHA also decided to initiate the OMS with Outpatient Mental Health Clinics because they serve the largest single group of PMHS consumers.

The proposed presentation will describe:

- The pre-pilot developmental process including the relationship of OMS to Federal and State reporting requirements
- The design and implementation of the adult and child and adolescent pilot phases
- Lessons learned from the pilots and other input into the process; system changes related to implementation
- Implementation of the final OMS system (which includes all Outpatient Mental Health Clinic consumers over the age of 5) with a presentation of data received and the response to the new system