

Local Provider Data Issues

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Data for URS from Local Level

What level of information is submitted to the state from the local level?

(N=35)

	N	%
Individual client level, from local providers	25	71.4
Individual client level, from local authorities	10	28.6
Aggregate data, from local providers	8	23.9
Aggregate data from local authorities	4	11.4
Use Medicaid data	15	42.9

Data for URS from Local Level

Who provides data for URS to the State Mental Health Authority?

(N = 35)

	N	%
County/city-based mental health system	9	25.7
Community providers	29	82.9
General hospitals	9	25.7
State hospitals	29	82.9
Medicaid agency/database	4	11.4
Consumer surveys	4	11.4
Regional entities	2	5.7

Data for URS from Local Level

What mechanism is used to obtain data from the local level?

(N = 35)

	N	%
Web-based system	13	37.1
Computer links between local entities & SAMHSA	14	40.0
Fax	4	11.4
Paper-based reports	12	34.3

Data for URS from Local Level

How does SMHA support URS data reporting at the local level?
(N = 35)

	N	%
Financially		
–URS data	12	34.3
–Other data	9	25.7
Contractually requires local entities to provide data	29	82.9
Provides training to local entities	22	62.9
Provides TA to local entities	22	62.9
Provides data developed for URS	17	48.6
Provides other data	24	68.6
Assesses quality of data		
–URS data	20	57.1
–Other data	22	62.9

Data for URS from Local Level

Is the state working with local providers to improve data quality?

(N = 35)

	N	%
Yes	29	82.9
No	3	8.6

Local Providers' Data Expert Panel Meeting

■ Purpose:

- Identify issues and concerns related to data collection and reporting at the local level
- Develop an initial set of recommendations as to how these can be addressed

Local Providers Data Expert Panel Meeting

Participants

Mark Covall
NAPHS

Elizabeth Edgar, MSSW
National Alliance for the Mentally Ill

Vijay Ganju, Ph.D.
CMHQA
NASMHPD Research Institute, Inc.

Ingrid Goldstrom, M.Sc.
CMHS/SAMHSA
Survey and Analysis Branch

Bob Greenberg
Four Corners Community Behavioral Health

Ted Lutterman
NASMHPD Research Institute, Inc.

Ron Manderscheid, Ph.D.
CMHS/SAMHSA
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Oscar Morgan
National Mental Health Association

Linda Rosenberg
NCCBH

Melissa Staats
NACBHD

Joe Swinford, MCM
DMHDD
Office of Consumer Affairs

Warren Hix
Sandhills Medical Foundation

Gary Renslo
California Department of Mental Health

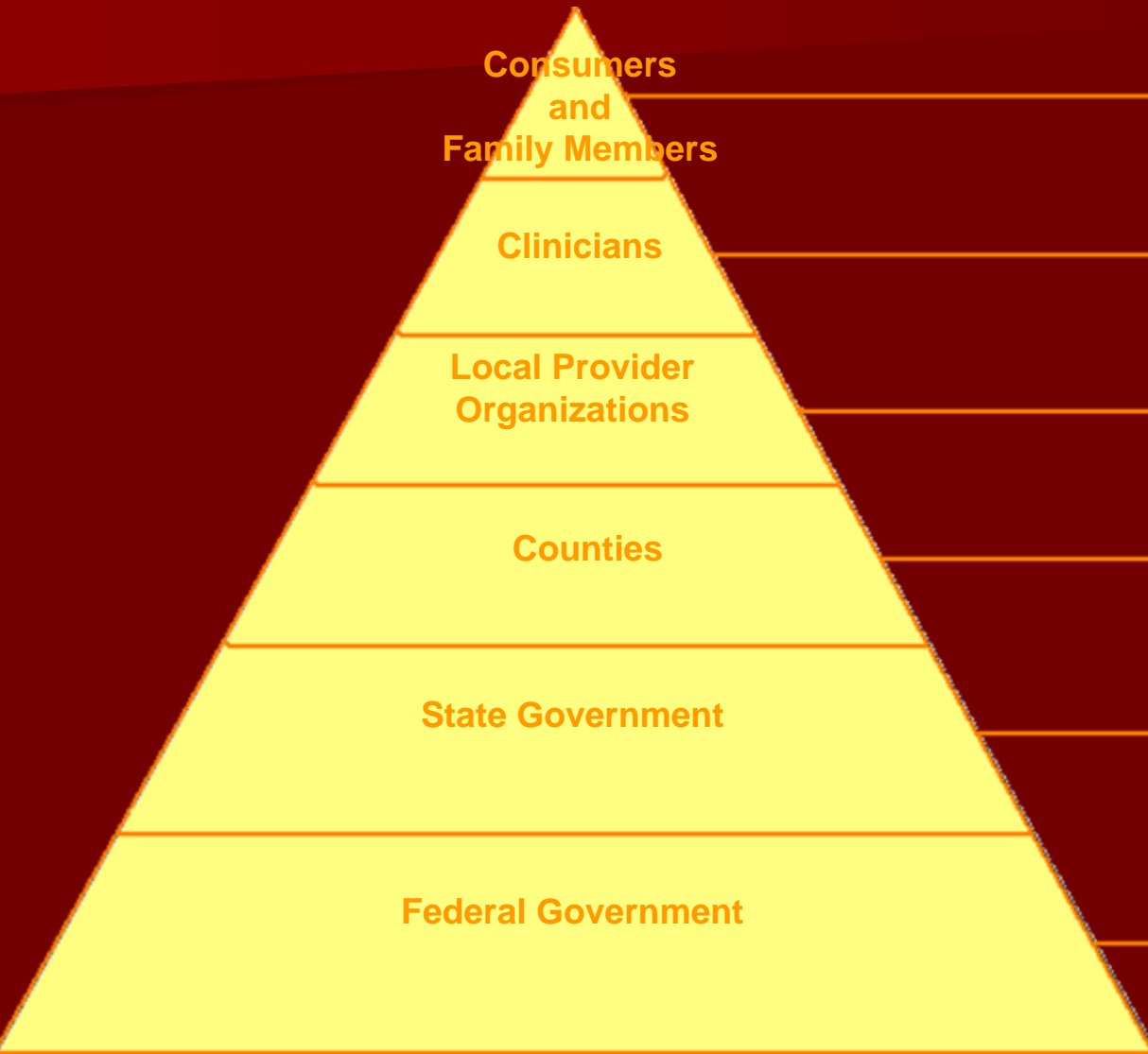
Glenn A. Stanton
Magellan Health Services

Issues and Concerns:

Major Themes

- Lack of data capacity, infrastructure, and know-how
- Inability to obtain “big picture” related to mental health system from data systems and reports
- Data collection and deployment cost/burden
- Emphasis on data collection vs. data use
- Inconsistencies in definitions and reporting standards
- Implications of recovery orientation for data
- Integration with health systems and health data
- Relationships between states, counties, and providers
- Disconnect with CMS

Recommendations: Data Paradigm Shift



**Consumers
and
Family Members**

Consumers/Family Members

- Knowledgeable users of information
- Advocacy

Clinicians

Clinicians

- Identify data needs
- Use data for improved treatment

**Local Provider
Organizations**

Local Provider Organizations

- Quality improvement
- Meaningful coordination
- Structures

Counties

Counties

- Identify local needs
- Contracting
- Define state priorities

State Government

State Government

- Quality assurance
- Procurement
- Insurance Regulations
- Data integration with quality improvement
- Transparency

Federal Government

Federal Government

- Fiscal integrity
- Integration with health
- Coordination among federal agencies
- Best practices

Implementing the New Paradigm: Pyramid Actions

- Federal government
 - Coordinate behavioral health data reporting demands across federal agencies
 - Provide “best” models on data infrastructure and data use
 - Provide resources and incentives to implement the paradigm
- State government
 - Develop data systems to facilitate services coordination and integration
 - Ensure data integrity and transparency
 - Use data as a basis for contracts development and performance monitoring
- County/City government
 - Identify local data needs and priorities
 - Help develop state roles to support communities
 - Use data for contracts development and monitoring

Implementing the New Paradigm: Pyramid Actions

- Local providers
 - Use data to support implementation of best practices
 - Provide data to consumers and family members
- Consumers and family members
 - Become knowledgeable users of data
 - Use data for advocacy and to mobilize community
- Private sector
 - Develop products to facilitate proposed roles and activities

Building the Infrastructure for the New Paradigm

- Develop an information technology listserve for counties and local programs
- CMHS should develop a “toolkit” for information technology and data systems
- Financial incentives should be developed for data and information technology development
- Sunset data collection elements as a set, recurrent schedule
- Educate state legislators related to the imperatives of behavioral health data and information technology
- Develop “data mining” tools and supports
- Coordinate behavioral health data activities with HL7
- Incorporate financial components in local level reporting

Information Technology

- Making IT available to consumers and family members
 - Web access
 - Handheld devices
- Remote access to providers for electronic health record
- Exchanging HER data across platforms
- Wireless access in rural areas
- Issues with information technologies and disparities

Next Steps

- Develop and promote the new data paradigm with a focus on demand-side strategy
- Develop information technology and data technical assistance centers/capacity (three in the next 3 years)
- Address issues of inconsistencies in data definitions and standards
- Develop models of data output around recovery
- Develop tools to train and develop knowledgeable users of data and information