Optimizing Opportunities: Improving the Continuum of Care Through Innovation, Data and Technology

Department of Health and Human Services
Division of Behavioral Health

Nebraska’s Division of Behavioral Health

The DBH’s vision is of a public behavioral health system that promotes wellness, recovery, resilience and self-determination in a coordinated, accessible consumer and family-driven system.

Our mission is to provide leadership and resources for this system of care, utilizing consumer voice and data to drive decision making.
Health Care Reality

Do you remember when all we had to worry about was the patients?

In Nebraska

Making the move from being **OBSERVERS** of Behavioral Health treatment and activities...

Challenges:

- Disparate systems coupled with numerous manual processes and duplicative entry of data
- Obstacles in directly collecting, organizing and accessing data from Behavioral Health Regions and providers around the state
- Limited ability to analyze data and minimum reporting options
- Difficulty replicating or validating accuracy of reports
Shifting The Focus......

...To Patient Focused Care and Treatment Planning

More than data fields

• Personalized care
• Precision in treatment
• Comprehensive care management

Efforts are Strategically Planned,

- DBH Strategic Plan 2017-2020
  - Metric-driven

Recognized and Supported

- DHHS Business Plan 2017-2018
  - Governor’s Dashboard
Innovation, Data and Technology

Centralized Data System (CDS)

Electronic Billing System (EBS)
Seeking the Rainbow: (Through Innovation, Data and Technology)

Upfront Investment of Time and Funds¹:

- Collect data to measure quality improvement in a consistent or scientifically rigorous manner.
- Data from all partners and reporting agencies collected in a way that allows for valid comparisons across systems and across reporting time periods.
- Establish a robust information system that allows information exchange between providers and across different systems.
- Automation of data entry is the ideal solution. Training on quality assurance and strategies to ensure data quality provided so that providers can enter complete and accurate data in a timely manner.

¹. From DBH Needs Assessment - Recommendations 2016.
CDS: Data Rich and Cost Efficient

- Real-time tracking of DHHS metrics (Governor’s dashboard)
- Data informed NOMS
- Region-specific data for Behavioral Health Regions and system planning

- COST SAVINGS!
  - Automated authorization process. Eliminates need for “authorization” contract with ASO.
  - Financial accuracy – eliminates duplicative service payment by 2 different systems.
  - Reduces duplication of efforts.

- Flexible platform - accommodates emergency (EPC) and education data.
CDS Snapshot

CDS is a DHHS-hosted, web-based system

- Uses Compass software to collect information from behavioral health providers:
  - for service authorization approval for higher levels of care,
  - at admission across all service levels,
  - during the course of treatment and
  - at the time of discharge from service.

Providers enter a variety of demographic, health status and presenting symptoms, trauma history, substance use and treatment progress related data into the CDS for each individual receiving services funded through DBH.
Snapshot Continued

The CDS offers a variety of reports to support:
• Ongoing system evaluation,
• Activity and population summaries,
• Performance outcome review.
• State (i.e. Governor’s dashboard) and federal reporting requirements.

Monthly service utilization reports are generated within the CDS to support:
• Billing activities based on services provided.

The CDS has been interfaced with the Division’s Electronic Billing System (EBS) and will be fully operational by 8/1/17.
Snapshot: NPIRS (Nebraska Prevention Information Reporting System)

- A “hybrid” web-based system designed by state and regional staff in 2008
  - Used by state prevention system (any recipient of state prevention funding) including Behavioral Health Regions, community coalitions, prevention providers
- Orion Healthcare Technology hosts site on their server
  - Same contractor developed/oversees the CDS
  - Serves as IT help desk for NPIRS and implements annual programming enhancements.
Snapshot: More About NPIRS

**Process**

- Collect data
- Enter in NPIRS
- Run reports
- Inform stakeholders
- Put data in context
- Submit to SAMHSA

**Event-Based Data Used For:**

- Accountability
- Program efficacy
- Future grant-writing
- Tracking use of dollars
- Eliminating duplication of reporting
- WebBGAS Block Grant and PFS Reporting
- STOP Act

Authorization: A Foundational CDS Component

The authorization process in the Centralized Data System is semi-automated:

- CDS authorization logic determines approval or denial.
- Three attempts are allowed on questionnaire submission for authorization to achieve an authorization.
- Appeal procedure for special cases which includes a Standard Appeal and Information Dispute Resolution (IDR) hearing.
Authorization Approval Logic in CDS

Substance Abuse Questionnaire

- ASAM national practice guidelines; Division regulations; Division-utilization criteria.

Mental Health Questionnaire

- Division regulations; Division utilization criteria.

Custom-Created Authorization Logic for Higher Levels of Care
Automated Authorization Results

Your encounter meets the criteria for automated authorization. Your encounter is authorized as described below.

Authorization #  49713
Authorization Period  8/16/2016 to 10/14/2016
Authorized Units  60 (Day)

Issues authorization approval for determined amount of time and number of units which can be billed.

CDS alerts providers when an authorization expiration is nearing. If more time in treatment is needed, providers complete a Continued Stay authorization request.
Once Approved, Must Admit

Approval is a must but individuals are not officially considered in service in the CDS until the provider admits the consumer following approval.
Moving Forward With CDS

- Waitlist and capacity functionality operational
- Outcome and access measures finalized for reporting
- Dashboard reporting
- Extended use with Regional Centers

- Explore interface opportunities with other agency systems (MLTC, PH, NeHII, Probation, etc.) for coordinated user data review, reporting and System of Care metrics (youth and adult).
- Currently exploring options/feasibility for interfacing NPIRS with CDS.

Coming Soon to CDS (fall of 2017)

Medicaid (MLTC): Exchange of provider and client eligibility information between Divisions:

- Complete and accurate identification of Medicaid eligibility.
- Allows state to use most appropriate funding source for services funded by MLTC and DBH.
- Supports quality oversight activities through improvement of service delivery and utilization of data.
- Reduces current potential for dual payment for services.
Interfacing With the Electronic Billing System (EBS)

EBS Thumbnail:
- Began with vision in 2012
- Beta testing since February 2017 in Region 6
- Regional training provided February – March 2017, Providers trained by 3rd quarter 2017
- Complete interface with CDS by 8/1/17

EBS Provides:
- Streamline processes, efficient time management
- Assigns funding source for payment
- Allows for federal, state and regional reporting
Vision of the 
DBH CDS Data Strategy

“Assessing whether the correct processes are being performed and desired results are being achieved through data.”

2. NASMHPD; State Behavioral Health Authorities’ Use of Performance Measurement Systems, Assessment #4, September 2016
Innovative and Adaptive Solutions

Solutions

- Focus on consumer outcomes rather than process measures, i.e. enrollment, consumer satisfaction, expenditures and service provision.
- Real-time dissemination of information to managers, providers and clinicians.
- A performance measurement system that utilizes new levels of clinical service information.
- Improved direct client care through data.
- Precision and personalized medicine through the use of data and technology in performance measurement.

Solutions from: NASMHPD; State Behavioral Health Authorities’ Use of Performance Measurement Systems Assessment #4, September 2016
Real Improvements, Better Results!

Shifting the paradigm through improved:

- Waitlist and capacity data
- Access measures
- NOMS reporting
- Strategic and CQI planning
- Emergency system coordination
A showcase for Demonstrating Value and Outcomes

• Improved grievance/appeals process
• Increase authorizations in auditing process
• Decrease in call-center volumes
• Confidence in data:
  • data integrity