CCBHCs & DATA:
MEETING REQUIREMENTS, MASTERING SYSTEMS, AND GETTING THE MOST OUT OF YOUR DATA.

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CCBHCs & DATA: MEETING REQUIREMENTS, MASTERING SYSTEMS, AND GETTING THE MOST OUT OF YOUR DATA.

What are the CCBHC requirements?
<table>
<thead>
<tr>
<th>Potential Source of Data</th>
<th>Measure or Other Reporting Requirement</th>
<th>NQF Endorsed</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHR, Patient records, Electronic scheduler</td>
<td>Number/percent of new clients with initial evaluation provided within 10 business days, and mean number of days until initial evaluation for new clients</td>
<td>N/A</td>
</tr>
<tr>
<td>EHR, Patient records</td>
<td>Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up</td>
<td>421</td>
</tr>
<tr>
<td>EHR, Encounter data</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (see Medicaid Child Core Set)</td>
<td>24</td>
</tr>
<tr>
<td>EHR, Encounter data</td>
<td>Preventive Care &amp; Screening: Tobacco Use: Screening &amp; Cessation Intervention</td>
<td>28</td>
</tr>
<tr>
<td>EHR, Patient records</td>
<td>Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling</td>
<td>2152</td>
</tr>
<tr>
<td>EHR, Patient records</td>
<td>Child and adolescent major depressive disorder (MDD): Suicide Risk Assessment (see Medicaid Child Core Set)</td>
<td>1365</td>
</tr>
<tr>
<td>EHR, Patient records</td>
<td>Adult major depressive disorder (MDD): Suicide risk assessment (use EHR Incentive Program version of measure)</td>
<td>104</td>
</tr>
<tr>
<td>EHR, Patient records</td>
<td>Screening for Clinical Depression and Follow-Up Plan (see Medicaid Adult Core Set)</td>
<td>418</td>
</tr>
<tr>
<td>EHR, Patient records</td>
<td>Consumer follow-up with standardized measure (PHQ-9) Depression Remission at 12 months</td>
<td>710</td>
</tr>
</tbody>
</table>

*Original Demonstration Program - SAMHSA will issue additional guidance for CCBHC Expansion Grantees on required quality reporting activities.*
<table>
<thead>
<tr>
<th>Potential Source of Data</th>
<th>Measure or Other Reporting Requirement</th>
<th>NQF Endorsed</th>
</tr>
</thead>
<tbody>
<tr>
<td>URS</td>
<td>Housing Status (Residential Status at Admission or Start of the Reporting Period Compared to Residential Status at Discharge or End of the Reporting Period)</td>
<td>N/A</td>
</tr>
<tr>
<td>Claims data/ encounter data</td>
<td>Follow-Up After Emergency Department for Mental Health</td>
<td>2605</td>
</tr>
<tr>
<td>Claims data/ encounter data</td>
<td>Follow-Up After Emergency Department for Alcohol or Other Dependence</td>
<td>2605</td>
</tr>
<tr>
<td>Claims data/ encounter data</td>
<td>Plan All-Cause Readmission Rate (PCR-AD) (see Medicaid Adult Core Set)</td>
<td>1768</td>
</tr>
<tr>
<td>Claims data/ encounter data</td>
<td>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications</td>
<td>1932</td>
</tr>
<tr>
<td>Claims data/ encounter data</td>
<td>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (see Medicaid Adult Core Set)</td>
<td>N/A</td>
</tr>
<tr>
<td>Claims data/ encounter data</td>
<td>Follow-Up After Hospitalization for Mental Illness, ages 21+ (adult) (see Medicaid Adult Core Set)</td>
<td>576</td>
</tr>
<tr>
<td>Claims data/ encounter data</td>
<td>Follow-Up After Hospitalization for Mental Illness, ages 6 to 21 (child/adolescent) (see Medicaid Child Core Set)</td>
<td>576</td>
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<tr>
<td>Claims data/ encounter data</td>
<td>Follow-up care for children prescribed ADHD medication (see Medicaid Child Core Set)</td>
<td>108</td>
</tr>
<tr>
<td>Claims data/ encounter data</td>
<td>Antidepressant Medication Management (see Medicaid Adult Core Set)</td>
<td>105</td>
</tr>
<tr>
<td>EHR, Patient records</td>
<td>Initiation and engagement of alcohol and other drug dependence treatment (see Medicaid Adult Core Set)</td>
<td>4</td>
</tr>
<tr>
<td>MHSIP Survey</td>
<td>Patient experience of care survey; Family experience of care survey</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* Original Demonstration Program - SAMHSA will issue additional guidance for CCBHC Expansion Grantees on how the state-reported measures will be collected for CCBHC Expansion Grantees.
Which best describes your interest in this webinar?

• I am affiliated with an Original or Expansion CCBHC Grantee
• I am affiliated with practice that is interested in becoming a CCBHC
• I am not a CCBHC (or interested in becoming one) but want to learn
• I am not affiliated with a clinical provider
Maybe we should evaluate whether we are going to make it or not.

YOUR EHR AND SYSTEMS ARE HOW YOU GET THERE...

“Better” Patient Outcomes

Increased Client and Staff Satisfaction

Viable Business Model

... AND DATA IS THE FUEL
DROWNING IN DATA

Data, Data, Data...

• What are we collecting?

• Is it “good” data? How do we know?

• Can we get the data we need back out of our systems?

• Will our systems do what we need?
YOU SAY PO-DATA, I SAY PO-DATA
Left Brain
Business Data

Right Brain
Clinical Data

Payor Data Requirements
Regulatory Data Requirements

“Ever Changing”
Core Data Set
ESTABLISHING A Viable BASELINE

• What “data elements” are being collected?
• At what point are they collected, and by whom?
• Is there repetition of collection?
• Are there errors in collection or data collected?
• Are we collecting everything we must, or would additional data be valuable?
• Are we collecting “stuff” we don’t need?
What are our Clinical (Right brain) needs?
What are our Clinical (Right brain) needs?

- Clinical Workflows that are fast and efficient
USE DATA TO FOLLOW PROGRESS OF CHANGES

90791 - INTAKE

CLIENT TIME IN MINUTES

JAN: 105.2
FEB: 94.2
MAR: 89.5
APR: 96.1
MAY: 77.4
JUN: 75.4
JUL: 70.9
AUG: 64.2
SEP: 62.4
OCT: 58.3
NOV: 62.9
DEC: 59.9
What are our Clinical (Right brain) needs?

• Clinical Workflows that are fast and efficient
• Regulatory Compliance built into auditable workflows
What are our Clinical (Right brain) needs?

• Clinical Workflows that are fast and efficient
• Regulatory Compliance built into auditable workflows
• Outcome Tracking
OUTCOME TRACKING WITH A TWIST

DLA Delta Score / Net Revenue

$0.00
$100.00
$200.00
$300.00
$400.00
$500.00

-60 -50 -40 -30 -20 -10 0 10 20 30 40 50
What are our Clinical (Right brain) needs?

• Clinical Workflows that are fast and efficient
• Regulatory Compliance built into auditable workflows
• Outcome Tracking

• Interfaces with other systems / providers
  • ePrescribe, Controlled Substances, Allergies
  • Continuum of Care
  • Health Information Exchange (HIE)
  • 3rd Party Billers
What are our Business (Left brain) needs?
What are our Business (Left brain) needs?

• Streamlined billing processes, built both into the clinical workflows and for the back office
• The **collection and use** of Business data and Clinical analytics to drive management decisions
• Auditing and Quality Assurance
• Security and Compliance
• Rich Reporting Capabilities:
  • Business Reporting / Intelligence
  • Cost Reporting
QUICK INSTA-POLL

What is your current Data situation?

• I am confident about my data, and my staff or I can quickly produce meaningful reports
• Data is good, but reporting is inadequate
• I’m not so sure about our data
• Beautiful reports that provide little actionable information
BASELINING DATA AND DATA QUALITY
BASELINING DATA AND DATA QUALITY

• Are we auditing the Data and the Data collectors to make sure that we have good, clean data going into the system?
AUDITING DATA

Events by Start Hour

- 00:00: 23
- 02:00: 2
- 04:00: 1
- 06:00: 40
- 08:00: 15
- 10:00: 23
- 11:00: 38
- 12:00: 22
- 13:00: 34
- 14:00: 31
- 15:00: 25
- 16:00: 18
- 17:00: 8
- 18:00: 3

CHARLIE GRANTHAM
REBECCA FARLEY
DAVID
BASELINING DATA AND DATA QUALITY

• Are we auditing the **Data and the Data collectors** to make sure that we have good, clean data going into the system?

• How will good data help us make better decisions?
USING DATA TO DRIVE MANAGEMENT

Volume by CPT

Dr. Hook: 32 | 54 | 10
Dr. Oz: 25 | 45 | 2
Dr. Who: 22 | 45 | 2
Dr. Zhivago: 3 | 22 | 60
Dr. Pierce: 20 | 20 | 0
Dr. Crusher: 30 | 65 | 0
Dr. Shepherd: 18 | 54 | 12

CPT Codes: 99212, 99213, 99214

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REBECCA FARLEY DAVID
CHAD S. STOLUTIONS
USING DATA TO DRIVE MANAGEMENT

Practice Variance in Client Time

<table>
<thead>
<tr>
<th>Provider</th>
<th>Practice Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Hook</td>
<td>17.8</td>
</tr>
<tr>
<td>Dr. Oz</td>
<td>21.1</td>
</tr>
<tr>
<td>Dr. Who</td>
<td>41.2</td>
</tr>
<tr>
<td>Dr. Zhivago</td>
<td>46.4</td>
</tr>
<tr>
<td>Dr. Pierce</td>
<td>26.1</td>
</tr>
<tr>
<td>Dr. Crusher</td>
<td>26.4</td>
</tr>
<tr>
<td>Dr. Shepherd</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>18.4</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>18.6</td>
</tr>
<tr>
<td></td>
<td>25.7</td>
</tr>
<tr>
<td></td>
<td>46.8</td>
</tr>
</tbody>
</table>

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REBECCA FARLEY DAVID
CHARLIE GRANTHAM
BASELINING DATA AND DATA QUALITY

• Are we auditing the **Data and the Data collectors** to make sure that we have good, clean data going into the system.

• How will good data help us make better decisions?

• Is there a need for the collection of new data elements?
EXISTING NO SHOW DATA

NO SHOW PERCENTAGE BY MONTH

- Kept
- Cancel
- No Show

JAN: Kept 70, Cancel 8, No Show 22
FEB: Kept 68, Cancel 8, No Show 24
MAR: Kept 68, Cancel 12, No Show 20
APR: Kept 71, Cancel 11, No Show 18
MAY: Kept 73, Cancel 12, No Show 15
JUN: Kept 54, Cancel 10, No Show 34
JUL: Kept 58, Cancel 5, No Show 32
AUG: Kept 68, Cancel 5, No Show 27
SEP: Kept 88, Cancel 4, No Show 4
OCT: Kept 92, Cancel 5, No Show 4
NOV: Kept 80, Cancel 15, No Show 5
DEC: Kept 90, Cancel 5, No Show 5

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REBECCA FARLEY
DAVID
ADDITIONAL DETAIL ON CANCELLATION REASON

CANCELLATION DETAIL - NOVEMBER

- **Wilson Becker**: 4 Cancellation, 3 Late Cancellation, 0 Staff Cancellation
- **Heather Sanson**: 4 Cancellation, 5 Late Cancellation, 1 Staff Cancellation
- **Jade Kober**: 10 Cancellation, 1 Late Cancellation, 0 Staff Cancellation
- **Vivian Stanberry**: 10 Cancellation, 0 Late Cancellation, 7 Staff Cancellation
- **Keli Buttry**: 5 Cancellation, 2 Late Cancellation, 1 Staff Cancellation

REBECCA FARLEY DAVID  CHARLIE GRANTHAM
DATA PLAN IN PLACE. OK... NOW WHAT?
DON’T FORGET ABOUT THE ROAD! UNDERLYING INFRASTRUCTURE IS KEY

• Staff
  • Non-static data needs require competent technical staff for agility and proper maintenance of systems.

• Infrastructure
  • Technology baselines must be able to support the EHR, along with Facility and Technical staff.

• Compliance
  • Security and compliance must be baked in with policies and procedures behind them.
DETERMINING OUR NEEDS

Now that we have a baseline:

• Better use our existing EHR
  • Expand the existing capabilities of our EHR
DETERMINING OUR NEEDS

Now that we have a baseline:

• Better use our existing EHR.
  • Expand the existing capabilities of our EHR.

• Use this information to help pick the right EHR for us
  • Sometimes, you just can’t get there from here
EHR Gut Check... are you ready?

• My EHR and Staff are ready

• With some reconfiguration, our EHR should carry us through

• Additional functionality or upgrades will be required for our EHR to be effective

• To be ready for the future, a new EHR is on the horizon
MAKING INFORMED DECISIONS

• Knowledge is power.

• What features are a must vs. those that are desirable?

• Can our Technical Staff manage it?

• How will it all work together?

• What features might be available in the future?

• Don’t be distracted by “sparkly objects”!
NOW OUR DATA can fuel the way forward

NO MATTER WHAT WE CHOOSE TO DRIVE
QUESTIONS?
THANK YOU FOR ATTENDING!

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Technical Specifications Manual & SAMHSA Resources

• Technical Specifications Manual provides **detailed information** on how each measure is to be reported (definitions, numerator, denominator, etc.)
  • Available in the Handouts pane of your control panel or online at https://www.samhsa.gov/section-223/quality-measures

• Additional SAMHSA resources:
  • **Webinar series** providing details on how to measure and report each metric: https://www.samhsa.gov/section-223/webinars
  • **SAMHSA definitions, clarifications, Q&A** on quality measures and data reporting: https://www.samhsa.gov/section-223/quality-measures