



Lessons Learned from the SMD/SED OHBH Records Pilot

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Background

In December 2012, the former Department of Mental Health awarded six grants that supported nine providers in six board areas on process improvement projects related to using the Ohio Behavioral Health (OBH) information system to report on clients with serious mental disabilities (SMD) and serious emotional disturbances (SED). The primary goal of the projects was to identify data collection and reporting problems.

Grant awardees were Century Health (Hancock ADAMHS); Franklin County ADAMHS (Maryhaven, Inc., and North Central CMHS); Lucas County MHRSB (Zeph Center); Phoenix Rising Behavioral Healthcare and Recovery (Stark County MHRSB); Recovery Services of Northwest Ohio (Four County ADAMHS); and Summit County ADMHS (Portage Path Behavioral Health, Community Support Services, and Child Guidance and Family Solutions).

Two grant goals-- developing reports that could be used for evaluation and quality improvement and facilitating ongoing development of QI strategies through a Learning Community—were suspended after the July 2013 consolidation of the former Departments of Mental Health and Alcohol and Drug Addiction Services into the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Following consolidation, the issue of data use for evaluation and quality improvement was taken up by a department/constituent workgroup facilitated by Lean Ohio.

Pursuit of a final project goal--determining record submission benchmarks—was curtailed by the elevation of Medicaid claims processing to the Ohio Department of Medicaid in July 2012. Although OhioMHAS receives extracts of Medicaid claims from the Department of Medicaid, these files are not in a format that is compatible with OHBH operation.

The Learning Curve

Some providers tested the feasibility of the SMD/SED admission record through an online data entry facility, while others worked on creating batch upload files. Some providers were familiar with how to access and use the OHBH, while others were not. These starting points—the SMD/SED record, prob-

lems with batch upload, and accessing the OHBH web-based reporting facility--defined the learning curve of for OhioMHAS staff with the Office of Quality, Planning and Research (QPR).

- The **SMD/SED admission record** is an extension of an existing mental health record within the OHBH, inasmuch as it contains additional data entry fields such as the GAF and Biomarkers (height and weight, physical health conditions, tobacco use, physical health care utilization). Some providers commented that with the introduction of the DSM-V, fewer and fewer staff likely would be trained to calculate a GAF score. To counter this problem, the OhioMHAS Office of Quality, Planning and Research offered free access to a GAF calculator on its webpage. Some staff who used the GAF calculator found it helpful, while others—particularly those with advanced training in GAF calculation—did not.

Providers that primarily serve children found the Biomarkers largely irrelevant to this population. Indeed, the Biomarker fields were added within a policy framework of integrated physical and mental health treatment for adult populations. Other than the tobacco use question, which could apply to adolescents, many Biomarker fields—e.g., height and weight—are not routinely collected by many agencies that serve children and adolescents.

- Unlike the mental health record existing in the OHBH prior to the extended record for mental health consumers used in the pilot, the **SMD/SED Update record** was created to allow for a second time measurement at one year of continuous service. The assumption of a continuous length of stay of one year or longer was problematic for some providers, particularly those treating SMD clients primarily for drug and alcohol treatment episodes and those serving children and adolescents. Piloting the concept of an annual update record also was cut short by the inability of the OHBH to check Medicaid claims for continuity and disruptions in service utilization.
- Some boards and providers objected to the **Department position that records on SMD/SED consumers would be mandatory**, while other, non-SMD/SED admissions for mental health services would be at the discretion of board contracts. Boards that advocated for the Department to ask for OHBH records on all consumers who received mental health services pointed out that variability in record submission across the state would make comparisons impossible. Providers pointed out that it would be too confusing to train staff to differentiate record types and submission conditions. In addition, assessment did not always differentiate between SMD/SED consumers and those who might not initially meet criteria.
- Providers attempting **batch upload** projects did not receive sufficient technical support until March 2014, when staffs with the consolidating departments initiated IT project management. Some providers worked on batch upload with in-house staff, while others worked with their vendors. Departmental assistance was provided on an ad hoc basis to providers and vendors,

and this undoubtedly contributed to a slow response on the part of some providers and vendors in understanding the scope of planning necessary to implement a batch upload process.

- Provider staffs that did **formal project planning** started with work-flow analysis to determine which data elements in the SMD/SED admission record were being gathered and where various data elements were located in the agency's information system. These provider teams progressed more quickly than other in-house teams. Even with project plans, it took a minimum of six months before the team began testing batch upload processes.
- For some providers, **progress with batch upload** was impeded by problems with Electronic Health Record (EHR) systems and a business decision to change vendors. Among some providers with existing batch upload capacity, trusted vendors with longstanding OHBH experience advised against fully implementing the SMD/SED record changes until the Department made a commitment to the field regarding its intention to require statewide reporting of fields in the extended SMD/SED record.
- Most providers in the pilot already had OHBH web-based reporting accounts, but several required help with re-activating **access to the OHBH accounts**. This required knowledge of the Turnstile environment in which the OHBH and several other web-based reporting facilities are situated. Administrative support for authorizing access was somewhat limited prior to the consolidation and further restricted with the creation of the new department. The net result may have created some frustration for pilot participants as the program manager learned administrative protocols.
- Internet browser issues created **another type of access problem** with OHBH web-based reporting. Some providers using the web-based data entry forms experienced difficulty submitting records because the internet browser settings on agency computers were not compatible with the online forms used to create OHBH records. Only one IT staff was available to provide the necessary technical support to diagnose and resolve the problem.

Conclusions

An IT/QPR project management team that assessed the strengths and limitations of the OHBH and the SMD/SED extended record was developed as a result of both the pilot and consolidation. This inter-office project management team is expected to move forward with planning and roll-out of a rebuild of the OHBH system. The Department's communication with the field and technical support must be greatly improved for successful implementation of a statewide effort to collect client-level treatment episode on all consumers receiving behavioral health services. This report on *Lessons Learned* is a step toward improving communications. It is hoped that ongoing administrative and technical support for the OHBH improved through the inter-office collaboration needed to respond to issues raised by the pilot sites that agreed to test the SMD/SED record.