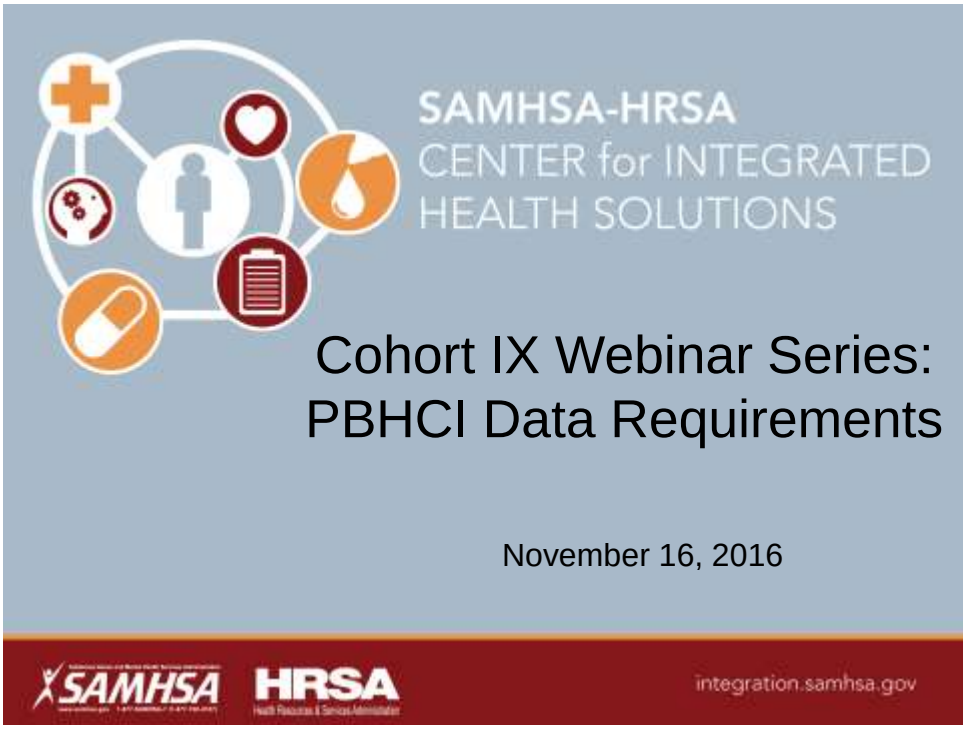


Slides for today's webinar are available on the CIHS website at:

http://www.integration.samhsa.gov/pbhci-learning-community/webinars

Got Questions?

Please type your questions into the question box and we will address them.

Today's Presenter

Aaron Surma, MSW
Manager, Quality Improvement
SAMHSA-HRSA Center for Integrated Health Solutions

Agenda

Individual Data Collection Requirements
- Enrollment
- Reassessment
- Discharge

Population Health Management

Available Resources

DATA COLLECTION REQUIREMENTS - ENROLLMENT

Enrollment – Overview

You will collect interview and health information from each consumer who receives PBHCI services at enrollment (baseline) and reassessment (every 6 months).

The NOMs Interview is available on the TRAC website.

Consumer Health Information (Section H)

Mechanical Indicators

- Height
- Weight
- BMI
- Waist Circumference
- Blood Pressure
- Breath CO

Blood Work

- Fasting Glucose or HbA1c
- Triglycerides
- HDL Cholesterol
- LDL Cholesterol
- Total Cholesterol

The health indicator data collection tool is available on the TRAC website

Enrollment – How to succeed

Meet your enrollment goal (goal is 100%+. <70% is a potential SAMHSA administrative review).

Create a workflow for collecting enrollment information:

- Identify who collects NOMs information & health indicators
- Protocol for scheduling NOMs interviews & health indicators
- Protocol for entering consumer-level data into TRAC

Enrollment – How to succeed (continued)

Track your performance

- Are we on track to meet our enrollment target for the year?
- Are we collecting complete information at baseline?

Enrollment – Details

- Everyone with an SMI diagnosis who is at risk for a chronic health condition is eligible for PBHCI

- The NOMs interview must be performed within 7 days of an individual receiving PBHCI services
- Anyone can perform a NOMs interview. No special credentials/training required
- NOMs interviews cannot be batch uploaded to TRAC
- Ask your GPO for approval to conduct NOMs interviews over the phone due to special circumstances
- The NOMs interview date is the official enrollment date

Enrollment – Details (continued)

- Mechanical indicators (BMI, waist circumference, blood pressure, breath CO) must be collected within 30 days before/after the enrollment date
- Blood labs (cholesterol panel, HgbA1c or fasting blood glucose) must be collected within 60 days before/after the enrollment date
- Health indicators that are obtained from other providers are valid as long as they were performed within the proper collection window
- Grant funds can be used to pay for labs

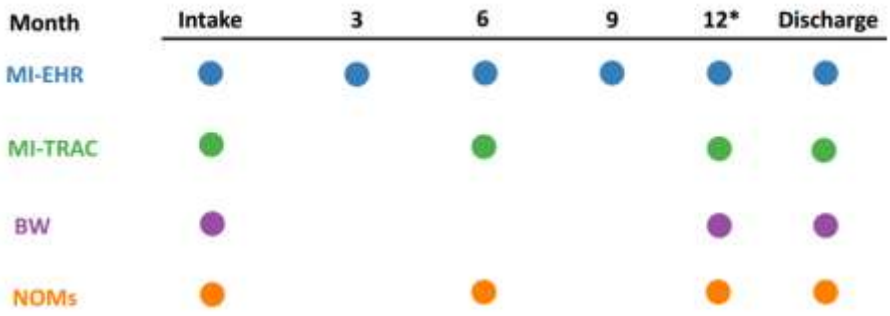
DATA COLLECTION REQUIREMENTS - REASSESSMENT

Reassessment – Overview

To track health improvement (or lack thereof) over time, you will reassess (rescreen) all enrolled consumers every 6 months.

Reassessments include NOMs interview and health indicators.

Data Collection Timeline



MI-EHR: Collect mechanical Indicators; store in electronic health record
MI-TRAC: Collect mechanical Indicators; **enter in TRAC**
BW: Collect blood work; store in electronic health record, **enter in TRAC**
NOMs: Conduct NOMs interview, **enter in TRAC**

*Continue same pattern until discharge

Reassessment – How to succeed

Meet your reassessment goal (goal is 80%-100%. <62% is a potential SAMHSA administrative review).

Have a process for:

- Identifying consumers who are due for reassessment
- Scheduling reassessment visits
- Entering reassessment data into TRAC

Reassessment – How to succeed (continued)

Track your progress:

- Are you reassessing everyone who is due for reassessment?
- Are you collecting all required health indicators at each reassessment?

Reassessment – Details

Reassessments are due 180, 360, 540, 720… days after the enrollment date

NOMs interview and mechanical indicators are due +/- 30 days from the reassessment due date

Blood labs are due +/- 60 days from the reassessment due date

The Services Notification Report in TRAC will tell you when upcoming reassessments are due

DATA COLLECTION REQUIREMENTS - DISCHARGE

Discharge – Overview

If an individual no longer receives PBHCI services (due to moving, no longer in need of services, death, other) they should be discharged from TRAC.

Discharge – How to succeed

Set criteria for discharge. Most orgs use 90 days without contact unless it is known that the individual will not return

Set a process for discharge

- Scan your list of enrolled consumers for people who should be discharged
- Collect final NOMs and health indicators, if possible
- Create a process for entering discharge information into TRAC

Discharge – Details

Discharge from PBHCI does not mean discharge from your organization

If you discharge someone, they can resume PBHCI services in the future. Use the same consumer ID that you used the first time they were enrolled

South of Market Mental Health Primary Care Clinic Process Dashboard, March 2014

As of March 12, 2014

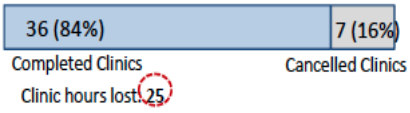
282
total clients enrolled[1]
(met grant criteria & enrolled, 8/2012-present)

67
discharged[2]

215
total active clients
(currently enrolled in grant)

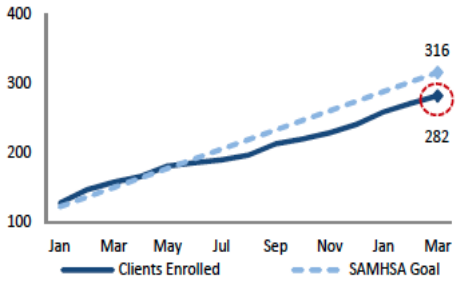
Completed vs. Cancelled Clinics

Jan 2014-Mar 2014



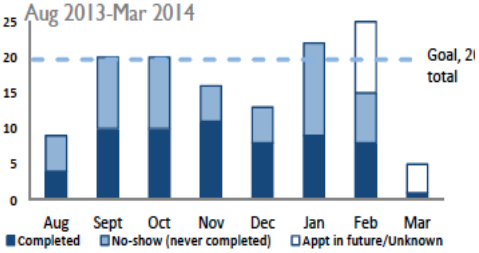
Patients enrolled vs SAMHSA Goal[3]

Jan 2013- Mar 2014



Referrals to primary care by BH providers[5]

Aug 2013-Mar 2014



POPULATION HEALTH MANAGEMENT

Glenn County Health Care Collaborative
INDIVIDUAL WELLNESS REPORT

Name: **Bea Well**
Clinician: **John Smith**
Case Manager: **Jane Doe**

Health Care Collaborative

☐ Normal*
☐ Caution
☐ At Risk

Progress on Key Health Indicators

Category	Indicator (Goal)	Baseline *August 2011*	6-Month Reassessment *February 2012*	12-Month Reassessment *July 2012*
Lungs	Breath CO (0-6)	25	8	5
Weight	BMI (18.5-24.9)	25.8	28.1	25.3
	Weight	162.0	174.0	158.0
	Waist Circumference	35.5	31.5	32.2
Blood Pressure	Systolic BP (90-140)	133	135	114
	Diastolic BP (60-90)	80	75	80
Blood Sugar	Fasting Glucose (70-99)	115	-	115
	Hemoglobin A1C (4.0-5.6)	5.4	-	5.4
Heart Health	Total Cholesterol (125-200)	197	-	189
	LDL Cholesterol (20-129)	111	-	103
	HDL Cholesterol (40+)	76	-	73
	Triglycerides (30-149)	52	-	64

Client Wellness Goal(s):

Bea Well will lose 5 pounds within 6 months.

Bea Well will maintain her excellent progress in reducing/stopping her tobacoo use.

Client Mental Health Goal(s):

Bea Well will sleep at least 7 hours each night to decrease symptoms of depression.

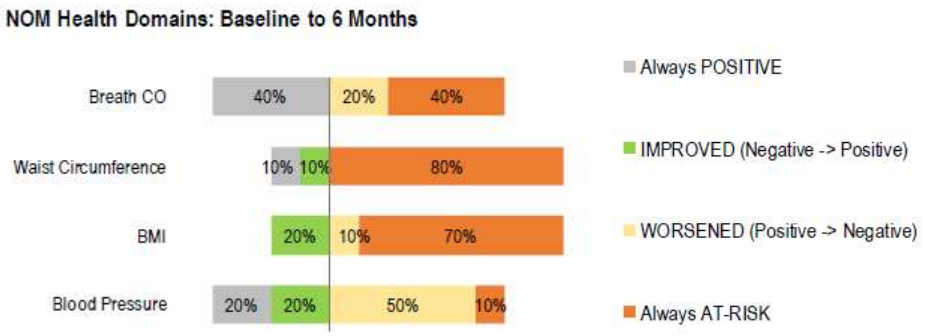
Team Huddle Report

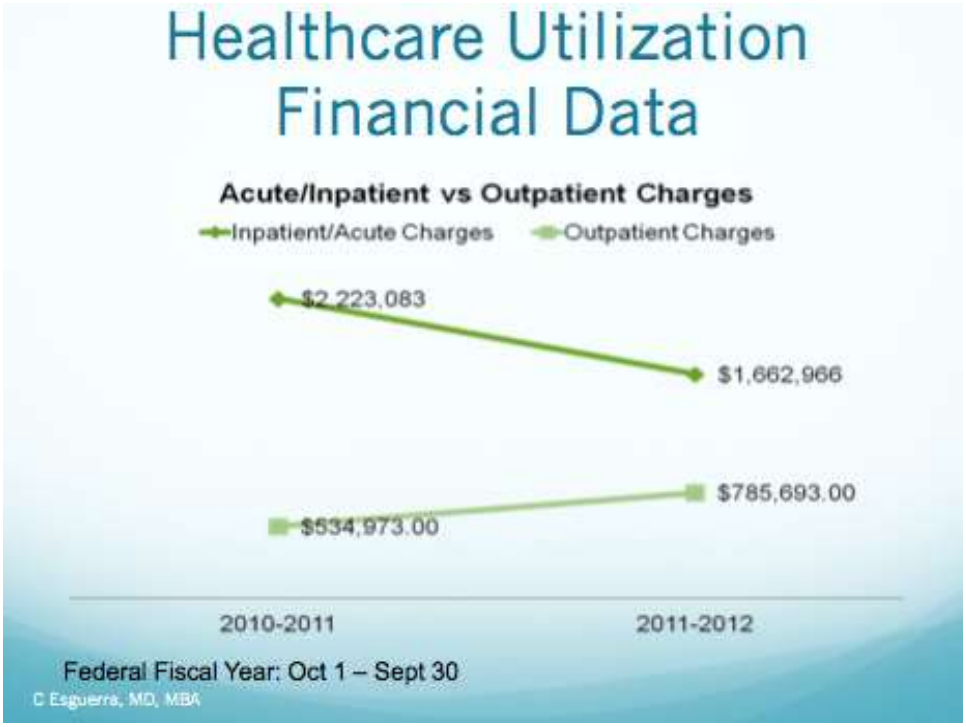
				most recent					
First Name	Last Name	Care Coordinator	Date last seen	blood pressure	breath co	BMI	risk level	Enrolled in NEW-R	Enrolled in smoking group
Bob	Marley	Carol	7/13/2016	155/100	25	32	High	Yes	Yes
Talib	Kweli	Carol	10/15/2016	145/99	30	32	High	Yes	Yes
Lauryn	Hill	Mike	6/5/2016	145/90	8	26	Med	Yes	No
Cibo	Matto	Carol	11/1/2016	130/70	5	23	Low	No	No
Poly	Styrene	Carol	11/2/2016	130/70	3	23	Low	No	No
Jason	Molina	Mike	10/29/2016	145/90	20	20	Med	Yes	No

VITALS: Percent improving/maintaining outcomes among active SAMHSA consumers

double click cell counts for consumer detail

Row Labels	Values current caseload	consumers with 2+ BMI while in	Percent maintaining/improving BMI	consumers with 2+ systolic while in program	Percent maintaining/improving systolic	consumers with 2+ diastolic while in program	Percent maintaining/improving diastolic
Care Manager 1	22	14	57%	18	56%	18	44%
Care Manager 2	24	21	52%	21	48%	21	57%
Care Manager 3	32	18	44%	20	45%	20	40%
Care Manager 4	13	10	40%	10	70%	10	70%
Care Manager 5	5	4	25%	4	75%	4	75%
Care Manager 6	28	19	58%	19	42%	19	63%
Grand Total	124	86	50%	92	51%	92	54%

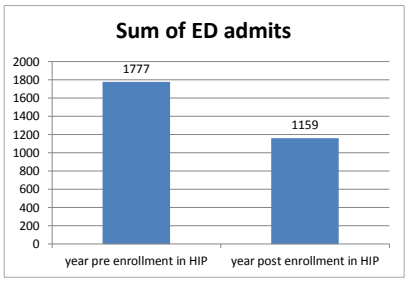

NOM Health Domains: Baseline to 6 Months
Breath CO
Waist Circumference
BMI
Blood Pressure
40%
20%
40%
10%
10%
80%
20%
10%
70%
20%
20%
50%
10%
Always POSITIVE
IMPROVED (Negative -> Positive)
WORSENED (Positive -> Negative)
Always AT-RISK

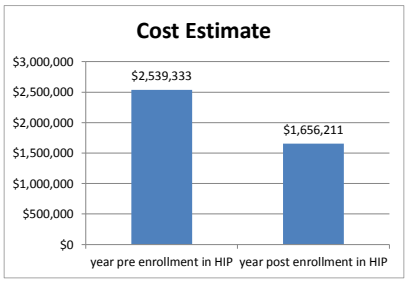

Healthcare Utilization
Financial Data
Acute/Inpatient vs Outpatient Charges
Inpatient/Acute Charges
Outpatient Charges
$2,223,083
$1,662,966
$785,693.00
$534,973.00
2010-2011
2011-2012
Federal Fiscal Year: Oct 1 – Sept 30
C Esguerra, MD, MBA

Health Integration Project

Hospital Usage

- ED admits
  - 342 consumers
  - 618 less ED admits in year post HIP enrollment
  - Average of $1429 per admit
  - Estimated annual savings $883,122





Registry Options

SPSS & Access registry examples are available on the CIHS website.

RESOURCES AVAILABLE TO YOU

Resources

CIHS - Aaron Surma. AaronS@thenationalcouncil.org and/or your regional liaison.

GPO - Your regional SAMHSA grant project officer

TRAC - TRAC helpdesk (trachelp@westat.com) and the General info and training section of the TRAC website.

Other grantees – listserv, evaluation affinity group calls (November 29!), regional meetings

Reminder

What?

Next Webinar in the Series: Creating Your Wellness Component – Selecting & Implementing Evidence-based Practices

When?

Wednesday, November 30, 2016 • 2:00 – 3:30 PM EST

Who should attend?

Project directors, peer wellness coaches, wellness coordinators

What will you learn?

- Essential elements of a comprehensive wellness program
- Sustaining wellness services
- Evidence-based wellness services, including Million Hearts Campaign protocols

Please complete the survey that follows this webinar!