



# *SAMHSA-HRSA Center for Integrated Health Solutions*

## **PBHCI H Indicator Webinar Friday, October 26, 2012**

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# Overview of Webinar

- Explain grant requirements & GPO expectations regarding H Indicator data
- Describe the current state of H Indicator data collection
- Provide a grantee perspective
- Discuss Frequently Asked Questions (FAQs)



# GRANT REQUIREMENTS & GPO EXPECTATIONS



# The PBHCI Indicators

	Required	Recommended
<b>Mechanical Measures</b>		
Height	X	
Weight	X	
Body Mass Index (BMI)	X	
Blood Pressure (BP)	X	
Waist Circumference	X (Cohort 5 Only)	X (Cohorts 1-4)
Breath Carbon Monoxide (CO)	X (Cohort 5 Only)	X (Cohorts 1-4)
<b>Blood Work</b>		
Fasting glucose <i>OR</i> HbA1c	X	
Triglycerides	X	
HDL Cholesterol	X	
LDL Cholesterol	X	
Total Cholesterol	X	

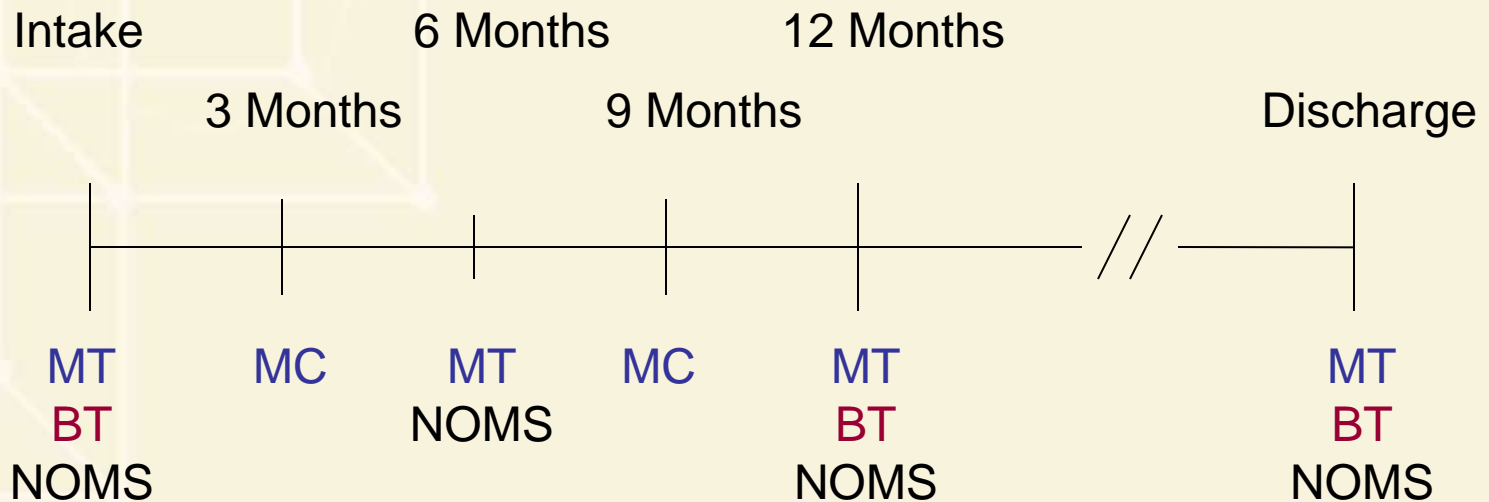


# Why Are Some Indicators Recommended?

- Your contract with SAMHSA requires that you collect some PH indicators
- Recommended items are also consistent with good clinical care
  - Waist circumference: Metabolic syndrome
  - Breath CO: Tobacco smoke exposure
- Recommended items help you / SAMHSA monitor the health of your consumers



# Timeline for Collecting H Indicators



**MC** = Mechanical indicators: Collect and store in medical records

**MT** = Mechanical indicators: collect, store in medical records, and enter in TRAC

**BT** = Blood work: collect, store in medical records, and enter in TRAC

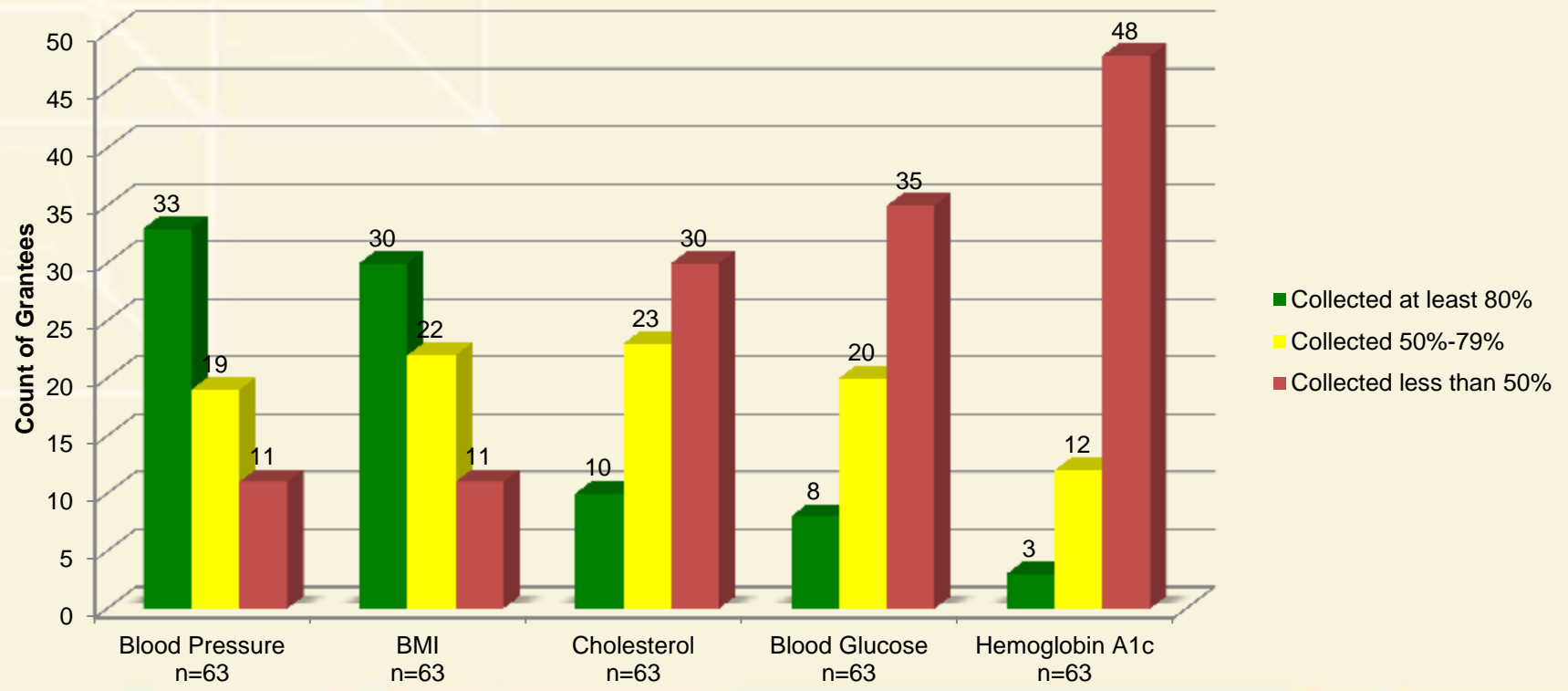
**NOMS** = NOMS survey, enter in TRAC



# **CURRENT STATE OF H INDICATOR DATA COLLECTION**



# Count of Grantees Collecting H Indicator Data at Baseline





# New TRAC Report

- Each grantee has access to their H Indicator data through the TRAC system
- If you don't know where or how to access this report contact the TRAC help desk: 888-219-0238 or Email: [TRACHELP@westat.com](mailto:TRACHELP@westat.com)



## SECTION C: REVIEWING THE REPORT

### Services Outcome Measures (PBHCI ONLY)

Program: PBHCI

Grantees: All Available Grants

FFY Year: [FFY], FFY Quarter: All,

Selected Interviews: ["From Baseline to 1<sup>st</sup> 6-Month Interview", "From Baseline to Most Recent Interview" or "From Baseline to Discharge Interview"], Grant Status: All, Data Collection Status: "Assessments Collected in Window Only"

Data entered as of: [Date report was generated in format (Month, DD YYYY hh:mm AM/PM EDT)]

GRANT= [Grant ID]

Section H Indicator	Number of Valid Cases	At-risk at Baseline	At-risk at Second Interview	Outcome Improved	No longer at -risk	Outcome Remained at-risk
Blood Pressure - Systolic	n	%	%	%	%	%
Blood Pressure - Diastolic	n	%	%	%	%	%
Blood Pressure - Combined	n	%	%	%	%	%
BMI	n	%	%	%	%	%
Waist Circumference	n	%	%	%	%	%
Breath CO	n	%	%	%	%	%
Plasma Glucose (fasting)	n	%	%	%	%	%
HgbA1c	n	%	%	%	%	%
HDL Cholesterol	n	%	%	%	%	%
LDL Cholesterol	n	%	%	%	%	%
Tri-glycerides	n	%	%	%	%	%

**Notes:**

1. This report is updated once every 24 hours, and includes all data entered as of the time it was last updated. Check the date and time at the top of this report to see when it was last updated.
2. Only selected programs/grants that have Outcome Measure's data will be displayed.
3. The number of valid cases for the perception of care domain applies to data collected at reassessment only.

**CONFIDENTIAL**

TRAC Help Desk: Telephone: 888-219-0238 or Email: [TRACHELP@wvstate.com](mailto:TRACHELP@wvstate.com)



# THE GRANTEE PERSPECTIVE

**Gloria Marshall RN, MS**  
**PBHCI Project Director**

**Heritage Behavioral Health Center**  
**Decatur, Illinois**



## Step 1: ADMISSION AND NOMS

1. As soon as client is admitted to program, NOMS are completed and entered into TRAC.
2. Section H data is obtained and entered at this time (weight, height, B/P, CO readings, waist circumference) (**except for laboratory results which are not yet available.**)
3. All PBHCI staff are trained to take blood pressures, perform blood glucose finger sticks, waist circumference measurements, calculate BMI, and to use the CO monitor.



## Step 2: LAB DRAW Scheduling

1. **Before the client leaves the admission appointment**, the client is scheduled to have labs drawn the following week. Arrangements are made for transportation for the client to assure attendance at this appointment.
2. Labs are drawn **on site** by the Physician Assistant; who previously was a medical technologist.
3. **All labs are drawn at a consistent time** each week on Wednesdays from 8:00 – 9:00 a.m.

**\*\*\* LABS DRAWN ON SITE IS A CONTRIBUTING FACTOR TO HIGH RATE OF COMPLIANCE**



## Step 3: Entering Results in Section H

1. When lab results are received, they are **immediately placed in TRAC Section H.**
  - We have obtained portal access to the Laboratories where the majority of tests are processed as well as both hospitals in town.
  - This allows us to **access and print results on a daily basis**
2. The week after labs are drawn, the client is scheduled to see the Dr./PA for a physical and review of lab results.

A SET ROUTINE IS ALSO VERY IMPORTANT!



## Step 4: Continual Monitoring

- 1. It is never assumed that lab results are entered in Section H. of the TRAC system.**
- 2. As any lab result is received, the TRAC system H Section is checked to see that results have been entered.**
- 3. We adhere to the 60 +/- day window of the baseline or reassessment date for all Section H data.**



## Other Important Information

The target population identified for Heritage's PBHCI grant is the seriously mentally ill who are on psychotropic medications.

This lends itself to **most of our clients having a source of payment** for the required laboratory tests; either Medicaid, Medicare, or both.

For those who may not have Medicaid or Medicare, there is an **indigent fund** set up by our partnering FQHC which assists with payment for the laboratory test.

Our last resort for payment, is the client themselves.





## Other Miscellaneous Information

We work very closely with Community Support staff assigned to the patient to assure that the client has transportation and keeps appointments for labs and physical appointments with the Dr./PA.

The **team approach** is a very important aspect of our compliance rate.

If we identify a patient with no benefits, the PBHCI staff may start the process to obtain benefits, and the Community Support staff finishes the process—which may take several months.

In the meantime, the client qualifies for the FQHC indigent program.



## More Miscellaneous Information

In some cases, we access a Social Service Agency to request assistance in paying for Laboratory tests for our client if no other means is available.

- Salvation Army
- Catholic Charities
- A church sponsored agency; The Northeast Community Fund



## Value of Partnering with an existing FQHC

Our partnering FQHC, has an agreement with a lab in our community who has arranged a reduced rate for clients at their clinic.

This is a valuable asset for anyone who must pay out of pocket or even for those receiving vouchers from a social service agency.



## Frequency of Obtaining H Data

### **Quarterly Data Collection:**

All patients at Heritage Behavioral Health Center must see the psychiatrist every 90 days.

Nurses in the medication clinic check the client's blood pressure and blood glucose at each quarterly visit to the psychiatrist.

Since we have an integrated health record, this quarterly data is available to the PBHCI team for monitoring, thus we meet the quarterly requirements of the indicators most of the time.

We also check weights and B/P more frequently for those who have a need to have that done.



# Annual Data Collection

Each 12 **month reassessment** is a flag the primary care team to draw HBA1c and a Lipid profile.

Our Physician Assistant also requires at least an annual physician visit, so labs are drawn and a physical appointment is scheduled.

We follow the same procedure as in steps 1-4.

- schedule the patient for the reassessment
- conduct reassessment, and enter all data inTRAC
- schedule labs the following Wednesday, and a Dr's appoint the week after the lab draw.
- enter lab results in Section H of TRAC



# FREQUENTLY ASKED QUESTIONS (FAQS)



# When should I start uploading H Indicator data to TRAC?

- Now! Some grantees are waiting until they develop an internal tool before uploading data to TRAC. This is not in line with grant requirements.



# I read the mechanical H indicators need to be collected quarterly? Is this true?

- Yes, per the grant mechanical indicators must be collected quarterly and entered into your EHR.
- *HOWEVER* they only need to be entered into TRAC at baseline/enrollment and every six months thereafter/reassessment *NOT* quarterly.





# **When entering H Indicator data into TRAC it is asking/allowing for it to be collected every six months. I thought we just needed to enter it annually?**

- The lab data is only required to be entered annually.
- However the TRAC system is designed to allow this data to be collected at each reassessment.
- Enter “missing” if the reassessment you are doing will not include the annual lab data.



# When entering H Indicator data into TRAC we are only required to enter fasting glucose or HBA1C data. Why does TRAC ask for both?

- The TRAC system will not adjust which questions are asked based on data entered.
- Enter “missing” for the lab data you will not be entering.



# If the consumer does not fast for 8 hours, should we still obtain the blood sample?

- Yes. Indicate in TRAC that the fast wasn't completed and record the value of the non-fasting glucose test.



# Can I obtain a report of consumers who do not have H Indicator data uploaded into TRAC?

- No. These data need to come from your own registry of TRAC data.



# How far back do I need to back-enter H indicator data into the TRAC?

- Please back enter missing NOMS/H indicator data for all PBHCI pts/consumers going back to June 2010 only.
- Enter lab values that are within 60 days +/- the enrollment/baseline assessment or reassessment date.
- If you have issues with entering the data contact TRAC help desk: 888-219-0238 or Email: [TRACHELP@westat.com](mailto:TRACHELP@westat.com).



# How will the 80% be calculated for the H indicator data ?

- A % calculation is done for each H indicator.
- The percentage is calculated using the H indicator report described earlier in the presentation.
- For Example: # Body Mass Index (BMI) Scores Entered/Total # Enrolled Over the Course of the Grant = % BMI Completed.



# What if the lab data we collect is not collected within 60 days +/- the enrollment/baseline or reassessment?

- Pls. either at the next clinically indicated lab draw or sooner collect these data in the 60 day window.
- You may use grant funds to pay for the lab if it needs to be done for the purpose of moving the lab draw date into the data collection window.



## **Who should I contact if I have any questions about H Indicators?**

- Questions about Grant Requirements contact CIHS:  
Jeff Capobianco [jeffc@thenationalcouncil.org](mailto:jeffc@thenationalcouncil.org)  
Aaron Surma [aarons@thenationalcouncil.org](mailto:aarons@thenationalcouncil.org)
- Questions about TRAC electronic data entry or reports contact the TRAC help desk:  
888-219-0238  
[\*\*TRACHELP@westat.com\*\*](mailto:TRACHELP@westat.com)

