

# Obtaining and Working with Data from Multiple Agencies: What You Need to Know Before Attempting This!

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# Acknowledgements

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- ▼ Tennessee Adolescent Coordination of Treatment (*SAMHSA CFDA # 93-243*)
- ▼ NIDA (*R21DA17682*)

# State "Success"

- ▼ Originally 12 states and other government entities were invited to the public sector work group
- ▼ Only 7/12 were able to actually generate the needed data tables
  - 2 were not able to access the needed data
  - 2 had limited staff resources and were not able to do the needed computer runs
  - 1 had a change in leadership that left a void in interest/skill working with the indicators
- ▼ Of the 7 who "could" do it.....

# Stories from the States

- ▼ **New York:** Office of Alcoholism & Substance Abuse Services
  - Robert Gallati & Dawne Lambert-Wacey
- ▼ **Massachusetts:** Dept. of Public Health, Bureau of Substance Abuse Services
  - Andrew Hanchett
- ▼ **Oklahoma:** Dept. of Mental Health & Substance Abuse Services, Decision Support Services
  - Steve Davis, Tracy Leeper, Mark Reynolds
- ▼ **North Carolina:** Div. of Mental Health, Developmental Disabilities, & Substance Abuse Services, Policy Management Section
  - Spencer Clark
- ▼ **Connecticut:** Dept. of Mental Health & Addiction Services, Quality Improvement
  - Minakshi Tikoo
- ▼ **Washington:** Dept. of Social & Health Services, Div. of Alcohol and Substance Abuse
  - Kevin Campbell
- ▼ **Tennessee:** Governor's Office of Children's Care Coordination
  - Craig Anne Heflinger & Robert Saunders, Vanderbilt University, Evaluation Team

# Why Did These States Agree to Participate in the Work Group?

- ▼ National movement to use performance measurement in contracts or for system accountability (HEDIS, NOMS)
- ▼ To hear approaches used in other states
- ▼ To participate in making recommendations, if in the future it may become a mandate

# Benefits Already Gained in the States

- ▼ Learning about performance measurement and analytic issues
- ▼ Getting conversations going about how the system is working (versus individual providers)
- ▼ Focusing on the quality of the service process instead of just the volume of services
- ▼ Addressing data quality issues so better ready for analysis
- ▼ Starting the conversation with stakeholders about accountability
- ▼ Having a reporting mechanism that makes sense to providers, consumers, government officials

# What Do You Need to Start This Process?

- ▼ Data
- ▼ Analysis resources
- ▼ Willing leader
- ▼ “Political Will”

# Data

- ▼ “The timeliness, quality, and specificity of data is HUGE....”

# Data

- ▼ States vary in what is available
  - Uses vary according to what is available
- ▼ Ideal: Integrated or parallel databases
  - Include all payer sources
  - Have individual-specific date and type of service
  - Can examine identification, engagement & continuity

# Examples

## ▼ NC

- See [http://www.dhhs.state.nc.us/mhddsas/statspublications/reports/cspireport\\_sfy07q1\\_11-15-06.pdf](http://www.dhhs.state.nc.us/mhddsas/statspublications/reports/cspireport_sfy07q1_11-15-06.pdf)

## ▼ WA has integrated SA Medicaid and Block Grant

## ▼ OK has integrated MH and SA for all programs funded by State

- See <http://www.odmhsas.org/eda/rpm/okrpmfy2006q2.pdf>

# Data

- ▼ **Workable: Any database that allows you to track individual clients over time**
  - Usually focus on client after in the system
    - Engagement & continuity (after detox, residential)
  - MA and NY have data about all clients in licensed facilities, including all payor sources
  - CT links across multiple databases

# Analysis Resources

- ▼ Some states were already working on performance measures and had dedicated analysis resources
- ▼ Some states have used a state infrastructure grant for both IT improvement and analysis resources
- ▼ Must dedicate time to data quality as well as the data access and analytic issues

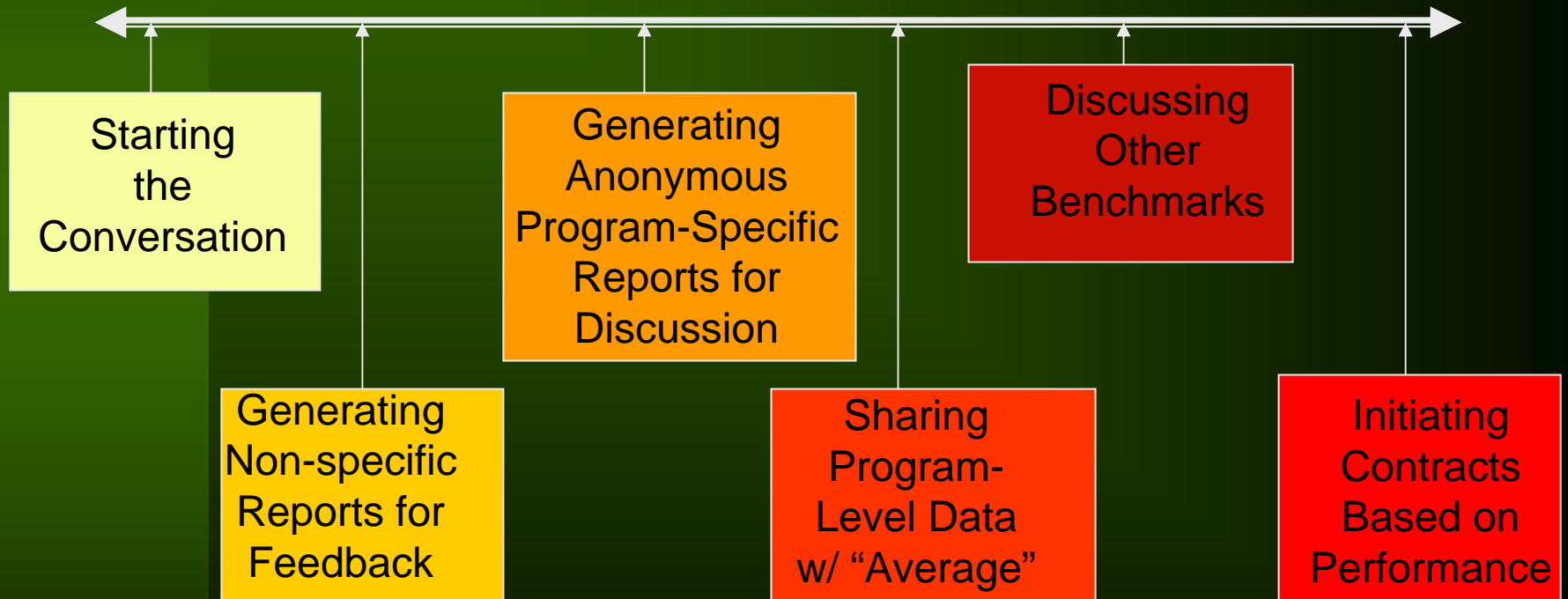
# Willing Leader & Political Will

- ▼ Having interested leadership in the division with the data is critical
- ▼ Top leadership must “buy in”
  - To have the resources to generate the info
  - To use the info
  - Interest in process as well as outcomes
- ▼ Some states have support of state leaders and are progressing
  - NC, CT, NY and MA have sustained a focus on performance measurement/quality improvement efforts
- ▼ WA and OK have the resources and the info ready, but have recently had turnover in leadership positions

# How Are States Currently Using the WC Measures?

- ▼ States are “individualizing” according to needs
- ▼ MA: Bi-monthly reports to state leadership
  - Modality-specific provider meetings to roll out provider-level reports have begun
- ▼ NY: Performance system for county stakeholders includes WC indicators
- ▼ NC: Quarterly reports to Local Management Entity (LME) and legislators
- ▼ OK: Web-based system set up and ready for program access
- ▼ CT: Monthly reports to programs

# Getting to Benchmarks



# Overall Issues

- ▼ Should your state consider using similar performance indicators?
  - Look at your current data models and resources available
- ▼ Get in a framework of “quality improvement”
  - Not punitive, work with outliers to improve
- ▼ Data presentation issues: “How to make the data come alive so it isn’t deadly boring?”
  - Providers/Programs
  - Legislators, Commissioners, Regional planners
  - Consumer/Advocacy groups
- ▼ Continuity of care is critical, but it may be what the providers have least control over
- ▼ Advantage of the WC indicators: use existing data
- ▼ Could be paired with NOMS or TEDS for a more comprehensive picture including outcomes

# Getting Started

- ▼ Example of getting the process started from one state without integrated or parallel databases

# Review of What is Needed to Produce Measures

- ▼ Access to data from all publicly-funded substance abuse treatment sources
  - Medicaid
  - SAPT Block Grant
  - Others in your state?
- ▼ Individual-level data
  - Can track individual persons over time
- ▼ Services data
  - Individual, date of service, type of service

# Identifying Data Sources and Documentation

- ▼ Identify federal and state agencies with responsibility for the population of interest.
- ▼ Use known processes to aid detective work:
  - Follow youth through treatment system and note where agencies become involved.
  - Talk with providers to learn their routines.

# Setting the Context

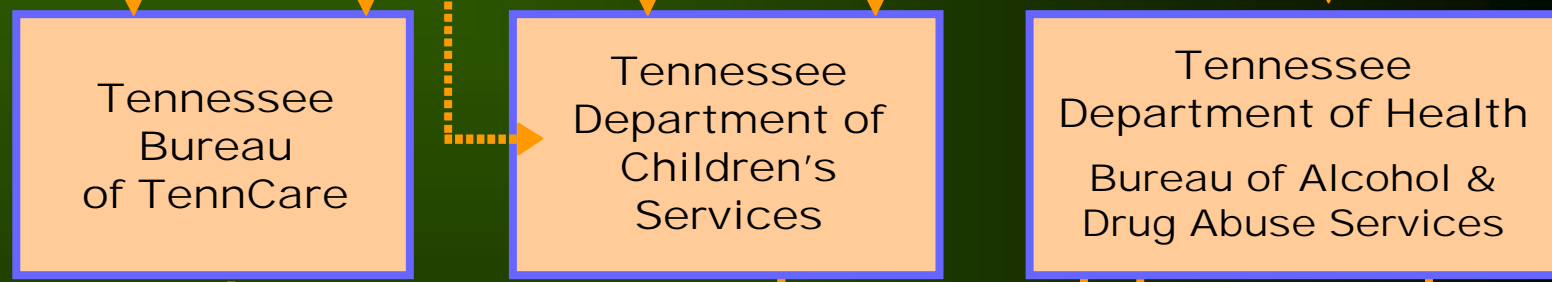
- ▼ Important issues for using public data sets on adolescent substance abuse treatment:
  - How is the service system structured — and what are the implications for accessing public data sets?
  - Which agencies are responsible for treatment funding, oversight, provision?
  - How is treatment recorded / billed?
  - How are the data sets structured?

# Funding and Administrative Agencies for Adolescent SA Treatment: TN

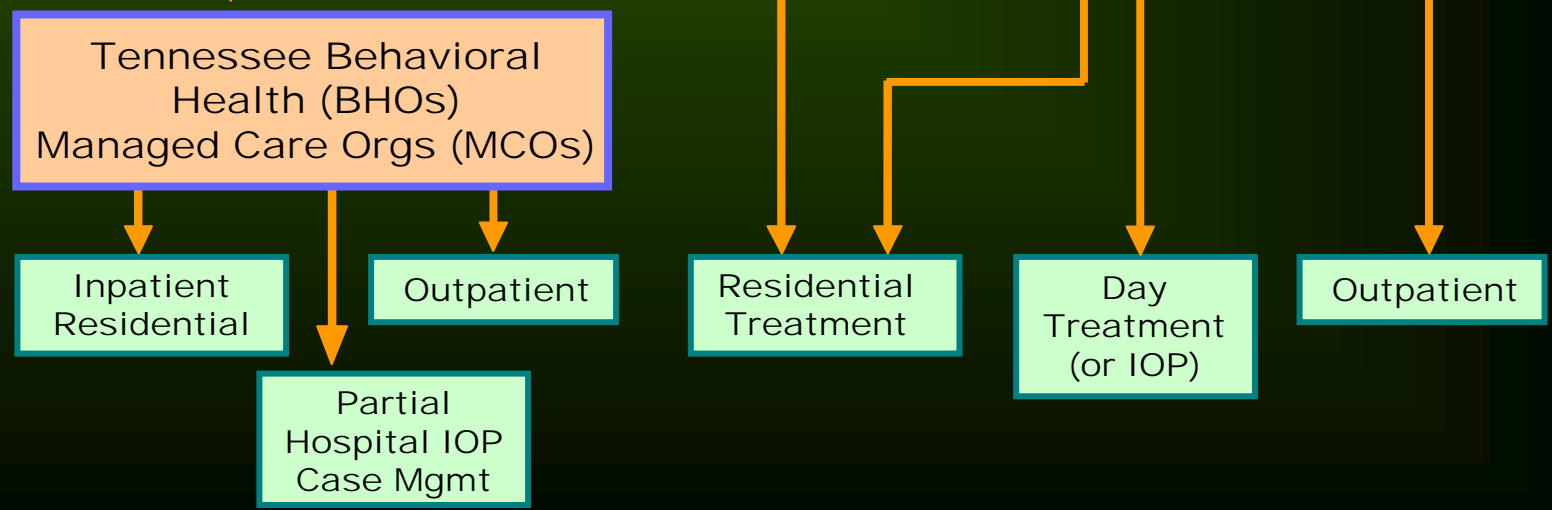
Funding



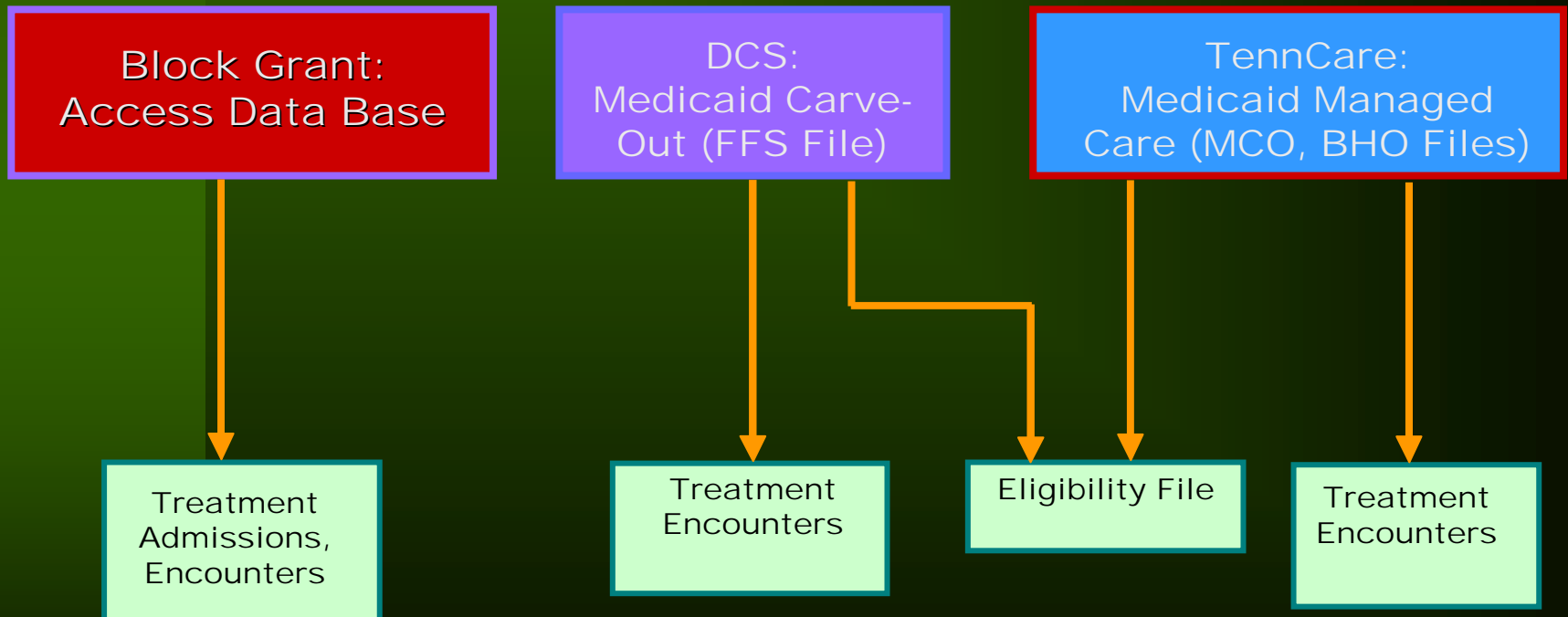
Agencies



Treatment Types



# Data Sets Available About Publicly-Funded Substance Abuse Services in Tennessee



# Data Coding

- ▼ What coding systems are used?
  - National standards
    - American Hospital Association revenue codes
    - American Medical Association procedure codes
    - HCFA/CMS HCPCS codes
    - ICD-9-CM
  - SAPT Block Grant TEDS codes
  - State-specific codes
- ▼ How to recode into meaningful categories?

# Uniform Service Codes

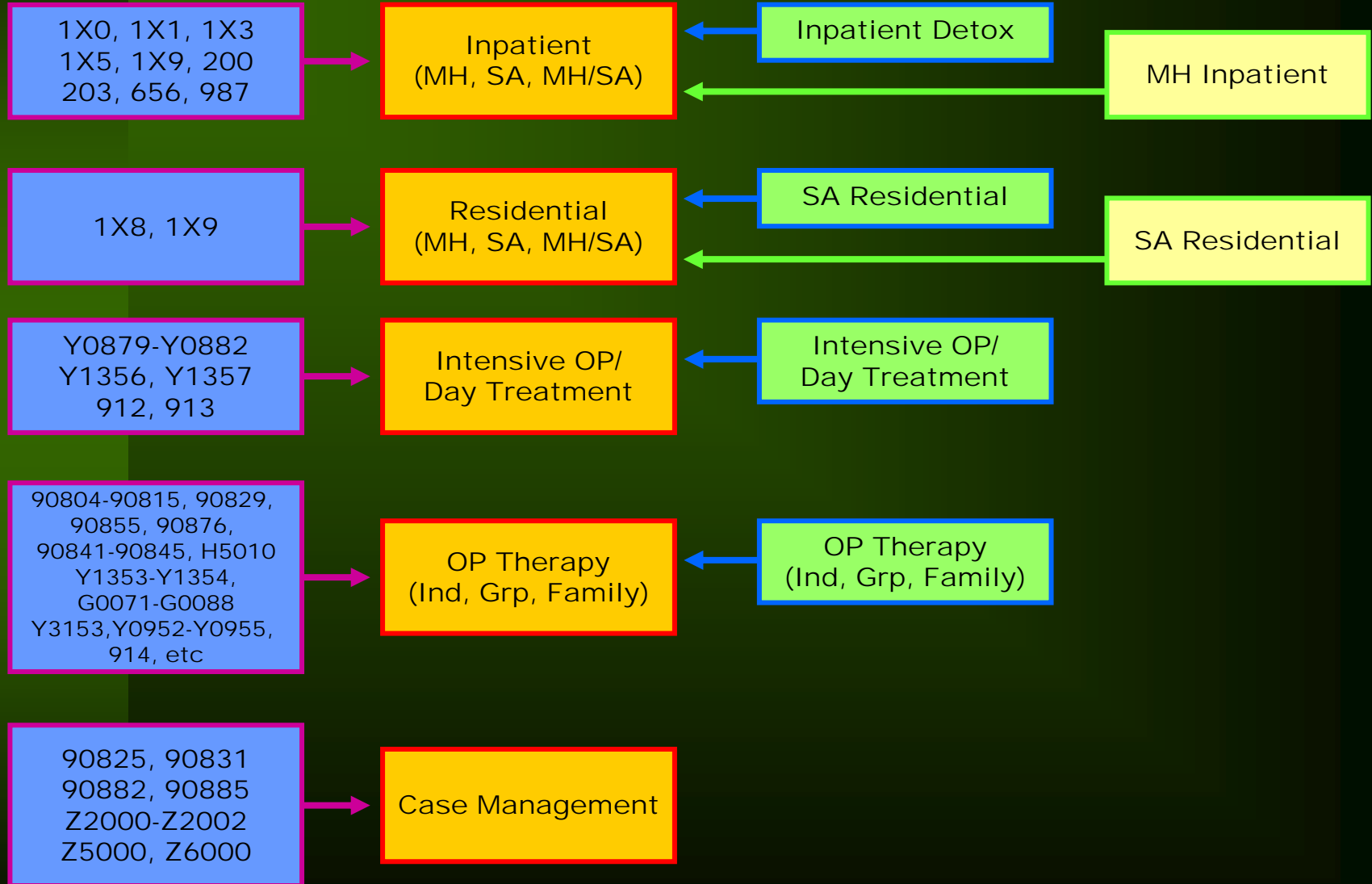
- ▼ Reconcile procedure codes between different coding systems.
- ▼ Reconcile units across different reporting systems.
- ▼ Compromise on level of detail obtainable: least common denominator for each measure.
- ▼ Map procedure codes onto new coding scheme.

# TennCare

# "VUCAT"

# Block Grant

# DCS



# Next Steps

- ▼ NOW you are ready to start analyses combining information from multiple databases and calculating the WC indicators!
- ▼ For more information:
  - [C.heflinger@vanderbilt.edu](mailto:C.heflinger@vanderbilt.edu)
  - Saunders, R.C., & Heflinger, C.A. (2004). Integrating data from multiple public sources: Opportunities and challenges for evaluators. *Evaluation: The International Journal of Theory, Research, and Practice*, 10(3), 347-363.

