

MHSOAC Evaluation Committee
Data Quality Workgroup
Meeting Notes 6/1/11

Members and Invited Experts

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General Public

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Goal

To manage to outcomes in FSP programs, counties, providers and stakeholders need accurate and timely reports for quality improvement to manage the programs and implement the most effective services. The MHSOAC also needs similar reports on FSP to fulfill part of their oversight and accountability role and to support quality improvement throughout the mental health system.

Data Quality Workgroup Objective

This workgroup is to make recommendations to develop accurate and reliable data to allow for meaningful reports on FSPs to be provided to the Evaluation Committee at the June 22, 2011 meeting for consideration among other priorities for a portion of the \$1M in expanded FY 2011-12 funding for the MHSOAC evaluation.

Summary of Recommendations

1. Long Term
Information technology at the state and local levels will undergo major changes in the next few years to meet the 2015 deadline for electronic health records. A long-term vision/strategy for mental health information technology needs to be developed and incremental progress needs to be consistent with that vision.
2. Short-term
 - a. Continue to implement the technical changes to the Data Collection and Reporting System (DCR—which is the data system for FSP outcomes) to allow correction of data submitted, XML (batch) submission of data for more counties, automated reports to counties that flag anomalies.
 - b. Provide automated data quality reports with some basic client counts. Training of counties on how to download the data into an Access database to develop more specific reports is needed.
 - c. Provide more user friendly documentation (user manual, data dictionary, application notes to solve most common county challenges with DCR) and training for counties.
 - d. Provide training for basic statistical analysis, interpretation and presentation of FSP data at the local level.

3. Intermediate
 - a. Develop capability for system queries of the DCR data.
 - b. Provide support and training regarding use of UCLA reports regarding FSPs at the local level.

Summary of Brainstorming Discussion

I. Define the problem regarding obtaining accurate and reliable data

- There is no regular reporting to counties like there was for AB2034 (e.g., monthly reports) for continuous feedback to determine if there are any problems with the data and for overall client progress/outcomes essential for program management
- Very difficult for counties to make corrections to the DCR system because the IT system does not allow corrections
- Counties cannot determine what is duplicate data and cannot override incorrect data
- Counties need training in the overall data system even when they are aware of incorrect data
- User manual is needed
- Data Dictionary needs to be simplified and user friendly
- Counties need technical assistance at various levels: how to input the data, how to analyze the data, how to interpret the data
- More counties prefer to upload their data in XML but no additional counties are being accepted.
- The system needs continuous information technology (IT) expertise to be a partner with data management and analysis functions.
- There needs to be a determined time interval analysis of the data (e.g., looking at the past 2 months, 6 months, etc.) that is informed appropriately by the key players, including clinical input and examination of the available data
- Counties lack resources to generate Excel spreadsheets from DCR
- Data quality reports are not useable
- There needs to be a automated process to identify and correct data errors
- There are no common definitions for data elements so there are inconsistencies across counties
- System only allows counties to get raw data--no reports are generated
- DCR system was intended for quality improvement but it remained static the past few years
- There are unique challenges specific to small counties and large counties

II. Outline and prioritize possible solutions and existing barriers

- Basic reports that provide counts of individual outcomes (e.g., # days in type of residential setting, # days incarcerated) over a period of time on a regular basis. Reports could include monthly CSI data, quality, and trends
- Database that has the ability to create Ad Hoc Reports
- Allow the DCR data to be corrected
 - Provide updates for technical improvements to allow usability
 - Ability for counties to upload, and correct data errors via XML

- Allowing counties to switch over from on-line data submission to XML
- Train counties on new functions or current functions they may not be aware of
- CSI/DCR interface at admission and updates needs to be improved.
- IT and Data Researchers need to partner for technical updates
- Operationalize reports with end users at the front end
- DMH is currently making some technical fixes. Add resources to ensure changes are completed
- Improve interoperability to ensure accurate reporting and quality improvement
- Update Data Dictionary
- Develop User Manual--there is no user manual on the DCR, only training slides). The User Manual needs to address how to use reports, manipulate data, explain capabilities, standardize queries for counties
- End users need to provide input to standardize the reports
- There needs to be training on how to use existing tools/resources because some users may not be aware of current system capability
- Provide feedback/data quality reports to support county analysis of accuracy of data.
- Provide training on data analysis
- Complete original plan for the DCR system to be implemented by continuing investment in order to keep relevant
- Increase collaboration between state and counties
- Have a long-term focus regarding information technology and data systems.

III. Prioritize deliverables and estimated costs

- Technical fixes including reporting to the DCR and updating the system
- Reports: obtaining individual and/or aggregate reports such as # days in a residential setting; data quality reports that are regularly generated and accountability-oriented
- Training and analysis support to counties
- Group did not attempt to address estimated costs for these deliverables. MHSOAC will work with potential providers to develop costs.

IV. Parking Lot

- How DCR relates to CSI--DCR was designed to incorporate CSI
- Look at ADP system, CA-OMS
- Need a long-term strategy for the DCR that includes context of EHR
- Different data system integration that makes its way at the local level to the state (e.g., FSPs)
- Single Data Reporting Submission System
- EHRs-access issues and interoperability of systems for useful reports
- SB893-Who will have system oversight at the state level? How will it impact Behavioral Health? Need to be able to provide state input on outcomes

- Technology