Assessments and Other Measures

Multi-County EHR Session 3
Attend our EHR Sessions

01 EHR Workgroup Orientation
   May 19, 2021 12:00 PM – Zoom Link [Here]

02 Pre-Admission Activities: Client Contact/Screening/Referral
   May 26, 2021 12:00 PM – Zoom Link [Here]

03 Assessments and other Measures/Questionnaires
   Jun 2, 2021 12:00 PM – Zoom Link [Here]

04 Authorization Processes: Prior, Concurrent and Retrospective
   Jun 9, 2021 12:00 PM – Zoom Link [Here]

05 Caseload Management
   Jun 16, 2021 12:00 PM – Zoom Link [Here]

06 Consent Management
   Jun 23, 2021 12:00 PM – Zoom Link [Here]

07 Progress Notes
   Jun 30, 2021 12:00 PM – Zoom Link [Here]
CalMHSA’s EHR Project – Timeline

RFP Creation
5/19 – 8/31

Vendor Selection
9/1 – 12/31

Solution Development
1/1 – 6/30

Wave 1 Implementation
7/1 – 3/31

Wave 2...

January 1, 2022
CalAIM Documentation
1115 and 1915(b) Waiver Renewals

July 1, 2022
CalAIM Payment Reform

July 1, 2021
CMS Patient Access API

July 1, 2021
CMS Provider Directory API

January 1, 2022
CMS Payer-to-Payer

December 15, 2021
ONC Info Blocking Testing Plans

December 31, 2022
FHIR HL7 and other Cures Updates Due

November 1, 2022
ONC Interoperability

January 1, 2022
CalAIM Documentation
1115 and 1915(b) Waiver Renewals

July 1, 2022
CalAIM Payment Reform

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CMS Patient Access API

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Strategic Outcomes

In the next phase of the project – Phase 2 we are bringing in strategic partners to support collecting outcomes in a native way.
Four Core Project Aims

- Dynamic - Role Based User Interface
  - Rational Data Collection/One Time Right Place

- Data – Optimal Accessibility
  - Consistent "Joins" Between Tables
  - Data Meta-Tagging

- Developed for Complex CA Needs Beyond Medi-Cal

- Designed for - Interoperability
Recap: Big Ideas

• BH Enterprise Health Record – more than billing/medical
• Master Person Index
• Contact – activity or staff, not always client
• Real Time Eligibility
• Referral Feedback Loops and Reporting
Old School to New School
Current Plan:

• All required assessments will be in the Multi-County EHR
• Assessments will be well structured so all data will be useable and transmitted to the State as required
• Provide opportunity to push items to Problem List based upon Assessment Scoring
Vision

We will all benefit from standardizing measures used so we can;

1. Develop robust reporting
2. Compare outcomes between each other to facilitate cross county learning
3. Develop a lean system that is client and clinician friendly.
Vision - Calculates

- The system will have the capability to calculate totals and make that a usable part of the data
Alignment with CalAIM Requirements

• CalMHSA and CBHDA are working with the State to Develop a Domain-Based Universal Assessment
• Requirements are still being defined
Required Measures

• Pediatric Symptom Checklist (PSC-35)
• Child and Adolescent Needs and Strengths (CANS-50)
• Full Service Partnership Measures:
  • Partnership Assessment Form (PAF)
  • Key Event Tracking (KET)
  • Quarterly Reports (3M)
• American Society of Addiction Medicine (ASAM)

Add Modules around;
• Trauma
• Education
• Any Others?
Suggested Measures

<table>
<thead>
<tr>
<th>Category</th>
<th>Measure</th>
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<tbody>
<tr>
<td>Suicide Risk Assessment</td>
<td>• Columbia Suicide Risk Screening</td>
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<tr>
<td></td>
<td>• Ask Suicide Screening Questions (ASQ)</td>
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<tr>
<td>Symptom Inventories</td>
<td>• Patient Health Questionnaire (PHQ-9)</td>
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<td>• General Anxiety Disorder (GAD-7)</td>
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<td>Disability Impact/Quality of Life</td>
<td>• Daily Living Activities-20 (DLA-20)</td>
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<td>Level of Care</td>
<td>• Level of Care Utilization System (LOCUS/CALOCUS)</td>
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<td>• Milestones of Recovery Scale (MORS)</td>
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<td>• ANSA/CANS</td>
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<td>Homelessness</td>
<td>Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)</td>
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## Suggested Measures

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<tr>
<td>Recovery Measures</td>
<td>• Patient-Reported Outcomes Measurement System (PROMIS)</td>
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<td>• Creating Healthy Outcomes: Integrated Self-Assessment (CHOIS)</td>
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<tr>
<td></td>
<td>• Recovery Markers Questionnaire (RMQ)</td>
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<td>• Illness Management and Recovery (IMR)</td>
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Suggested Measures – Medical

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<td>Medication Reactions</td>
<td>Abnormal Involuntary Movement Scale (AIMS)</td>
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<tr>
<td>Physical Health Markers</td>
<td>Height Weight BMI Waist Circumference</td>
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Data Model

• Requirements in RFP will include:
  • All Assessment Records will be reportable (i.e. Can Produce Reports)
  • Any/All Calculated fields (Scoring) within Assessments will be stored as discrete data elements
  • Each Assessment record will be assigned a unique identifier
  • Subsequent records that are fed by Assessment Records will be passed the Unique ID of source Assessment Record

• Intention is to provide a “thread” throughout all clinical documentation that will allow reporting of all inter-related clinical documentation
  • We are writing a Progress Note, against a Problem, that was identified as a by-product of this Assessment....
County Specific Needs

- Within the Enterprise Health Record we will be delivering the discussed/agree “core” assessments.
- All “core” assessments will support identified data model (thread)
- RFP will also identify that solutions need to provide mechanisms for custom data input forms to be designed
- Participating Counties will be allowed to create their own Assessments using these tools or working with selected vendor
Thank You!

- All materials posted to our website
- Feel free to reach out, share ideas:
  - info@calmhsa.org
  - Next session (6/9) is on Authorization Processes