



Mental Health and Disability Services Redesign

Service System Data & Statistical Information Integration Meeting Minutes

Tuesday, August 29, 2012

10:00 am – 3:00 pm

Polk County River Place, Room 1

2309 Euclid Avenue, Des Moines, IA

MINUTES

Members Present: Karen Crammond-Walters, Karen Dowell, Jill Eaton, Andrea Jansen (substituting for Gina Fontanini), John Grush, Robin Harlow, Jody Holmes, Cindy Kaestner, Lonnie Maguire, Sue Novak, Dennis Petersen, Joe Sample, Susan Koch-Seehase, Ashley Moore (substituting for Sam Watson), Rick Shults, Kathy Stone.

DHS Staff Present: Connie Fanselow, Lauren Erickson, Randy Clemenson, Norm Edgington, Theresa Armstrong,

Other Attendees: Jess Benson, Legislative Services Agency (LSA); John Pollak, LSA; Lee Hill, DHS; Laura Roeder-Grubb, Iowa Department of Human Rights; Sandi Hurtado-Peters, Iowa Department of Management.

Minutes: The minutes of the August 7, were accepted with minor corrections.

Update on the Outcomes Workgroup:

The Outcomes and Performance Measures Committee very focused on outcomes and are looking at what existing performance measures tell us. The Committee is looking at things expansively; the next step will be to consolidate the measures.

The Committee identified the following domain areas as a way to group outcomes and performance measures:

- Access
- Health and wellness
- Person centeredness
- Quality of life/Safety
- Life in the community
- Family and natural supports

The Committee discussed accountability and efficiency as being a part of the overall measures within each of these domains, not as a separate item. They also discussed what assessment tools already exist and how they might fit in. They decided to figure

out what they consider most important first and then go back to looking at the assessment tools. The committee discussion around types of indicators focused on evaluating employment as a key outcome of life in the community. Much of this discussion focused on work that the SELN (State Employment Leadership Network) group and the Iowa Developmental Disabilities (DD) Council have been doing. DHS will bring a variety of samples of other important outcomes measures to the next meeting for the committee to analyze.

Data workgroup discussion over the update focused on the need to keep data collection streamlined and avoid overburdening consumers, their families, and providers. Suggestions were made to at least collect a minimum level of data from all individuals accessing services, but only collect more extensive data from those people who access higher levels of care. Discussion also focused on the importance of ensuring that data collection and reporting does not become too outdated and information gathered is easily accessible. The workgroup also cautioned against using outcomes to determine service eligibility, and discussed the use of sampling techniques to gather outcomes information at the consumer level.

The Data workgroup will need to recommend: How information is collected, where information is stored, and how to use the information gathered. If sampling is recommended:

- How is the sample determined?
- Who is it sent to?
- How is it collected?
- Where does that information reside?

Review of general observations: reaching consensus on foundational recommendations:

Rick shared preliminary discussion draft of Foundational Recommendations.

http://www.dhs.state.ia.us/docs/DataStatWkgrp_PrelimDiscussionDraft_FoundRecs_rev1_082912.pdf

Item 1: Existing systems will still exist. Primary users will not be required to buy into a new data system.

Discussion:

- A modern IT structure can work in many ways. Options would be to:
 1. Have a single system that would be used by everyone in their day to day business operation or
 2. Everyone could continue to use their own systems and data could be collected from them and integrated

Primary users of data are (for the most part) people who actually provide services, but should also include people who fund the services. These entities have already invested in their own systems and need flexibility for these systems to work within their business processes. They should not be forced into buying into an entirely new system. However, these systems need to have a way to communicate with one another and share

information. An important aspect of being able to communicate with one another is having shared and consistent definitions and labeling and collecting data consistently.

The workgroup acknowledge that no single system offers an opportunity to start with what we have, and acknowledged that the needs and uses of each primary user should be taken into consideration. Questions arose about missing an opportunity by not looking at efficiencies and cost savings that could come from a single system. Discussion noted that there is a role for a commonly available and supported system that small providers can buy into if they need to, but we may not have enough good information to make that decision or the money to invest in building a single system. Ultimately, it comes down to the business process; if you have a level of uniformity in your business processes then everything else is relatively straightforward and we need to identify a way methodology to make certain we are using all existing technology to its best benefit.

Summary:

- Make best efforts to minimize the collection of data from consumers
- Find basic elements of a centralized concept and build a system around that
- Need to recognize that the system can be made up of many different elements
- Business processes decide what data elements get accessed and updated
- Assure ability to interface and engage in operational business transactions
- Craft a future oriented consensus statement
- Should include ongoing efforts to minimize the costs of data systems

Public Comment:

Comment: The kind of exchange of information you have discussed is already happening today. The CJIS (Criminal Justice Integration System) handles series of exchanges that go back and forth between law enforcement entities. They can pull in information without having to re-enter data. You can still collect what you want and the state can have access to what they want, but not necessarily all the data collected. There is a difference between transactional systems and data warehouse type information. Thinking of it as a “single system” can be misleading. This morning’s conversation is very different from the last meeting; does it reflect the charge of this group?

Summary of the key points of consensus:

- Entities within the MHDS system will not be required to use the same operational/transaction system
- An organized, coordinated effort among all MHDS stakeholders should be in place to minimize the cost and maximize the effectiveness of the operational/transaction system now and in the future
 - We should not operate separately in silos as we develop systems
 - We need to work together and deal with proprietary issues
- Operational/transaction systems need to have the capability to be linked and exchange information using consistent definitions and labels

- Technical assistance in making the linkages should be available
- Privacy and security needs to be maintained consistent with defined roles and responsibilities of each user

Data Warehouse Concept:

Robin Harlow gave a brief overview of the document “Information Based Design – Next Generation Data Warehouses for Healthcare Providers” from Meta Analytix:

http://www.dhs.state.ia.us/docs/MetaDataWarehouse_082812.pdf

The article describes a conceptual process for establishing a data warehouse, which is the same concept that is currently used within DHS.

- The Integrated Data Model:
 - Do not need to have all data in the warehouse for it to be used for decision support and analytics, allows project to be built modularly
- Core data is the fundamental data that describes the business
 - Used primarily for decision support and analytic functions
 - In healthcare, for example, it includes: patient information, product/service, appointments, diagnoses, procedures, claims, invoices, etc.
- Extended data is more specialized data that describes a specific business area
 - Can include additional attributes that are highly specialized within the core entities or separate entities with their own specialized attributes
 - Healthcare examples include: detailed clinical data for specific conditions, detailed data for departmental operations, detailed financial data
- Organized from the point of view of a primary business function and one or more source systems that operationally support that function

Putting it all together:

- Identify the primary business functions you want to be able to support
- Prioritize the functions
- Identify the sources that are required for the first business function
- If you have access to a data source, you should probably compile it, but you don't necessarily need to do anything with it
- Design the initial integrated data model
- Load from the integrated data store into the data usability layer
- Build by following the same process for the remaining business function work streams
- Being able to organize work streams that support business functions is critical to long term success
- There do not have to be separate data marts for each business domain
- May need separate data marts to better manage and control security and access

Discussion:

- The workgroup discussed Medicaid as an example of data marts:
 - Ten years' worth the Medicaid claims data
 - A section with three years of data
 - A three year truncated section for the highly used data
 - And a few sections with specific business purposes (eligibility, etc.)

- Can be used to look at trending and comparisons of service areas
- Can work off of something that has been built, populated and maintained for that specific use
- What is an operational/transaction system?
 - Where data is actually doing something for you
 - Example: Electronic health records used by CMHCs allow users to read and enter information, use information for treatment, prescriptions, claims transactions, billing, clinical notes, etc.
 - That is the originating system
 - The data is reported to a data recording system
 - Information from the transactional system go into a data mart or data warehouse
- We are talking about integrating data from many different systems and need to consider what data we need going forward
- Steps:
 - Follow work stream as described above
 - Agree on a common set of data from all sources
 - Specify the meanings of fields and common format for submission
 - Determine who has the best information and who needs to access the information
 - Don't require collection on data elements that aren't used
- Currently in the system there is both static and transactional data
- Transactional data can be dumped into the system on a regular basis
- Can save time by getting rid of static data we are not using
- What is meaningful in Iowa?

Business functions are multiple:

- Outcomes and performance measures
- Service planning
- Regional management
- Ad hoc info the legislators and policy makers
- Providers can also have access to data warehouse

Use of a unique identifier:

- For MHDS, the State ID is defined in Iowa Code (Chp. 225C.6A(1))
 - First three characters of last name, date of birth, gender, last four digits of Social Security Number
- It was developed at a time when technology was not what it is now
- We spend a lot of time trying to decode to avoid duplication
- Would need to make recommendation to legislature to change Code definition
- Can have a unique computer generated identifier that has no associated meaning and it can be linked to all other identifiers used in multiple systems
- IME's master person index can bring together multiple identifiers to better verify the identity of a person

- Jody Holmes can bring information on that to the next meeting

Examples of other states' data collection systems:

The group reviewed data collection information from Missouri, Nebraska, Washington, and Kansas. Detailed information can be found at:

http://www.dhs.state.ia.us/docs/OtherStatesDataCollectionInfo_2_082912.pdf

- Each state has some sort of primary info system that people enter data into
- Have a common format for the data to populate
- Some states are doing cross integration of all information technology systems and pulling them into one network
- We can get copies of anything other states have developed using federal funds

What other information would we like to have about these states?

- Qualitative information from people who use the systems would be helpful
- Does the system they have work well?
- What are the challenges?

Agenda suggestions for next meeting:

- Taking a look at national reporting
- Rick will take this morning's discussion back to the Outcomes and Performance Measures Workgroup
- Will take today's discussion and start developing a report format for everyone to review

For more information:

Handouts and meeting information for each workgroup will be made available at:

<http://www.dhs.state.ia.us/Partners?MHDSRedesign.html>

Website information will be updated regularly and meeting agendas, minutes and handouts for the Redesign workgroups will be posted there.