

Introduction to the Mental Health Information System (MHIS) Dashboard

Presented by

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Presentation Outline

- Office of Mental Health Operations (OMHO) Mission
- Development of the MHIS Dashboard
- Facilitating and evaluating OMHO's nationwide quality improvement program
 - Site visits and technical assistance
 - Action plans
 - Best Practice Dissemination
- Additional Resources
- Questions and Discussion



Key Goals of Mental Health Operations

- Facilitate and ensure implementation of the Uniform Mental Health Service Handbook
 - A comprehensive policy document which lays out required mental health treatments that must be available as well as details about how, where, and how promptly care must be delivered.
- Reduce variability in mental health treatment access and quality across VHA's 141 health care systems

Task

- To develop and information system to guide
 - 1) VISN and facility level implementation and quality improvement efforts
 - 2) a national mental health site visit program
 - 3) a national technical assistance program
 - 4) Sharing and dissemination of best practices across VA facilities

Goals of the MHIS

- To assess level of implementation of key elements of the Uniform Mental Health Services Handbook
 - Handbook is divided into domains which describe key principles or requirements for patient populations, specialty programs, or processes.
 - Prior evaluation consisted of survey based assessment of self-reported fact of implementation of key requirements
- To detect and decrease variability between facilities as well as VISNs
 - Identify negative and positive outliers
- Track implementation over time

Polling question

Have you used the MHIS? Yes/No

Development of the MHIS Dashboard

- Extract all unique requirements from the Handbook for each domain
- Enumerate the concepts that need to be operationalized in order to construct a metric that maps onto each requirement.
- To the extent possible, matching metrics to handbook language and structure, we operationalized concepts with diagnostic, clinical, pharmacy, and other administrative data

“All facilities must make medically-supervised withdrawal management available as needed, based on a systematic assessment of the symptoms and risks of serious adverse consequences related to the withdrawal process from alcohol, sedatives or hypnotics, or opioids. Although withdrawal management can often be accomplished on an ambulatory basis, facilities must make inpatient withdrawal management available for those who require it. Services can be provided at the facility, by referral to another VA facility, or by sharing arrangement, contract, or non-VA fee basis arrangements to the extent that the veteran is eligible with a community-based facility.”

Concepts from this example

- Both inpatient and outpatient services required
 - Determined which files and data sources we use to look for withdrawal treatment services
- For patients with alcohol/sedative or opioid withdrawal.
 - Determined which diagnoses to look for, and which medications to look for as signs of withdrawal treatment
- Facility is responsible for ensuring that patient receives withdrawal management. They don't necessarily have to do it themselves.
 - Because this was a general principle across most of the Handbook, we developed a home facility methodology for assigning credit for service received by a patient to a facility. Credit for all services delivered, regardless of location of delivery was given to the facility where the patient receives the majority of their care.

Development of the MHIS Dashboard

- After initial metric specifications were drafted, we involved a larger group of clinical experts and policy leaders to provide feedback on the dozens of choices that were made in operationalizing each construct.
- Other Issues:
 - Standardizing concepts across PECs
 - Assigning patients to facilities
 - Time frames
 - Constructing item thresholds and domain scores

Thresholds for Measures

- Set by policy-based program goals if available.
- In the absence of policy-based program goals, thresholds are based on distributions.
 - Identify facilities that were low outliers in terms of implementation or quality goals.
- Distribution-based thresholds required expert consensus
 - Individually discussed with policy leads in MHS, program evaluators in OMHO, and content experts.

Dashboard Domains

- Handbook Implementation Survey

- Specific Services

- Population coverage
- Screening and follow-up
- Specific required positions
- Care transitions
- Inpatient
- Residential
- High intensity ambulatory services
- Emergency services
- General ambulatory services

- Specific Services (cont'd)

- Ambulatory services for SMI
- PTSD
- SUD
- Evidence-based psychotherapy
- MH care for homeless Veterans
- Integrated MH with medical services
- Services for older adults
- Services for women
- MST services
- Suicide prevention
- *Medical care for mentally ill*

14 Measures in the SUD Domain

- Meets SUD Handbook requirements by survey
- Percent SUD Diagnosis
- SUD patients receiving specialty SUD treatment
- SUD patients receiving any intensive SUD treatment
- SUD patients that receive intensive residential SUD treatment
- Length of intensive residential SUD treatment
- SUD patients that receive intensive outpatient SUD treatment
- Length of intensive outpatient SUD treatment

Measures in the SUD Domain

- Inpatient medically managed withdrawal for alcohol or opiates
- Follow-up after inpatient medically managed withdrawal for alcohol or opiates
- Outpatient medically managed withdrawal for alcohol or opiates
- Follow-up after outpatient medically managed withdrawal for alcohol or opiates
- Pharmacotherapy for alcohol use disorder
- Pharmacotherapy for opioid dependence

To access the **MHIS**:

Direct link

<http://reports2.vssc.med.va.gov/Reports/Pages/Report.aspx?ItemPath=%2fMentalHealth%2fMHInformationSystem%2fMHInformationSystem>

From the main VSSC page

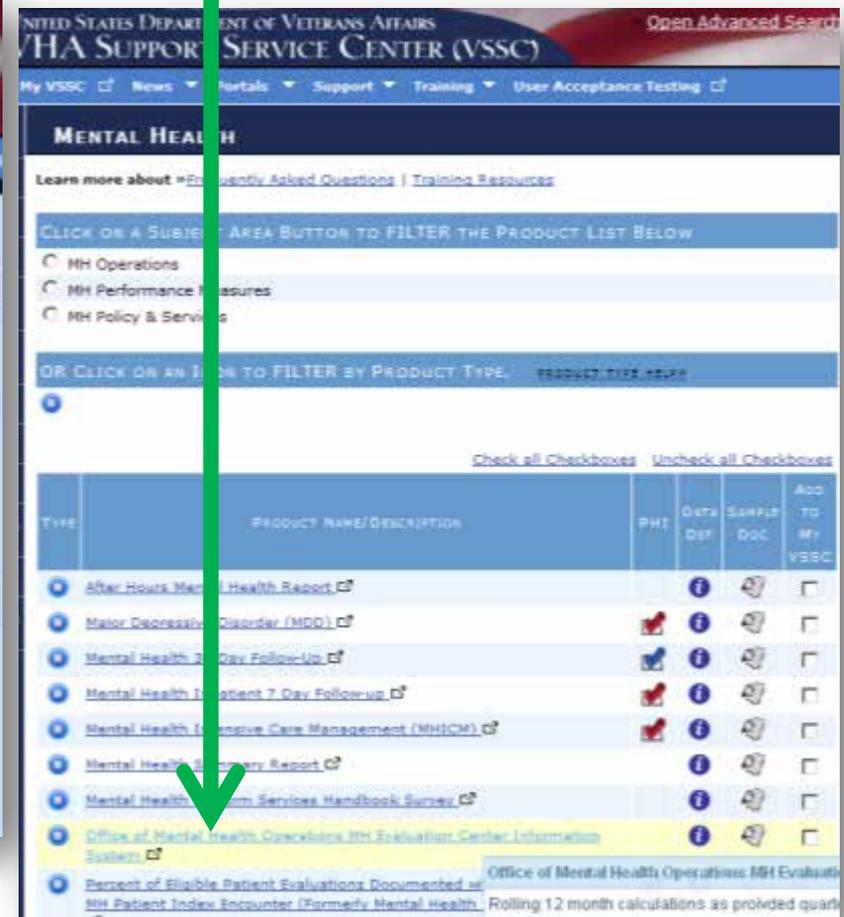
<http://vssc.med.va.gov/>

MHIS Access from main VSSC site

1 Go to main VSSC site
(<http://vssc.med.va.gov/>)

2 Select "Mental Health"

3 Select "Office of MH Operations MH Evaluation Center Information"



The MHIS Interface

Home > MentalHealth > MHInformationSystem > MHInformationSystem

FY Reporting Period

Location

1 of 1 100% Find | Next



Department of Veterans Affairs Veterans Health Administration
Office of Mental Health Operations 10NC5
Mental Health Evaluation Center Information System



[Data Definitions](#)

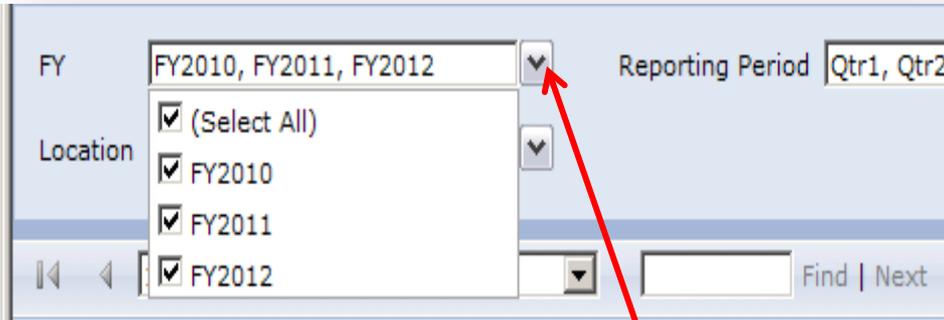
[VSSC Help Desk](#)

**Click on plus signs (+) to expand categories and view additional content.
 Highlighted cells indicate metrics flagged for additional review.**

| | | | | | | | FY2010 | FY2011 | |
|--------------------------|---|----------|--|--------------|----------|------------|--------|--------|--|
| | Metric Grouping | Mnemonic | Measure Name | Program Goal | Location | Time Frame | Qtr4 | Qtr2 | |
| <input type="checkbox"/> | Uniform Mental Health Services Survey Scores | | Handbook Implementation Domain score | | | | 55.6% | | |
| <input type="checkbox"/> | Population Coverage | | Population Coverage Domain Score | | | | 94.6% | 95.8% | |
| <input type="checkbox"/> | Screening and Follow-up | | Screening and Follow-up Domain Score | | | | 75.8% | 78.6% | |
| <input type="checkbox"/> | Specific Positions at VAMCs Required by MH Handbook | | Specific Positions Required by Handbook Domain score | | | | 98.5% | | |
| <input type="checkbox"/> | Care Transitions | | Care Transitions Domain Score | | | | 77.8% | | |
| <input type="checkbox"/> | Inpatient | | Inpatient domain score | | | | 88.9% | | |

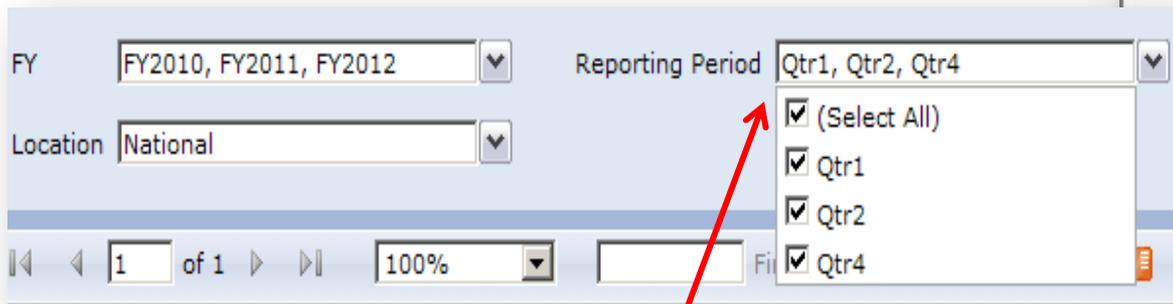
REPORT FILTERS

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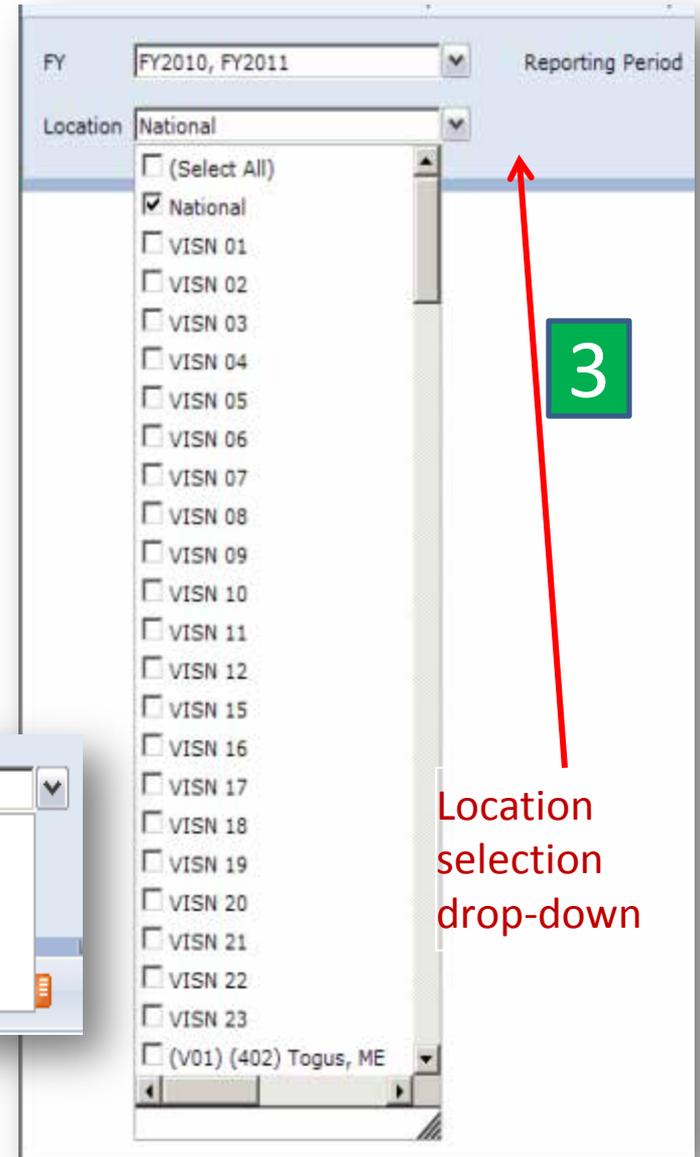


Fiscal Year drop-down

2



Fiscal Year drop-down



3

Location selection drop-down

Outputting Results

Home > MentalHealth > MHInformationSystem > MHInformationSystem

Home | My Subscriptions | Help

FY: Reporting Period:

Location:

1 of 1 100% Find | Next

Click "View Report"

Expand/collapse (+/-) buttons

Department of Veterans Affairs Veterans Health Administration
Office of Mental Health Operations 10NC5
Mental Health Evaluation Center Information System

Click on plus signs (+) to expand categories and view additional content.
Highlighted cells indicate metrics flagged for additional review.

| | Metric Grouping | Mnemonic | Measure Name | Program Goal | Location | Time Frame | FY2010 Qtr4 | Qtr2 |
|--------------------------|---|----------|--|--------------|----------|------------|----------------|------|
| <input type="checkbox"/> | Uniform Mental Health Services Survey Scores | | Handbook Implementation Domain score | | | | 55.6% | |
| <input type="checkbox"/> | Population Coverage | | Population Coverage Domain Score | | | | 94.6% | 9 |
| <input type="checkbox"/> | Screening and Follow-up | | Screening and Follow-up Domain Score | | | | 75.8% | 7 |
| <input type="checkbox"/> | Specific Positions at VAMCs Required by MH Handbook | | Specific Positions Required by Handbook Domain score | | | | 98.5% | |
| <input type="checkbox"/> | Care Transitions | | Care Transitions Domain Score | | | | 77.8% | |
| <input type="checkbox"/> | Inpatient | | Inpatient domain score | | | | 88.9% | |
| <input type="checkbox"/> | Resid | | | | | | 84.7% | |
| <input type="checkbox"/> | High I (MHICM, PRRC) | | High Intensity Ambulatory Services Domain score | | | | 69.4% | |
| <input type="checkbox"/> | Emergency Departments | | Emergency department domain score | | | | 98.7% | |
| <input type="checkbox"/> | General Ambulatory Services | | General ambulatory services domain score | | | | 97.5% | |
| <input type="checkbox"/> | Ambulatory Services for Serious Mental Illness | | Ambulatory Services for Serious Mental Illness score | | | | 73.2% | |
| <input type="checkbox"/> | PTSD | | PTSD Domain score | | | | 83.9% | |
| <input type="checkbox"/> | SUD | | Substance Use Disorder Domain Score | | | | 93.8% | 9 |
| <input type="checkbox"/> | Psychotherapy | | Psychotherapy Domain score | | | | 98.5% | 19 |

Exploring Results

Expanded results for SUD Metric Grouping (Domain)

| | | | | | | | FY2010 | |
|-----------------|----------|--|--------------|---------------------------|--------------------|-------|--------|--|
| Metric Grouping | Mnemonic | Measure Name | Program Goal | Location | Time Frame | Qtr4 | Qtr2 | |
| SUD | SUDlow | Substance Use Disorder Domain Score | | (V21) (640) Palo Alto, CA | Rolling 4 Quarters | 92.9% | | |
| | | | | National | Rolling 4 Quarters | 93.8% | | |
| | sud1 | Meets SUD Handbook Requirements per survey | 1 | (V21) (640) Palo Alto, CA | Rolling 4 Quarters | 0.00 | | |
| | | | | National | Rolling 4 Quarters | .63 | | |
| | sud2 | % SUD diagnosed | 5% | (V21) (640) Palo Alto, CA | Rolling 4 Quarters | 11% | | |
| | | | | National | Rolling 4 Quarters | 8.8% | | |
| | sud3 | % SUD specialty treated | 12.5% | (V21) (640) Palo Alto, CA | Rolling 4 Quarters | 27.8% | | |
| | | | | National | Rolling 4 Quarters | 29.7% | | |
| | sud4 | % intensive SUD treated | 1% | (V21) (640) Palo Alto, CA | Rolling 4 Quarters | 6.6% | | |
| | | | | National | Rolling 4 Quarters | 8.9% | | |
| | sud5 | % intensive residential SUD treated | 0.00 | (V21) (640) Palo Alto, CA | Rolling 4 Quarters | 6% | | |
| | | | | National | Rolling 4 Quarters | 5.1% | | |
| | sud6 | % intensive outpatient SUD treated | .2% | (V21) (640) Palo Alto, CA | Rolling 4 Quarters | 1% | | |
| | | | | National | Rolling 4 Quarters | 6.1% | | |
| | sud7 | Weeks intensive residential SUD treatment | 20 | (V21) (640) Palo Alto, CA | Rolling 4 Quarters | 11.5 | | |
| | | | | National | Rolling 4 Quarters | 11.13 | | |

Frequently Asked Questions

Q. Who has access to the MHIS?

All VA employees.

Q. Where does the data in the MHIS come from?

- Administrative (workload) data
 - National Patient Care Database (NPCD),
 - Decision Support Systems (DSS),
 - Pharmacy Benefits Files.
- Handbook Survey
- EPRP reviews, and other sources and developed by OQP.



Comprehensive MH Site Visits

- Baseline assessment of implementation of the UMHS
UMHSH
 - site-visits conducted at 140 VA health care systems in FY12
 - areas for growth and best practices identified
- Over the course of 2 days, site visitors met with:
 - health care system and MH leadership
 - frontline mental health staff
 - Veteran patients and their families
 - community stakeholders

Site Visit Workbook

- The workbook is split into two sections
 - Pre-work
 - Site-visit meetings
- The **pre-work** includes data on mental health services and staffing
 - Filled out by evaluation center staff and the TAs based on the MHIS data
 - Identify areas of strength and concern
- The **site visit meeting** section contains questions to be asked during the site visit

Site Visit Meetings

- During meetings, the site-visit teams asked about:
 - Mental health services domains (e.g., inpatient and residential treatment, general ambulatory care, PTSD, SUD, etc.)
 - Pre-work strengths and concerns for each domain as identified in the MHIS
 - Specific questions related to each domain

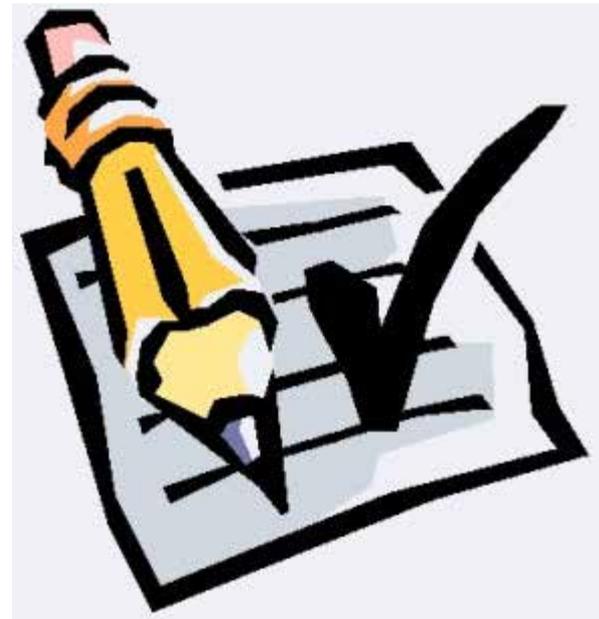
Site Visit Pre-Work Process

1. Focus

- Areas of concern
- Areas of strength

2. Report includes:

- Flagged areas
- Non-flagged weak areas
- Strong areas
- Trends





VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

VA CENTRAL OFFICE OFFICE OF MENTAL HEALTH OPERATIONS

Substance Use Disorders Treatment Pre-Work

Leadership Meeting

MH Staff Meeting

Return to
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Contents

Handbook

Business
Operations

Population
Coverage

Summary of Strengths

% Opioid agonist treatment is Markedly Better (facility score 46.7%; cut-off 0.00%; national average 27.4%), trending stable

Summary of Concerns

% SUD specialty treated is Markedly Worse (facility score 14.1%; cut-off 12.5%; national average 29.8%), trending worse

Link to meetings covering this domain

Prior Site Visit Report Recommendations

Action Plan Progress

Mental Health
Information
System metrics

Inpatient

Suicide
Prevention

MST

PC-MHI

Residential

High Intensity
Ambulatory

Emergency

| Measure | Measure Flagged | Compare Unflagged Measures to National Average (Most Recent Data) | Trend (e.g., over past 4 - 8 quarters) |
|---|-----------------|---|--|
| SUD Domain Score | NA | Somewhat Better | Stable |
| <i>Meets SUD Handbook Requirements per survey</i> | No | NA | NA |
| % SUD diagnosed | No | Average | Better |
| % SUD specialty treated | No | Markedly Worse | Worse |
| % intensive SUD treated | No | | Better |
| % residential SUD treated | No | Sc | |
| % intensive outpatient SUD treated | No | Sc | |
| % Opioid agonist treatment | No | Markedly Better | Stable |

How does it compare to national average?

Is the score improving over time?

Site Visit Meetings

- There are 22 site visit meetings which cover:
 - Mental health services domains
 - Pre-work strengths and concerns for each domain
 - Specific questions related to each domain

Site Visit Session Questions

Domain I Overview: Handbook Implementation & Population Coverage

This meeting is designed to ask follow-up questions from the material submitted by the facility and focus questions for each area.

(Time - 2 hours and 15 minutes)

Recommended Attendees: Chief of Mental Health, Psychology Discipline Lead, Psychiatry Discipline Lead, Social Work Discipline Lead, Mental Health Nursing Lead, CROC Mental Health Leadership, RRT/TP Leadership, Senior Homeless/Veteran Program Manager, and any other mental health leadership at the facility level.

Note: VACO staff may request additional individual staff meetings as necessary.

In this section, we would like to understand more about UMHSH implementation and Population Coverage. In particular, we'd like to know about key areas of strength for these areas, areas of concern, key barriers, and plans to continue to improve in these areas.

Introduction: Purpose, Attendees, Meeting Length & Script

*Auto populated from pre-work section to meeting section

Link to Pre-Work section

Handbook

Handbook Pre-Work

| Strengths [from Pre-Work] | Discussion agrees with you? | Notes | |
|--|---|--------------------|----------------------|
| [Select response] | [Select response] | | |
| Concerns [from Pre-Work] | Discussion agrees with you? | Plan for improving | Plan Description/Not |
| [Select response] | [Select response] | [Select response] | |
| Additional TA concerns [from Pre-Work]: | | | |
| (ENTER QUESTIONS RELATED TO ADDITIONAL CONCERNS HERE) | [Select response] | [Select response] | |
| From Site Visit Report Recommendations and Action Plan Progress [from Pre-Work]: | To what extent has this been addressed? | Notes | |
| [Select response] | [Select response] | | |
| [Select response] | [Select response] | | |

Strengths and Concerns from Pre-Work – Response options*

Site Visit Report and Action Plan Notes from Pre-Work– Response options*

| Questions | Answers |
|---|---|
| 1) What are the top three key areas of strength for your system in the UMHSH implementation? | |
| 2) What challenges or barriers are you facing related to the UMHSH implementation? | |
| 13) In reference to concerns noted from pre-work [ABOVE], do you have a plan for improving implementation in this area? If yes, in 100 words or less, describe this plan for us? [REPEAT QUESTION AS NEEDED FOR EACH AREA OF CONCERN] | Click here to see "Concerns" table above. |
| 14) Other Notes/Comments | |

Site Visit Meeting Questions

Return to Table of Contents

Pre-Work Section

PTSD PTSD Pre-Work

Button links back to pre-work

| Strengths (from Pre-Work) | | Discussion agrees with pre-work strengths? | Notes | |
|--|---|--|-----------------------------------|------------------------|
| <input checked="" type="checkbox"/> | | [Select response] | | |
| <input checked="" type="checkbox"/> | | [Select response] | | |
| <input checked="" type="checkbox"/> | | [Select response] | | |
| Concerns (from Pre-Work) | | Discussion agrees with pre-work concerns? | Plan for improving implementation | Plan Description/Notes |
| | | [Select response] | [Select response] | |
| | | [Select response] | [Select response] | |
| | | [Select response] | [Select response] | |
| Additional TA concern(s) (from Pre-Work): | | | | |
| <input checked="" type="checkbox"/> | (ENTER QUESTIONS RELATED TO ADDITIONAL CONCERNS HERE) | [Select response] | [Select response] | |
| Prior Site Visit Report Recommendation and Action Plan Progress (from Pre-Work): | | To what extent has this been addressed? | Notes | |
| <input checked="" type="checkbox"/> | | [Select response] | | |
| | | [Select response] | | |

Strengths, concerns and Site Visit/Action plan notes are auto-populated from pre-work

Meeting Questions

| Questions | Answers |
|---|--|
| <input checked="" type="checkbox"/> 1) What are the top three key areas of strength related to SUD treatment services? | |
| <input checked="" type="checkbox"/> 2) What challenges or barriers are present for the delivery of SUD services? | |
| <input checked="" type="checkbox"/> 3) Please describe your SUD treatment services. Can you walk me through the referral, assessment, and treatment process? | [Select response] |
| <input checked="" type="checkbox"/> 4) How long do patient have to wait for an initial appointment for outpatient SUD services? After an initial appointment, how long do they wait to initiate treatment? | Other Comments: |
| <input checked="" type="checkbox"/> 5a) Which empirically-validated psychosocial interventions are available for SUD on site? | <input type="checkbox"/> Motivation Enhancement Therapy (MET) <input type="checkbox"/> Cognitive Behavioral Therapy for Relapse Prevention <input type="checkbox"/> SUD-focused Behavioral Couple Therapy (BCT for SUD) <input type="checkbox"/> 12-Step Facilitation Counseling <input type="checkbox"/> Contingency Management (CM) Other comments: |
| <input checked="" type="checkbox"/> 5b) How long do Veterans wait to initiate these treatments (i.e. empirically-validated interventions)? | |
| <input checked="" type="checkbox"/> 6) When Veterans have slips or relapses into substance use, are there any changes in service provision either in the SUD program or in other services? Do any mental health programs have sobriety as a condition for receiving services? (Probe for discontinuation of services, such as discharge from residential programs, termination from CWT, PRRC, MHICM, etc. due to substance use.) | |

Checked boxes indicate content should be covered

Multiple boxes can be checked

Exit S

- Upon completion of the Site Visit, site visitors outline:
 - 5 overall areas of concern
 - 5 overall areas of strength
- Reviewed with facility
- Submitted to OMHO

Site Visit Summary

Name of VA Facility
[Select Facility] ▼

Date of Site Visit

VISN Mental Health Lead

Facility Mental Health Lead

Site Visit Team Member #1

Site Visit Team Member #2

Site Visit Team Member #3

Site Visit Team Member #4

Site Visit Team Member #5

Potential Areas of Strength

1) _____

2) _____

3) _____

4) _____

5) _____

Potential Areas for Growth

1) _____

2) _____

3) _____

4) _____

Site Visit Final Report

- In-depth review of all MH domains
 - Areas of strength and concern based on:
 - Data (i.e. MHIS, ARC, NEPEC Vacancy, etc)
 - Site Visit Interviews
 - Includes recommendations for improvement
 - Suggested Resources
- Reviewed by OMHO and shared with facility
- Facility develops a strategic action plan to address report recommendations

Strategic Action Planning Process

- Designed to guide the facility's quality improvement process in response to site-visit report recommendations.
- VISN MH leadership, facility leadership, & facility MH leadership work create a strategic action plan to address report recommendations with input from OMHO.
- Facilities submit quarterly reports to provide progress on the plan.
- OMHO staff track facilities' progress and offers additional technical support if progress is not satisfactory.

Strategic Action Plan

- Facilities develop action plans based on final report recommendations
 - Each recommendation has associated:
 - Action steps
 - Milestones
 - Deliverables/measures/targets
- MHIS data - used to measure progress in meeting milestones
- Quarterly reports to OMHO indicate facilities' progress on action steps, milestones, deliverables/measures/ targets

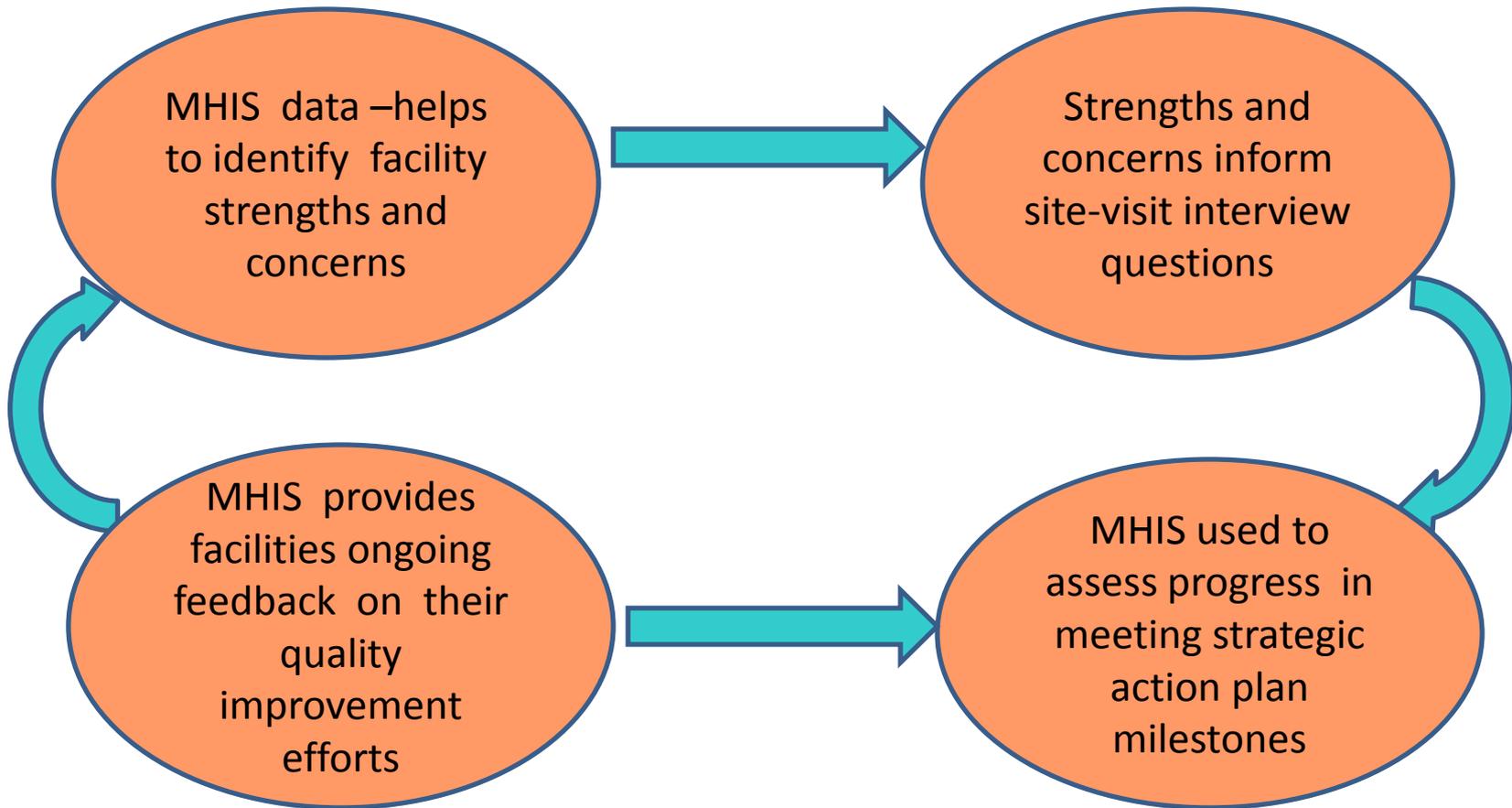
Strategic Action Plan

- Designed to guide the facility's quality improvement process in response to identified recommendations from the site visit report.
- VISN MH leadership, facility leadership, facility MH leadership discuss creation of strategic plan with OMHO.
- Quarterly updates are submitted to provide progress on the plan.

Strong Practices Program

- Putative areas of strength are discussed in the site visit
- Innovative practices that improve care or care delivery are explored by site visitors or offered by staff
- The programs are evaluated for impact on care delivery using MHIS and other data sources
- Strong practices based on this review are described and shared on a Strong Practice Website:
- <https://vaww.portal.va.gov/sites/OMHS/omhostrongpractices/default.aspx>

MHIS: Integral to the Site-Visit and Strategic Action Planning Process



For Questions, Comments, Suggestions:

OMHO Program Evaluation Center leads

Jodie Trafton or Alex Harris (PERC)

Rani Hoff or Greg Greenberg (NEPEC)

Fred Blow or John F. McCarthy (SMITREC)

Site Visit and Action Plan Reporting Tool

Development

Jeanne Schaefer and Sara Tavakoli