SECTION E. DATA AND INFORMATION TECHNOLOGY

Washington State utilizes four primary reporting systems to track client demographic and service level data on behavioral health. Together, these systems allow for reporting on all of the currently defined NOMS for the behavioral health treatment. The largest of these databases is the state's new Medicaid Management Information System – ProviderOne. This system records and stores all Medicaid claims for outpatient and residential substance abuse treatment services and all encounter data for Medicaid-funded outpatient mental health managed care services and residential claims for mental health treatment. The outpatient demographic and service encounter data for substance abuse is also reported to the State's Treatment and Assessment Reports Generation Tool (TARGET).This system records client and service encounter information for both Medicaid and non-Medicaid funded services. The third client related system is the Mental Health Consumer Information System (MH-CIS). Demographic information for all mental health consumers and non-Medicaid mental health service data are entered into MH-CIS. Substance abuse prevention services are reported in the Performance Based Prevention System (PBPS), a web-based MIS hosted through KIT Solutions, LLC. The PBPS collects administrative and outcome data on all SAPT Block Grant funded prevention services.

All four of these systems utilize separate unique client identifiers allowing un-duplication of the client-level encounter information and demographic characteristics of the service population. This data includes date, duration and type of service, service quantity and provider information linked to each service. The ProviderOne system complies with the ICD-9 and CPT/HCPCs codes with plans to move to ICD-10 by the year 2013. The other three systems do not use these coding structures. All of the systems have reporting capability built in and we integrate data from several or all of the systems to report on areas of specific interest.

The ProviderOne system includes data on specific providers in the behavioral health service system. These records are linked through the NPI and/or an additional ProviderOne Provider ID number. Services in this system can be aggregated using either identifier. Each of the other three systems use internal provider identification strategies and numbers that allow the information in these systems to be aggregated by provider, service type, service location, dates of service, etc. The state also manages a linked provider data set to track specific provider information on substance abuse treatment agencies and their level of state certification for service delivery. The mental health licensing database is currently being re-developed to address these issues.

We recognize that there are gaps in these data. Some specific gaps include data from tribal mental health programs, data from consumer-operated organizations, and data from some county-funded behavioral health services. Some of the data requirements create challenges for smaller providers who may lack the capacity and the ability to introduce more sophisticated data systems. There are significant technical issues with the multiple data systems. All of this will make the introduction of an Electronic Health Record much more difficult.

DBHR continues to be committed to reporting of outcomes for publicly funded programs. One of the primary ways in which these are presented is through web-based systems of reporting. Currently the performance measures for the mental health system are reported on the Mental Health – Performance Indicators website, developed and hosted through a contract with Looking Glass Analytics (LGAN). The chemical dependency treatment system uses another Looking Glass system the Treatment Analyzer. Over this next fiscal year, DBHR has contracted with LGAN to integrate these two reporting systems and to make most of the information

available to the general public, while maintaining confidentiality as required by HIPAA and 42 CFR. DBHR is also continuing to maintain and update the Transformation Dashboard that developed from the initial Mental Health Transformation Grant. This is available on a public access website to promote transparency.

The behavioral health offices in Washington State are not currently directly involved in the planning and development of the State's HIT project or the current state grant to develop a Health Information Exchange. The State is engaged in a number of IT related enhancements. The specific health related initiatives managed by the Medicaid agency do not include behavioral health and the incentive programs related to electronic health records exclude behavioral health.

Remaining barriers to moving to an encounter/claims based approach to payment are largely centered on substance abuse prevention. Many primary prevention activities, like environmental change, would not be easily adapted to an encounter or claims based approach. Additionally, there is no accepted scale for reimbursement for many of the primary prevention activities as there are for Medicaid reimbursable services. Washington State would need to go through the process of identifying reimbursable services and rates for those services. Finally, the PBPS was not developed as a fiscal reporting database. It would take time and additional funding to develop and test an entire system's modification to incorporate unit-level tracking of billable services.

DBHR uses multiple resources to maintain and to improve the data systems. This includes grant funding (e.g., the Data Infrastructure Grant, the State Epidemiological Outcomes Workgroup grant) and state resources (e.g., expertise from the Washington Institute of Mental Health Research and Training). The State would benefit greatly from assistance with the redesign and implementation of an integrated behavioral health data set that could draw in data electronically from HIE's and other electronic health record systems. This project will be needed as the managed care health care reform process unfolds, especially given the age and technology of the current dedicated behavioral health reporting systems.

Moving forward, DBHR is committed to working with existing advisory groups that include providers, counties/RSNs/tribes, and consumers. These groups include the TARGET Advisory Group (CD), the Performance Indicators Workgroup (MH), the Systems Improvement Workgroup (CD), and the Data Quality workgroup (MH).