

New York Strengthening Treatment Access and Retention-State Implementation (STAR-SI)

“We Need this Data!” Performance Management Implementation

When asked whether they would keep using STAR-QI data system after the STAR-SI grant ends, a group of providers nearly jumped over a table to say – “You’re kidding. We need this data!”

Participation in STAR-SI stimulated the development of a new source of data to inform management of New York outpatient clinics related to client access and early engagement in treatment. The New York State Office for Alcoholism and Substance Abuse System (OASAS) has been a consistent leader in the development of data collection systems in the addiction field:

- The OASAS Client Data System (CDS) is an admission and discharge collection system with records dating back to the early 90’s. CDS has over four million records and covers all levels of care in the state’s certified system. CDS is the source for New York submissions to the SAMHSA Treatment Episode Data Set. OASAS records are almost a fifth of the submissions to TEDS in any year. The extent of the data collected allows research and analysis of client demographics, performance, and outcome trends. Assessment only data (for non-admits) is collected within the CDS but is an optional element of the system.
- The Integrated Program Monitoring and Evaluation System (IPMES) created in 1994 uses both CDS and program level data to monitor treatment program performance.

The award of Robert Wood Johnson STAR-SI funding in 2006 presented New York with new challenges. STAR-SI providers were expected to collect baseline data, conduct projects using rapid-cycle testing, and then collect data again to see how changes impacted client access or retention in treatment. Since data driven decision-making is central to the NIATx model, OASAS needed to develop a reliable approach for providers to capture encounter data that is not currently available in existing systems. This data was needed for timely evaluation of the changes introduced and the degree to which changes were being sustained.

Solving the Immediate Problem

New York’s STAR-SI performance management efforts began with the identification of “indicators” to help providers track the impact of change projects on client access and retention. Using a NIATx developed spreadsheet for data collection and reporting as a guide, OASAS and providers adapted the document to assure consistency with the New York treatment system. A glossary of data items including definitions specific to New York was developed to increase provider understanding of indicators and help with selection of change projects. Year I providers then tested an Excel spreadsheet designed specifically for the project.

Benefits of using this system were quickly realized. Providers gained access to data many had previously not collected or analyzed. The Excel software provided easy access to ten “real time” indicator reports with minimal associated cost. Data collected was consistent across groups promoting comparisons that informed practices across participants. However, challenges were also evident as we prepared to expand use of the reporting system to Year II providers in STAR-SI and providers in NIATx 200, a second NIATx grant awarded to New York. We recognized

that further modifying the Excel spreadsheet, assuring data proficiency at clinic sites, gathering the data centrally, and expanding in subsequent years would prove unwieldy if not impossible.

OASAS embarked on a state-level change project involving a transition from use of the Excel spreadsheet to use of a web application that used the same standards as our existing CDS system. The web application would include the items and definitions already developed, but would enhance reporting capabilities for providers. Named STAR-QI, the web system is a hybrid TEDS and encounter system. Admit and discharge dates that are already collected in the CDS are enhanced with collection of data for first contact/first request for service date, up to two assessment dates and three service dates post admission. While the resulting record is not a complete picture of all encounters or visits, it does record client activity from first contact/first request for service through the third service date after admission. Collection of the additional encounter/activity dates allows for detailed reporting of performance measures not possible in the CDS.

The design of the new web application incorporated feedback from Year I STAR-SI providers on features that would make the system more user-friendly. This feedback also helped shape the content of the system. For example, flex items were added so that providers could customize data input to their needs. Data points such as adjusted first request for service dates were also added to reflect feedback about how clients “flow” in our OP system. STAR-SI providers volunteered to test the system as it was developed. Notably, New York developed this new web application in under four months, record time for implementation of a new module compatible with the CDS system.

State staff applied a rapid-cycle change approach to web application specification development. Having data available in the existing Excel system allowed for testing and validating the report development process. A meta-data report template was created to define the parameters for each report in a standard format. Having test data and a report template that allowed our state NIATx team to be involved in the process led to the creation of 35 access and retention indicator reports in the time it would normally have taken to develop five or six.

The STAR-QI web application was rolled out on July, 2007 on time as specified in the development plan. The OASAS web site posted training materials including data definitions, a glossary, a detailed description of each report, a user guide and short training videos on data entry, exporting and reporting in STAR-QI:

http://oasasapps.oasas.state.ny.us/portal/page/portal/OASAS_APPS). As new STAR-SI providers have joined the project, training materials and the training process have been refined.

It is important to note that OASAS made a significant “resource” decision to invest in the STAR-QI system. OASAS contributed \$50,000 of state funds in combination with \$25,000 from our NIATx 200 subcontract award to create this web module (Phase I). In addition, OASAS contributes in-kind support for system maintenance.

In January, 2009 OASAS submitted a CSAT TA request to further improve the system. In this next phase we propose to develop new indicator reports, flex items and automation of data monitoring and quarterly report functions.

Use of STAR-QI by Providers

All STAR-SI providers have access to the STAR-QI web application. Agency teams including executive sponsors, change team leaders and data coordinators are trained to use STAR-QI.

Some are intimately involved in setting up the data collection process, while others are more focused on monitoring reports. Training in all aspects of the STAR-QI system reinforces support for use and maintenance of the STAR-QI effort.

STAR-SI providers value data that is now available to them. They use reports to monitor weekly and monthly impact of change projects on specific indicators, including some that may not be the central focus of their efforts, to better calibrate the impact of changes they are pursuing. For example, one clinic team noted that speeding time to admissions resulted in improved census but may have negatively impacted client retention in the first 30 days. As a result, they introduced as their next project a preadmission “orientation to treatment” group to help clarify client expectations. This added a slight increase in time to the admission process but improved retention results.

STAR-QI reports are widely circulated in agencies: they are reviewed at staff meetings, posted on bulletin boards and/or shared with board members. This creates interest and support for use of process improvement in other parts of their agencies and promotes interest in “change” generally. Celebrating the impact projects have on organizations and client outcomes has also contributed to staff pride: the results of their activities are more evident.

Providers in New York are not compensated with monetary awards for participating in STAR-SI. Access to and training on STAR-QI is seen as one of the tangible benefits of participation in this effort. It should also be noted that while it may take some providers months to establish a smooth system, they say the effort is worth it in terms of other gains made.

Monitoring the System

Providers have access to data entry, look-up, export to Excel and reporting functions within STAR-QI. Any data they enter is loaded nightly into the OASAS data warehouse, making it available to providers to chart impact of changes on a daily basis. OASAS also monitors data quality and prepares project level reports using the state’s data warehouse. These results are shared with providers. Currently, combining STAR-QI and CDS data is only possible in the state’s data warehouse or through additional analyses.

The current monitoring process has worked well in many cases, but is labor intensive. In Phase II of STAR-QI, data quality monitoring reports are planned that will be directly accessible to providers. Allowing providers to monitor and administer their own data quality initiatives is intrinsic to the NIATx aims. The next phase of STAR-QI will also include additional reports and functionality requested by providers.

A technical assistance log is maintained to track provider issues with all aspects of the application. The log has been used to identify common issues and concerns. Issues are addressed at learning collaboratives, in trainings, and in educational material developed. These include a series of Frequently Asked Questions (FAQs) and Tips that were distributed to all STAR-QI users and are available on the main documentation portal site. The log shows that as providers mature with the system, their concerns change from data entry issues to identifying reports to use to track a particular change or to nuances in the use and correct interpretation of data.

Other Feedback

New York has taken other opportunities to provide feedback to providers on performance. Provider specific results reported to NIATx on a quarterly basis are shared with participants. A benchmarking report has also been developed showing providers their progress on a series of

indicators as compared to their STAR-SI cohort group (year I, II and III). Providing such information helps stimulate questions and discussion on monthly group interest calls as well as within programs.