Factors Influencing Changes to an Outcomes Measurement System over a Decade

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Abstract: Information for the Maryland Behavioral Health Administration's (BHA) Outcomes Measurement System (OMS) is gathered from individuals who are receiving outpatient treatment services in the Public Behavioral Health System (PBHS). The data is collected over time across various life domains. Following a pilot phase, the OMS was implemented in 2006 with a recognized need for ongoing efforts to maintain and refine it. Over the years, refinements were used to address challenges in evaluation methods and data interpretation. This poster describes OMS modifications that were made in order to generate more useful and effective data. The context of the modifications will be discussed in detail and show how data analysis, stakeholder feedback, and practical considerations can shape outcome measures used in the evaluation of behavioral health services.

Background

The OMS is designed to track how individuals ages 6-64 receiving outpatient treatment services in Maryland's Public Behavioral Health System (PBHS) are doing over time in various life domains. These domains include housing, employment/school, psychiatric symptoms, substance use, functioning and recovery, legal system involvement and general health. There is one questionnaire for children and adolescents (6-17 years) and one for adults (18-64 years). Both were implemented statewide in 2006 and revised in 2009 and 2015. Data is collected through the online authorization process used by the PBHS Administrative Services Organization, ValueOptions®.

Method

The Outcomes Measurement System (OMS) was initially developed through collaboration with multiple stakeholders in Maryland's Public Mental Health System (PMHS) including the Mental Hygiene Administration (MHA); consumers and family members advocacy organizations; service providers; Core Service Agencies (CSAs); and other government administrators.
Approximately one year after implementation, the Systems Evaluation Center conducted an OMS Feedback Project for MHA. The project sought feedback from providers, family members of youth, and adult consumers regarding the questionnaire content, interview procedures, and data submission logistics.
In 2009 and in 2015, there were opportunities to revise the questionnaires. These changes were made based on feedback received from the Feedback Project (2009 revisions only); analyses of existing OMS data; changing reporting requirements; revised instruments; changes in the mental health field itself (for example, increased emphasis on general health, recovery, etc.; 2009 & 2015); and lessons learned. In 2015, reflecting the recent merger of the mental health and addictions administrations in Maryland into the Maryland Behavioral Health Administration, programs providing outpatient substance abuse services were also included in the data collection. As the questionnaires were modified, ValueOptions® re-programmed and tested the authorization system to accommodate the questionnaire changes.

Results

Tables 1 and 2 show the changes made to the system over the years and the rationale and considerations behind the changes.

Table 1
2009 Modifications & Additions to OMS (Adult and C&A)

	Rationale & Considerations	Related Changes
Modifications	Cost-effectiveness, usefulness and cleaner data	Eliminated, modified and/or condensed unnecessary wording or questions that were no longer a key interest, were redundant or confusing, or could now be obtained from other sources
	Consistency	Modified some time frames to make them more consistent throughout the questionnaires
	Clarity	Eliminated or modified questions reported to be "offensive" and provided definitions for words or phrases reported to be "difficult to understand"
	Instrument updating	Replaced the C&A psychiatric symptoms questionnaire with the most up-to-date version
	Ease of the tool administration	Revised the formatting of interviewer directions and specific questions
Additions	Recovery-orientation	Added an item to both questionnaires as a self-assessment measure for recovery or resilience
	Increased concern in the field regarding tobacco use	Added two items to both questionnaires about smoking cigarettes
	Increased emphasis in the field on consumer overall health	Added a BRFSS question regarding perception of overall health to both questionnaires; added height and weight questions to adult questionnaire to calculate Body Mass Index (BMI)
	Clinician desire to clarify or elaborate on responses	Added text box at the end of both questionnaires, so clinicians could document any concerns about the specific interview (language difficulties, etc.) or elaborate on responses for clinical use

Table 2
2015 Modifications & Additions to OMS (Adult and C&A)

	Rationale & Considerations	Related Changes
Modifications	Cost-effectiveness, usefulness and cleaner data	Eliminated, modified and/or condensed unnecessary wording or questions that were not being used, were no longer of interest, or could be obtained from other sources
	Consistency	Eliminated, modified or relocated wording, symbols, response options and/or questions
	Clarity	Eliminated questions or adjusted age-range cut offs for specific questions to be more developmentally appropriate.
	Instrument updating	Replaced CRAFFT for youth with the most up-to-date version
Additions	Increased concern in the field regarding tobacco use	Added a new question about alternative tobacco products to both questionnaires
	Recovery-orientation	Added new 5-item scale to both questionnaires
	Reflecting MD Behavioral Health System expanded population	Expanded OMS workflow to include individuals receiving outpatient substance-related disorder services.

Conclusion

Many factors have influenced the evolution of the Maryland Outcome Measurement System (OMS) and resulted in improved evaluation methodology. Stakeholder feedback, analyses of OMS data, and lessons learned helped Maryland to identify areas for improvement. Considerations included the cost-effectiveness and usefulness of the data, clarity, ease of administration, and consistency; each of these was associated with specific changes to the OMS.
Changing trends in the field was another important factor leading to OMS changes. For example, the expansion of recovery or resilience-related questions was a response to an emerging consensus regarding the importance of recovery-oriented services. The addition of questions regarding general health, smoking, and alternative tobacco products addressed concerns regarding consumer health and new forms of tobacco use.
Updating measures that have been modified by the tool developers is a normal practice in outcome evaluation and was another element of change. For instance, the CRAFFT Screening tool and the child and adolescent psychiatric symptom questionnaire were both updated to the newer versions.
The systematic collection and analysis of outcomes data in a behavioral health system can assist policy makers and other stakeholders to improve service delivery and enhance care quality. However, the life of the Maryland OMS illustrates that such data collection is a dynamic and ongoing process, rather than a one-time accomplishment.

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