

Communitrics Data Roundtable

Best Practices in TCOM Data Exchange

April 19, 2018



Agenda

- Review of phone call's purpose
- Dan Warner Ph.D. from CDR: “What is special about TCOM data exchange?”
- Barbara Dunn LCSW, ACSW; Director, Program Innovation and Outcomes at Magellan Public Sector, presents on specific best practices as used by Magellan



Communimetric Data Roundtables

- Purpose: To support a community of professionals and scholars doing work in communimetrics.
- Chair: Dan Warner Ph.D. Executive Director of Community Data Roundtable
- Who is on this call: anyone on the data side of communimetric projects is invited to attend. (No matter at what level!)
 - Please state your name clearly when speaking/asking questions, so people can check the Phone Call Roster (link found in your calendar invite, and in the chat box.)
- All calls are video recorded and made available soon.
- Feel free to use the chat feature to put in questions.
- We come together with a spirit of openness and sharing.

Best Practices in TCOM Data Exchange

Dan Warner Ph.D. – Executive Director, Community Data Roundtable



Why are we talking about data exchange?

TCOM Projects and Data have unique features

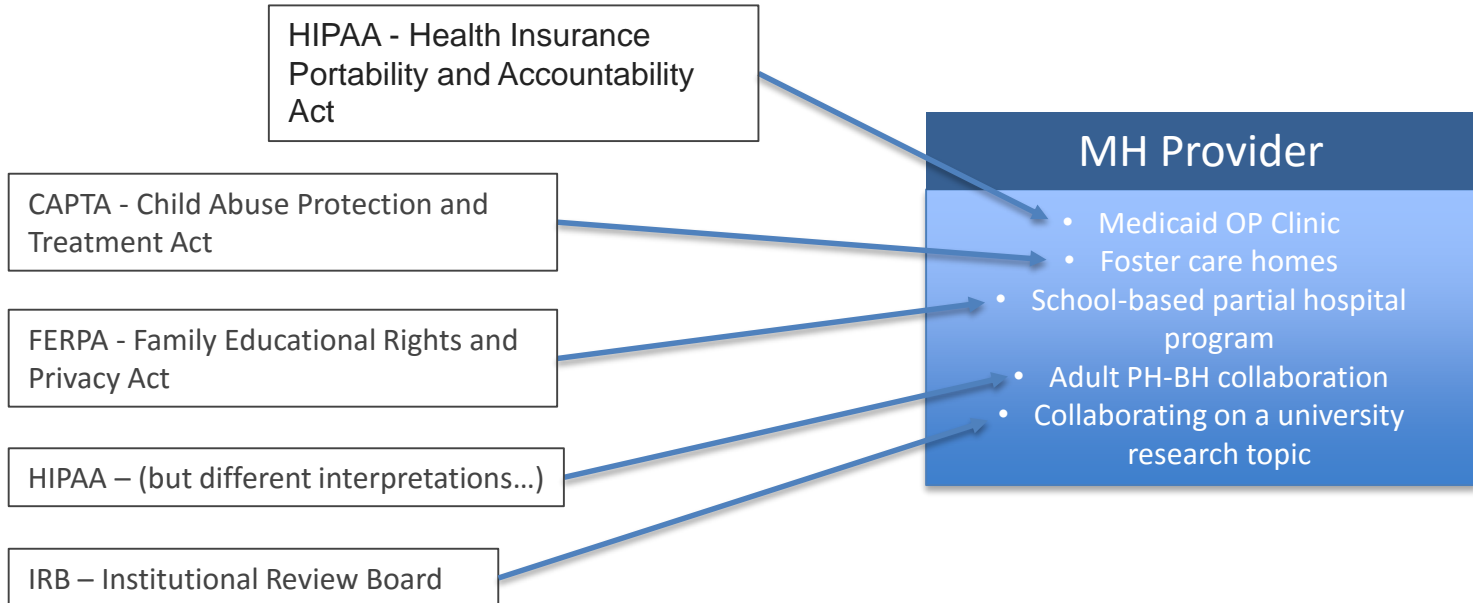
- The Human services field is very messy and organic
- TCOM disciplines it, not just measures it.
 - Like Schrodinger's Cat – we impact the system we are trying to measure.
- Exchanging information in this constantly fluctuating environment is complicated



<https://hughmcdonaldmusic.bandcamp.com/track/schr-dingers-cat>

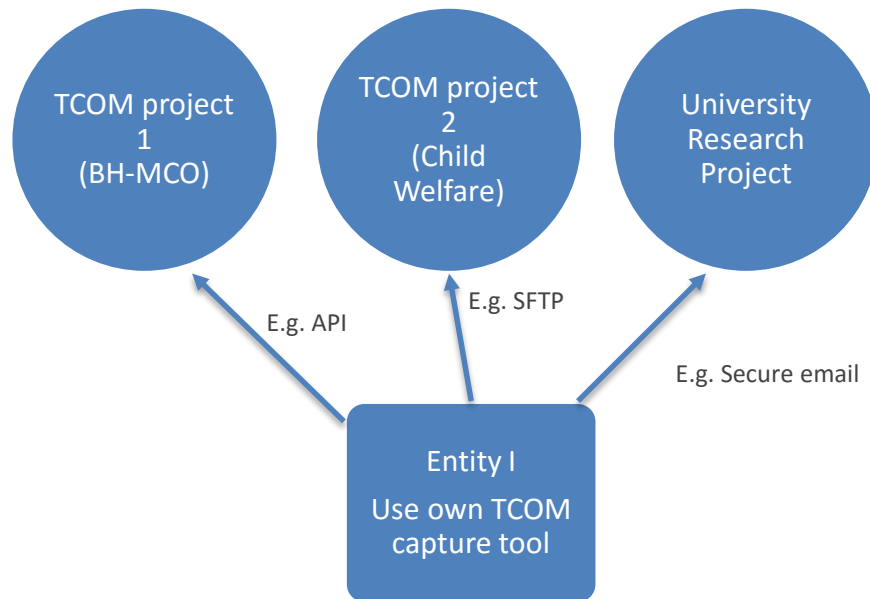
What are the complexities of TCOM data exchange?

- Multiple regulatory standards



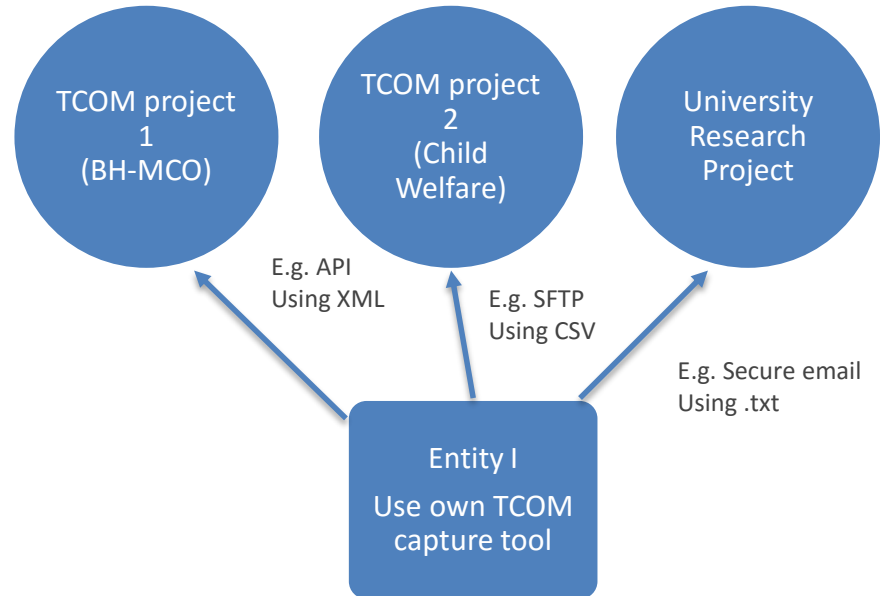
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- Multiple regulatory standards
- Multiple file transfer protocols



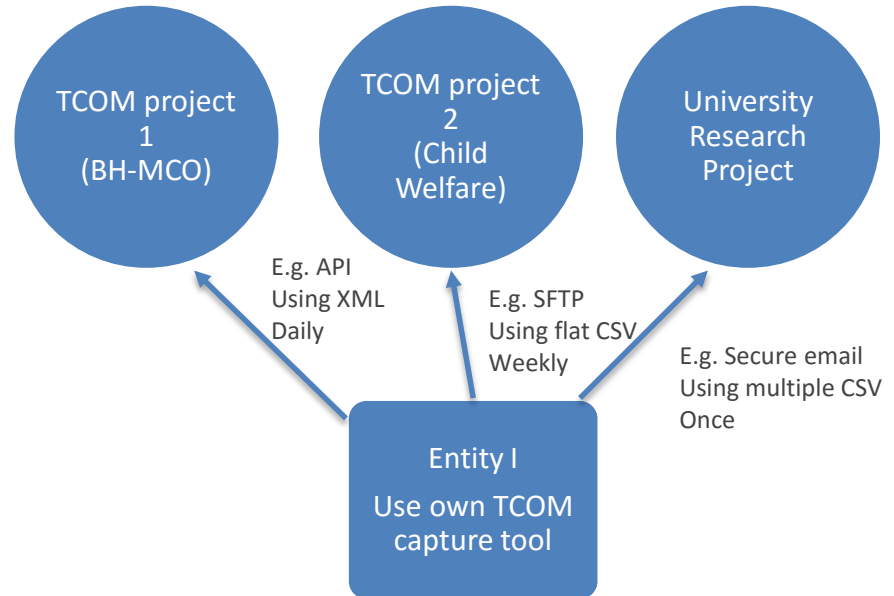
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- Multiple regulatory standards
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- Multiple file types



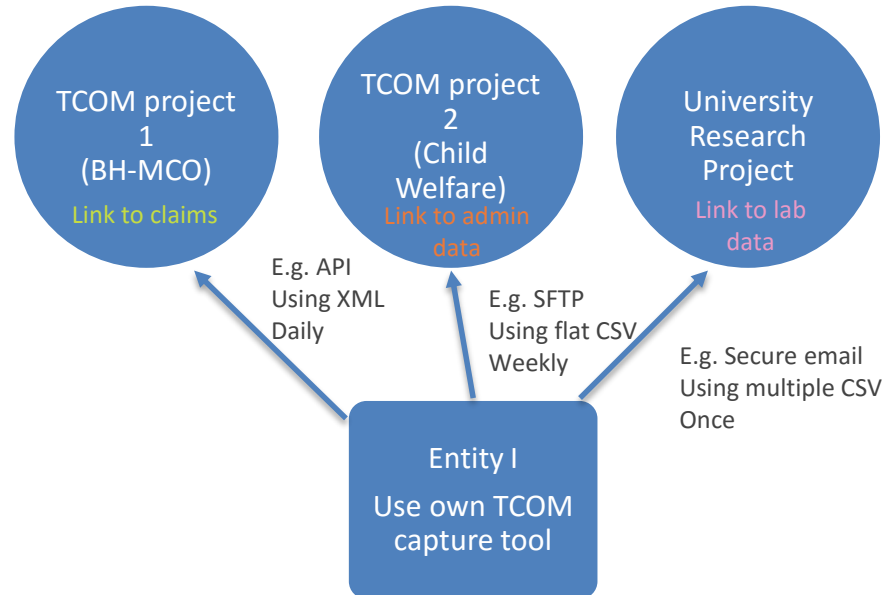
What are the complexities of TCOM data exchange?

- Multiple regulatory standards
- Multiple file transfer protocols
- Multiple file types
- Multiple exchange timelines



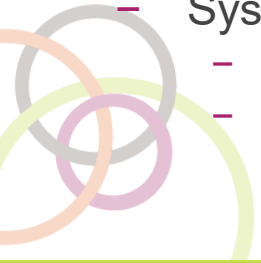
What are the complexities of TCOM data exchange?

- Multiple regulatory standards
- Multiple file transfer protocols
- Multiple file types
- Multiple exchange timelines
- Different integration goals



TCOM Projects and Data have unique features

- The C stands for both Collaborative
 - TCOM data is regularly reviewed across entities, leading to all sorts of problems
- The C (also once ;-) stands for Clinical:
 - TCOM data is used in direct practice, live – you want it quick and accurate
- TCOM data is almost always linked to an identifier
 - It is very descriptive and confidential (E.g. Sexual issues, Family issues, Mental health)
- TCOM tools and projects differ from each other in slight ways that can have big implications.
 - E.g. different items, different definitions, items can be placed in different domains
- System flows \neq Clinical flows \neq Payor flows
 - E.g. Family MA Registration cycle \neq timelines for treatment plan updates \neq MCO authorizations
 - All of these can also be interrupted or altered variously in ways that are hard to predict



Ensuring data will be linkable: It's all about communication

- Must Hold Data Sharing Meetings
 - Include
 - Technical people, *and*
 - Directors of the tool users, *and*
 - those aware of the stakeholders' plans for the use of the data
 - Define each field
 - How is the TCOM tool linked to ...
 - Individual
 - Scorer
 - Program
 - Timelines (initial thru discharge)
 - Claims, Authorizations, Other administrative data
 - Identify the timelines of exchange
 - Review regularly

	A	B	C	D	E
74					
75		CANS Name Mapping:			
76		pp01 = Psychosis			
77		pp02 = Attention Deficit/Impulse			
78		pp03 = Autism Spectrum			
79		pp04 = Depression/Anxiety			
80		pp05 = Oppositional Behavior			
81		pp06 = Antisocial Behavior			
82		pp07 = Anger Control			
83		pp08 = Substance Abuse			
84		pp09 = Severity of Use			
85		pp10 = Duration of Use			
86		pp11 = Stage of Recovery			
87		pp12 = Peer Influences			
88		pp13 = Parental Influences			
89		pp14 = Environmental Influences			
90		pp15 = Adjustment to Trauma			
91		pp16 = Affect Regulation			
92		pp17 = Intrusions			
93		pp18 = Dissociation			
94		pp19 = Attachment			
95		rb01 = Danger to Self			
96		rb02 = Danger to Others			
97		rb03 = Other Self Harm			
98		rb04 = Runaway/Elopement			
99		rb05 = Exploitation			
100		rb06 = Sexually Aggressive Behavior			
101		rb07 = Relationship			
102		rb08 = Physical Force/Threat			
103		rb09 = Planning			
104		rb10 = Age Differential			
105		rb11 = Type of Sex Act			
106		rb12 = Response to Accusation			
107		rb13 = Temporal Consistency			
108		rb14 = History of SAB			
109		rb15 = Severity of Sexual Abuse			
110		rb16 = Prior Treatment			
111		rb17 = Social Behavior			
112		rb18 = Crime/Delinquency			
113		rb19 = Firearms Risk			
114		rb20 = Fire Setting			
115		rb21 = Seriousness			
116		rb22 = History			

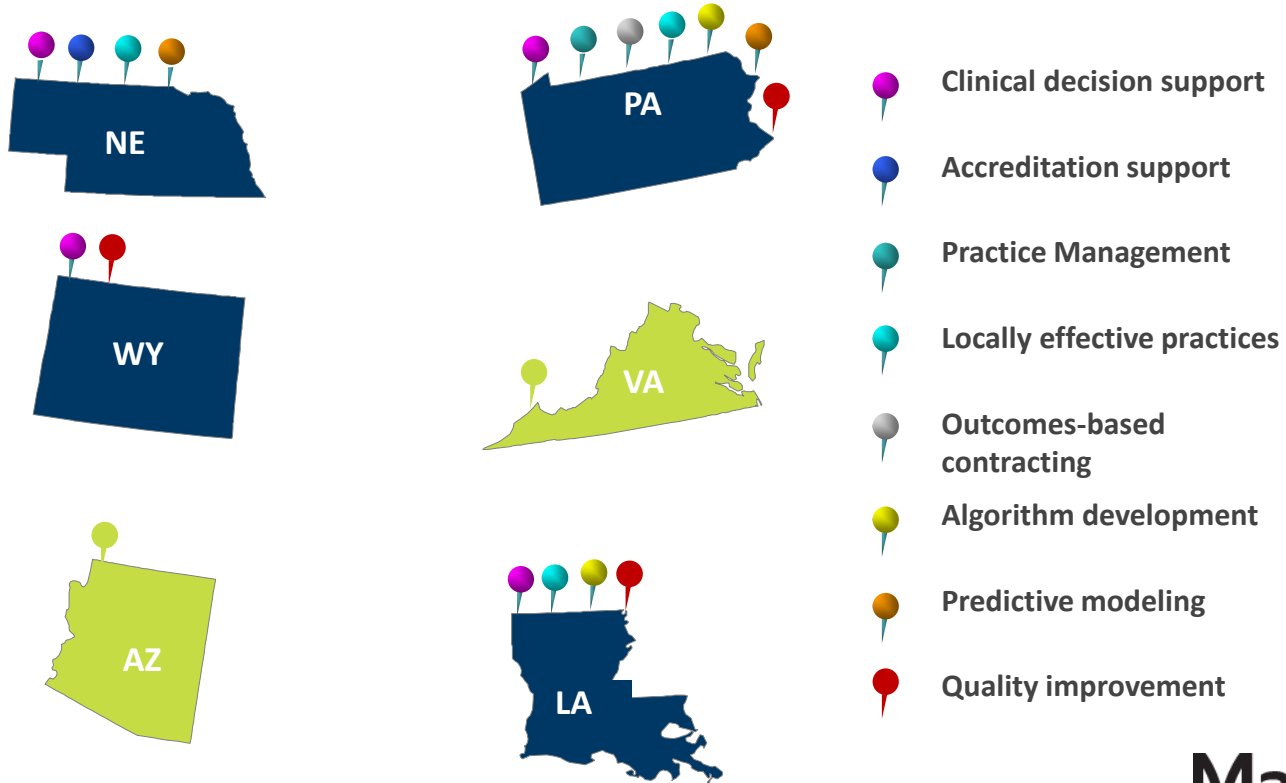
Best Practices in Data Exchange – The Magellan Experience

Barbara Dunn LCSW, ACSW,

Director, Program Innovation and Outcomes at Magellan Public Sector



Six states and how we have used the CANS:



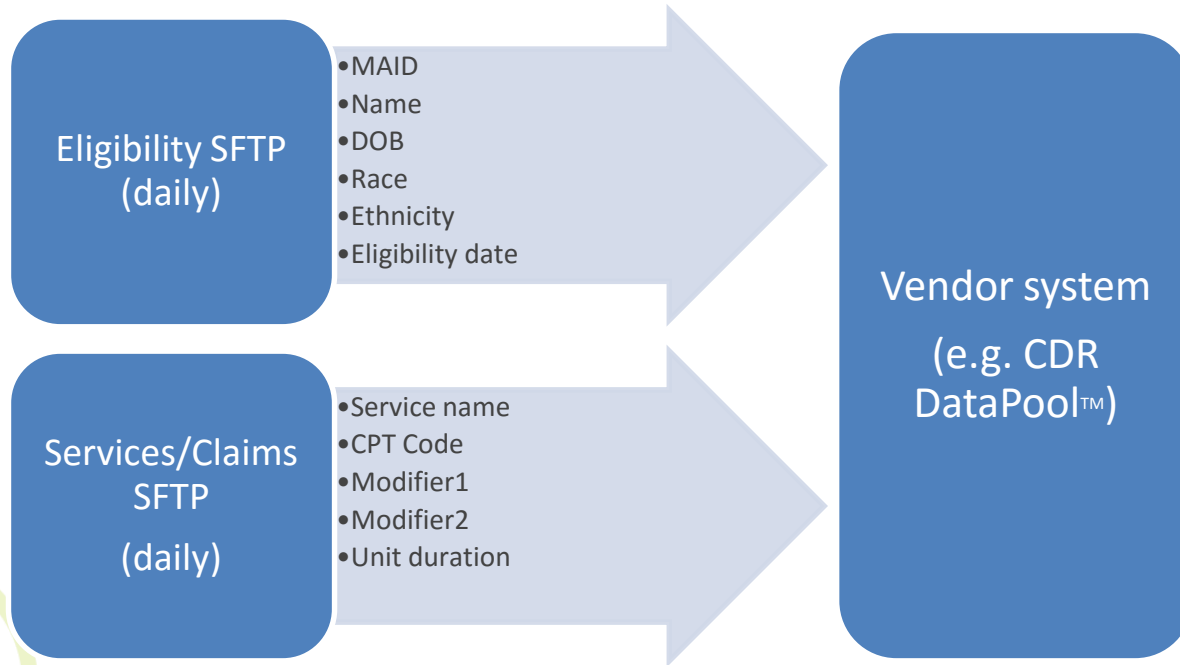
Best Practices

- Contracting for safe data exchange including requirements to be prepared to meet
- Setting up field alignment using unique identifier, existing Medicaid reports, filtering out unnecessary PHI, i.e. SSN
- SFTP of selected member ID from standard Medicaid feed nightly
- SFTP of claims record regularly
- CDR Insurance level data access by member, evaluator, provider for QI
- Return of raw data in flat file for analysis

Basic sharing process

- Share XML files via SFTP
 - Magellan SFTP server
- From Magellan to CDR
 - Member validation from standard state eligibility feed
 - Daily, completely new file
 - Claims
 - Daily, batch export
- From CDR to Magellan
 - CANS Export by youth with provider identification
 - Annual/Semi-annual flat file
 - Raw and algorithm scored

Data Exchanges



Provider Export Details: Flat File for Analysis

- Member ID (MAID, CANS Identifier)
- Provider Group
- County
- CANS Scores on all items
- What is prescribed
- Algorithm matches and non-matches
- Severity Score
- Autism Level Score

Contracting and Security Protocols

Two types of security reviews conducted when sensitive data is being exchanged.

- ❑ **Data → external entity:** Vendor Security Review compliance with security requirements defined in regulation, contracts, or best practices. Review technical details of the data exchange processes to ensure security requirements.
- ❑ **External entity data → us:** review of the data exchange process(s).
- ❑ Proof of industry standard security certifications: HITRUST, SOC 2 Type II, ISO 27001, FISMA
- ❑ Completion of a vendor security questionnaire: policies, practices and infrastructure of the systems
- ❑ Security testing results: penetration, vulnerability, and application vulnerability testing
- ❑ Proofs are reviewed and scored for risk
- ❑ Findings/recommendations provided to contracting

Sample Vendor Risk Assessment Worksheet

Stage A: Product/Program Risk

Sample: Information Access

0	None - Vendor of Product/Service will not require access to MH systems or PHI and/or PII. Note: Select this option for Contingent Workforce accessing systems via Magellan equipment (i.e. Magellan Laptop)
15	Connection to MH Systems - Vendor of Product/Service will require access to MH systems.
20	Confidential Information Shared - MH to share confidential corporate information with Vendor
25	PHI and/or PII (Private and/or Personal) - Vendor of Product/Service will require access to Personal Health Information (PHI) and/or Personal Identifiable Information (PII).

Stage B: Vendor Risk

Sample: Vendor Infrastructure

0	Existing - Vendor infrastructure (i.e. facility, network) already exists with no expansion / major construction needed
5	Expanding - Vendor infrastructure already exists, but expansion / major construction is necessary to accommodate MH product/service
15	New, Developed/Built - Vendor infrastructure already exists, but is new with limited experience of providing product/service
25	New, Not Developed/Built - Vendor infrastructure does not exist or is in the process of being developed/built

Lessons Learned

- Culture difference HealthCare Industry vs. Clinical System models
- Use existing standard data feeds
- Regular pre and post implementation meetings with cross-functional teams (clinical, quality, system developers, data management)
- Live integration across systems may not be practicable, or needed;
Drive data distribution to MCO by functional use:
 - Clinical individual report and access to historical individual as needed on vendor system
 - Quality improvement vendor live system aggregate reports and export
 - Analytics dataset flat file for combining with other data sets and SPSS/SAS

Thank you!

Dan Warner Ph.D.

Executive Director

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