Communimetrics Data Roundtable

An Introduction to CHIC Team & Precision Analytics

January 24, 2019

Agenda

– Review of phone call's purpose

– Dan Warner Ph.D. – Introductions

– Stephen Shimshock Ph.D. – Delivering Precise Personalized Care

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!)
- 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.
- Please ask probing questions!

Two big problems in a unified TCOM analytic framework

– The status of various TCOM data is mixed

– The workflows of every TCOM implementation is mixed

TCOM Data is not all the same

- All paper
- Using original CANS-MH form
- Sometimes people forget to date their form

- On their third digital CANS computer system, & their fourth 4th DBA
- Using CANS-Comp 2.0, after starting with CANS-Comp 1.0, for children under 5 use EC-CANS (only since 2014).
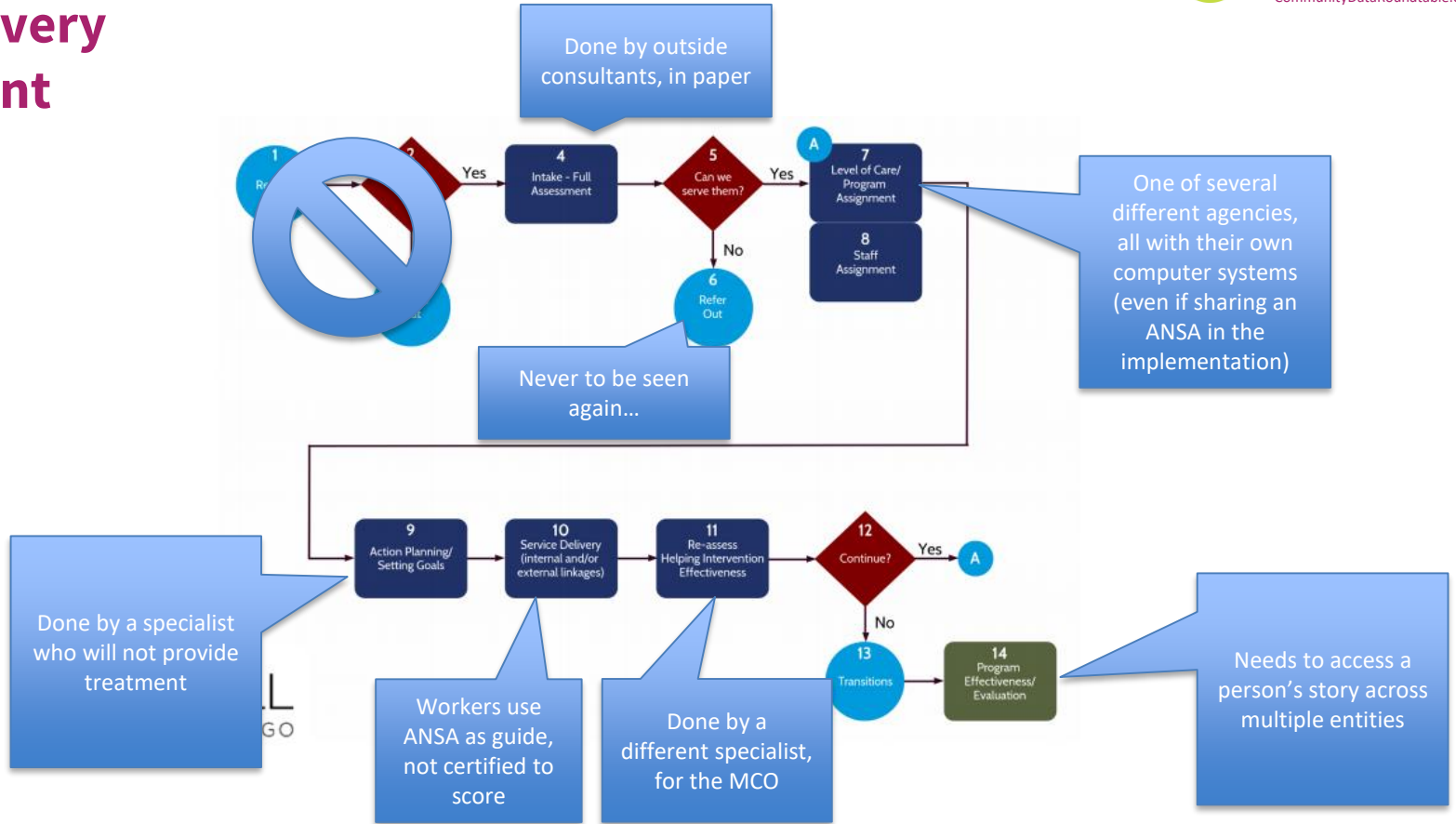- Had a two year period where no one re-certified

- Use their own inhouse CANS, that they have updated 3 times.
- Captured in their own EMR, that only exports in a proprietary format
- The system cannot clearly identify at what level of care a CANS was scored

How CDR Standardizes the Items

- CDR is developing a large "DataPool" of TCOM data

- We have begun a standardizing of TCOM items, in order to allow universal comparisons.

A	B	C	D	E
	Standardized Fiel	CDR CANS Label	NDTC Name 1	AGH Names
Problem Present	pp01	Psychosis	Psychosis	BHN-Psychosis
	pp02	Attention Deficit/Impulse	Impulse_Control	BHN-Impulsivity/I
	pp03	Autism Spectrum	Autism_Spectrum	
	pp04	Depression/Anxiety	Depression_Anxiety	
	pp05	Oppositional Behavior	Oppositional	BHN-Oppositiona
	pp06	Antisocial Behavior	Antisocial_Behav	BHN-Conduct Beh
	pp07	Anger Control	Anger_Control	BHN-Anger Contro
	pp08	Substance Abuse	Substance_Use	BHN-Substance U
	pp09	Severity of Use		
	pp10	Duration of Use		
	pp11	Stage of Recovery		
	pp12	Peer Influences		
	pp13	Parental Influences		
	pp14	Environmental Influences		
	pp15	Adjustment to Trauma	Adjustment_to_T	BHN-Adjustment
	pp16	Affect Regulation		
	pp17	Intrusions		
	pp18	Dissociation		
	pp19	Attachment	Attachment	
	pp20	Anxiety		BHN-Anxiety
	pp21	Depression		BHN-Depression
	pp22	Eating Disturbance		BHN-Eating Distu
	pp23	Personality Disorder		
Risk Behavior	rb01	Danger to Self	Danger_to_Self	
	rb02	Danger to Others	Danger_to_Othe	RB-Danger to Oth
	rb03	Other Self Harm	Other_Self_Harn	RB-Other Self Har
	rb04	Runaway/Elopement	Runaway	RB-Runaway
	rb05	Exploitation	Exploited	RB-Exploited
	rb06	Sexually Aggressive Behavior	Sexual_Aggressic	RB-Sexual Aggres:
	rb07	Relationship		
	rb08	Physical Force/Threat		
	rb09	Planning		
	rb10	Age Differential		
	rb11	Type of Sex Act		
	rb12	Response to Accusation		

TCOM workflows are all very different

Done by outside consultants, in paper

One of several different agencies, all with their own computer systems (even if sharing an ANSA in the implementation)

Never to be seen again…

Done by a specialist who will not provide treatment

Workers use ANSA as guide, not certified to score

Done by a different specialist, for the MCO

Needs to access a person's story across multiple entities

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- Next call is April 25th, 2019 12:00 EST

Thank you!

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