

Linking Outcomes Information to Decision-Making: Preliminary Findings Using a Case Study Approach

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Data → Knowledge → Action

"Flawless care requires not just sound decisions but also sound supports for those decisions."
(Don Berwick, 1989)



The Challenge

Implementation involves more than an organization's decision to adopt the system...

Background

Data on the functioning and problems of children and youth during and at the end of treatment are being collected in many mental health settings.

Yet little is known about whether and how the collected information is being used to improve care in child mental health settings.

(Hodges, Woodbridge, & Huang, 2001)

Research Goals

Describe how outcomes information is used within organizations that provide out-of-home services to children and youth

- Identify conditions under which use of outcomes data is supported and hindered
- Describe decision-making processes and how data informs those processes

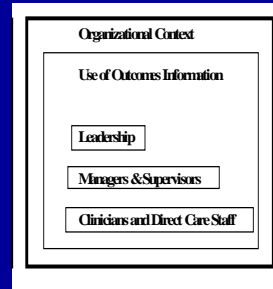
Study Context

Internet-based OMS developed by MARFY* for organizations that provided out-of-home services (RTCs, group homes, TFCs)

- Demographic data
- Family history
- Behavioral/social issues
- Psychiatric diagnoses
- Prior care and treatment
- Program type
- Functional rating scale

*Maryland Association of Resources for Families and Youth

Multiple Case Study



- 2 RTCs and 2 TFCs
- Different types of staff
- Multiple Types of Data

Study Sample

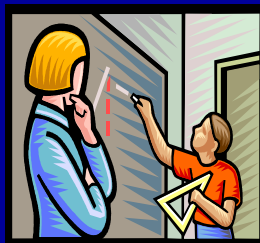
- Semi-Structured Interviews with 23 Program staff in 3 programs
 - 10 clinicians/case managers
 - 4 Quality Improvement personnel
 - 7 Program managers/unit directors
 - 2 Executive Directors
- Observation of 6 meetings
 - Quality Improvement meetings
 - Treatment team meetings
- Data collection will continue until 'saturation'

Analysis

Guided by Grounded Theory (Corbin & Strauss, 1998) and Case Study Methods (Yin, 2003)

- **Review** and **Code** text to identify key ideas, actors, experiences;
- **Compare Codes** within and across cases and sub-cases
- **Identify Relationships** amongst the Codes
- **Memos** to document ideas
- **Data management** and analysis facilitated by use of software (e.g. Data Displays)
- **Identify Emergent Themes**
- **Test Initial Findings**

Key Finding:
Ongoing
Struggle to
Generate
Meaning from
the Data



Critical step in the process where people were "stuck"

Struggle to Generate Meaning

"I don't know...that they are seeing a correlation between the data we are collecting and the information that they are getting or the decisions that are being made organizationally."

Why is generating meaning so difficult?

- Linking Data to Work Processes
- Implementation Efforts
- Limited Knowledge about outcomes
- Other Types of Data Valued
- Limitations of Measures and Complexity of Care
- Quality and Quantity of Feedback

Linking Data to Work Processes

“ People don’t know how to make it meaningful because its not related to anything else that they do. It’s not tied in any way to what they do.”

Linking Data to Work Processes

- Poor integration of outcomes data to both clinical and program level work
- Thus, data is not valued and there is low staff buy-in and outcomes are a low priority.

Implementation of OMS

- Resources devoted to Initiative
- Timing of Data Collection
- Scale of Initiative & Data Duplication
- Job Description Requirements

Knowledge and Skills to make sense of the data

“Right now we talk outcomes, but I don’t really see...first of all most people don’t understand an outcome - and secondly they don’t know what to do with it anyway if they did get one. ...We have tons of data on kids, but nobody is collating that together into something useful.”

Knowledge and Skills to make sense of the data

- Poor Understanding of Outcomes across the organization, including leadership
- Stimulates very little discussion or action
 - Negative outcomes “Explained Away”
 - Don’t know what to do with the data

Limitations of Measures and Complexity of Care

- Treatment is a “black box” so difficult to interpret meaning of outcomes
- Crudeness of measures
 - Developmentally appropriate
 - Appropriate for restrictive treatment setting
 - Same measures across different treatment settings
- System limitations: Data during treatment not accessible

Measures that are used and valued

RTC

- Linked to behavior modification strategies and goals of unit
- Very specific data that is easily observable and thus measurable. Not subjective.
- Timely Feedback.
- Easily understood and applicable to work
- Used in a variety of clinical processes

TFC

- Linked to intensity of services provided
- Compensation for Foster Parents so most severe children can find a placement
- Permanency/Placement Outcomes linked to Regulatory and Accreditation Requirements

Feedback

- Data rarely seen after collected
- Reports not targeted to specific audiences
- Demand for data low
- Little “real-time” feedback

Recognize Need for Data

“The longer I’m in the business the more I realize how much we don’t know - how much we’re shooting in the dark... so we collect the data that begins to let us know in a systematic way what impact we’re having.”

Recognize Need for Data

- Subjective decision-making
 - Reliance on individual vignettes and anecdotes rather than aggregate data
 - Those who are the loudest or have the most authority influence decision-making
- Accountability: Demonstrate value
 - Justify length of stay
 - Accreditation and Regulatory Requirements
- Guide and assess treatment

Recovery of Outcomes data?



“...any matter swallowed by a black hole can’t just disappear but must eventually generate a specific output.”

-The Associated Press, July 21, 2004

Implications: Generate Meaning

- Implementation efforts need to focus on steps that go beyond data collection
 - Link outcomes data to work processes
- **Infrastructure Support**

Questions? Comments?

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