Iowa Recovery Health Information Technology (IRHIT)
Data Management Plan

Data Collection and Reporting

Five different data sources will be used to report on IRHIT Participant and Provider activity:

1. Central Data Repository (CDR)
   The CDR is a data warehouse (Microsoft Sequel Server 2008) that contains all state-required substance abuse treatment data elements and allows for electronic submission of the data. The data submitted to the CDR comes from two primary sources:
   - Direct data entry by providers into I-SMART, IDPH's customized version of FEi's WITS web-based data management platform. I-SMART can also be used as a clinical record (working toward electronic health record status) for substance use disorder and problem gambling treatment and for related prevention and recovery support services.
   - Extracted data from provider electronic health records which collect the same required data as I-SMART and uploads it to the CDR.

2. Services Accountability Improvement System (SAIS)
   The project director and epidemiologist will review GPRA data to report to providers and stakeholders regarding IRHIT participants, activities (GPRA Intake Coverage, GPRA Follow-up Rate, etc.), and outcomes.

3. GAIN-SS and Treatment Satisfaction Index (TxSI) Data base
   The epidemiologist will develop an in-house Access data base to track GAIN-SS and TxSI data.

4. IRHIT Client Satisfaction Survey
   The epidemiologist will develop an in-house Access Data base to track responses to the IRHIT Client Satisfaction Survey. The data base will be used to generate to feedback reports to providers to allow for continuous quality improvement.

5. Recoveration
   IDPH will be working with Iowa Solutions to develop reporting functionality to track how the Recoveration web portal is utilized by the public, provider staff, and IRHIT Participants and family members.

Each IRHIT participant will be provided with a unique identification number (GPRA) void of personal information upon acceptance into the IRHIT project. The site administrators and the epidemiologist will be able to monitor IRHIT activity including provider and client activity, number of sessions and duration, the status of each record, and individual errors for each

record that will be corrected before submission. For the Central Data Repository, use of the *Substance Abuse Distance Treatment* Ancillary Service Code (Encounter/Service Records) and in SFY 2014, use of the *IRHIT* Special Initiative code will help facilitate use of CDR data for monitoring IRHIT activity and participant/provider performance.

Providers will receive a monthly report from the Project Director listing IRHIT activity (GPRA Intakes, Follow-ups, IRHIT Services provided) for their program, as well as for the entire IRHIT project. The Epidemiologist will send out bi-monthly reports regarding GPRA follow-up interviews entering the interview window, or are in the interview window. Additionally, the epidemiologist will actively monitor GAIN-SS, TxSI, and IRHIT Satisfaction Survey data gathering and submissions, and send out bi-monthly reminders to providers of data due.

As the capability is developed, the epidemiologist will download from the CDR and the Recoveration web portal the data to check for quality and develop detailed quality reports, which will assist in monitoring the types and frequencies of services by client demographics, age, gender, sex, ethnicity and race; social status such as veteran, employment; environmental influences; and type of treatment received.

In addition, these tools will be used to document barriers that were encountered during implementation and required modifications, reasons for changes in the original plan, results of the changes had on the implementation, planned services, and performance assessment. The analysis of data and outcome measures from these four tools will be used to show the level of effectiveness of IRHIT services (web-based and other technology enhanced interventions, Recoveration, and frequency of those services) compared to baseline data and comparison sampling of non-IRHIT clients.

Focus Groups

The epidemiologist and the project director will meet, either in focus group setting or informally, with providers and clients using either system to discuss their appreciation of the screening, and interventions. A protocol and data collection tool is attached.

This formal/informal process will assess the quality of the participant/provider relationship and the impact of IRHIT on both that relationship and treatment outcomes. The reward for this work is dynamic information not just about what people feel, but about *why* people feel the way they do about a particular subject or idea. We anticipate the group discussions will provide data with both accuracy and depth.

Sample of Questions (see Appendix for FOCUS GROUP PROTOCOL)

Opening Question:

- Tell us your name and what brought you here today. (Round Robin)

Introductory Questions:

- How did this new technology help you in your treatment experience?

Key Questions

- What did you like most about treatment using the internet?
- What did you like least?
- Did using the web interface help you better address your treatment plan?
- What was the most difficult part you encountered in using this process?
- If you could suggest one change to this process, what would it be?
- How did this process improve your patient/provider relationship?

Ending Question:

- Overall, on a scale of 1 to 5, how would you rate the IRHIT as a tool in substance abuse treatment? (Round Robin)
- Our goal is to find out how well IRHIT has accomplished its goal of contributing to the success of substance abuse treatment in rural areas. Have we missed anything? Do you have any final comments?

Recording and Use of the Information

Every effort will be made to record the focus group using a meeting notes format. Parental consent for any participating youth will be required. A data matrix similar to that shown in the Appendix will be used to track major themes and quotes from the discussion. The information gathered from this meeting will be used to compliment other quantitative work by the use of participant quotes and the grouping of ideas. The grouping of ideas refers to the categorizing of attitudes, feelings, or beliefs of the group toward the topic. This may simply involve discussions revolving around a single question. In other cases this may involve outlining the major topics brought up by the group.

Evaluation Plan

The evaluation will be led by Dr. Ousmane Diallo, MD, MPH, the epidemiologist hosted at the division of Behavioral Health. The epidemiologist will conduct a baseline process evaluation (walk through) of the program implementation and propose any corrective measures if needed.

The evaluation will involve the collection of process and outcome data. Provider and program-level process data will be collected every month through the online interface. Providers will be also asked to enter information (GPRA) and contact experience (CDR Encounter Data) of every IRHIT participant. Process and outcome data will be presented at the Annual Learning Collaborative Meetings and to CSAT/SAMHSA in the Bi-Annual reports.

The process evaluation will be a participatory (providers, participants, family members, and stakeholders), encompassing and capturing both quantitative and qualitative data. This will provide insight into the processes and strategies that are successful and those that need improvement. The results from those meetings will be used to adapt/tailor the Recoveration web-based portal and other IRHIT services to circumvent any issue that might limit the value of

the service and will be useful in determining the lessons learned and recommendations for future projects and activities.

The outcome evaluation will address performance measures that meet and exceed SAMSHA guidance. The focus of the outcome review includes:

- The effect of the intervention on the rate of successful treatment completion,
- Relapse rates
- Duration of treatment (time to discharge)
- Client satisfaction
- Post Discharge Outcomes (Sustained Recovery – as available)

Durability of intervention effects will be assessed at the six-month mark of the project. To assure that appropriate populations are being served and disparities are minimized, the project dropout rate (from screening to treatment ending) will be measured and compared for disparities among race/ethnic and gender groups.

Privacy and Confidentiality

The project team will adhere to all provisions of Title 42 of the Code of Federal Regulations, Part 2. All information and data will be treated as confidential information. All communications and data gathered and used by IRHIT or efforts to locate clients initiated by provider staff or IDPH IRHIT staff will be done with respect for the protection of client confidentiality. At no time, will any party or data identify the client's involvement in substance abuse treatment with any provider to a third party.

IRHIT clients are provided with full disclosure and consent to participate by signing the IRHIT Voluntary Consent which outlines:

- Goal of IRHIT
- How information from the IRHIT project will be used
- Required GPRA Interviews
- Release of Information between IDPH and SAMHSA
- Satisfaction Survey
- Risks and Confidentiality
- Client Rights

For more information about the IRHIT Project, contact Rebecca Swift at 515.242.6514 or rebecca.swift@idph.iowa.gov.

APPENDIX

FOCUS GROUP PROTOCOL

- **The Moderator -** Fundamental to the focus group is a moderator who facilitates the discussion. This person should have group work experience. The moderator's goal is to make the participants feel comfortable in expressing themselves openly while keeping the discussion on track. We will emphasize the need for the moderators to listen and not talk.

- **Participants –** with assistance from providers, IRHIT participants will be invited to participate in the focus groups.

- **Setting the Rules -** Prior to starting the discussion, the moderator will lay down a few ground rules. Generally, these include, only one person talking at a time; no side discussions among participants; no members will be put down because of their opinions; all thoughts and ideas are valued; and there are no wrong or right answers. Like with selection of group members, care and creativity will be used when setting rules.

- **The Discussion -** The discussion itself will last between 1 and 2 hours and follow a structured format. The moderator will make every attempt to find a balance between keeping the group discussion on track and allowing it to flow naturally. In order to accomplish this, a series of questions that move from general to specific will be used.

- **Opening Question -** Using a "round robin" question that everyone answers at the beginning of the meeting will help amplify those characteristics that participants have in common helping to create more group cohesion.

- **Introductory Questions -** The moderator will start by asking questions that introduce the topic for discussion. Although, they are not critical to the evaluation they will foster conversation and interaction among the participants.

- **Key Questions -** These are questions that drive the evaluation. Their answers provide the best data for later analysis. They will be focused on the topic of interest and open-ended. The moderator's goal with these questions is to illicit discussion among the participants and will avoid both questions that allow for short answers and questions that can be answered with a "yes" or "no."

- **Ending Questions -** These questions bring closure to the discussion and enable participants to look back upon previous comments. Once again a "round robin" approach is best, and participants will be asked to summarize their thoughts in some way.

Notes for IRHIT Focus group

Date:_____ Location:_____

Number of People in Attendance:_____ Note Taker:_____

Section	Major Ideas of Themes	Quotes	Consensus or Disagreement?
Question 1			
Question 2			
Question 3			
Question 4			
Question 5			
Question 6			
Question 7			
Question 8			
Other thoughts, ideas, comments, or themes that arose during the town hall meeting:			