

Data Advisory Committee Meeting

2/28/2024



1:00pm-2:00pm

Facilitators:

Heidi Herinckx – OCEACT

Alyssa Kerlinger – OCEACT

AGENDA:

- Upcoming changes to OAD
 - With the new OAR changes and OHA's goal to reduce administrative burden, OAD will be getting some changes to definitions and to a few ACT outcome variable requirements. Currently, we are working with OHA to review all OAD variables and determine what items we will keep and what will need to be updated or removed. We will be keeping the same format of data entry in OAD and quarterly due dates won't change while OAD is still in effect.
 - OCEACT will communicate when the updates to OAD will go into effect. Projected dates are not confirmed yet.
 - There will be a meeting to review all the changes once that information is distributed and the changes in OAD have been made. Please keep an eye out for that announcement.

- OHA launching new data collection program: ROADS
 - OHA is working toward creating a system called ROADS that will replace MOTS and as well as merge other reporting requirements from OHA (like OAD). **While the ROADS first phase will launch soon, reporting requirement changes for ACT will not be implemented in this first phase. ACT reporting requirements in OAD will remain the same until this OHA is ready to launch that phase of ROADS.** OCEACT is working with OHA to build the necessary data collection requirements into ROADS and this will be launched in future phases. We don't have specific dates yet.
 - ROADS should be able to pull participant information directly from EHRs and we are hoping to be able to pull some of the data required for ACT directly from other systems of care, such as directly pulling ACT participants' hospitalization and ER data directly from Point Click.

- Data Advisory Attendee responses:
 - Some attendees noted that medication adherence is a burden to collect and the data doesn't feel accurate. Others noted that tracking medication adherence for stabilization is important but they realize they are in a

smaller community that finds it easier to know this information about their participants.

- One attendee noted that tracking substance use frequency can feel like a “best guess” because people aren’t always honest with their use. It can depend on what ACT team member is asking.
- A discussion around referral tracking becoming more consistent and even having something like a digital referral system would be a relief to programs to be able to see where individuals are at in the service delivery system. One program is wondering how many referrals are accepted for ACT enrollment now versus 4 years ago.
- Programs look forward to having systems work together to reduce the amount of unnecessary work required to manually enter data from other systems.