



## DATA SHORTS

Behavioral Health Data and Analysis | April 2016, Vol. 5, Issue 3

### The Revised Outcomes Measurement System (OMS): Data from the First Full Year in the New Datamart

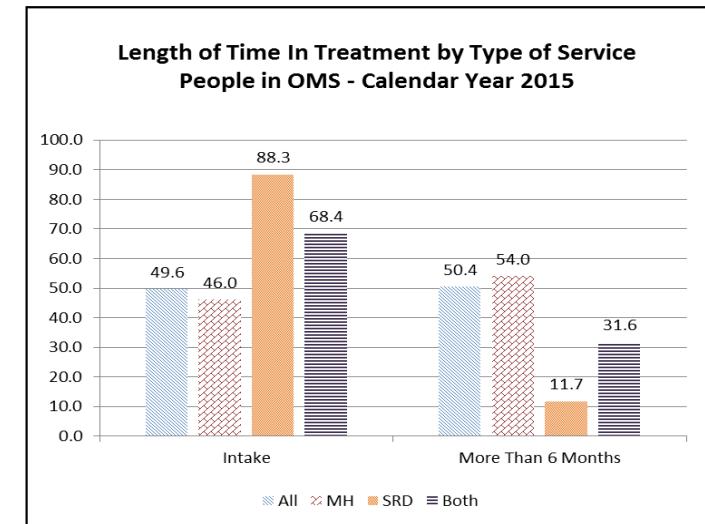
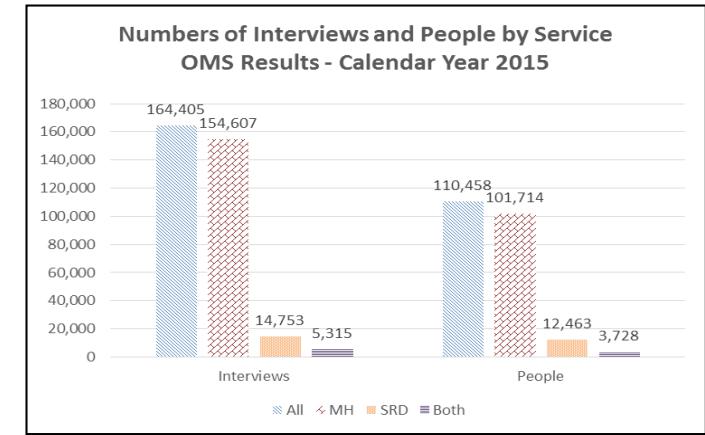
In January 2015, several major changes were made to the Outcomes Measurement System (OMS). Most significantly, providers of outpatient Substance-Related Disorder (SRD) services began participating in the OMS system. In February 2016, the newest version of the OMS Datamart ([http://maryland.valueoptions.com/services/OMS\\_Welcome.html](http://maryland.valueoptions.com/services/OMS_Welcome.html)) went live. This Data Short provides the first presentation of data for adults in Calendar Year 2015 (CY 2015), and highlights some of the new features of the revised OMS Datamart.

An OMS interview is completed at intake and then every six months by anyone between the ages of 6 and 64 receiving Mental Health (MH) or SRD outpatient services from an agency provider, a Federally Qualified Health Center, or a Hospital Outpatient Department. Datamart selections allow for the display of aggregated data for either the most recent interview or for the most recent interview compared with the initial interview in an episode of care. For all Datamart analyses, each individual is only counted one time, even if OMS interviews are completed in both the MH and SRD systems.

On the Datamart Welcome Page, a user can now select one of four categories: MH (individuals in MH treatment); SRD (individuals in SRD treatment); BOTH (individuals who had at least one interview in both the MH and the SRD treatment systems during the time period selected); and ALL (individuals who had one or more interviews in the MH system, in the SRD system, or in both systems). Data is available by calendar and fiscal year.

The first graph shows both the number of interviews that were conducted in CY 2015 (which does not appear on the datamart) as well as the number of people included in each analysis; for the people included in each analysis, only data from the individual's most recent OMS interview is included, even if they had multiple OMS interviews and/or had interviews in both MH and SRD systems. Beginning in CY 2015, data comparing the initial interview to the most recent is available for adults in all categories (MH, SRD, ALL, BOTH). For children and adolescents, this type of analysis is only available for the MH population because there are not enough interviews in the other categories (SRD, BOTH, and ALL) to conduct comparisons over time. Because there are very few individuals under the age of 18 in the SRD treatment system, it is likely that this analysis will not be available for the SRD, BOTH, and ALL groups for children and adolescents for the foreseeable future.

Another major enhancement to the Datamart is the addition of a "filtering tab" for the length of time in treatment. The length of time in treatment is defined as the duration of the episode of care; it is determined solely using OMS interview dates. An "episode of care" is defined as continuous treatment with the same provider with no discharges or breaks extending more than 3 months past the end date of service authorization. This Datamart filter shows



three or four categories, dependent upon which type of analysis (most recent or initial compared to most recent) is chosen: Intake (most recent interview only), Less than 1 year, 1 to 3 years, and More than 3 years. The second figure shows percentage distributions for the length of time in treatment by the four categories of analysis (MH, SRD, BOTH, ALL). Because SRD services were included in the OMS relatively recently, only two timeframes, intake and more than 6 months, are displayed in this graph.

The inclusion of SRD outpatient services, the new SRD, BOTH, and ALL analysis groupings, and the addition of the length of time in treatment analysis filter are among the major expansions to the Datamart, but there are many more. A new questionnaire item explores the use of alternative tobacco products. A brief recovery scale has been added for individuals ages 14 to 64. Additionally, age specific questions and analyses for children and adolescents have been changed from two groups (6 to 12 and 13 to 17) to three (6 to 10, 11 to 13, and 14 to 17) to refine data analyses.