How to Administer the Outcomes Measurement System (OMS) Interview

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Outcomes Measurement System (OMS)

Background
Purpose of OMS

- To track how individuals in outpatient services in the Public Behavioral Health System (PBHS) are doing over time.
- Designed to be useful at the clinician, provider, jurisdiction, State levels.
- Clinicians/counselors are also encouraged to use OMS interview in assessment and treatment planning.
- The OMS questionnaires are not intended to be all-inclusive of information that may be needed for assessment, treatment planning, and service provision.
OMS Providers

- These outpatient treatment providers are included in OMS:
  - Outpatient Mental Health Clinics (OMHC),
  - Federally Qualified Health Centers (FQHC),
  - Hospital-based behavioral health clinics,
  - Level I Substance-Related Disorder (SRD) Services, and
  - Opioid Treatment Programs (OTPs).
Clients Included in OMS

- Clients included in OMS are:
  - treated by one of the applicable provider types included in OMS,
  - between 6 and 64 years of age, and
  - require authorization for services through Beacon Health Options.
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Questionnaires
OMS Questionnaires

- There are two versions of the OMS Questionnaires:
  - Adult Questionnaire – for individuals 18-64 years of age
  - Child/Adolescent Questionnaire – for individuals 6-17 years of age
- The Beacon Health Options authorization system automatically directs the provider to the appropriate questionnaire, based on client birthdate in eligibility files.
OMS Domains

**Child/Adolescent**
- Living Situation
- Psychiatric Symptoms
- Substance Use
- Functioning
- School
- Legal
- General Health
- Employment
- Resilience

**Adult**
- Living Situation
- Psychiatric Symptoms
- Substance Use
- Recovery and Functioning
- Legal
- General Health
- Employment
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Conducting the Interview
Interviewing Guidelines

- An OMS Interview Guide is available on the Beacon Health Options website.
- The Guide is intended to be a reference tool and is not designed to be read cover to cover.
- Chapter 2 “Conducting the OMS Interview” is a concise, helpful overview of key procedures in administering the questionnaire and is recommended reading.
Interviewing Terms

- “Interviewer” – The clinician/counselor conducting the interview. The interviewer reads the questions, records the responses, and probes/discusses as appropriate.
- “Client” – The recipient of services. Refers to either adult or youth client.
- “Respondent” – The client, child/adolescent, and/or caregiver who is being interviewed and is responding to the questions.
Primary Respondent (PR)

- The use of a PR is only relevant to the OMS Child and Adolescent Questionnaire.
- The Primary Respondent (PR) is the respondent whose responses to the questions are recorded.
- When both child and caregiver are present, both should be encouraged to participate.
- However, the clinician/counselor must decide who is most appropriate to serve as the PR.
- If it is not clear who is most appropriate to be the PR, these general guidelines can be helpful:
  - ages 6-11: caregiver
  - ages 12-17: youth
General Procedures

- Ask **all** of the questions.
- Conduct the interview in person.
- The client/caregiver is free to follow along with a copy of the questionnaire or view the computer screen during the interview.
How to Introduce the Questionnaire

- The interviewer can explain that:
  - It will help track treatment progress.
  - It will assist staff to provide the best care and improve the program overall.
  - How the client/caregiver answers the questions will not affect his/her ability to receive services.
  - There are no right or wrong answers.
Reading the Questions

- The questions should be read exactly as written and in the order they are written.
  - This ensures that all respondents are asked the same questions in the same way.
  - Even slight wording changes can impact the perception of the question and therefore the information collected.
Using the OMS Interview to Stimulate Discussion

- Once the interviewer has read the question as written, it is fine to discuss the respondent’s answer with him or her.
- It may provide a good opportunity to discuss treatment issues or goals.
- If the discussion changes the initial response, clearly endorse the final response.
Stem Questions

- In both questionnaires there are several sets of questions that include a stem question followed by several different items. For example,
  - In the past week, on how many days...
    - Did you have trouble falling asleep or staying asleep?
    - Did you feel depressed or sad?
  - In these situations, once the interviewer reads the stem question at least once, it does not have to be repeated for every question in the set.
  - In some situations, it is helpful to repeat the stem every few questions to ensure accurate responding.
Useful Interviewing Techniques

Most of the time the respondent will answer the question directly and the interview will proceed smoothly.

If the respondent has difficulty answering a question, the following techniques or tools may help:
- Repetition
- Neutral probing
- Definitions
Useful Interviewing Techniques - Repetition

- If the respondent is having difficulty answering a question:
  - Re-reading the question might be helpful. However, do not reinterpret the question.
  - Re-reading all of the answer options may also help the respondent. Be sure to read all of the options, not just a few.
  - There are OMS Response Cards available on the Beacon Health Options website that can help clients remember answer options.
Useful Interviewing Techniques - Neutral Probing

- Neutral probing is an interview technique used to clarify a respondent’s answer without inadvertently biasing it.
- Neutral probing is particularly relevant when asking questions that are meant only to be the client or caregiver’s opinion.
- It may be difficult at first because it can be different from some counseling approaches.
- Examples of neutral probing include:
  - “Whatever it means to you.”
  - “Yes, but which answer fits best?”
Useful Interviewing Techniques - Definitions

- If a respondent asks for clarification about a question, there are several questionnaire items that include definitions that may be helpful.
- These are underlined in the on-line version-click on the word and the definition will appear. They are also included in the Interview Guide.
- Examples include: living situation, homelessness, employment, and terms such as “cope” and “symptom.”
Types of OMS Questions

- There are two basic types of OMS questions:
  - Objective questions
  - Subjective questions
Objective Questions

- Objective questions are those that are essentially factual and that are not influenced by personal opinions.
- Within the OMS questionnaire, several objective questions must be completed for submission.
  - These are marked by an “*”.
  - If information is not available from the client/caregiver, the clinician/counselor should choose the best response based on the most recent information available.
- An example of an objective OMS question is: “Where are you living right now?”
Subjective Questions

- Subjective questions are those that are based on the personal opinions of the client or caregiver.
- Within the OMS questionnaire, the subjective questions are called “Client/Caregiver Opinion Only” items. They are marked with a “Ψ” symbol.
- Once these questions have been read as they are written, it is fine to discuss the respondent’s answer. However, the interviewer should not try to influence the client’s opinion.
- If the discussion changes the initial response, clearly endorse the respondent’s final answer.
- An example of a subjective OMS question is: “In general, how satisfied are you with where you currently live?”
Interviewer Directions

- Throughout the questionnaires, special instructions are provided to the interviewer through:
  - Interviewer Instruction Boxes
  - Skip Patterns, including Child and Adolescent Age-Related Skip Patterns
Interviewer Instruction Boxes

- In both questionnaires, there are shaded boxes which include instructions to the interviewer.
- They include important reminders or directions for conducting the interview.
- The text in these boxes is not intended to be read aloud.
- These are included in both the online and hard copy versions.
Questions with Skip Patterns

- There are a few questions with “skip patterns” within each questionnaire.
- In these situations, the interviewer will skip over one or more questions based on the response provided to a previous question.
  - In the online version, these are automatically programmed; the next appropriate question will appear.
  - In the hard copy version, it is necessary to follow the instructions carefully. They will say, “Please skip to…” and will provide a question number.
Child and Adolescent Age-Related Skip Patterns

- Age filters for asking certain questions reflect approximate elementary, middle, and high school ages.
  - Online, these age-filtered questions are driven by the child’s date of birth in the system.
  - On the hardcopy version, instruction boxes are used to help the interviewer follow the appropriate skip patterns (this information is not entered online).
Child and Adolescent Age-Related Skip Patterns

- All children are asked living situation, psychiatric symptoms, functioning, school performance, and general health questions.
- 11-17 year olds are also asked smoking, legal system involvement, and alcohol/substance use questions.
- Only 14-17 year olds are asked employment and resilience questions.
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Interview Challenges
Potential Interview Challenges

- Occasionally the interviewer may encounter some challenges when attempting to complete an OMS interview. These may include:
  - Client/caregiver/clinician/counselor disagree about an answer
  - Refusals
  - Language issues
  - Crisis situations
- The following guidelines provide information on addressing such challenges
Disagreement About an Answer

- Occasionally the client, caregiver, and/or clinician/counselor may disagree about the best response to a question.

- If consensus cannot be reached quickly (within 1-2 minutes):
  - Adult client: record the client’s response.
  - Child/Adolescent client: record the Primary Respondent’s response.
Refusals

- In rare situations, the client or caregiver refuses to answer one or more questions.

- In these situations:
  - the clinician/counselor may complete the objective question(s) if he/she is reasonably sure of the correct answer.
  - the clinician/counselor should not complete the subjective question(s).
Language Issues

- Service providers may administer the OMS to clients speaking other languages in the same manner that treatment is conducted.

- This may include the use of interpreters or other communication aids.
Crisis Situations

- If the client is in crisis and the OMS questionnaire cannot be submitted for authorization, contact the Beacon Health Options Care Manager regarding obtaining authorization.

- Good clinical judgment always prevails.
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Additional Resources
Additional OMS Resources

- Several additional OMS resources are available on the Beacon Health Options website:
  (http://maryland.beaconhealthoptions.com/provider/prv_oms.html).

- These include:
  - Resources for conducting the OMS interview
  - Resources for using OMS data
Resources for Conducting the OMS Interview

- **OMS Interview Guide** – more detailed description of interview techniques, including question-by-question instructions. Most of the Guide is for reference only. Chapter 2, “Conducting the OMS Interview”, is a concise, overview of key interview procedures and is recommended reading.

- **OMS Interview Guide Reference Sheet** – two page overview of reminders regarding general administration procedures.

- **OMS Tools** – OMS questionnaires, forms, and response cards.
Resources for Using OMS Data

- **OMS Datamart** – aggregated data presented in tables and graphs; users can choose analysis options.

- **OMS Datamart Navigation** – guidelines for Datamart users.

- **Using the OMS Data** – variety of training materials regarding data analysis and using OMS data for system and program development.