



Quality Measurement for Behavioral Health

Presentation to the State Quality Advisory Committee

May 18, 2012

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Overview

- Current context for mental health and substance abuse
- National Quality Strategy and NQF
- Some key measure developers
- Key Federal behavioral health initiatives
- Current SQAC mandated measures for BH
- Immediate recommendations and rationale
- Looking to the future



National Organizations Focused on Quality - Then

Institute of
Medicine
(IOM)

Health Care Financing
Administration
(HCFA)

Joint Commission on the
Accreditation of Healthcare
Organizations
(JCAHO)

National
Committee for
Quality Assurance
(NCQA)

Note: Adapted from NCQA



Organizations Focused on Quality - 2012

National Committee for Quality Assurance (NCQA)

Center for Medicare and Medicaid Services (CMS - formerly HCFA)

National Quality Forum (NQF)

State & Regional Quality Programs

The Joint Commission (TJC - formerly JCAHO)

American Medical Association/Physician Consortium on Performance Measurement (PCPI)

American Board of Medical Specialties (ABMS)

Office of National Drug Control Policy (ONDCP)

Institute of Medicine (IOM)

Washington Circle

Benefit Consultants

Office of the National Coordinator (ONC)

Measurement Software Vendors

Medical Specialty Groups

Researchers

Leapfrog Group

Foundations

Employer Coalitions

Agency for Health Care Research and Quality (AHRQ)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Health Resources and Services Administration (HRSA)



Brandeis University

The Heller School for Social Policy and Management

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Note: Adapted from NCQA

National Quality Strategy

- Important element of Affordable Care Act; published in March 2011
- Align priorities and efforts of government and private stakeholders in improving quality and reducing cost
- Unified approach to quality measurement and harmonized quality improvement efforts
- National Quality Forum (NQF) – key partner
- Agency-specific strategic quality plans – SAMHSA’s Behavioral Health Quality Framework noted as a model in 2012 Annual Progress Report to Congress
- Alignment with States is emphasized

Source: 2012 Annual Progress Report to Congress. National Strategy for Quality Improvement on Health Care.
<http://www.ahrq.gov/workingforquality/nqs/nqs2012annlrpt.pdf>



SAMHSA's – National Behavioral Health Quality Framework

- SAMHSA's response to the National Quality Strategy
- Initiates the dialogue with private and public sector stakeholders
- Sets forth a framework for BH quality improvement priorities and goals for the nation
- For each priority, the BH framework proposes
 - Specific goals
 - Examples of successful completion of goals
 - Illustrative measures specific to:
 - SAMHSA Programs, e.g. discretionary/block grants
 - Systems/Providers -- public and private payers
 - Population – community programs

Source: http://www.saasniatx.net/Presentation/2011/SMA11-FRAN_NIATx_FINAL_7_6_11.pdf



National Behavioral Health Quality Framework – Three Aims and Six Priorities

BETTER CARE ♦ HEALTHY PEOPLE/HEALTHY COMMUNITIES ♦ AFFORDABLE CARE

- Promote the most effective prevention, treatment and recovery practices for behavioral health disorders
- Assure behavioral health care is person-, family-, and community-centered
- Encourage effective coordination within behavioral health care, and between behavioral health care and other health care, recovery, and social support services
- Assist communities to utilize best practices to enable healthy living
- Make behavioral health care safer by reducing harm caused in the delivery of care
- Foster affordable high quality behavioral health care for individuals, families, employers, and governments by developing and advancing new – and recovery-oriented - delivery models



Federal Groups Working on BH

- Interagency Working Group on Health Care Quality
 - Member agencies include: Department of Health and Human Services (Chair), Administration for Children and Families, Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, Consumer Products Safety Commission, Department of Commerce, Department of Defense, Department of Education, Department of Labor, Department of Veterans Affairs, Federal Bureau of Prisons, Federal Trade Commission, Food and Drug Administration, Health Resources and Services Administration, National Highway Traffic Safety Administration, National Institutes of Health, Office of Management and Budget, Office of the National Coordinator for Health Information Technology, Social Security Administration, Substance Abuse and Mental Health Services Administration, United States Coast Guard, United States Office of Personnel Management, Veterans Health Administration
- HHS Behavioral Health Coordinating Committee (BHCC)
 - Co-Chaired by the SAMHSA Administrator and the Assistant Secretary for Health
- Office of National Drug Control Policy (ONDCP) Electronic Health Records Interagency Working Group



DHHS Performance Measures

<u>Source</u>	<u># Measures</u>	<u># BH Measures</u>
DHHS Measure Inventory	2,345	381
Physician Quality Reporting Initiative	216	7
Accountable Care Organizations	65	3
CMS (Medicaid) Core Measure Set	51	13
CMS CHIPRA Core Measure Set	24	2

As of 7/2011, Source: Frances Cotter, Behavioral Health Quality Measures and Health Care Reform, SAAS/NIATx Conference, 7/12/2011. http://www.saasniatx.net/Presentation/2011/SMA11-FRAN_NIATx_FINAL_7_6_11.pdf



National Quality Forum (NQF)

- Created in 1999 by a coalition of public- and private-sector leaders
- Key partner with the National Quality Strategy
 - [National Priorities Partnership \(NPP\)](#) offers consultative support to the Department of Health and Human Services on setting national priorities and goals for the National Quality Strategy.
 - The [Measure Applications Partnership \(MAP\)](#) provides multi-stakeholder input to HHS on the selection of performance measures for public reporting and payment reform programs.
- NQF endorsement essential for inclusion of performance measures in many national initiatives

Source: <http://www.qualityforum.org/Home.aspx>



National Quality Forum (NQF) - Consensus Development Projects

- National Voluntary Consensus Standards for Ambulatory Care (2004 – 2008, ongoing related projects)
 - Broad set of performance measures, including BH. Examples include:
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (NQF # 0004)
 - Back pain – mental health assessment (NQF # 0316)
 - Bipolar disorder and major depression: appraisal for alcohol or chemical substance use
- Behavioral Health Endorsement Maintenance
 - Phase 1 (11/2011 – 8/2012)
 - Endorse new individual and composite behavioral health measures of process, outcomes, and structure that serve as indicators of quality behavioral healthcare across all care delivery settings, including primary and specialty care.
 - Phase 2 (through 8/2013)
 - Endorse more measures addressing additional gap areas identified in Phase 1. NQF-endorsed standards relating to behavioral health that are due for maintenance also will be reviewed in this phase.

[Source: http://www.qualityforum.org/Projects/Behavioral Health Phase 1 and 2.aspx](http://www.qualityforum.org/Projects/Behavioral_Health_Phase_1_and_2.aspx)



Status of NQF Endorsement for Behavioral Health Measures

Behavioral Health Measures

NQF-Endorsed Measures

Behavioral Health Measures	45
Mental Disorders	39
Substance Use Disorders	1
Mental Health and Substance Use Disorders	1
Tobacco	2
Behavioral Health Consumer survey	2

Source: National Quality Forum, NQF-Endorsed Behavioral Health Measures, 11/7/2011
[http://www.qualityforum.org/Projects/Behavioral Health Phase 1 and 2.aspx](http://www.qualityforum.org/Projects/Behavioral_Health_Phase_1_and_2.aspx)

Note: Categories assigned by Horgan/Garnick. Additional endorsed measures include tobacco.



American Medical Association, Physician Consortium for Performance Improvement (PCPI)

- Substance Use
 - Counseling regarding psychosocial and pharmacologic treatment options for alcohol dependence
 - Counseling regarding psychosocial and pharmacologic treatment options for opioid addiction
 - Screening for depression among patients with substance abuse or dependence
- Major Depressive Disorder – Adult
 - Continuation of antidepressant medication
 - Diagnostic evaluation
 - Severity classification
 - Suicide risk assessment
 - Treatment: Psychotherapy, medication management, and/or electroconvulsive therapy
- Major Depressive Disorder - Child and Adolescent
 - Diagnostic evaluation
 - Follow-up care
 - Interview of adolescent or child
 - Medications considered
 - Psychotherapy
 - Suicide risk assessment
- Preventive Care and Screening
 - Tobacco use: screening & cessation intervention
 - Unhealthy alcohol use: Screening
 - Unhealthy alcohol use: Screening & brief counseling

Source: <http://www.ama-assn.org/apps/listserv/x-check/qmeasure.cgi?submit=PCPI>



The Joint Commission (JCAHO)

- Three core measure sets related to behavioral health in The Joint Commission National Inpatient Quality Measures
- Substance Use*
 - SUB-1 Alcohol Use Screening
 - SUB-2 Alcohol Use Brief Intervention Provided or Offered
 - SUB-2a Alcohol Use Brief Intervention Treatment
 - SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge
 - SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge
 - SUB-4 Alcohol and Drug Use: Assessing Status After Discharge
- Tobacco*
 - TOB-1 Tobacco Use Screening
 - TOB-2 Tobacco Use Treatment Provided or Offered
 - TOB-2a Tobacco Use Treatment
 - TOB-3 Tobacco Use Treatment Provided or Offered at Discharge
 - TOB-3a Tobacco Use Treatment at Discharge
 - TOB-4 Tobacco Use: Assessing Status After Discharge
- Hospital-Based Inpatient Psychiatric Services**
 - HBIPS-1 Admission screening for violence risk, substance use, psychological trauma history and patient strengths completed
 - HBIPS-2 Hours of physical restraint use
 - HBIPS-3 Hours of seclusion use
 - HBIPS-4 Patients discharged on multiple antipsychotic medications
 - HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification
 - HBIPS-6 Post discharge continuing care plan created
 - HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge

*Approved 1/1/2012

**Approved 10/1/2008

Source: http://www.jointcommission.org/core_measure_sets.aspx



Washington Circle

- Multidisciplinary group convened in 1998 by SAMHSA's Center for Substance Abuse Treatment
- Goals: Develop and pilot test performance measures for substance abuse treatment
- Promote adoption of these measures by public and private stakeholders
- Performance Measures
 - Initiation and engagement of alcohol and other drug dependence treatment (Adapted by NCQA)
 - Medication Assisted Treatment (recent pilot testing)



Major Federal Behavioral Health Initiatives

- ASPE and SAMHSA – Development and Testing
- CMS and ONC – Meaningful Use
- SAMHSA and ONC – e-specification



ASPE and SAMHSA – Development and Testing of BH Quality Measures (Mathematica Policy Research/NCQA Contract)

- Goals - Develop/refine and test BH quality measures that:
 - May focus on a range of populations, BH conditions, services and service settings
 - Align with the National Behavioral Health Quality Framework
 - Will be used in the “real world”
 - Will be submitted for NQF endorsement
- Timeframe (September 2011 – August 2014)
 - Phase 1 – Identify priorities through stakeholder discussions and testing
 - Phase 2 – Measure specification and testing
 - Phase 3 – Revise measure specifications and submit subset to NQF for endorsement



CMS and ONC – Performance Measure and Electronic Health Records (EHR)

The Health Information Technology for Economic and Clinical Health (HITECH) Act authorizes HHS to establish programs to improve health care quality, safety, and efficiency through the promotion of health information technology (HIT).

- **Standards and Certification Criteria for Electronic Health Records**: Issued by the Office of the National Coordinator (ONC) for Health Information Technology, this rule identifies the standards and certification criteria for the certification of EHR technology.
- **Incentive Program for Electronic Health Records**: Issued by CMS, this final rule defines the minimum requirements that providers must meet through their use of certified EHR technology in order to qualify for the payments.
 - Incentive payments to eligible professionals, eligible hospitals and critical access hospitals (CAHs)
 - Majority of BH providers not eligible for incentive payments, some BH measures are included.
 - **Clinical Quality Measures (CQMs)**, are a mechanism for assessing observations, treatment, processes, experience, and/or outcomes of patient care.
 - CQMs are required as part of **meaningful use requirements** for the CMS EHR Incentive Programs.

Sources: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/>
http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_meaningful_use_announcement/2996



Meaningful Use – Three Stages

- Stage 1 (2011-2012) - Achieving meaningful use requires reporting on both core (all required) and some menu CQMs.
 - 1 BH measure in core set
 - Patients more than 18 years old who were seen at least twice and asked at least once about tobacco use in 24 months, and who received cessation intervention if they are users (NQF #0028)
 - 3 BH measures in menu set
 - Initiation and Engagement of Alcohol/Drug Dependence Treatment (NQF #0004)
 - Measure Pair: Tobacco Use Assessment and Cessation Intervention (NQF #0027 & #0028)
 - New Episode of Depression; Medication Management Treatment (NQF #0105)
- Stage 2 (2013) – Comment period on CQMs just closed
 - 20 potential BH measures for eligible providers
 - No BH measures for hospitals
- Stage 3 (2015) – Improved Outcomes

Note: All selected CQM for Stage 1 are NQF endorsed. However, CMS is not limited to selecting only NQF-endorsed measures in the future.



Behavioral Health-Related Clinical Quality Measures (CQMs) for eligible providers - CMS Meaningful Use Stage 2 Notice of Proposed Rulemaking (NPRM) -- (public comment closed 5/7/12)

Measure Number	Title and Description	Domain
NQF 0004	Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	Clinical Process/ Effectiveness
NQF 0028	Title: Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention	Population/ Public Health
NQF 0103	Title: Major Depressive Disorder (MDD): Diagnostic Evaluation	Clinical Process/ Effectiveness
NQF 0104	Title: Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/ Effectiveness
NQF 0105	Title: Anti-depressant Medication Management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	Clinical Process/ Effectiveness
NQF 0106	Title: Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	Care Coordination
NQF 0107	Title: Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	Clinical Process/ Effectiveness
NQF 0108	Title: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/ Effectiveness
NQF 0110	Title: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Clinical Process/ Effectiveness
NQF 0112	Title: Bipolar Disorder: Monitoring change in level-of-functioning	Clinical Process/ Effectiveness
NQF 0418	Title: Screening for Clinical Depression	Population/ Public Health
NQF 0710	Title: Depression Remission at Twelve Months	Clinical Process/ Effectiveness
NQF 0711	Title: Depression Remission at Six Months	Clinical Process/ Effectiveness
NQF 0712	Title: Depression Utilization of the PHQ-9 Tool	Clinical Process/ Effectiveness
NQF 1365	Title: Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Patient Safety
NQF 1401	Title: Maternal depression Screening	Population/ Public Health
TBD	Title: Depression screening and follow-up assessment using patient self-reported process	Patient and Family Engagement
TBD	Title: Closing the referral loop: receipt of specialist report	Care Coordination
NQF 0024	Title: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Description	Population/ Public Health
NQF 0421	Title: Adult Weight Screening and Follow-Up Description	Population/Public Health



SAMHSA and the Office of the National Coordinator for Health IT (ONC) (MITRE Contract)

- Goal: Develop and electronically specify BH Clinical Quality Measures (CQMs) to be added to the current electronic health record (EHR) portfolio of suitable measures.
- Includes the following domains:
 - Alcohol
 - Drug Use
 - Depression
 - Suicide
 - Trauma
 - Autism
- Timeframe - 10/1/2011- 9/30/2012
- Technical Expert Panel (TEP) to make recommendations on potential measures to be developed and included for future stages of MU.



SQAC Mandated Measures Relevant to Behavioral Health

- CMS Hospital Process Measures
 - Adult smoking cessation advice/counseling for acute myocardial infarction (AMI-4), heart failure (HF-4) and pneumonia (PN-4)
- NCQA/HEDIS (NQF Endorsed)
 - Antidepressant medication management
 - Follow-up care for children prescribed ADHD medication
 - Initiation and engagement of alcohol and other drug dependence treatment
 - Follow-up after hospitalization for mental illness



Immediate Recommendations for Health Centers

Behavioral Health Measure	Measure Description	Current Status
Adult Screening and Brief Intervention	Percent of patients, aged 18 and over who were screened for unhealthy alcohol use at least once during the two-year measurement period using a systematic screening method and who received brief counseling if identified as an unhealthy alcohol user.	<ul style="list-style-type: none"> • Currently under NQF review. • Will be considered for MU3. • USPSTF recommended for adults and pregnant women • Developed by AMA-PCPI
Measure Pair: a. Tobacco Use Assessment b. Tobacco Cessation Intervention	Percentage of patients who were queried about tobacco use one or more times during the two-year measurement period. Percentage of patients identified as tobacco users who received cessation intervention during the two-year measurement period	<ul style="list-style-type: none"> • NQF Endorsed, #0028 • USPSTF recommended for adults and pregnant women • CMS MU1 • Developed by AMA-PCPI
Depression Screening in Primary Care Using a Validated Instrument, Including Documentation of a Follow-up Plan	Percentage of patients who were screened for clinical depression using a standardized tool and follow-up plan documented.	<ul style="list-style-type: none"> • NQF Endorsed, #0418 • USPSTF Recommended for adults and adolescents (12 - 18 years). • In public comment list for CMS MU2 • Developed by Quality Insights of Pennsylvania



Rationale for Recommendations

- Screening is important given high prevalence of depression and substance abuse problems
- SQAC mandated behavioral health measures focus on treatment
- Measures to identify behavioral health problems are needed
- Measures have/expect NQF endorsement
- Population/public health orientation



Looking to the Future - Measures

- Adult Alcohol Use Brief Intervention provided or offered in hospital setting
 - TJC (The Joint Commission) submitted two measures to NQF for endorsement: alcohol use screening (NQF review #1661) and Alcohol Use Brief Intervention provided or offered (NQF review #1663)
- Medication Assisted Treatment
 - MAT measure developed by WC and PCPI
 - Not yet entered NQF endorsement process
- Screening for Drug Dependence
- Prescription Monitoring Measure
 - Tie in with Mass monitoring program
 - Need to develop measures



Looking to the Future - Issues

- Emphasis on:
 - integration of behavioral health and medical care
 - health information technology
 - workforce development
- Measures that can be used across conditions and settings
 - medication management
 - care coordination
 - patient perception of care
 - all-cause readmissions
- Measuring disparities
- Shift toward composite measures
- Measures to be used for multiple purposes (e.g. Medicaid Adult and Child, MU, ACOs, Health Homes)



Conclusions

- Many current national initiatives on BH performance measurement
- Four BH measures already in Massachusetts set because of mandated measures
- A few to recommend, largely focused on screening
- Stay tuned - some current initiatives will yield behavioral health specific measures with NQF endorsement



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