

# Washington Common Measure Set on Healthcare Quality

Behavioral Health Measure Selection Workgroup

Meeting #2

*September 14, 2015*



Leading health system improvement

# Today's Meeting Agenda

1. Welcome, Member Introductions
2. Review: Public Access to Meeting (Listen Mode)
3. Quick Review: Purpose, Units of Analysis, Measure Selection Criteria, Workgroup Process
4. Review Decisions from Sept 2
5. Continue Measures Review
6. Wrap-up and Next Steps

# Purposes of the Measure Set

- Enable identification of goals to track and improve health care quality and cost/identification of opportunities to improve value of health care provided through delivery systems
- Dissemination (public reporting) of comparative performance information to consumers, providers, purchasers and policymakers
- Inform public and private health care purchasers
- Voluntary alignment of measures across state and private payers
- Include in performance-based payment arrangements and other contract requirements

# Objects of Measurement or Units of Analysis

Target population for measure (“N”) must support public reporting for one or more unit(s) of analysis

- Geographic areas: Counties, ACHs
- Medical groups/clinics with four or more providers
  - Initial emphasis on primary care and integrated delivery systems
- Hospitals
- Health Plans (Commercial, Medicaid)

The measure set will use common measures wherever possible *across payer types*, minimizing exceptions. Measure sets may include separate measures for commercial and Medicaid populations on a limited basis.

# Measure Selection Criteria

1. The measure set is of manageable size (currently at 52).
2. Measures are based on *readily available data in WA* (health care insurance claims, EHR or registry data, survey data).
3. Preference given to nationally-vetted measures (e.g., NQF-endorsed) and other measures currently used by public agencies within WA.
  - When possible, align with the Governor's performance management system measures and measures specific to Medicaid
4. Each measure should be valid and reliable, and produce sufficient numerator and denominator size to support credible public reporting.
5. Measures target issues where we believe there is significant potential to improve health system performance in a way that will positively impact health outcomes and reduce costs.
6. If the unit of analysis includes health care providers, the measure should be amenable to influence of providers.
7. The measure set is useable by multiple parties (e.g., payers, provider organizations, public health, communities, and/or policy-makers).

# Measure Selection Process

1. Begin with review of known, potential measures
2. Going category-by-category, we'll discuss whether to include each measure (yes/no/maybe) based on selection criteria
3. Take second pass through the yes/maybe list
4. Consider any additional measures recommended by group members
5. Review list and narrow recommended measures (not to exceed 3)

# Decisions at Sept 2 meeting

## We reviewed 31 measures:

- 0 “Yes” measures
- 4 measures added to “Maybe” list
  - Mental Health Service Penetration
  - Substance Abuse Disorder Treatment Penetration
  - Youth Suicide Attempts
  - Alcohol Screening and Follow-up for People with Serious Mental Illness
- 27 measures put on “No” list
- 2 topics place on “Parking Lot”
  - Depression screening by age 18
  - Unhealthy Alcohol Use: Screening and Brief Counseling (adolescents and adults)

# 27 measures put on “No” list

1. Measure reliant on *clinical* data that we cannot access at this time to support broad, statewide measurement and public reporting
2. Measure applies to small, subset of population with concern about relevancy for broader audience and to inform health care purchasing
3. Concern regarding small N, which is particularly important given privacy concerns related to behavioral health-related topics
4. Measure no longer supported with current and detailed measure specifications (e.g., if not currently NQF-endorsed)



# Measures Review

# Measure Review

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description
<b>Substance Use Screening and Intervention Composite</b>	Screening/ Intervention	Yes	2597	American Society of Addiction Medicine	Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for tobacco use, unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use AND who received an intervention for all positive screening results.
<b>Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence</b>	Screening/ Intervention	Yes	2600	NCQA	Percentage of adults 18 years and older with a serious mental illness <u>or</u> alcohol or drug dependence who received a screening for tobacco use and follow-up for those identified as a current tobacco user.
<b>Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan</b>	Screening/ Intervention	Yes	0418	CMS	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.
<b>Bipolar antimanic agent</b>	Screening/ Intervention	No	0580	Resolution Health	Percentage of patients with newly diagnosed bipolar disorder who have received at least 1 prescription for a mood-stabilizing agent during the measurement year.
<b>Lipid profile (screening for dyslipidemia) for bipolar or schizophrenia on second generation antipsychotic medication</b>	Screening/ Intervention	No	NA	APA-ADA consensus recommendations: UK NICE Guidelines for treatment of schizophrenia	The percentage of patients 18 – 64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a fasting lipid profile test during the measurement year.
<b>Controlling High Blood Pressure for People with Serious Mental Illness</b>	Chronic Disease	Yes	2602	NCQA	Percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year

# Measure Review

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description
<b>Depression Response at 6 months - Progress Towards Remission</b>	Chronic Disease	Yes	1884	MN Community Measurement	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate a response to treatment at 6 months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score.
<b>Depression Response at 12 months - Progress Towards Remission</b>	Chronic Disease	Yes	1885	MN Community Measurement	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate a response to treatment at 12 months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score.
<b>Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (&lt;140/90)</b>	Chronic Disease	Yes	2606	NCQA	Percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and 2) whose most recent blood pressure reading during the measurement year is <140/90 mm Hg.
<b>Diabetes Care for People with Serious Mental Illness: Eye Exam</b>	Chronic Disease	Yes	2609	NCQA	Percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and 2) who had an eye exam during the measurement year.
<b>Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (&lt;8.0%)</b>	Chronic Disease	Yes	2608	NCQA	Percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and 2) whose most rHbA1c level during the measurement year is <8.0%.
<b>Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%)</b>	Chronic Disease	Yes	2607	NCQA	Percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and 2) whose most rHbA1c level during the measurement year is >9.0%.
<b>Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing</b>	Chronic Disease	Yes	2603	NCQA	Percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and 2) who had HbA1c testing during the measurement year.

# Measure Review

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description
<b>Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy</b>	Chronic Disease	Yes	2604	NCQA	Percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and 2) who received nephropathy screening test or had evidence of nephropathy during the measurement year.
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>	Chronic Disease	Yes	1932	NCQA	The percentage of patients 18 – 64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
<b>Depression Remission at Six Months</b>	Chronic Disease	Yes	0711	MN Community Measurement	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) are also included in the denominator.

# Measure Review

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description
<b>Depression Remission at Twelve Months</b>	Chronic Disease	Yes	0710	MN Community Measurement	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.
<b>Depression Utilization of the PHQ-9 Tool</b>	Chronic Disease	Yes	0712	MN Community Measurement	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during the four month measurement period. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress.
<b>Serious Mental Illness Among Adults in the Past Year</b>	Chronic Disease	No	NA	National Substance Abuse & Mental Health Services Administration	Percentage of adults who have a serious mental illness.

# Measure Review

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description
<b>Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence</b>	Continuity of Care	Yes	2605	NCQA	Percentage of discharges for patients 18 years of age and older who had a visit to the emergency department with a primary diagnosis of mental health or alcohol or other drug dependence during the measurement year AND who had a follow-up visit with any provider with a corresponding primary diagnosis of mental health or alcohol or other drug dependence within 7 and 30 days of discharge (two rates).
<b>Follow-up Care for Children Prescribed ADHD Medication (ADD)</b>	Continuity of Care	Yes	0108	NCQA	Percentage of children newly prescribed attention deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed.
<b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</b>	Continuity of Care	Yes	0004	NCQA	Percentage of adolescents and adult patients with a new episode of alcohol or other drug dependence who received the following: (1) Initiation of Treatment - inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis; (2) Engagement of Treatment - two or more additional services within 30 days of the initiation visit.
<b>Antipsychotic Use in Children Under 5 Years Old</b>	Safety	Yes	2337	Pharmacy Quality Alliance	Percentage of children under age 5 who were dispensed antipsychotic medications during the measurement year

# Measure Review

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description
<b>Antipsychotic Use in Persons with Dementia</b>	Safety	Yes	2111	Pharmacy Quality Alliance	Percentage of individuals 65 years of age and older with dementia who are receiving antipsychotic medication without evidence of a psychotic disorder or related condition
<b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</b>	Safety	Yes	1879	CMS	Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescription drug claims for antipsychotic medications and had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months).
<b>Lithium Annual Creatinine Test in Ambulatory Setting</b>	Safety	No	0609	Resolution Health	Percentage of patients taking lithium who have had at least one creatinine test after the earliest observed lithium prescription during the measurement year.
<b>Use and Adherence to Antipsychotics among Members with Schizophrenia</b>	Safety	No	0544	Health Benchmarks-IMS Health	Assesses the use of and the adherence of antipsychotics among members with schizophrenia during the measurement year.
<b>Experience of Care and Health Outcomes (ECHO) Survey - Behavioral Health Version</b>	Patient Experience	Yes	0008	AHRQ	52-question survey measures patient experiences with behavioral health care (mental health and substance abuse treatment) and the organization that provides or manages the treatment and health outcomes.

# Measure Review

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description
<b>Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS)</b>	Patient Experience	Yes	0726	National Assoc. of State Mental Health Program Directors Research Institute, Inc. (NRI)	The patient experience of psychiatric care as measured by the Inpatient Consumer Survey (ICS) which was developed to gather patient's evaluation of their inpatient psychiatric care. The survey includes 28 questions in the following six domains: (1) Outcomes of Care; (2) Dignity; (3) Rights; (4) Participation in Treatment; (5) Hospital Environment; (6) Empowerment.



# Wrap-up and Next Steps

# Next Steps for BH Measures Work Group

- High level meeting summary will be posted on the HCA website
- Next Work Group scheduled:
  - Monday, September 30, 10 am – 12 pm
  - Will review all newly proposed measures
  - Update on Oregon SBIRT measure
  - Update on plans' ability to measure service penetration (2 measures on our “maybe” list)
  - Circle back around to “Maybe” measures
- In advance of next meeting:
  - **Last chance to identify and email any additional measures for discussion at next meeting to Susie Dade no later than Tuesday, September 22**