

Washington Common Measure Set on Healthcare Quality

Behavioral Health Measure Selection Workgroup

Meeting #1

September 2, 2015



Leading health system improvement

Today's Meeting Agenda

1. Welcome
2. Review: Public Access to Meeting (Listen Mode)
3. Workgroup Member Introductions
4. Orientation to the Work
 - Workgroup origin and charge
 - Parameters for workgroup activity
5. Begin Measures Review
6. Wrap-up and Next Steps

Welcome and Introductions

2015 Behavioral Health Measure Workgroup		
Name		Organization
Kathy	Bradley	Group Health Cooperative
Lydia	Chwastiak	UW Psychiatry and Behavioral Sciences
Stephanie	Devenney	Kitsap Mental Health Services
Charissa	Fotinos	WA State Health Care Authority
Erin	Hafer	Community Health Plan of WA (Clayton Thompson)
Robert	Hilt	Seattle Childrens
Julie	Lindberg	Molina
David	Mancuso	WA State Department of Social and Health Services
Eileen	O'Connor	Regence Blue Shield
Kara	Panek	WA State Department of Social and Health Services
Terry	Rogers	Foundation for Healthcare Quality
Jennifer	Sabel	WA State Department of Health
Debra	Srebnik	Seattle-King County Public Health
Mary	Tott	Navos
Emily	Transue	Coordinated Care

Susie Dade
WA Health Alliance

Laura Pennington
WA State HCA

Work Group Origin & Charge

Legislative Language: ESHB 2572

- Under ESHB 2572 (2014), HCA was charged with facilitation of the Performance Measurement Committee.
 - Committee charged with recommending standard statewide measures of “health performance” by January 1, 2015.
 - Committee’s measure recommendations submitted to HCA Director

Measures Approach “At A Glance”

- We are in the early stages of establishing a Common Measure Set in WA state
 - Starter Measure Set approved December 2014
 - First report due out 4th Qtr 2015
 - Expect Measure Set will be updated over time
- Public reporting assumed
- Results of measures to assess performance at multiple levels
- Goal is to promote voluntary measure alignment among state and private payers
- Performance Measurement Committee to provide leadership and direction; technical work groups to identify and recommend measures

Role of Performance Measurement Committee (PMCC)

- **PMCC is responsible for:**
 - **Setting overall direction for Common Measure Set, including:**
 - **Scope of measurement**
 - **Measure selection process**
 - **Ensure a transparent process and opportunity for public comment**
 - **Review and recommend final measure set to HCA (HCA finalizes)**
 - **Oversee ongoing process to evaluate and modify measure set over time**

Role of Ad Hoc Work Groups

2014

- There were three work groups – prevention, acute and chronic illness
- Each work group was responsible for reviewing and selecting measures within domains *based on measurement selection criteria approved by the Committee*
- Work groups proposed if and how to stratify selected measures by population
- 52 measures recommended/approved
- Work groups kept a “parking lot” of measures for potential future use

2015

- PMCC prioritized behavioral health for additional measure selection in 2015 (for implementation in 2016)
- Workgroup to review and select measures for recommendation

Our Timeframe

- Four workgroup meetings scheduled through mid-October
- Progress report to Performance Measurement Committee – end of October
- Workgroup makes refinements to recommendations based on PMCC feedback (if needed)
- Public comment period in November
- Performance Measurement Committee finalizes recommendations at December meeting
- Recommendations due to HCA by December 31, 2015

Parameters for Work Group Activity

Purposes of the Measure Set

Per the statute, the measures are intended to:

- enable identification of goals to track costs and improve health care outcomes, and
- inform public and private health care purchasers.

Additional Uses of the Measure Set

- Voluntary alignment of measures across state and private payers
- Include in performance-based payment arrangements and other contract requirements
- 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

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)

Measures Review

Measures Review

- Today we'll use spreadsheet dated 8/27/15
- Includes 60 “potential” measures
- Many will be easy to eliminate from consideration based on selection criteria
- Organized into 8 categories simply to aid our process

Access to Care	3
Prevention	7
Screening	15
Screening + Intervention	11
Chronic Disease	14
Continuity of Care	3
Safety	5
Patient Experience	2

- We'll go category by category unless the group would like to proceed in a different manner.

Current: Most Commonly Used BH Measures Used in State Program Measures

Measure	Already Selected for WA Common Measure Set?
Follow-up After Hospitalization for Mental Illness (30-day only) (NQF #0576)	YES (7-day <u>and</u> 30-day)
Antidepressant Medication Management (Continuation Phase only) (NQF #0105)	YES (Acute Phase <u>and</u> Continuation Phase)
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (NQF #004)	NO
Screening for Clinical Depression and Follow-up Plan (#NQF #0418)	NO
Follow-up Care for Children Prescribed ADHD Medication (Continuation/Maintenance Phase only) (NQF# 0108)	NO
Preventive Care & Screening: Tobacco Use Screening and Cessation Intervention (NQF #0028)	NO (Did select #0027)

Other BH-related Measures Already Selected for Common Measure Set

- 1. Percentage of Adults who Smoke Cigarettes
(BRFSS, not-NQF endorsed)**
- 2. Medical Assistance with Smoking and Tobacco Use Cessation
(NQF #0027)**
- 3. Percentage of Adults Reporting 14 + Days or Poor Mental Health
(BRFSS, not-NQF endorsed)**
- 4. 30-day Psychiatric Inpatient Readmission
(DSHS, not-NQF endorsed)**

Measure Review – Access to Care

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure
Mental Health Service Penetration <i>(Broad Version)</i>	Access to Care	No	NA	WA State Department of Social and Health Services	Percentage of Medicaid members with an identified mental health need who received mental health services in the reporting period through DSHS-, HCA- or Medicare-funded health care delivery systems.	Claims and Encounters
Mental Health Service Penetration <i>(Narrow Version)</i>	Access to Care	No	NA	WA State Department of Social and Health Services	Percentage of Medicaid members with an identified mental health need who received mental health services in the reporting period through DSHS-funded behavioral health care delivery systems.	Claims and Encounters
Substance Use Disorder Treatment Penetration	Access to Care	No	NA	WA State Department of Social and Health Services	Percentage of Medicaid members with an identified substance use disorder treatment need who received substance use disorder treatment services in the reporting period through DSHS-, HCA-, or Medicare-funded health care delivery systems.	Claims and Encounters

Measure Review – Prevention

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Prevention	Yes	0104	AMA Physician Consortium for Performance Improvement	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	Clinical
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Prevention	Yes	1365	AMA Physician Consortium for Performance Improvement	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	Clinical
Youth Depressive Feelings	Prevention	No	NA	WA State Department of Health	Percentage of youth who self-report feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activity (8th, 10th and 12th graders).	Patient-Reported Survey
Youth Suicide Attempts	Prevention	No	NA	WA State Department of Health	Percentage of youth who report having attempted suicide in the past year.	Patient-Reported Survey
Suicide Death Rate	Prevention	No	NA	WA State Department of Health	Number of people who die of suicide per 100,000 Washingtonians.	Death Certificate
Adults Who Had At Least One Major Depressive Episode in the Past Year	Prevention	No	NA	National Substance Abuse & Mental Health Services Administration	Percentage of adults who had at least one major depressive episode in the past year.	Patient-Reported Survey
Adults Who Had Serious Thoughts of Suicide in the Past Year	Prevention	No	NA	National Substance Abuse & Mental Health Services Administration	Percentage of adults who had serious thoughts of suicide in the past year.	Patient-Reported Survey

Measure Review – Screening

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure
Depression Assessment Conducted (Home Health Care)	Screening	Yes	0518	CMS	Percentage of patients who were screened for depression (using a standardized depression screening tool) at start or resumption of home health care	Clinical
Developmental Screening Using a Parent-Completed Screening Tool	Screening	Yes	1385	Child and Adolescent Health Measurement Initiative	Assesses whether the parent or caregiver completed a developmental screening tool at a health care visit during previous 12 months; tool meant to identify children at-risk for developmental, behavioral and social delays.	Clinical/ Patient-Reported Survey
Hospital-Based Inpatient Psychiatric Setting (HBIPS-1) - Admission Screening	Screening	Yes	1922	The Joint Commission	Proportion of patients admitted to a HBIPS who are screened within the first three days of hospitalization for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths. Measure is part of a set of 7; others focus on use of physical restraint (HBIPS-2), seclusion (HBIPS-3), multiple antipsychotic medications at discharge with appropriate justification (HBIPS-5), post discharge continuing care plan (HBIPS-6), post discharge continuing care plan transmitted (HBIPS-7). HBIPS-4 no longer NQF-endorsed (multiple antipsychotic medications at discharge).	Clinical
Promoting Healthy Development Survey (PHDS)	Screening	Yes	0011	Oregon Health & Science University	Assesses national recommendations for preventive and developmental services for young children ages 3-48 months of age; information gathered on multiple topics including assessment of psychosocial well-being and safety in the family and assessment of smoking, drug and alcohol use in the family.	Patient-Reported Survey
Bipolar Disorder and Major Depression: Assessment for Manic or Hypomanic Behaviors	Screening	No	0109	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients treated for depression who were assessed, prior to treatment, for the presence of current and/or prior manic or hypomanic behaviors.	Claims and Clinical

Measure Review – Screening

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure
Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Abuse	Screening	No	0110	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance abuse.	Claims and Clinical
Bipolar Disorder: Appraisal for Risk of Suicide	Screening	No	0111	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients with bipolar disorder with evidence of an initial assessment that includes an appraisal for risk of suicide.	Claims and Clinical
Bipolar Disorder: Appraisal for Diabetes	Screening	No	0003	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients treated for bipolar disorder who are assessed for diabetes within 16 weeks after initiating treatment with an atypical antipsychotic agent.	Claims and Clinical
Bipolar Disorder: Level-of-function Evaluation	Screening	No	0112	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients treated for bipolar disorder with evidence of level-of-function evaluation at the time of the initial assessment and again within 12 weeks of initiating treatment.	Claims and Clinical
Depression Screening by 13 Years of Age	Screening	No	1394	NCQA	Percentage of adolescents 13 years of age who had a screening for depression using a standardized tool.	Clinical
Depression Screening by 18 Years of Age	Screening	No	1515	NCQA	Percentage of adolescents 18 years of age who had a screening for depression using a standardized tool.	Clinical

Measure Review – Screening

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure
Adult Major Depressive Disorder (MDD): Comprehensive Depression Evaluation: Diagnosis and Severity	Screening	No	0103	AMA Physician Consortium for Performance Improvement	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder with evidence that they met the DSM-IV TR criteria for MDD AND for whom there is an assessment of depression severity during the visit in which a new diagnosis or recurrent episode was identified.	Clinical
Maternal Depression Screening	Screening	No	1401	NCQA	Percentage of children 6 months of age who had documentation of a maternal depression screening for the mother.	Clinical
Risky Behavior Assessment or Counseling by Age 13 Years	Screening	No	1406	NCQA	Percentage of children with documentation of a risk assessment or counseling for risky behaviors by 13 years of age. Four rates reported: Risk Assessment or Counseling for (1) Alcohol Use (2) Tobacco Use (3) Substance Abuse (4) Sexual Activity.	Clinical
Risky Behavior Assessment or Counseling by Age 18 Years	Screening	No	1507	NCQA	Percentage of adolescents with documentation of a risk assessment or counseling for risky behaviors by 13 years of age. Four rates reported: Risk Assessment or Counseling for (1) Alcohol Use (2) Tobacco Use (3) Substance Abuse (4) Sexual Activity.	Clinical

Measure Review – Screening + Intervention

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure
Alcohol Screening and Follow-up for People with Serious Mental Illness	Screening/ Intervention	Yes	2599	NCQA	Percentage of patients 18 years and older with a serious mental illness, who were screened for unhealthy alcohol use and received brief counseling or other follow-up care if identified as an unhealthy alcohol user	Claims and Clinical
BMI Screening and Follow-up for People with Serious Mental Illness	Screening/ Intervention	Yes	2601	NCQA	Percentage of patients 18 years and older with a serious mental illness who received a screening for BMI and follow-up for those people who were identified as obese (BMI \geq 30)	Claims and Clinical
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling	Screening/ Intervention	Yes	2152	AMA Physician Consortium for Performance Improvement	Percentage of patients 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.	Clinical
SUB- 1 Alcohol Use Screening	Screening/ Intervention	Yes	1661	The Joint Commission	Hospitalized patients 18 years of age and older who are screening within the first three days of admission using a validated screening questionnaire for unhealthy alcohol use. (part of a set of 4-linked measures)	Clinical
SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB 2a Alcohol Use Brief Intervention	Screening/ Intervention	Yes	1663	The Joint Commission	Hospitalized patients 18 years of age and older to whom a brief intervention was provided, or offered and refused, and a second rate (subset of first) which includes only those patients who received a brief intervention. (part of a set of 4-linked measures)	Clinical

Measure Review – Screening + Intervention

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure
SUB-3 and SUB 3a Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge	Screening/ Intervention	Yes	1664	The Joint Commission	Hospitalized patients 18 years of age and older to whom a brief intervention was provided, or offered and refused, and a second rate (subset of first) which includes only those patients who received alcohol or drug use disorder treatment at discharge. (part of a set of 4-linked measures)	Clinical
Substance Use Screening and Intervention Composite	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.	Clinical
Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence	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.	Claims and Clinical
Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	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.	Claims and Clinical
Bipolar antimanic agent	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.	Claims (inc Pharmacy)
Lipid profile (screening for dyslipidemia) for bipolar or schizophrenia on second generation antipsychotic medication	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.	Unclear: claims or clinical

Wrap-up and Next Steps

Next Steps for Prevention Work Group

- High level meeting summary will be posted on the HCA website
- Next Work Group scheduled:
 - Monday, September 14, 1-3 pm
- In advance of next meeting:
 - Familiarize yourself with list of potential measures
 - Identify and email any additional measures for discussion at next meeting to Susie Dade no later than Tuesday, September 8