WA State Common Measure Set on Healthcare Quality

Behavioral Health Measures Selection Workgroup

Meeting #1: Wednesday, September 2, 2015

10:00 am – 12:00 pm

Meeting Summary

Agenda Item	Summary of Workgroup Activity and/or Action(s)
I. Welcome and Introductions	Susie Dade, Deputy Director of the Washington Health Alliance welcomed the group to the first meeting of the Behavioral Health Measures Selection Workgroup. Workgroup members introduced themselves. All 16 members of the workgroup were in attendance for all or part of the meeting. In addition, there were 31 individuals (non-workgroup members) in listen mode via phone/webinar. Meeting attendance is recorded on page three of this meeting summary. The slide deck for this meeting is available on the Healthier Washington website or upon request; please contact Susie Dade at sdade@wahealthalliance.org
II. Orientation	Ms. Dade reviewed the origin and charge for this workgroup, including a review of the legislation (ESHB 2572), the purpose of the workgroup and its relationship to the Performance Measures Coordinating Committee, the overall timeline to complete the work, and the plan for group process and decision-making. Ms. Dade went on to review the (1) intended uses of the measure set, (2) the objects of measurement (i.e., the potential units of analysis), and (3) measure selection criteria – all approved in advance by the WA State Performance Measurement Committee and used last year for determination of the Common Measures "starter set." The workgroup discussed the intended uses of the measure set and it was emphasized that, among other things, the measure set will be used to assess performance, publicly report results and to inform public and private health care purchasing. The workgroup also discussed the selection criteria at some length, which include the following: 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).

Agenda Item	Summary of Workgroup Activity and/or Action(s)
Orientation (continued)	Numbers 2 and 4 are in bold as these were emphasized with the workgroup as being particularly important to support successful implementation of the measures in 2016. The workgroup was reminded that this is not a measurement *development* activity; the workgroup's charge is to *select* measures that are developed and tested (i.e., where detailed measure specifications are already available). Ms. Dade outlined the process that we will use with the workgroup to select and recommend measures, which will be as follows: 1. Begin with review of known, potential measures 2. Going category-by-category, 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 or others 5. Review list and narrow recommended measures (not to exceed 3) Workgroup members had the opportunity to make suggestions and/or ask questions for clarification.
III. Measure Review	The workgroup began by familiarizing themselves with behavioral health-related measures *already selected* for the Common Measure Set. In addition, the workgroup reviewed a list of six behavioral health measures that are most commonly used in other states as part of their health care measurement activities. The workgroup had a somewhat lengthy discussion about the realities of what data is currently available within Washington to support performance measurement in 2016, with a particular focus on the availability of *clinical* data. As was true in 2014, the appetite for performance measures dependent upon clinical data (i.e., information direct from the medical record) is significantly greater than our current ability to deliver robust and aggregated clinical data from hundreds of healthcare practices across Washington state. A clinical data warehouse does not now exist in Washington state, but is under development and an important component of Healthier Washington's Analytics-Interoperability-Measurement (AIM) work with a multi-year horizon for completion. As a consequence, the workgroup concluded that there are numerous measures that the workgroup will consider very important but that will have to be removed from further consideration based on a lack of data to support measurement in 2016. The workgroup reviewed 31 measures at this meeting. They placed four measures on the "maybe" list for further consideration. The workgroup removed 27 from any further consideration. Measures were removed for one or more of the following reasons: 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) A detailed listing of measures considered at this meeting starts on page 5.
IV. Next steps and wrap-up	The next meeting will be held on September 14 from 1-3 pm. Measure review will continue at that time.

September 2, 2015 -- Attendance/Workgroup members:

Committee Member	Organization	ATTENDED in Person	ATTENDED by Phone	DID NOT ATTEND
Kathy Bradley	Group Health Cooperative		X	
Lydia Chwastiak	UW Psychiatry and Behavioral Sciences	X		
Stacy Devenney	Kitsap Mental Health Services	X		
Charissa Fotinos	WA State Health Care Authority		X	
Clayton Thompson (for Erin Hafer)	Community Health Plan of WA	X		
Robert Hilt	Seattle Childrens	X		
Debbie Horowski	UnitedHealthcare/Optum	X		
Julie Lindberg	Molina	X		
David Mancuso	Department of Social and Health Services	X		
Eileen O'Connor	Regence Blue Shield		X	
Kara Panek	Department of Social and Health Services	X		
Terry Rogers	Foundation for Healthcare Quality		X	
Jennifer Sabel	Department of Health	X		
Debra Srebnik	Seattle-King County Public Health	X		
Mary Tott	Navos		X	
Emily Transue	Coordinated Care	X		

Attendance/Staff:

Name	Organization
Susie Dade	Washington Health Alliance
Teresa Litton	Washington Health Alliance
Laura Pennington	Washington State Health Care Authority

Attendance/Other (By Phone/Webinar):

Kathy Wilmering, Association of Advanced Practice Psychiatric Nurses (in person)
Myduc Ta, King County
Elizabeth Crutsinger-Perry, Department of Health
Susan Kinne, King County
Misty Brown
Leslie Emerick
Veronica Smith
Deb Doyle, Department of Health
Jared Sanford, Lifeline Connections
Lee Thornhill, King County
Roseann Martinez, Department of Social and Health Services
Julie Youngblood, Coordinated Care
Stefanie Zier, Health Care Authority
Raymond White, Community-Minded
Teresa Davis, Yakima County

Attendance/Other (By Phone/Webinar) – continued:
Beth Arnold, Group Health
Aren Sparck, UIHI
Becky Myhre, Health Care Authority
Megan Davis, Department of Health
Lilian Bravo, WA Community and Migrant Health Centers
Karen Jensen, Health Care Authority
Rashi Gupta, WA State Legislature
Marc Bollinger, CUP
Leslie Fox
Aruna Bhuta
Dean Wight
Cheri Levenson, Department of Health
Darla Boothman, Grant County
Andi Hanson, Health Care Authority
Virginia Janin, Department of Social and Health Services
Madina Cavendish, Health Care Authority

Summary of Discussion and Actions, Behavioral Health Measures Selection Workgroup, September 2, 2015

The following measures were reviewed by the workgroup and were placed on the **MAYBE** list (for further consideration):

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
Mental Health Service Penetration *(Broad Version)*	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	Broad version including behavioral health carve out services and services provided through the member's medical benefit. Implemented for DSHS service contracting entities under 5732/1519 legislative requirements
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	Implemented for DSHS service contracting entities under 5732/1519 legislative requirements
Youth Suicide Attempts	Prevention	No	NA	WA State Department of Heatlh	Percentage of youth who report having attempted suicide in the past year.	Patient-Reported Survey	Healthy Youth Survey, deployed every two years (even years); data at state and possible county level (small N). WG very interested in having at least one measure pertaining to youth.
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	Need to determine whether this is measureable with claims data only, particularly for the commercial population. Serious mental illness defined as schizophrenia, bipolar I disorder, major depression

The following topics were discussed by the workgroup and were placed on the "**Parking Lot**" list (for future consideration beyond 2016). The "parking lot" will be revisited by the workgroup before it is finalized; topics may be added or deleted.

1. Depression screening by age 18 (e.g., percentage of adolescents age 18 years of age who had a screening for depression using a standardized tool)
2. Unhealthy Alcohol Use: Screening and Brief Counseling (adults and adolescents)

Summary of Discussion and Actions, Behavioral Health Measures Selection Workgroup, September 2, 2015

The following measures were reviewed by the workgroup and were **removed from further consideration**:

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
Mental Health Service Penetration *(Narrow Version)*	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	Narrow version measuring access to DSHS behavioral health carve out services and analogous services delivered through integrated Medicaid physical and behavioral health plans. Implemented for DSHS service contracting entities under 5732/1519 legislative requirements
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	Small N
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	Small N
Youth Depressive Feelings	Prevention	No	NA	WA State Department of Heatlh	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	Healthy Youth Survey, deployed every two years (even years); data at state and county level only
Suicide Death Rate	Prevention	No	NA	WA State Department of Heatlh	Number of people who die of suicide per 100,000 Washingtonians.	Death Certificate	Data at county and state level; need to combine multiple years of data to stabilize results; small N
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	National Survey on Drug Use and Health -- Small Sample in WA to produce results; results include mix of WA state respondents with respondents from other states
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	
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	Focus: Children age 10 months - 5 years

The following measures were reviewed by the workgroup and were **removed from further consideration** (continued):

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
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	CQAIMH is based at the Department of Psychiatry at Harvard Medical School. Unclear whether detailed and current measure specifications are available.
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	

The following measures were reviewed by the workgroup and were **removed from further consideration** (continued):

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
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	Unclear whether detailed and current measure specifications are available. Depression screening felt to be very important but recognize no current way to measure. Please topic on "parking lot" list for future consideration.
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	
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	Unclear whether detailed and current measure specifications are available.
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	Unclear whether detailed and current measure specifications are available.
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	Unclear whether detailed and current measure specifications are available.
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	Unclear whether detailed and current measure specifications are available.
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≥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	Screening tools included: AUDIT Screening Instrument, AUDIT-C Screening Instrument, Single Question Screening: How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65) or more drinks in a day? (response ≥2). Focus area very important; unable to measure at this time. Place topic on "parking lot."

The following measures were reviewed by the workgroup and were **removed from further consideration** (continued):

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
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	Lack of strong evidence to support efficacy of hospital-based brief intervention. Small N.
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	
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	