

Welcome!

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- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**

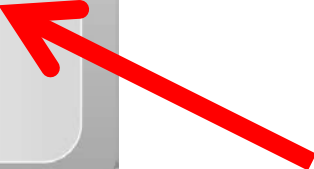


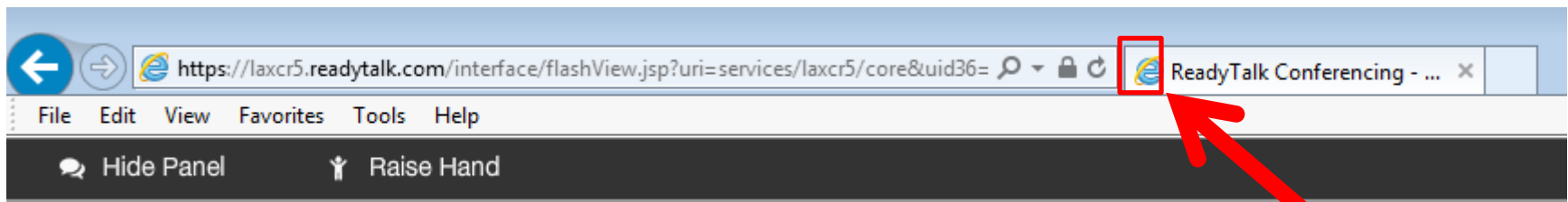
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

Click Refresh icon
– or –
Click F5



 F5 Key
Top Row of Keyboard

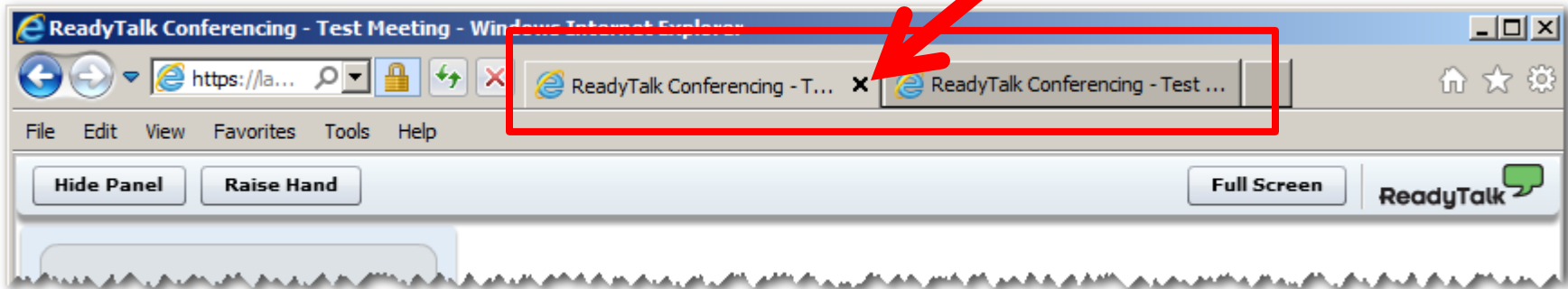


Location of Buttons

Refresh

Troubleshooting Echo

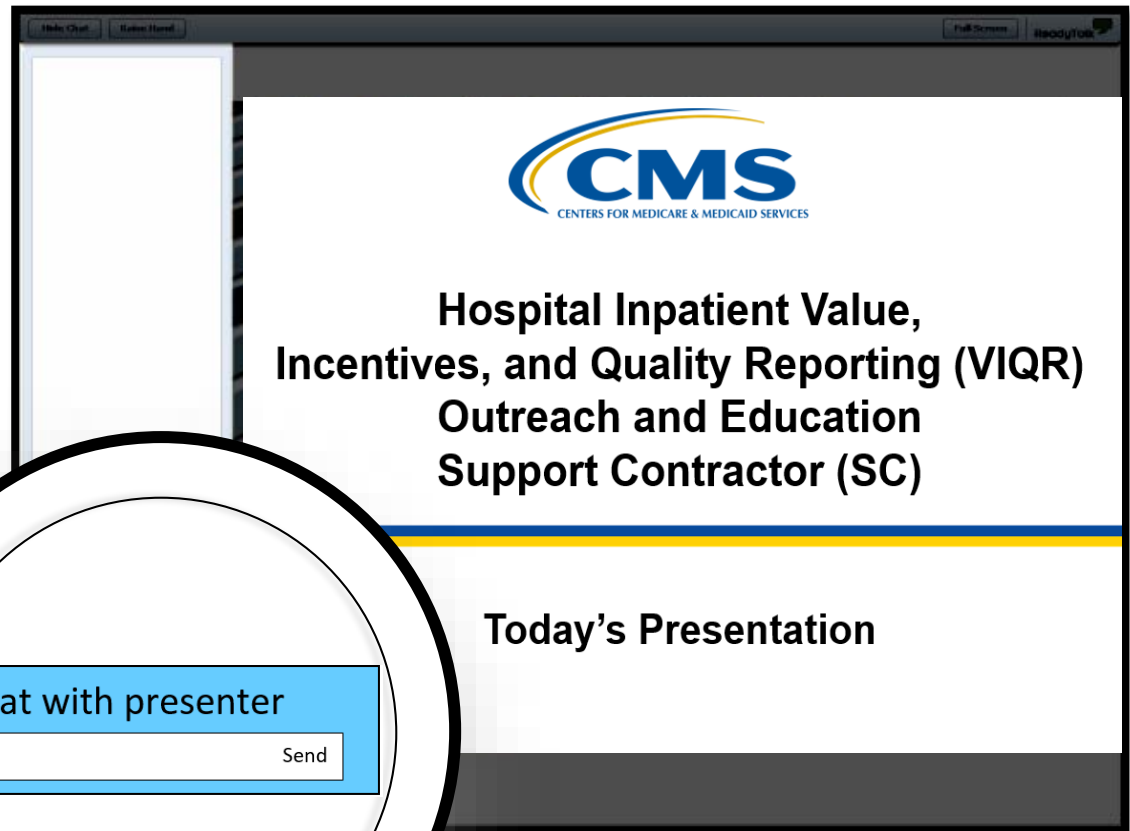
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the “Chat with presenter” section, located in the bottom-left corner of your screen.



Webinar Chat Questions

Chat Tool

- Submit questions pertinent to the topic of today's event.
- As time permits, we will answer these questions at the end of the webinar.

***QualityNet* Questions and Answers (Q&A) Tool**

- The QualityNet Q&A Tool is the best way to send us questions un-related to the current webinar topic.
- Access directly:
<https://cmsip.custhelp.com/app/homeipf/p/831>.
- Look for published Q&As with the searchable tool.

General Intent of Webinar

IPFQR Program outreach and education methods occasionally facilitate the presentation of material and opinions that are not necessarily CMS'. This is one such webinar where in the content is provided by the National Committee for Quality Assurance (NCQA).

This presentation is provided for potential interest and general educational value for IPFQR Program participants. The presentation does not directly concern the operation of the program nor program participant performance. The material and opinions that are included in this webinar are those of the NCQA, not necessarily those of CMS.



Improving Behavioral Health Outcomes Through Measurement-based Care

Speakers

Sarah Hudson Scholle, MPH, DrPH

Vice President for Research and Analysis, NCQA

Junqing Liu, MSW, PhD

Research Scientist, Performance Measurement Department, NCQA

Moderator

Evette Robinson, MPH

Project Lead, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

April 25, 2018

Purpose

This presentation will discuss:

- The current state of behavioral health quality measurement.
- New approaches to measurement for behavioral health.
- Improving care for addiction.

Learning Objectives

By the end of this presentation, participants will be able to:

- Discuss trends in the quality of behavioral healthcare.
- Discuss measurement approaches, focusing on outcomes and the need to overcome data challenges.
- Review a measurement framework for improving addiction care.

Improving Behavioral Health Outcomes Through Measurement-based Care

Behavioral Health: Current State and Trends

National Committee for Quality Assurance (NCQA)

NCQA is a non-profit healthcare organization in Washington DC.

Mission:

To improve the quality of healthcare

Vision:

To transform healthcare quality through measurement, transparency and accountability.

Healthcare Effectiveness Data and Information Set (HEDIS®)

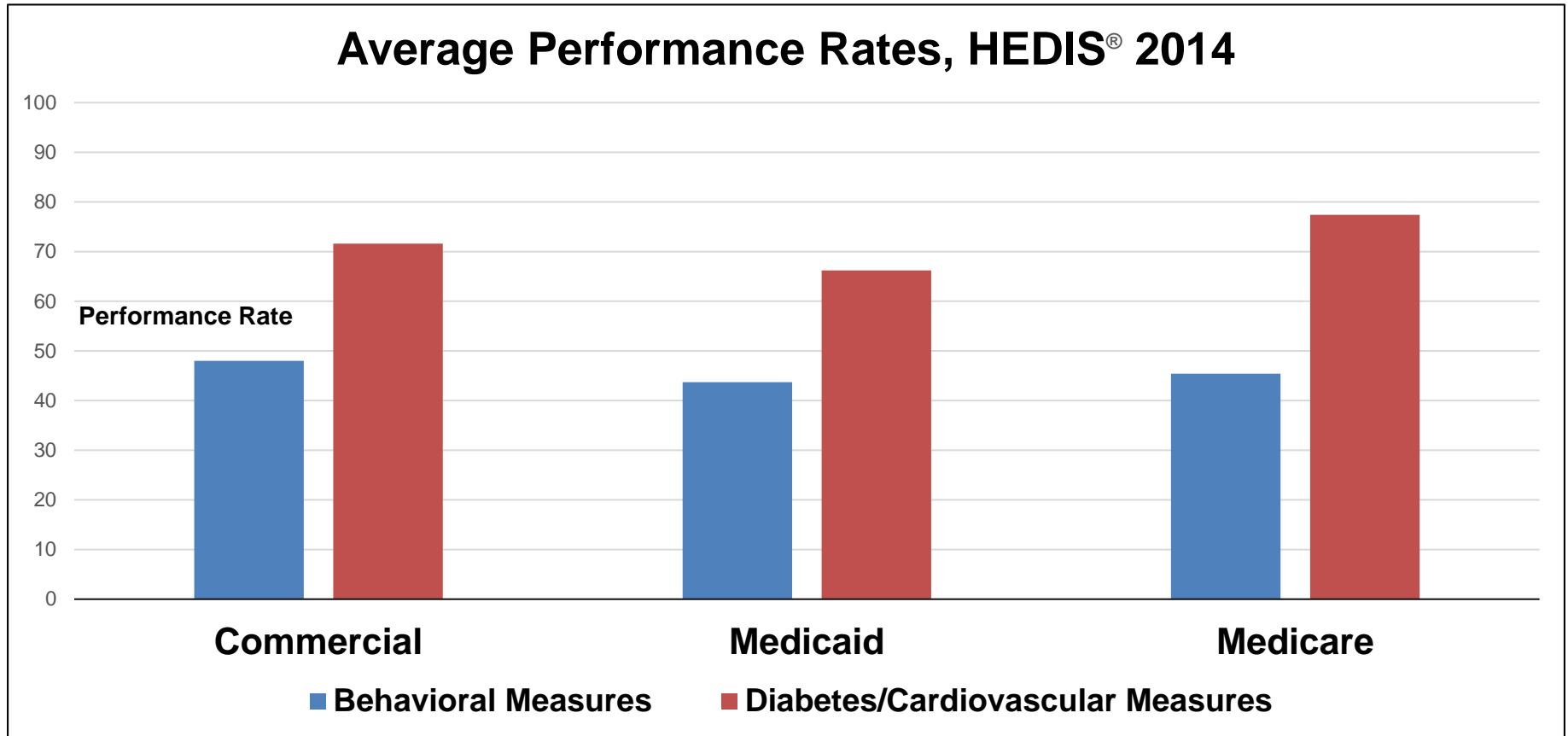
HEDIS®

- Healthcare's most-used tool for improving performance
- Voluntary reporting by health plans
- Asks how often insurers provide evidence-based care to support more than 70 aspects of health

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.



Lower Quality for Behavioral Health vs Chronic Medical Care



Pincus et al, Health Affairs, 2016



Challenges to Improving Behavioral Healthcare

Failure to identify

Failure to use treatment with best evidence

Failure to make effective hand-offs

Not enough providers

Lack of integrated treatment model

Disjointed care

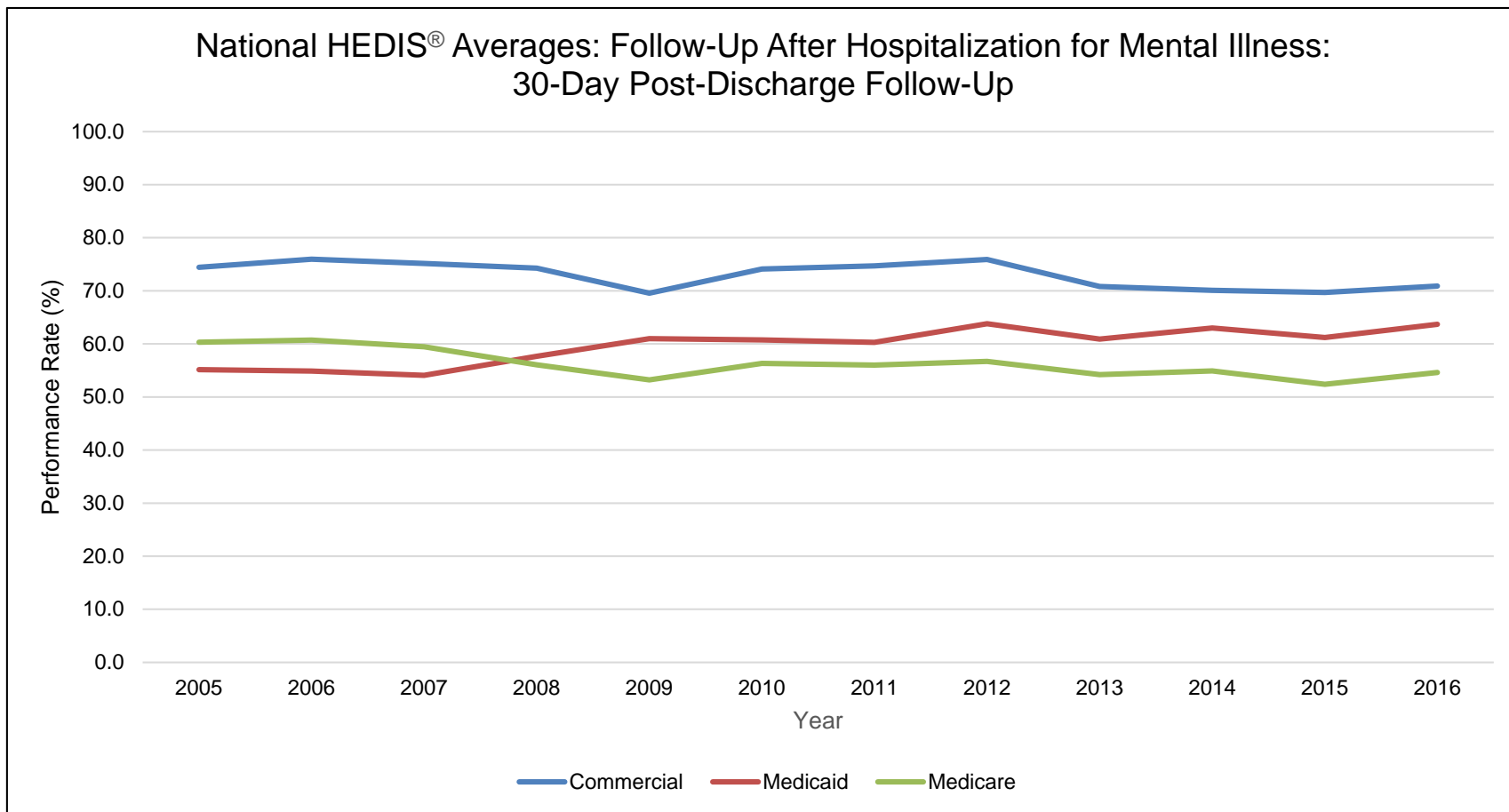
Barriers to data sharing

Lack of accountability

Lack of support from leveragers

Limited focus on outcomes

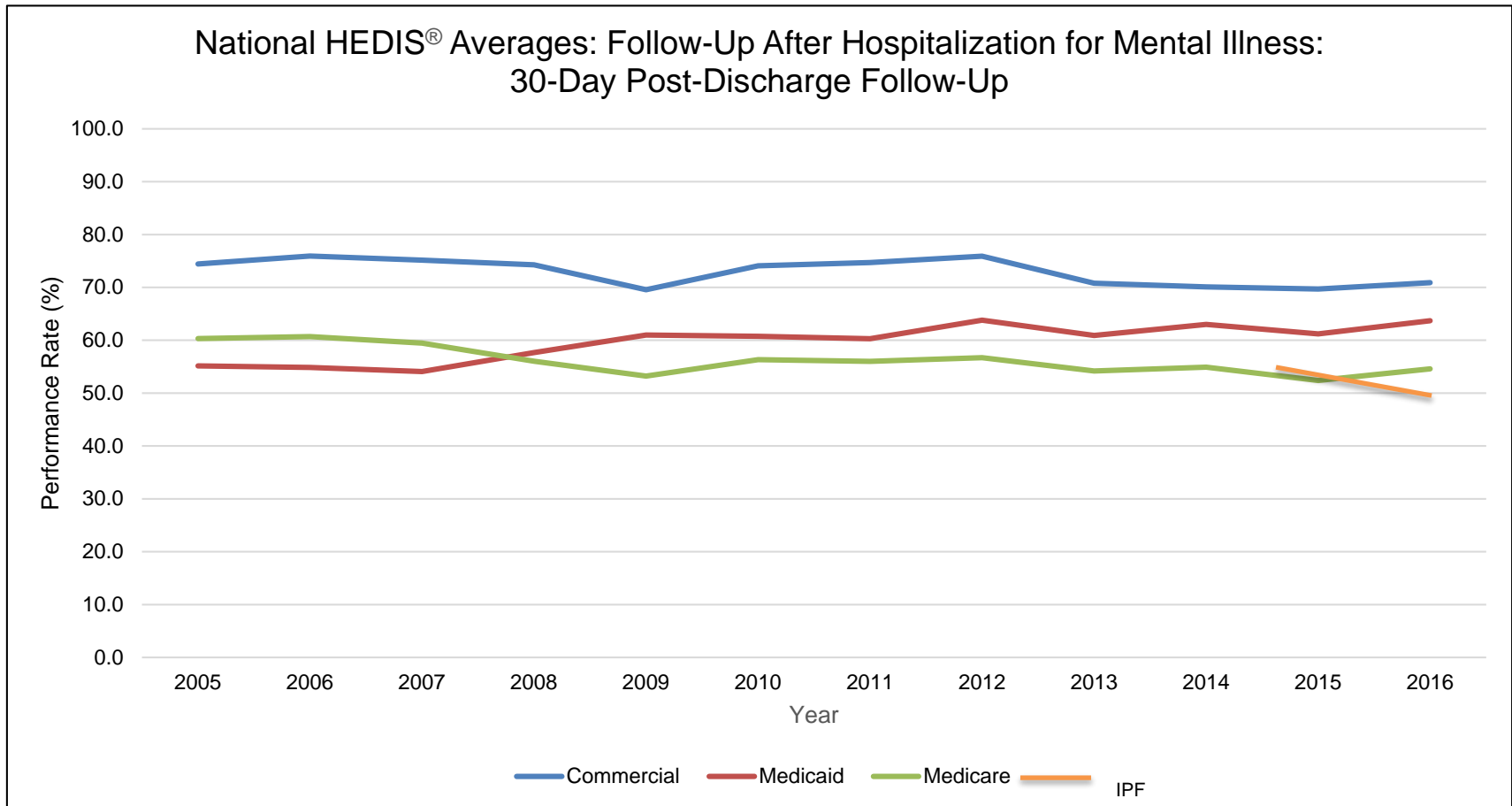
No Improvement: Follow-Up After Hospitalization for Mental Illness



National Committee for Quality Assurance. (2016). *The 2016 State of Health Care Quality Report*. Washington, DC: NCQA.



No Improvement: Follow-Up After Hospitalization for Mental Illness

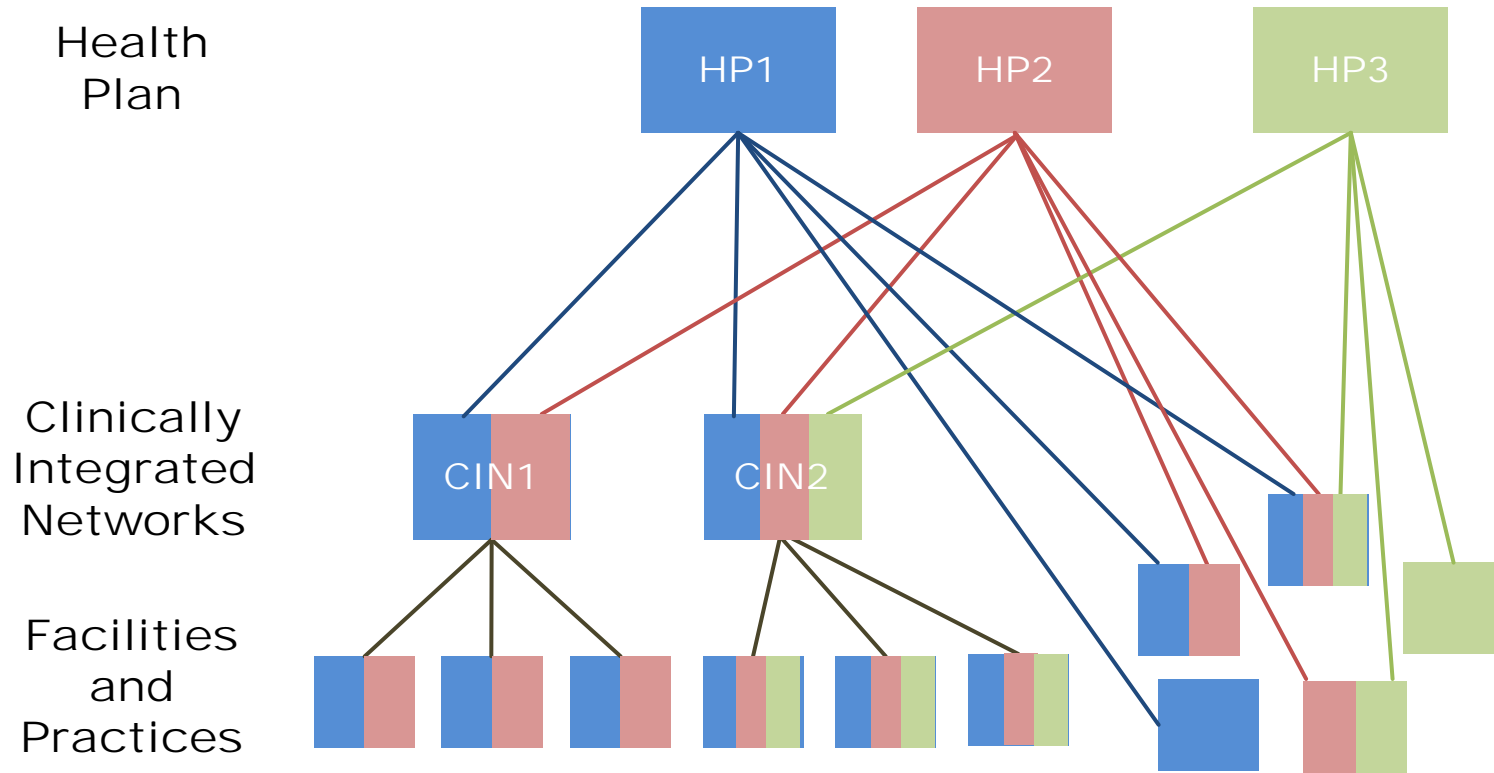


IPF data is publicly available at <https://data.medicare.gov/data/hospital-compare>.

National Committee for Quality Assurance. (2016). *The 2016 State of Health Care Quality Report*. Washington, DC: NCQA.



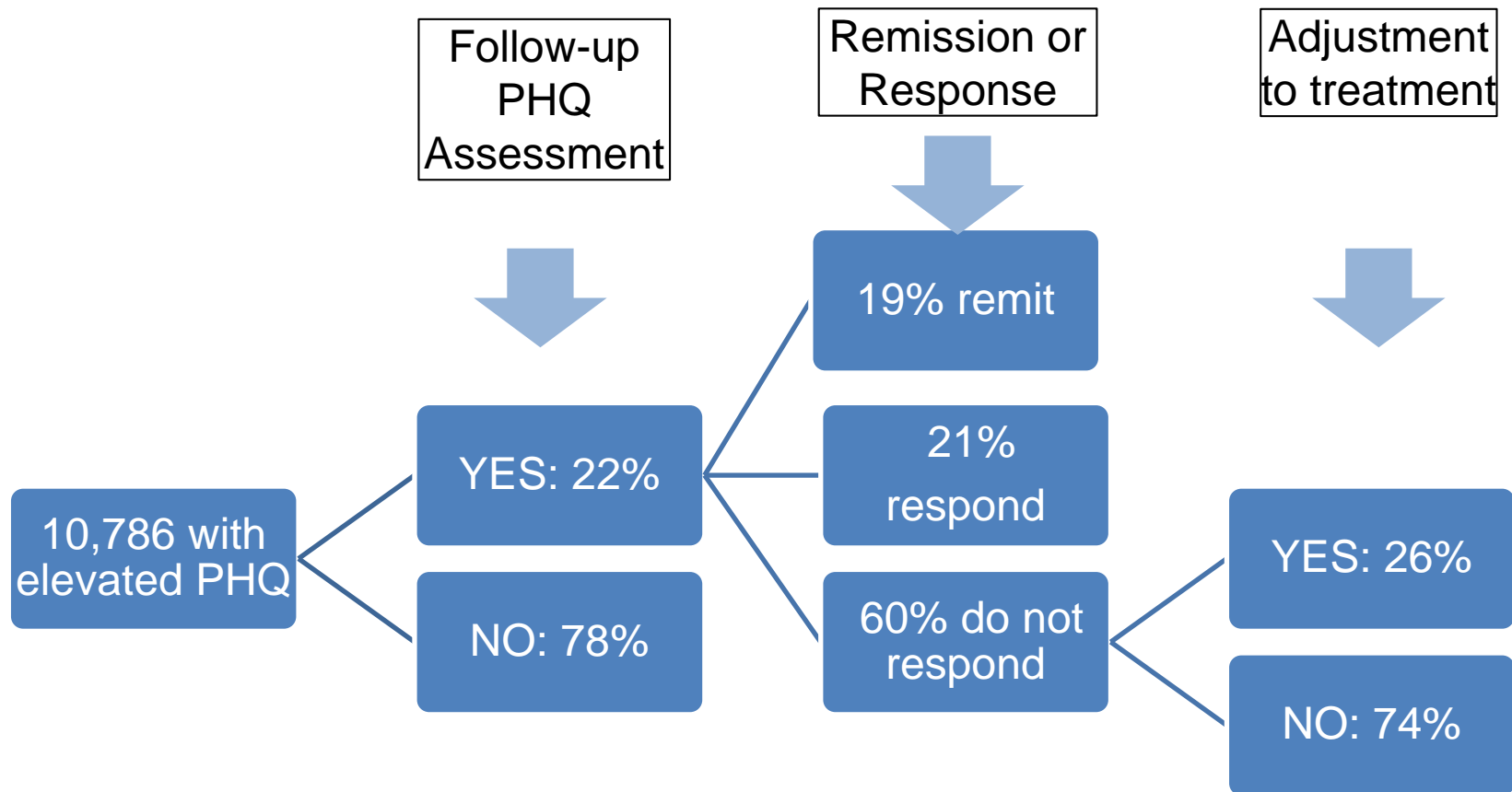
Improving Quality Requires Efforts at Multiple Levels



Improving Behavioral Health Outcomes Through Measurement-based Care

Measurement Approaches

Missed Opportunities in Depression Care



Morden et al, in progress

Collaborative Care Model and Its Impact

Components:

- Care coordination and care management
- Proactive monitoring and treatment to target
- Regular, systematic caseload review

Impact:

- Better treatment adherence, quality of life, and depression outcomes
(Richardson et al, 2014)
- Quicker remission than usual care
(Garrison et al, 2016)

Improving Behavioral Health Quality Measurement



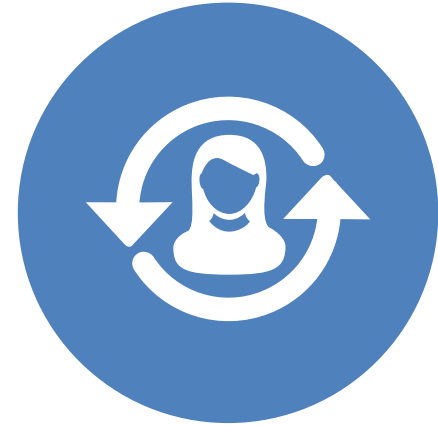
Structural

Structural measures lay the foundation for quality



Process

Limit to process measures with strong evidence and limited burden to measure



Outcomes

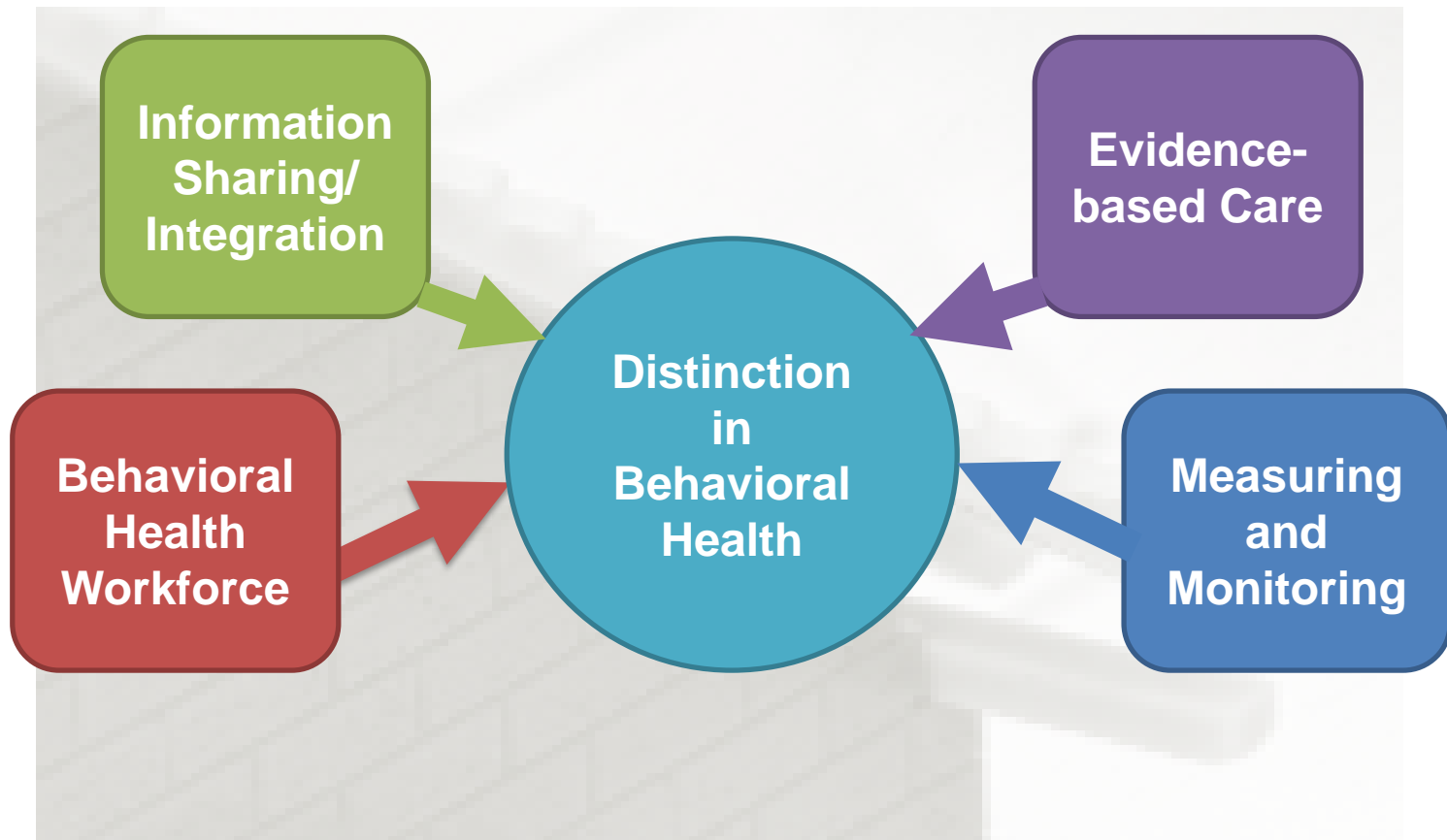
Focus on outcomes important to patients and families

Example: Improving Care for Depression

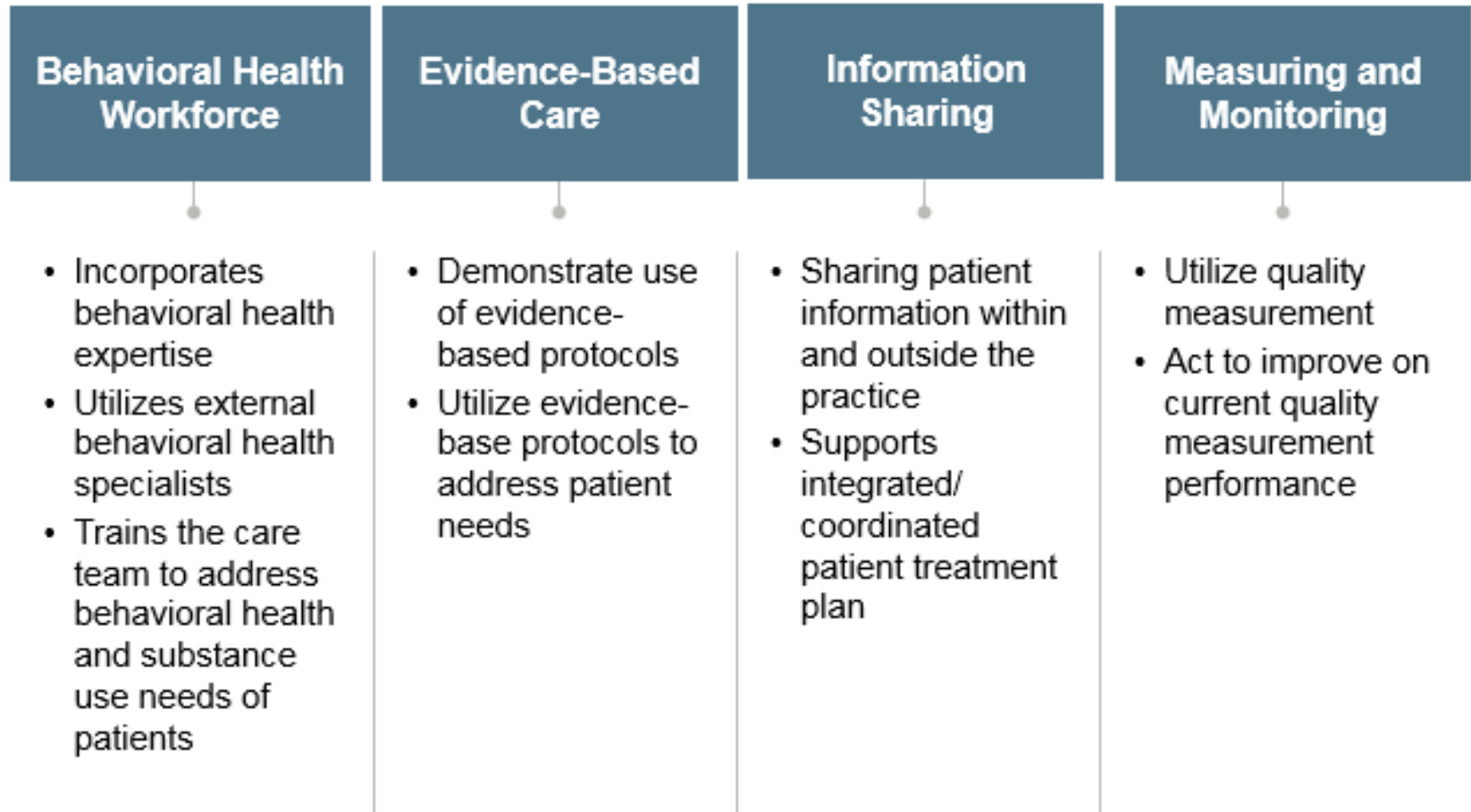


Structures Build the Foundation

PCMH distinction in Behavioral Health Integration Competencies for primary care practices

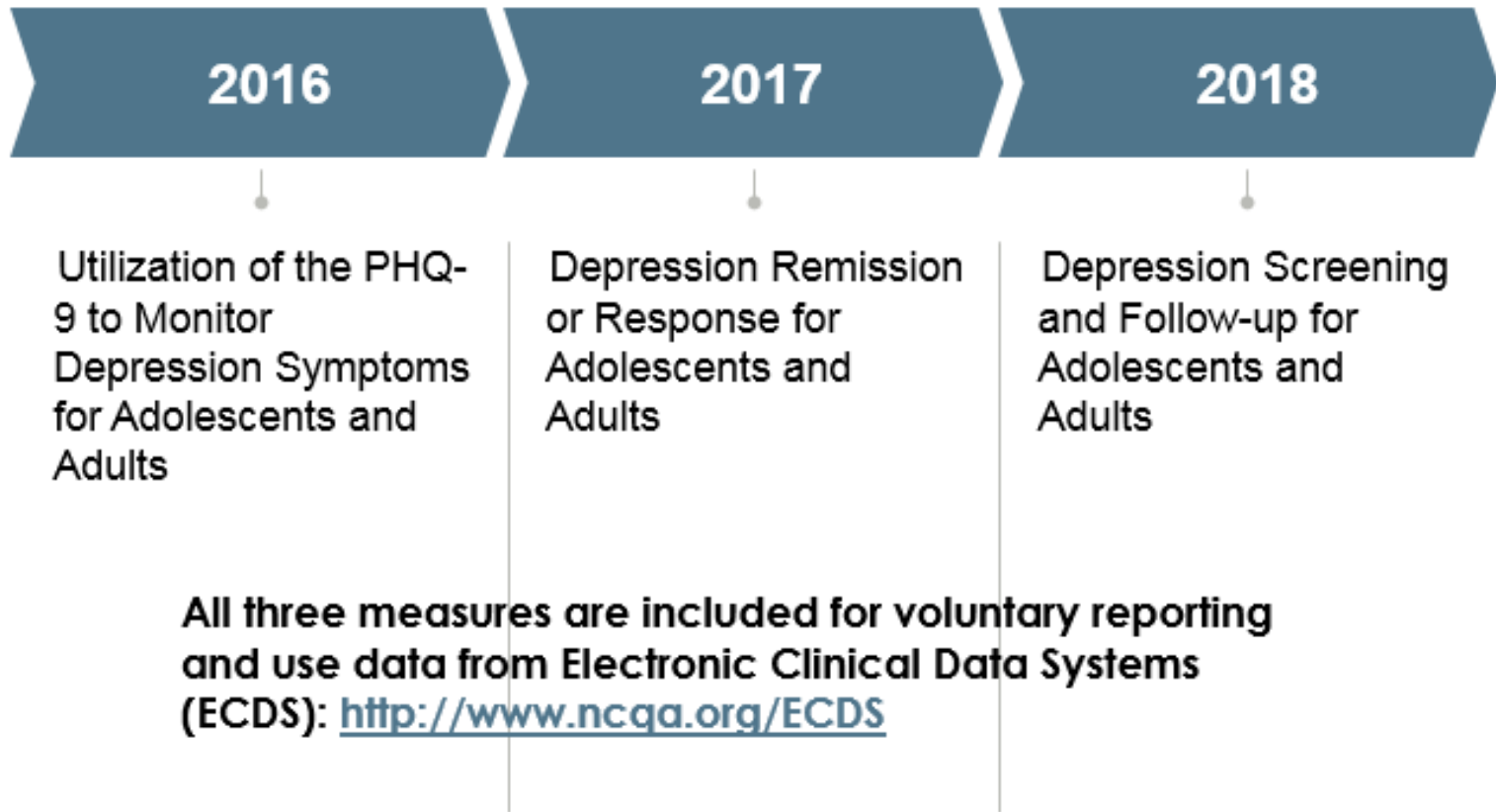


Competencies for Behavioral Health Integration



Focus on Outcomes

New depression measures for health plans:



New Depression Measures Require Use of Standardized Tools

Depression Monitoring	Percentage of individuals age ≥ 12 with a diagnosis of major depression or dysthymia who had a PHQ-9 tool administered at least once during a four-month period	HEDIS [®] 2016
Depression Remission or Response	Percentage of individuals age ≥ 12 with a diagnosis of major depression or dysthymia and an elevated PHQ-9 score, who had evidence of response or remission within 5–7 months of the elevated PHQ-9 score	HEDIS [®] 2017
Depression Screening and Follow-up	Percentage of individuals age ≥ 12 who were screened for clinical depression using a standardized tool and if screened positive received appropriate follow-up care	HEDIS [®] 2018

Measure Once, Use for Multiple Purposes

Stakeholder	Purpose
Patient	Self-management
Clinician/ Care Team	Clinical care delivery Shared-decision making
QI/Care Team	Population management
QI Team/System	Benchmarking
Researcher	Evidence-based care
Payer	Value-based payment

Effective Data Sharing

- Patient-centered, across time and setting
- Bi-directional, available at the point of care
- Structured electronic format
- Informs care, guides QI, supports performance reporting



Improving Behavioral Health Outcomes Through Measurement-based Care

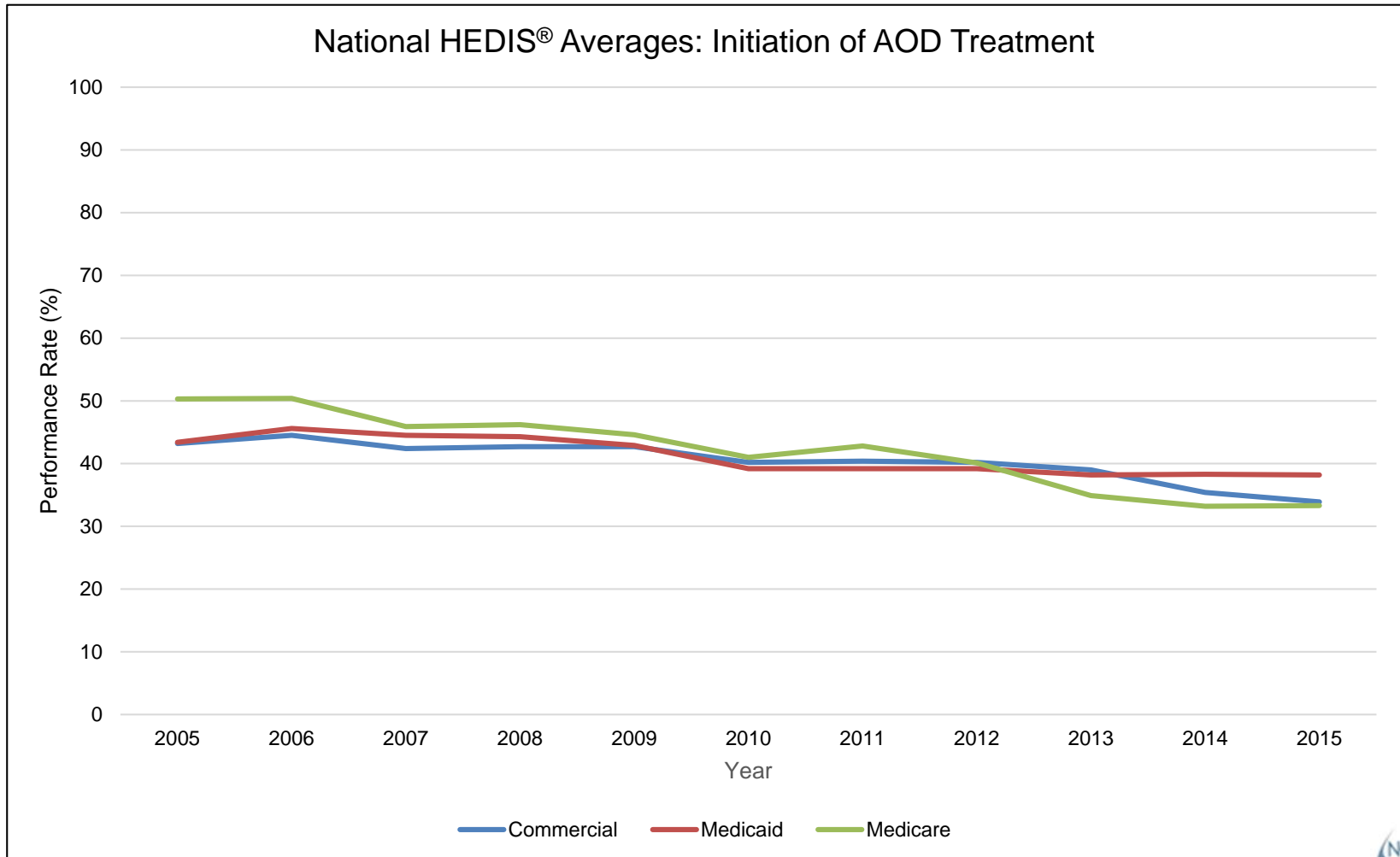
Improving Addiction Care

Improving Care for Addictions

How do payers and consumers identify high-quality addiction treatment providers?



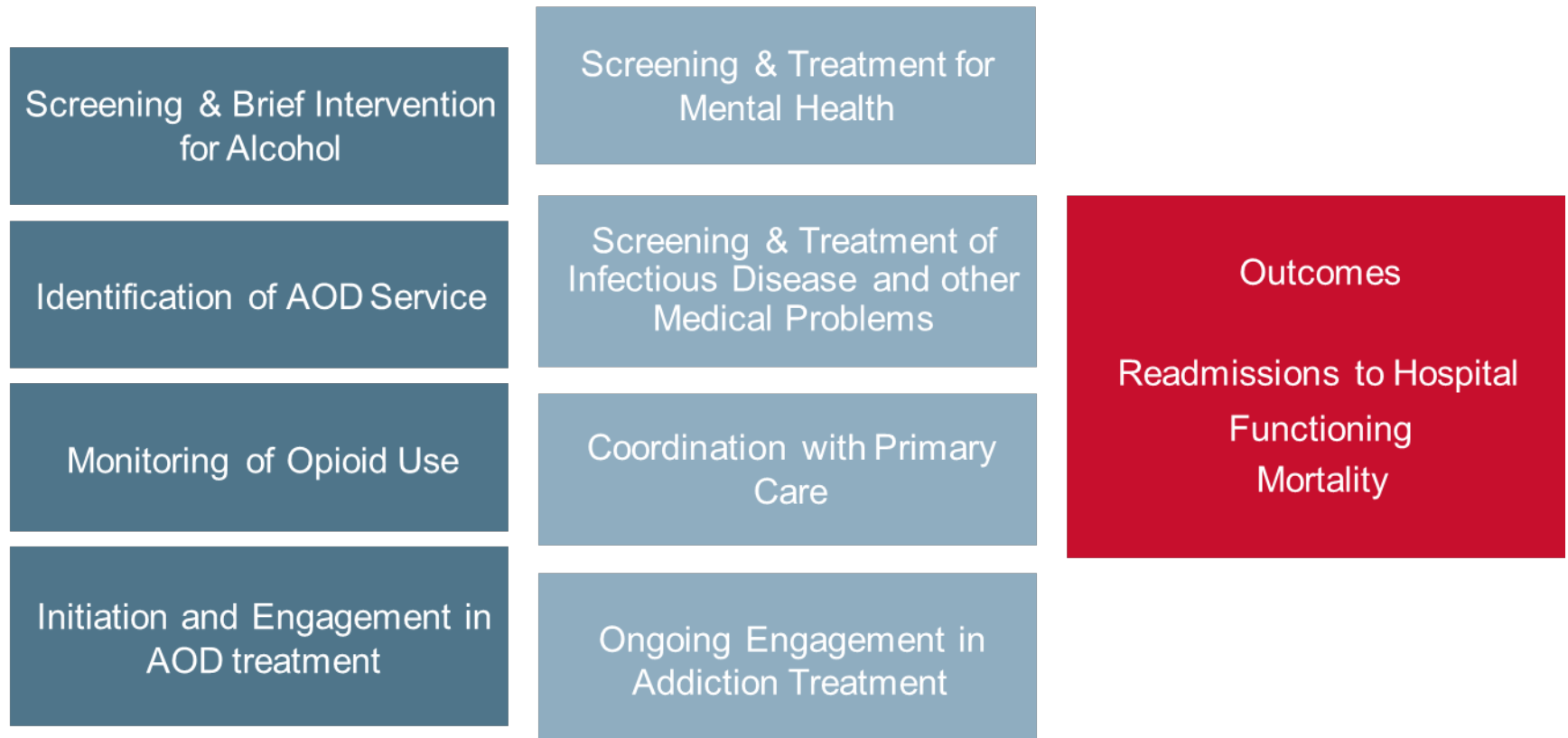
Declining Quality: Addiction Treatment Initiation



National Committee for Quality Assurance. (2016). *The 2016 State of Health Care Quality Report*. Washington, DC: NCQA.

Prioritize Outcomes: Potential Measures Suite for Addictions

Measures in **blue** exist or can be adapted. Measures in **red** are new.



Unhealthy Alcohol Use Screening and Follow-Up

New measure for HEDIS[®] 2018

Denominator	Members 18+ years of age
Numerator	<ol style="list-style-type: none">1. Screened for unhealthy alcohol use using a standardized tool2. If screened positive, received counseling or other follow-up care within 60 days

Counseling and Follow-Up Care includes the following:

- Feedback on alcohol use and harms
- Identification of high-risk situations for drinking and coping strategies
- Increase of the motivation to reduce drinking
- Development of a personal plan to reduce drinking
- Documentation of receiving alcohol misuse treatment

Initiation and Engagement of AOD Abuse or Dependence Treatment

Specifications revised for HEDIS® 2018

Denominator	Members 13+ years of age with a new diagnosis of AOD and an inpatient, outpatient, ED or detoxification visit
Numerator	<ol style="list-style-type: none">1. Initiation of AOD Treatment within 14 days of the initial diagnosis2. Engagement of AOD Treatment within 34 days of initiation

AOD treatment:

- Inpatient, outpatient, intensive outpatient treatment for AOD
- Telehealth
- Medication assisted treatment

Outcomes for Addictions Treatment

Need to address data challenges

Recovery

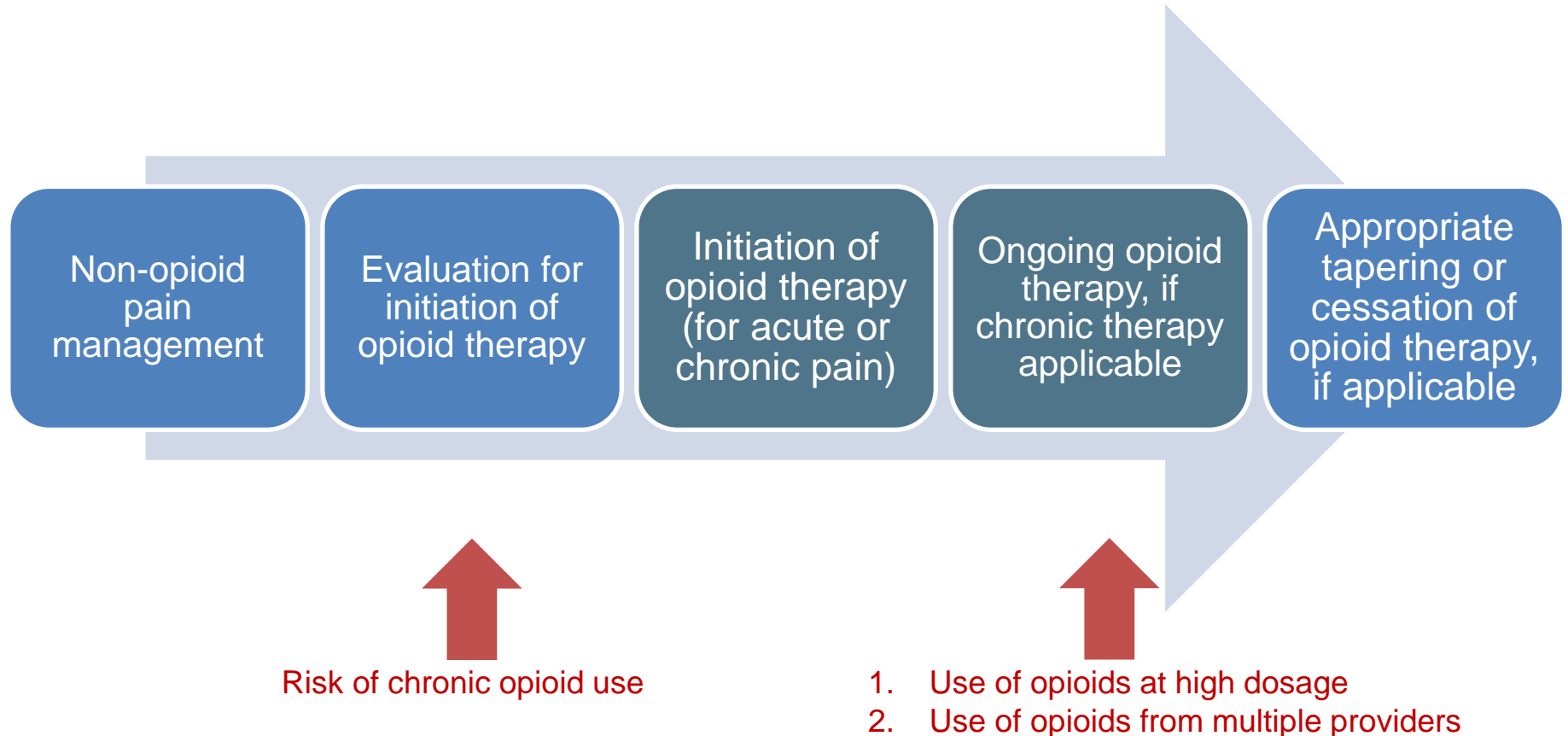
Employment

Housing

Criminal justice system
involvement

Mortality

Reducing Risk of Addiction: Pain Management Measurement Framework



Take-Aways

- Improving quality of behavioral health care requires action at multiple levels
- New efforts focus on outcomes
- Opportunities to drive improvements in addiction treatment and reduction in risk are under way

Questions



Improving Behavioral Health Outcomes Through Measurement- based Care

Helpful Resources

Acronyms

Acronym	Definition
AOD	Alcohol and other drug
ECDS	Electronic Clinical Data System
ED	Emergency department
HEDIS®	Healthcare Effectiveness Data and Information Set
NCQA	National Committee for Quality Assurance
PCMH	Patient-centered medical home
PHQ	Patient Health Questionnaire
QI	Quality improvement
Rx	Prescription

Helpful Resources:

Meaningful Measures Framework

Meaningful Measures Framework:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>

Helpful Resources:

IPFQR Program Manual and Optional Paper Tools

The current IPFQR Program Manual and various optional paper tools can be found on:

- [QualityNet](#)
Inpatient Psychiatric Facilities → Resources
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255>
- [Quality Reporting Center](#)
Inpatient → IPFQR Program → Resources and Tools
<https://www.qualityreportingcenter.com/inpatient/ipf/tools/>

Helpful Resources Links

IPFQR Program General Resources

Q&A Tool	Email Support	Website	Phone Support
https://cms-IP.custhelp.com	IPFQualityReporting@hcqis.org	www.QualityReportingCenter.com	(866) 800-8765
Monthly Web Conferences	ListServes	Hospital Contact Change Form	Secure Fax
www.QualityReportingCenter.com	www.QualityNet.org	Hospital Contact Change Form	(877) 789-4443

Helpful Resources

Save the Date

Upcoming IPFQR Program Educational Webinars

May 2018	Fiscal Year 2019 IPF PPS Proposed Rule
May 2018	Follow-Up After Hospitalization for Mental Illness (FUH) Measure Best Practices
June 2018	Keys to Successful Fiscal Year 2019 Data Submission

Improving Behavioral Health Outcomes Through Measurement- based Care

Continuing Education Process

Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

Please Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
 - This is a separate registration from ReadyTalk®.
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

*Please download your continuing education certificate for your records. HSAG retains attendance records for four years, not certificates.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a CE credit course. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is visible. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page has a blue and white color scheme.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

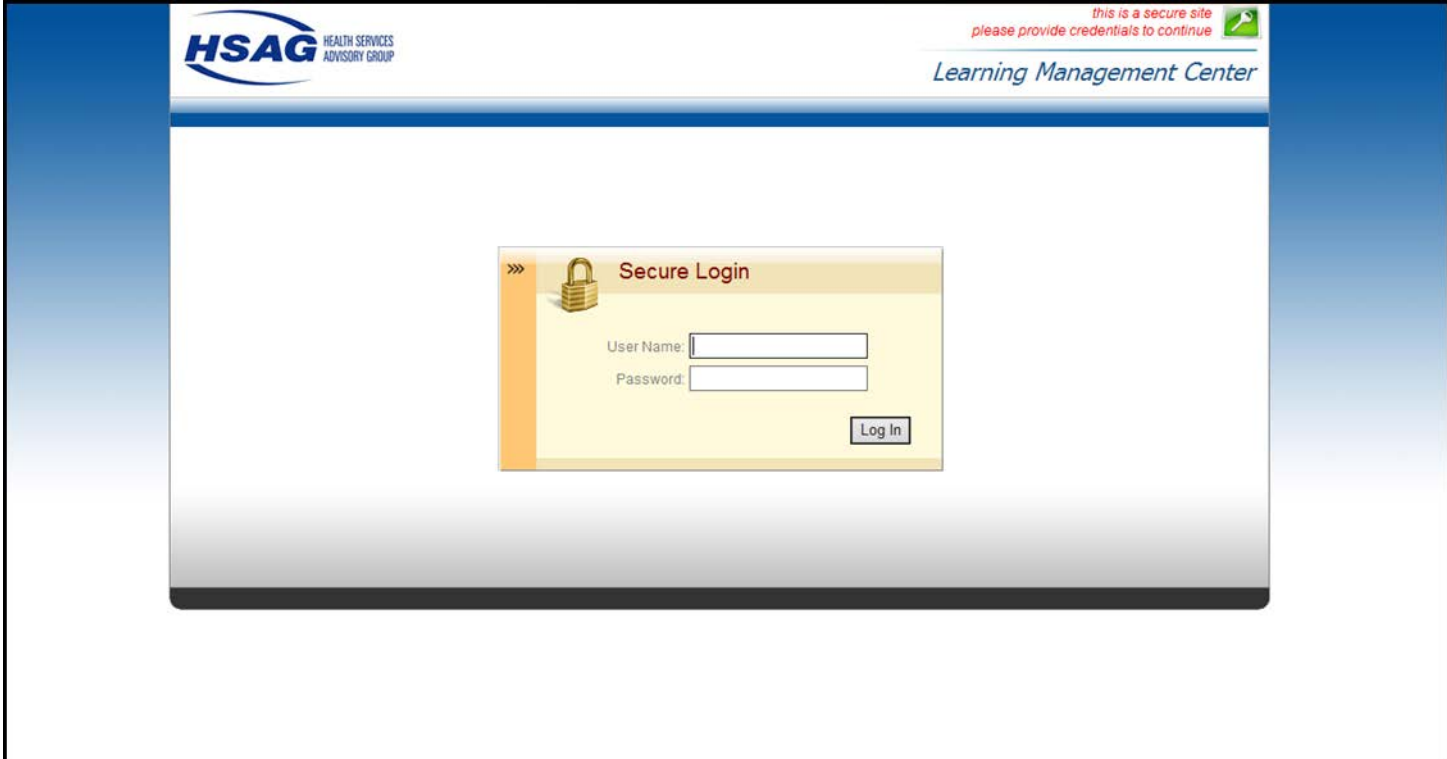
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left, the HSAG logo is accompanied by the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a small icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

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