Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Improving Behavioral Health Outcomes Through Measurement-based Care

Questions and Answers

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These summarized questions-and-answers are specific to the content of the April 25, 2018 webinar presented by speakers from the NCQA. The responses below were provided by and reflect the views and opinions of the NCQA and are not necessarily those of CMS.

Submitted questions that are not addressed in this document should be resubmitted via the Hospital Inpatient Questions and Answers tool at https://cms-ip.custhelp.com/.

Question 1: **Do you, the NCQA, see telepsychiatry being a resource and/or alternative that could improve quality for remote areas and areas that lack providers?**

We [the NCQA] know that there is a lack of providers for mental health and substance abuse populations. The telehealth interventions have been supported by research-based evidence that they are as effective as in-person visits, especially the video conferencing and telephone visit modalities. We recognize that telehealth offers an opportunity to increase access to care and this is supported by research evidence.

Thus, we actually added telehealth modalities that are supported by research evidence in The Healthcare Effectiveness Data and Information Set (HEDIS®) behavioral health measures (for health plan reporting) in HEDIS 2018 Technical Specifications, available at http://www.ncqa.org/hedis-quality-measurement/hedis-measures. Measures pertaining to substance abuse treatment and follow-up after hospitalization for mental illness count telehealth services [as a source of care for mental health and substance abuse populations].

Question 2: **When you, the NCQA, are talking about 30-day follow-up being low, are you addressing scheduled appointments or patients actually coming to the follow-up visit? How is noncompliance accounted for?**

The Follow-Up After Hospitalization for Mental Illness (FUH) measure counts actual visits and we [the NCQA] have the visit codes defined. The follow-up visit needed to be a visit with a mental health practitioner. So, for scheduled appointments or referrals, they do not count. Only the actual visit counts.

In reference to the previous question, telehealth visits also count as a follow-up visit. So, for patients who may not show up at the visits, I assume that's what noncompliance means, they would not be included in the numerator of this measure. For health plan measures that are

reported through HEDIS, we do not count patient refusal, for example, as a measure exclusion. We know that is the case with some provider-level measures. We are really trying to understand whether people get that recommended care. And we understand that people may have trouble getting to appointments or aren't ready for appointments; that's going to be a problem across different communities and different provider facilities. But the performance measures really try and encourage everyone to do the most they can to get people into care. And so, we want the measure to focus on whether people receive the recommended services. And the measure really encourages organizations to work hard to reach out to people who are going to have the most trouble getting into those visits.

Question 3: **Do outcomes for the NCQA alcohol and other drug abuse (AODA) measures include improvements in functioning and not just days of abstinence?**

We [the NCQA] think that they should. And the challenge is really being able to measure either days of abstinence or functioning. What we hear from consumers, employers, and others that they really want to understand is, are people getting back to work, going to school, and/or doing what is part of their usual daily life? Are they functioning well? We also want to know that they're not experiencing negative issues, such as being in jail or being homeless. In the work that we are doing, to think about where we should go in the future for addiction treatment measures, this is where we want to focus. Did they get treatment? And is their functioning improving?

That's definitely what we are exploring: the outcomes, including functioning and symptoms. As mentioned during the presentation, the data source is a challenge for capturing some of the functioning outcomes. But we also hear that healthcare systems in a few states are looking at a database that covers services provided in healthcare, as well as other social service sectors. They can track the outcomes, like housing, criminal justice involvement for mental health, and the substance abuse populations. We look forward to opportunities to explore those outcome measures with systems and organizations that may be interested and have some capacity in exploring that.

Question 4: **Can the three depression measures be reported at the provider or provider-group level, or are they limited to the health-plan level?**

The measures described by the NCQA in this presentation are HEDIS measures that are specified for reporting at the health-plan level. However, other measure developers have developed depression screening, depression treatment, and depression outcomes measures that are specified for reporting in various provider-level settings and are endorsed by the National Quality Forum.

Question 5: **Are the findings [shared in this presentation] due to patient noncompliance?**

We [the NCQA] understand that people may have trouble getting to appointments or aren't ready for appointments; that's going to be a problem across different communities and different provider facilities. But the performance measures really try and encourage everyone to do the most they can to get people into care. And so, we want the measure to focus on whether people receive the recommended services. And the intent of the measure is to encourage organizations to work hard to reach out to people who are going to have the most trouble getting into those visits.

Question 6: **Does the depression screening measure described by the NCQA in this presentation use the Patient Health Questionnaire-9 (PHQ-9)?**

Yes, the depression screening measure that the NCQA described in this presentation uses the PHQ-9.