



The Office of the National Coordinator for  
Health Information Technology



# Behavioral Health (BH) Clinical Quality Measures (CQMs) Program Initiatives

## Public Forum

September 27, 2012  
11:00 A.M. – 12:30 P.M., E.S.T.

Putting the **I** in Health **IT**   
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# Agenda



TIME	TOPIC	PRESENTERS
11:00 am – 11:10 am	<b>Today's Agenda</b>	Elizabeth Halley, RN, MBA, MITRE-Moderator
11:10 am – 11:20 am	<b>Introduction</b> <ul style="list-style-type: none"><li>• Welcome</li><li>• Purpose &amp; Objectives</li></ul>	Kate Tipping, JD, ONC
11:20 am – 12:10 pm	<b>Overview of BH CQM Initiatives</b> <ul style="list-style-type: none"><li>• CMS BH Performance Measures</li><li>• SAMHSA's National BH Quality Initiatives</li><li>• ONC-SAMHSA BH eMeasures Project</li><li>• NQF BH Project</li></ul>	Jeffrey A. Buck, PhD, CMS Lisa C. Patton, PhD, SAMHSA Lauren E. Richie, MA, ONC Angela J. Franklin, JD, NQF
12:10 pm – 12:15 pm	<b>Summary</b>	Maureen Boyle, PhD, SAMHSA
12:15 pm – 12:30 pm	<b>Questions</b>	Elizabeth Halley, RN, MBA, MITRE-Moderator



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# Introduction

**Kate Tipping, J.D.**

**Policy Analyst, Office of Policy and Planning**

**Office of the National Coordinator for Health Information Technology (ONC)**



**Welcome to all participants attending and speakers  
presenting at today's webinar!**



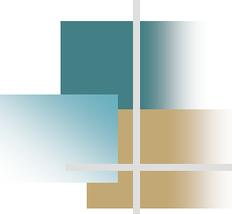


- **Purpose**

- Broaden the BH community's awareness of recent efforts and accomplishments to develop, eSpecify, recommend, endorse, and incorporate BH CQMs into national health information technology (IT) program initiatives

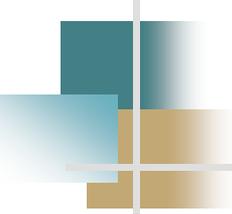
- **Objectives**

- Provide an opportunity for the BH community to
  - Learn about recent BH CQM program initiatives
  - Engage with questions and feedback
  - Receive reference information



# Behavioral Health Performance Measures in CMS

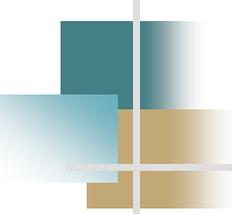
Jeffrey A. Buck, Ph.D.  
Senior Advisor, Center for Strategic Planning  
Centers for Medicare & Medicaid Services



# The Strategic Aims of CMS

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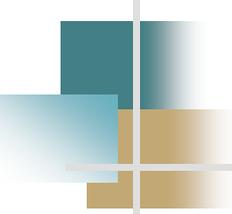
- **Affordable Care**
- **Prevention and Population Health**
- **Better Care**
- **Improving quality is a core component of better care**



## Some Objectives

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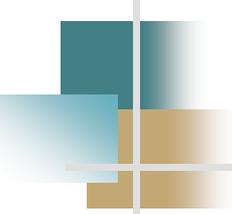
- **Align with National Quality Strategy**
- **Work toward measurement alignment within CMS and consistency in measurement development**
- **Develop methods of rewarding value**



# Mental Health Quality Measures

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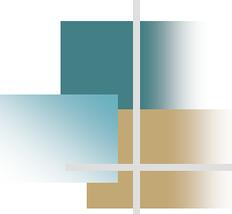
- **Behavioral health is getting greater attention**
- **Current measures focus on more common conditions**



## Example: Meaningful Use

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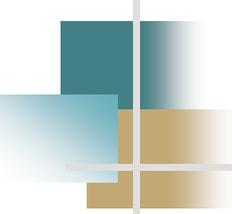
- **Under the HITECH Act, financial incentives are available to hospitals and certain types of providers who demonstrate “meaningful use” of EHR technology**
- **Current clinical quality measures:**
  - Screening for clinical depression & maternal depression screening
  - MDD suicide risk assessment – adult and child



## Example: Meaningful Use (cont'd)

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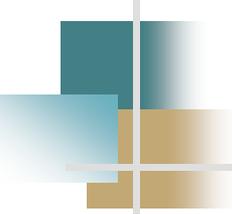
- Depression: Utilization of the Patient Health Questionnaire (PHQ)-9 tool
- Antidepressant med mgt – acute and continuation
- Depression remission at 6 and 12 months
- ADHD f/u care for children prescribed ADHD medication
- Bipolar disorder and major depression: Appraisal for alcohol or chemical substance use
- Initiation/engagement of alcohol/drug treatment



# Example: Physician Quality Reporting System

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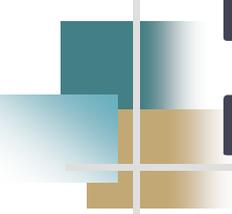
- **Provides incentives to report data on quality measures for Medicare Part B services**
- **BH measures:**
  - Antidepressant medication during acute phase for patients w/MDD
  - Diagnostic evaluation
  - Suicide risk assessment
  - Screening for clinical depression and f/u plan
  - Screening for depression among patients with substance abuse or dependence
  - Alcohol screening, counseling, and initiation of treatment



# Example: Hospital Inpatient Quality Reporting Program

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- **Within Medicare, provides financial incentives for hospitals to report on service quality**
- **Behavioral health measures include:**
  - Length of time in ER for MH patients
  - Alcohol use screening and brief intervention
  - Alcohol/drug treatment at discharge and status assessment after discharge



# Example: Medicaid Health Care Quality Measures

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- **Initial core set for adults for voluntary annual reporting by states**
- **BH measures:**
  - Screening for depression and f/u plan
  - F/U after hospitalization for mental illness
  - Antidepressant medication management
  - Adherence to Antipsychotics for individuals with schizophrenia
  - Initiation/engagement of alcohol/drug treatment



# SAMHSA's National Behavioral Health Quality Initiatives

Lisa C. Patton, Ph.D.  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health & Human Services

September 27, 2012



# National Behavioral Health Quality Framework

## OVERVIEW

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### Three Aims Concordant with NQS:

- ❖ **Better Care:** Improve overall quality by making behavioral health (BH) care more person-, family-, and community-centered; and reliable, accessible, and safe.
- ❖ **Healthy People/Healthy Communities:** Improve U.S. health by supporting (\*and disseminating, added by SAMHSA) interventions to address behavioral, social, environmental determinants of positive BH; and delivering higher quality BH care.
- ❖ **Affordable (Accessible) Care:** Increase the value and availability of BH care for individuals, families, employers, and government.

# NBHQF ORGANIZATION – GOALS

## Six Goals\*

1. Evidence-based/effective prevention, treatment, recovery
2. Person/family-centered
3. Coordinated (within BH; between BH and other health care)
4. Promote healthy living
5. Safe
6. Accessible/affordable

\*Parallels NQS; derived from IOM's Quality Chasm Report

# NBHQF ORGANIZATION – THREE DOMAINS

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Impact of each goal will be tracked across three domains with measures for each cell:

- ❖ Payer – public (e.g., SAMHSA, CMS, states) and private (e.g., commercial insurers, QHPs)
- ❖ Provider and Practitioner
- ❖ Population – individual, family, community

# NBHQF – CRITERIA FOR MEASURES

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## Measures should be:

- ❖ Endorsed by NQF where possible; or other objective entity (e.g., NCQA, USPSTF, JACHO, CARF) or consensus of experts
- ❖ Relevant to NQS priorities
- ❖ Address “high-impact” health conditions
- ❖ Promote alignment with program attributes and across programs, including health and social programs
- ❖ Reflect a mix of measurement types: outcome, process, cost/appropriateness, and structure
- ❖ Apply across patient-centered episodes of care
- ❖ Account for disparities
- ❖ Promote parsimony

# MEASURES EXAMPLE

**GOAL 4:** Identify and disseminate specific indicators, interventions, and status reports on *healthy living* by community, advancing mechanisms to access health promotion and risk-reduction activities to assist communities to utilize best practices to enable healthy living.

PAYER	PROVIDER/ PRACTITIONER	POPULATION
<p>GPRA: 2.3.62 Number of states (excluding Puerto Rico) reporting retail tobacco sales violation rates below 10%</p> <p><b>or</b></p> <p>% of retailers in compliance with prohibition against underage tobacco sales</p>	<p>Number of practitioners/providers conducting SBIRT for tobacco use</p> <p>NQF#1406: Risky Behavior Assessment or Counseling by Age 13</p> <p>NQF#1507: Risky Behavior Assessment or Counseling by Age 13</p>	<p>Percentage of population who smoke</p> <p>Percentage of adolescents smoking for the first time in the past month</p>

# NBHQF –

## IMPLEMENTATION STRATEGIES

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- ❖ Identify, vet and align measures (within HHS and with NQF); incorporate into federal RFAs/FOAs, GPRA, regulations, guidelines, standards, data systems, etc.; track and report
- ❖ Align payment and incentives
- ❖ Enhance data collection and reporting
- ❖ Build capacity development functions (e.g., technical assistance, materials development, training, etc.)

# SAMHSA's NATIONAL BEHAVIORAL HEALTH *Barometer*

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Stand-alone component of quality agenda that will provide an annual snapshot of BH – nationally, regionally, within states:

- ❖ Key indicators from SAMHSA's population and treatment facility data sets, other HHS key surveillance data, and state-identified indicators
- ❖ Point-in-time data reflecting current status
- ❖ Trend over time to paint a picture of progress or emerging issues

# NBHQF – STATUS AND NEXT STEPS

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- ❖ August 2011 – SAMHSA’s National Advisory Councils and public comment
- ❖ March 2012 and August 2012 – SAMHSA’s National Advisory Councils
- ❖ 2011 and 2012 – SAMHSA leadership and other OpDivs/staff offices (AHRQ; ASPE; CMS; HRSA) informed of goals & beginning strategies for measure selection
- ❖ 2011 – 2012 – National quality organizations engaged regarding measure development and vetting (NQF; NCQA)
- ❖ Fall 2012 – Outside experts being engaged in computer-based Delphi process about measure selection
- ❖ Fall/Winter 2012 – Revised document with core measures shared for public comment and input from public/private payers; federal/non-federal partners; key stakeholders
- ❖ Winter 2013/Spring 2014 – Publish first *National Behavioral Health Barometer*
- ❖ 2013 – Finalize NBHQF Version 1.0; continue evolution

# SAMHSA/ASPE/CMS Behavioral Health Quality Measures Development Project

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3-year project :

- ❖ First phase of the project (September 2011 – March 2012): identified measure development priorities/opportunities through review of existing measures and discussions with stakeholders
- ❖ Second phase (August 2012 – March 2014): refining measure concepts and developing measure specifications before field testing

# SAMHSA/ASPE/CMS Behavioral Health Quality Measure Development Project

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3-year project :

- ❖ Final phase (April 2014 – September 2014): will revise the measure specifications based on the field test results and submit a subset of them for NQF endorsement
- ❖ Recent contract mod funded by CMS to develop inpatient psychiatric measures



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# ONC-SAMHSA BH eMeasures Project

**Lauren E. Richie, M.A.**

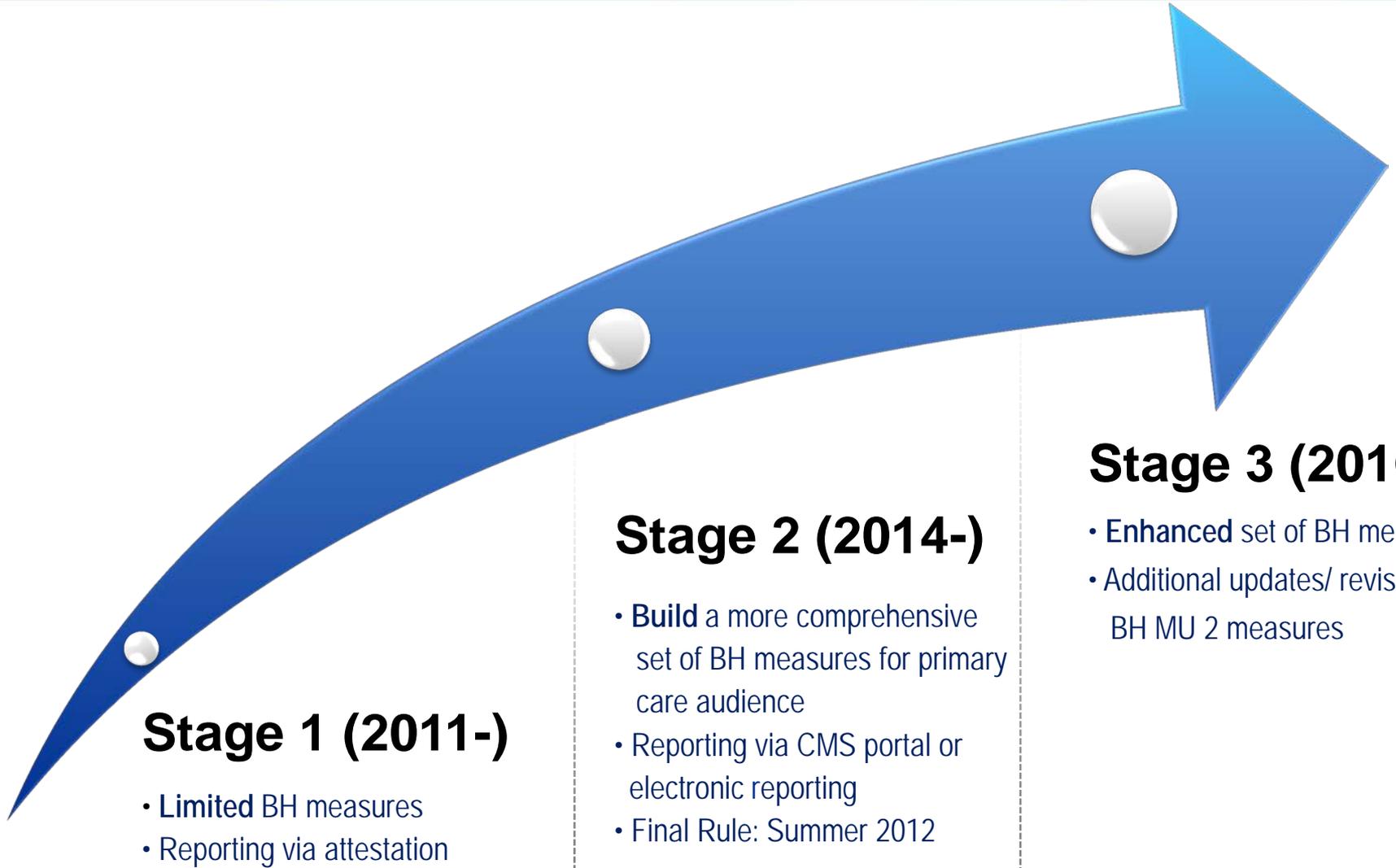
**Program Analyst, Office of the Chief Medical Officer (OCMO)**

**Office of the National Coordinator for Health Information Technology (ONC)**

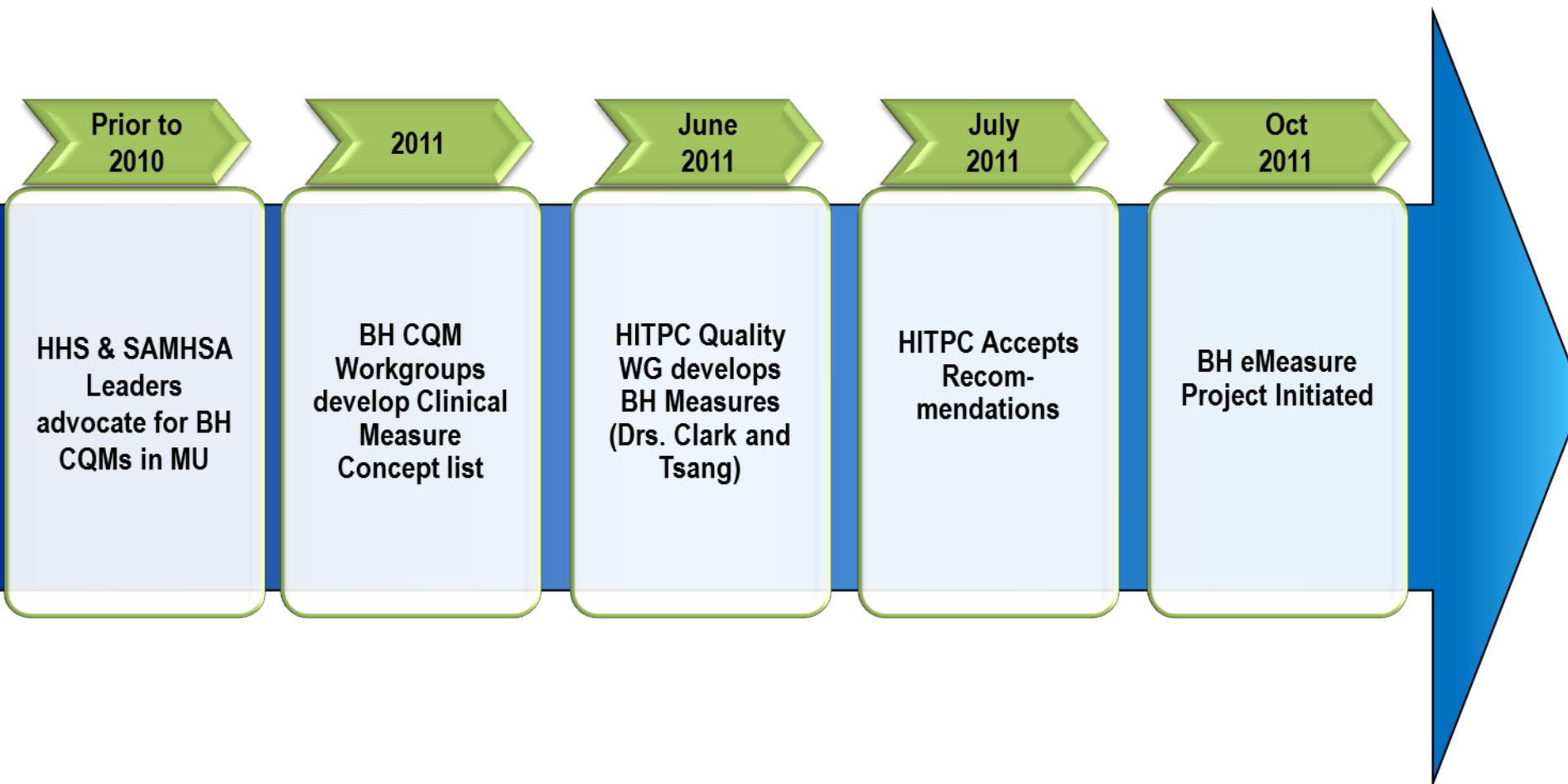


**Develop a portfolio of behavioral health clinical quality measures for inclusion in the electronic health record (EHR) incentive program for meaningful use of Health Information Technology (IT)**





# BH eM Project Background







## Target Audience

- **Primary care eligible physicians and hospitals**

## Domains

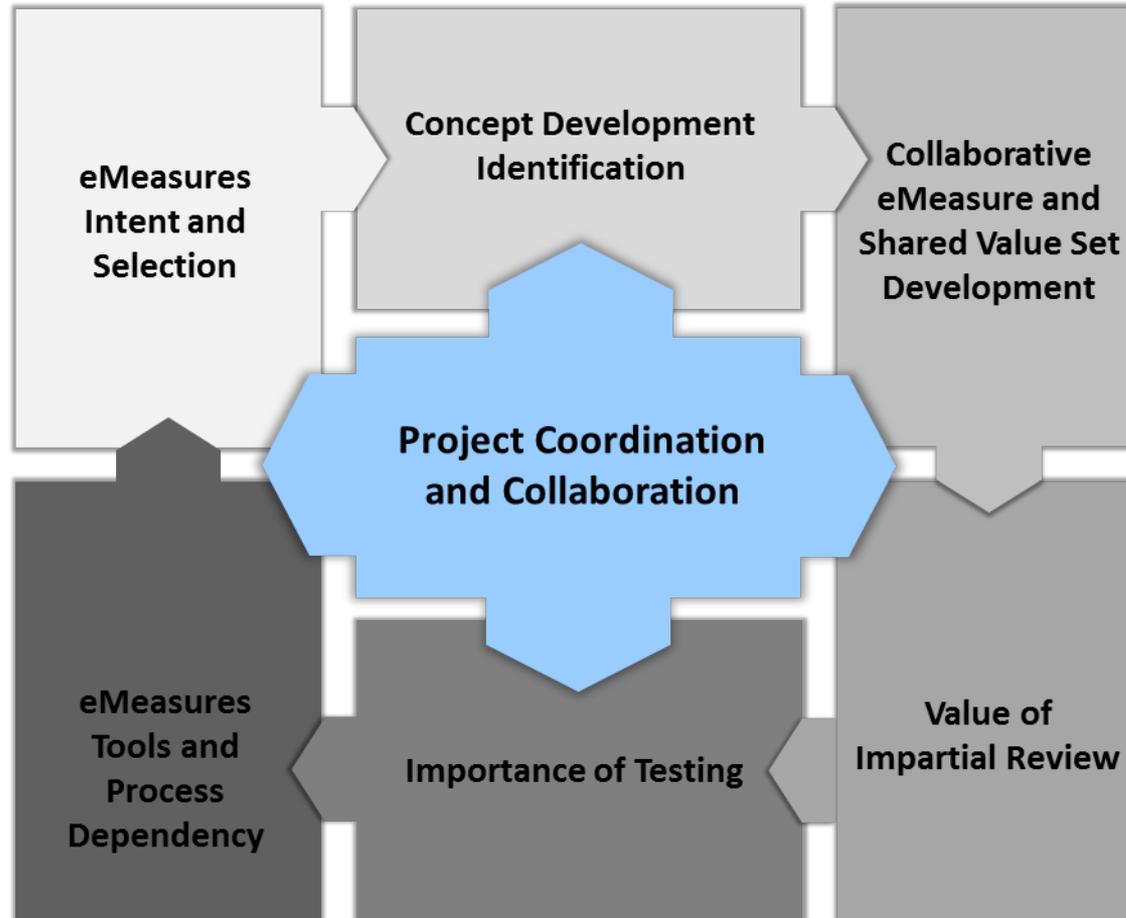
- **Alcohol Use**
- **Drug Use**
- **Depression**
- **Suicide**
- **Trauma**
- **Autism**





MEASURE CONCEPT	SUBGROUP	RECOMMENDED PRIORITY	SETTING	NOF#	STEWARD
Bipolar Disorder (BD) and Major Depression (MD): Appraisal for alcohol or chemical substance use	Alcohol	1	EP	0110	CQAIMH
BD and MD: Assessment for Manic or hypomanic behaviors	Depression	1	EP	0109	CQAIMH
BD: Suicide Risk Assessment	Suicide	1	EP	0111	CQAIMH
Maternal Depression Screening	Depression	2	EP	1401	NCQA
Follow-up after Hospitalization for Mental Illness	Depression	1	EP	0576	NCQA
Risky behavior assessment or counseling by age 13 – Alcohol, Tobacco, Substance Abuse, Sexual Activity	Substance Use Disorder (SUD)	1	EP	1406	NCQA
Risky behavior assessment or counseling by age 18– Alcohol, Tobacco, Substance Abuse, Sexual Activity	SUD	1	EP	1507	NCQA
Alcohol Screening	Alcohol	1	EH	1661	TJC
Alcohol Brief Intervention	Alcohol	1	EH	1663	TJC
Bipolar antimanic agent	Depression	2	EP	0580	RHI

# BH eMeasure Track 1 – Lessons Learned





## TEP Phase I

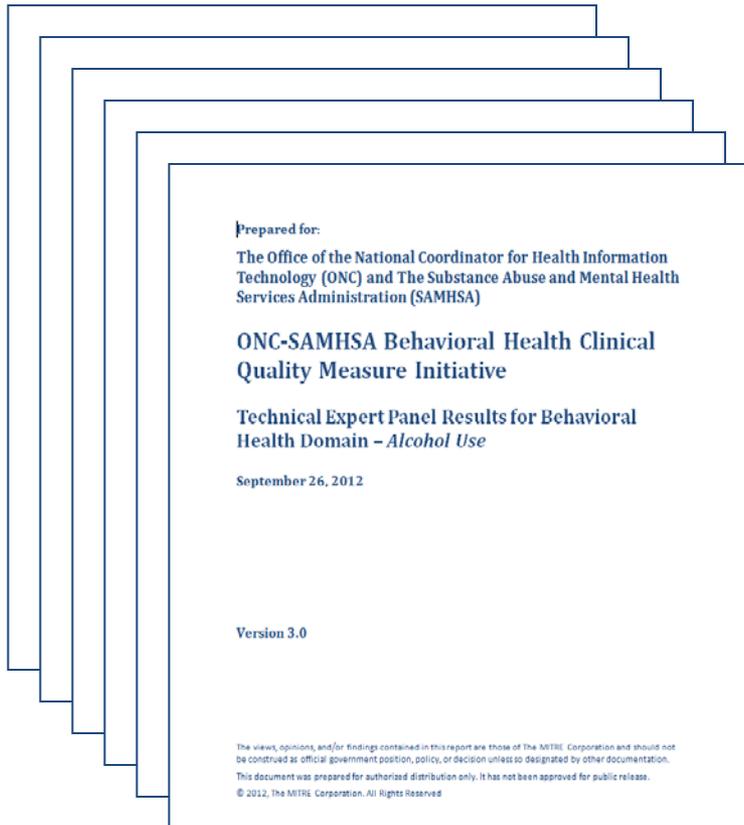
- **Broad review of 6 domain areas: Alcohol Use, Drug Use, Depression, Suicide, Trauma, and Autism - with report of findings**
  - Perform Environmental Scan for non-NQF-endorsed measures
  - Perform Clinical Literature Search for available evidence
  - TEP Review of Environmental Scan results
  - Measure Development Recommendations Report

## TEP Phase II

- **Research Drug Use/ Prescription Drug Misuse (DU/PDM) Clinical Evidence**
    - Document clinical evidence to support NQF-endorsement of effective DU/PDM care approaches
    - Document clinical evidence to support NQF-endorsement of effective SBIRT DU/PDM care approach
    - Fund clinical research of patient-entered SISQ
- 
- **Support development of a trended Depression Outcome Clinical Quality Measure**

# BH CQM Initiatives

## BH TEP White Papers



- **6 BH Domain White Papers**
  - **Alcohol Use**
  - **Drug Use**
  - **Depression**
  - **Suicide**
  - **Trauma**
  - **Autism**
- **Environmental Scans**
- **Future Recommendations**

# Stay Connected, Communicate & Collaborate



- Browse the ONC website at: [healthIT.gov](http://healthIT.gov)
  - click the Facebook “Like” button to add us to your network
- Visit: [ONC BH CQM](http://ONCBHQM.gov) and [SAMSHA Health IT](http://SAMSHAHealthIT.gov) sites
- Contact us at: [onc.request@hhs.gov](mailto:onc.request@hhs.gov)
- Visit the [ONC Newsroom](http://ONCNewsroom.gov) for the latest news & announcements
- Subscribe, watch, and share:

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[Health IT Buzz Blog](http://HealthITBuzz.gov)

# Behavioral Health Project

*Angela J. Franklin, JD  
Senior Director*

*September 2012*



NATIONAL  
QUALITY FORUM

# Behavioral Health Project Overview

## ■ The Opportunity

- Priority - 26.4% of the population suffer from mental illness and substance abuse. Burden is concentrated in 6% of the population who suffer with serious mental illness. These individuals are dying 25 year earlier than the general population.
  
- SAMHSA's National Behavioral Health Quality Framework (NBHQF) informs NQF work; NBHQF Aims:
  - *Better Care*
  - *Healthy People/Healthy Communities*
  - *Affordable Care*
  
- NQF endorsed approximately 45 measures prior to November 2011

# Behavioral Health Project Overview (con't)

## ■ About the Project

- Seeks to endorse measures of accountability for improving the delivery of behavioral health services, achieving better behavioral health outcomes, and improving the behavioral health of the U.S. population, especially those with mental illness and substance abuse
- Phase 1 began in November 2011; 11 measures were recommended for NQF endorsement
- Phase 2 began in September 2012, 30+ maintenance measures to start
- A third phase is expected

## ■ NQF Process

- NQF's formal Consensus Development Process (CDP) is used by Steering Committee; the 25-member Steering Committee represents a broad spectrum of healthcare stakeholders
- Work is funded by HHS

# Behavioral Health Project, Phase 1

## Topic Areas

- **Phase 1 measures addressed the following topic areas:**
  - Alcohol Use (screening and brief intervention)
  - Tobacco Use (screening and brief intervention)
  - Medication Adherence
  - Diabetes and Cardiovascular Health Screening and Assessment
  - Post Care/Hospitalization Follow-up
- **Phase 2 measures are expected to address the topic areas above, plus:**
  - Depression and Major Depression (screening, risk assessment , medication adherence and management, remission)
  - Hospital Based Inpatient Psychiatric Services (screening, inpatient and post-discharge)
  - Patient Experience of Care
  - ADHD (Dx, management, medication management)
- **Phase 3 could address the above plus:**
  - Bipolar Disorder (level of function evaluation)
  - Lithium Level Testing

# Behavioral Health Project, Phase 1

## Summary of Measures

	MAINTENANCE	NEW	TOTAL
Measures under consideration	4	17	21
• Recommended	4	7*	11
• Deferred	0	7	7
• Withdrawn	0	3	3
• Not Recommended	0	1	1
Reasons for Not Recommending	N/A	Importance: 1	

**\*\*Two submitted measures, #1879 and #1936 were combined into a single measure, #1879**

# Behavioral Health Project, Phase 1 Recommended Measures, Topics (11)

	Outcome	Process	TOTAL
Alcohol	0	1	1
Tobacco	0	3	3
Medication Adherence	0	1*	1
Diabetes, Cardiovascular Health Screening, Assessment	0	4	4
Post Care Follow-up	0	2	2

\*Two submitted measures, #1879 and #1936 were combined into a single measure, #1879

# Behavioral Health Project, Phase 1

## Recommended Measures List (11)

- 0004 Initiation, Engagement of Alcohol and Other Drug Dependence Treatment
- 0027 Medical Assistance With Smoking and Tobacco Use Cessation
- 0028 Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
- 1651 TOB-1 Tobacco Use Screening
- 1879 Adherence to Antipsychotics for Individuals with Schizophrenia (combined w/1936 Continuity of Antipsychotic Medications for Treatment of Schizophrenia)
- 1932 Diabetes screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications
- 1927 Cardiovascular health screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications
- 1933 Cardiovascular health monitoring for people with cardiovascular disease and schizophrenia
- 1934 Diabetes monitoring for people with diabetes and schizophrenia
- 1937 Follow-Up After Hospitalization for Schizophrenia (7- and 30-day)
- 0576 Follow-Up After Hospitalization for Mental Illness

# Behavioral Health Project, Phase 1

## Measures Withdrawn, Not Recommended

### **WITHDRAWN**

- #1926 Cervical cancer screening for women with schizophrenia (NCQA)
  - Change in USPSTF guidelines supporting the measure, developer reevaluating measure
- #1935 Use of any Antipsychotic Medications (NCQA)
  - Formerly paired with #1936, which has been harmonized and combined into one measure, #1879
  - As part of the harmonization process, developer review of testing results indicated limited room for improvement for the measure

### **NOT RECOMMENDED**

- 1938 Emergency department utilization for mental health conditions by people with schizophrenia
  - Steering Committee had several concerns, including potential unintended consequences

# Behavioral Health Project, Phase 1

## Overarching Themes

### **Measure Testing: Reliability**

- Seven new Alcohol and Tobacco screening and brief intervention measures showed lower than desired reliability and will be considered in Phase 2

### **Harmonization**

- Single harmonized measures were preferred rather than multiple, overlapping measures

# Behavioral Health Project, Phase 1

## Recommendations for Future Measure Development

**The Steering Committee recognized gaps in measurement in the areas of:**

- Screening for alcohol and drugs, specifically using tools such as the Screening Brief Intervention and Referral to Treatment (SBIRT)
- Screening for post-traumatic stress disorder (PTSD) and bipolar disorder in all patients diagnosed with depression, with an eye toward differentiating between the disorders

**NQF seeks outcome and composite measures in addition to process measures** (the majority of submitted measures in this topic area)

# Behavioral Health Project, Phase 1 Timeline

Activity	Timeline
Measure Submission Deadline	February 14, 2012
Steering Committee Measure Evaluation	February – April, 2012
Steering Committee Evaluation and Recommendations (In-person Meeting)	April 28-29, 2012
Draft report for review and comment	May 24-June 22, 2012
Draft report for NQF member vote	August 8, 2012
CSAC review and approval	September 10, 2012
Endorsement by the Board	October 31, 2012*
Final report / Phase 1 Completed	November 31, 2012*

**\*Expected**

# Behavioral Health Project, Phase 2 Timeline

Activity	Timeline
Measure Submission Period	September 17 through December 17, 2012*
Steering Committee Measure Evaluation Steering Committee Evaluation and Recommendations (In-Person Meeting)	Early 2013, exact dates TBA

**\*Expected**

# Behavioral Health Project, Phase 1 Resources

## ■ Behavioral Health Endorsement Maintenance Phase 1 and 2

- [http://www.qualityforum.org/Projects/Behavioral Health Phase 1 and 2.aspx](http://www.qualityforum.org/Projects/Behavioral%20Health%20Phase%201%20and%202.aspx)

## ■ Behavioral Health Phase 1 Draft Report

- <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=71639>

## ■ References

- World Health Organization (WHO), Atlas: Psychiatric Education and Training across the World 2005, Geneva, Switzerland: WHO; 2005. Available at [www.who.int/mental\\_health/evidence/Atlas\\_training\\_final.pdf](http://www.who.int/mental_health/evidence/Atlas_training_final.pdf). Last accessed November 2011.
- Parks J, Radke A, Mazade NA, Measurement of Health Status for People with Serious Mental Illness. Alexandria, VA :National Association of State Mental Health Program Directors; 2008. Available at [www.nasmhpd.org/general\\_files/publications/med\\_directors\\_pubs/NASMHPD%20Medical%20Directors%20Health%20Indicators%20Report%2011-19-08.pdf](http://www.nasmhpd.org/general_files/publications/med_directors_pubs/NASMHPD%20Medical%20Directors%20Health%20Indicators%20Report%2011-19-08.pdf). Last accessed October 2011.

# Behavioral Health Project, Phase 1 Staff

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  - Project Analyst, Performance Measures
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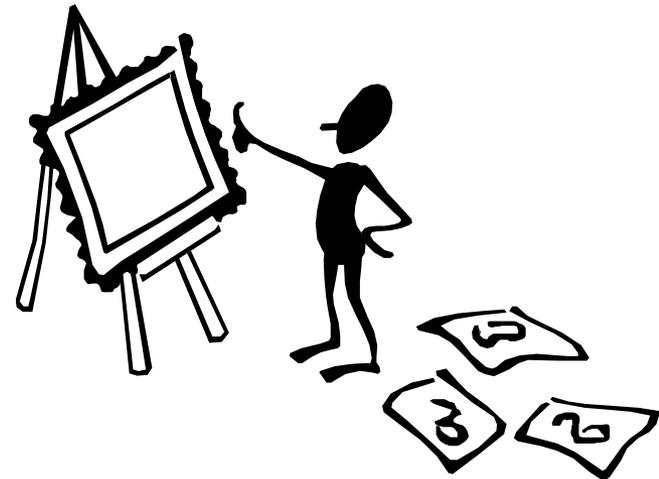


# Summary

**Maureen Boyle, Ph.D.**  
**Lead Public Health Advisor, Health IT**  
**Center for Substance Abuse Treatment**  
**The Substance Abuse and Mental Health Services Administration**



- **Thank you to our speakers for their informative presentations and references**
- **Efforts are underway to promote the inclusion of BH care components in Meaningful Use and other national health IT initiatives**



# Questions



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