An Update From NCQA©: Focusing On HEDIS® Behavioral Health Measures

HEDIS = Healthcare Effectiveness Data & Information Set   **NCQA =** National Committee For Quality Assurance

Today's Speakers

Lauren Niles, MPH, BS
Senior Health Care Analyst, Performance Measurement Department

Ms. Niles' responsibilities include working with a team to lead the development and maintenance of the HEDIS® quality measures under the behavioral health domain. Ms. Niles has a background in the electronic specification of clinical quality measures using electronic health record (EHR) data and technology. She holds an MPH degree from The George Washington University and a BS in Biology from the University of Maryland, College Park. She is currently pursuing her DrPH degree in Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health as a Bloomberg Fellow with a focus on substance use, addiction and overdose.

Nora Fritz, BA
Health Care Analyst

Ms. Fritz supports health care quality measure development and research projects by analyzing data and acting as liaison with stakeholders and expert advisory panels. Prior to working at NCQA she was a Public Health Associate in Community Health Services at the Centers for Disease Control and Prevention in Los Angeles, where she provided situational awareness advised on emergency preparedness for the Los Angeles County Department of Health. She holds a Bachelor of Arts in International Studies and Spanish, and a Minor in Medical Anthropology, from University of North Carolina at Chapel Hill.

Today's Speakers

Junqing Liu, PhD, MSW
Research Scientist

As the measure lead of NCQA's behavioral health measures, Dr. Liu guides the re-evaluation and updates of HEDIS® behavioral health measures. Dr. Liu's research focuses on access to mental health services, evidence-based treatment for behavioral health problems, and child welfare services. Dr. Liu was previously a research assistant professor at University of Maryland School of Social Work and conducted the evaluation of a federally funded research project on the implementation of evidence-based practices in child welfare systems in six states. She holds a PhD and a Master in Social Work from University at Albany, State University of New York. She received her undergraduate degree from China Youth University for Political Sciences.

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This program is paid for by
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OPDC/Lundbeck's interaction with *OPEN MINDS* is through PsychU, an online, non-branded portal dedicated to providing information and resources on important disease state and care delivery topics related to mental illness. One of the methods employed for the sharing of information will be the hosting of virtual fora. Virtual fora conducted by OPDC/Lundbeck are based on the following parameters:

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Objectives

Gain an understanding of the NCQA© measurement development cycle for new HEDIS® measures

Become acquainted with existing HEDIS® measures related to substance abuse

Learn about the most recent performance rates for existing HEDIS® measures

Discuss future work to address gaps in care related to behavioral health

The NCQA© Measurement Development Cycle For New HEDIS® Measures

It All Starts With HEDIS®[1]

Health care's most-used tool for improving performance

Asks how often insurers provide evidence-based care to support more than 70 aspects of health

Healthcare

Effectiveness

Data

Information

Set

1.   National Committee for Quality Assurance (NCQA). (n.d.). Measuring quality. Washington, DC: NCQA. Retrieved from NCQA.org.

Why Measuring Quality Is Important[1]

Quality measurement in health care is the process of using data to evaluate the performance of health plans and health care against recognized quality standards.

> **"** *To know where and how to improve, you first need to know how you are doing* **"**

- Transparency helps foster accountability

- Expose quality

  – To facilitate consumer/ patient choice

  – To incentivize improvement

  – To manage costs

1. Information based on the professional experience of the presenter.

Quality Measure Components[1]

Eligible Population / Initial Patient Population

Defines the broadest group of population for inclusion in the measure

Denominator

Describes the population evaluated by the individual measure, which may not be the same as the initial population

Exclusions

Individuals who are in the denominator, but who are not eligible for the outcome for a specific reason, particularly where their inclusion may bias results
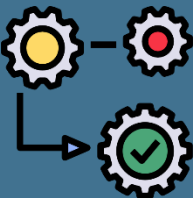
Numerator

Describes the process, condition, event, or outcome that satisfies the measure focus or intent

1.   Centers for Medicare & Medicaid Services (CMS). (2017). What is a quality measure? Baltimore, MD: CMS. Retrieved from CMS.gov. *Measure?*

What Makes A Good Quality Measure?[1]

Relevance

- Meaningful to stakeholders
- Important to enhance health
- Controllable
- Potential for improvement – substantial variation

Scientific Soundness

- Based on best available evidence
- Linked to outcomes
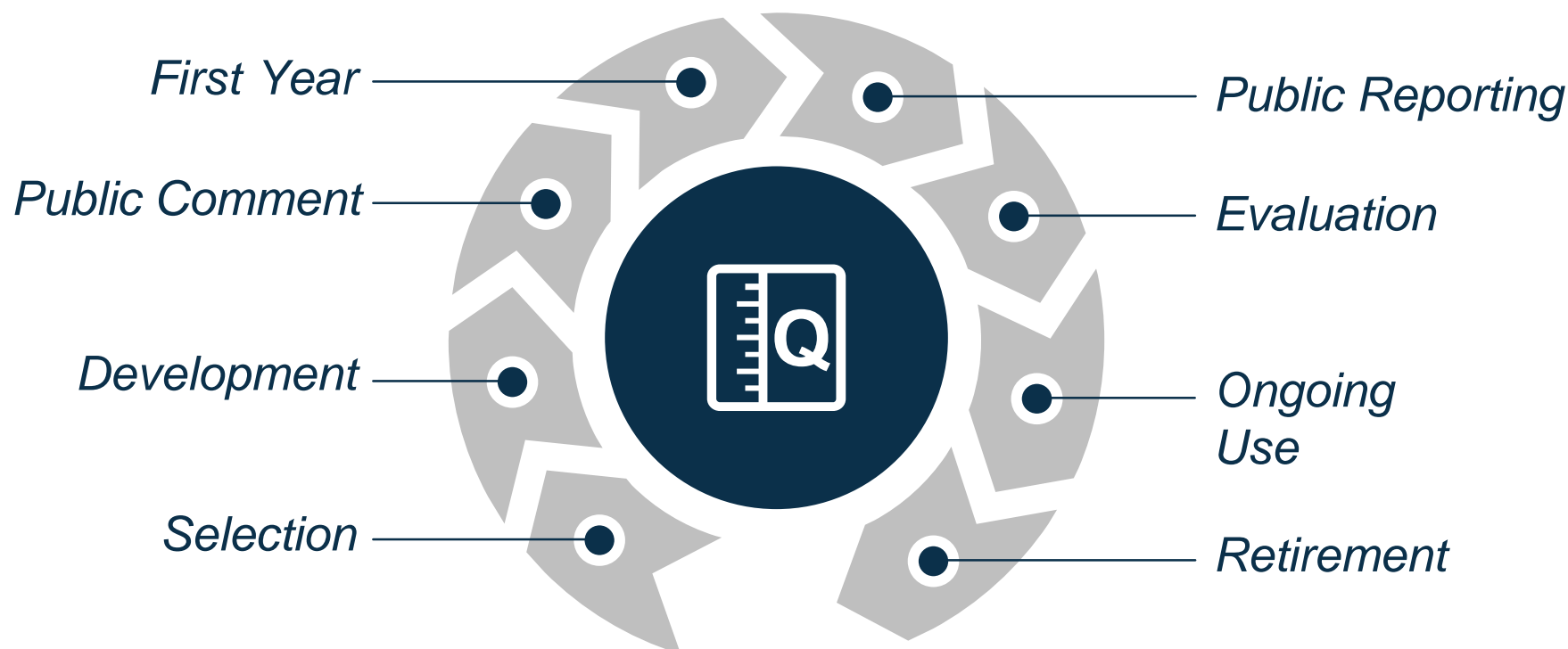- Valid and reproducible

Feasible

- Precisely specified
- Needed data available
- Cost of data collection is reasonable

1. National Committee for Quality Assurance (NCQA). (n.d.). HEDIS® measure development process. Washington, DC: NCQA. Retrieved from NCQA.org.
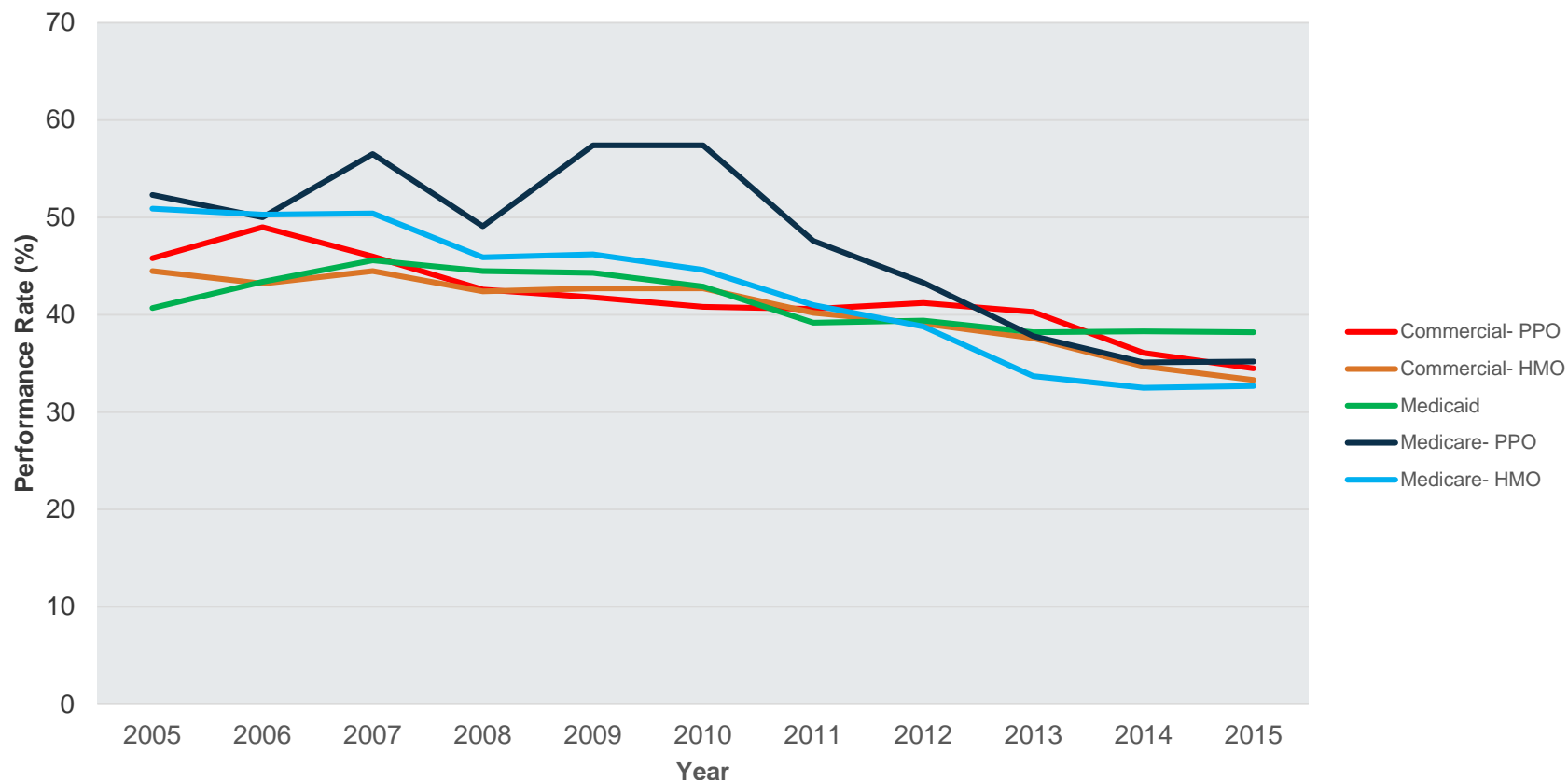
HEDIS® Measure Development Process[1]

First Year

Public Comment

Development

Selection

Public Reporting

Evaluation

Ongoing Use

Retirement

1. Information based on the professional experience of the presenter.

National HEDIS® Averages
Initiation Of AOD Treatment (2005-2016)[1]

AOD = Alcohol & Other Drug Dependence   **HMO =** Health Maintenance Organization   **PPO =** Preferred Provider Organization

1.   National Committee for Quality Assurance (NCQA). (2016). Initiation and engagement of alcohol and other drug dependence treatment. Washington, DC: NCQA. Retrieved from NCQA.org.

Challenges To Improving Behavioral Health Care Quality Measures[1]

Disjointed Accountability	Lack Of Incentives / Demand	Thin Evidence / Changing Policy
Different Cultures	Access To / Reliance On Claims Data	Limited Focus On Outcomes

1. Information based on the professional experience of the presenter.

Addressing Behavioral Health Reduces Overall Health Care Cost (2015)[1]

Mental health and substance use disorders together were the leading cause of disease burden

Spending on mental illness treatment accounted for $89 billion, 5%, of total health care spending

1 in 5 patients reported forgoing needed mental health service, with majority of respondents citing cost or insurance coverage as reason

1. Kamal, R. (2017). Costs and outcomes of mental health and substance use disorders in the U.S. *JAMA, 318*(5):415. Retrieved from JAMANetwork.com.

Existing HEDIS® Behavioral Health Measures

NCQA HEDIS® 2019 Measures
Behavioral Health[1]

Topic	Measure
Screening	Depression Screening & Follow-up For Adolescents & Adults (DSF)
Monitoring	Utilization Of The PHQ-9 To Monitor Depression Symptoms For Adolescents & Adults (DMS)
Medication Management	Adherence To Antipsychotic Medications For Individuals With Schizophrenia (SAA)
	Antidepressant Medication Management (AMM)
Psychosocial Care	Use Of First-Line Psychosocial Care For Children & Adolescents On Antipsychotics (APP)
Coordination	Follow-Up After ED Visit For Mental Illness (FUM)
	Follow-Up After Hospitalization For Mental Illness (FUH)
	Follow-Up Care For Children Prescribed ADHD Medication (ADD)

1.   Propriety data from National Committee for Quality Assurance.

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NCQA HEDIS® 2019 Measures
Behavioral Health *(Continued)*[1]

Topic	Measure
Overuse/ Appropriateness	Use Of Multiple Concurrent Antipsychotics In Children & Adolescents (APC)
Integration Of Medical Needs	Diabetes Screening For People With Schizophrenia Or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
	Diabetes Monitoring For People With Diabetes & Schizophrenia (SMD)
	Metabolic Monitoring For Children & Adolescents On Antipsychotics (APM)
Utilization	Mental Health Service Utilization (MPT)
Outcomes	Depression Remission Or Response For Adolescents & Adults (DRR)

HEDIS® Depression Measures Address Continuum Of Depression Care[1]

Depression Screening & Follow-Up	Percentage of individuals age ≥12 who were screened for clinical depression using a standardized tool and, if screened positive, received follow-up care	HEDIS® 2018
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 4–8 months of the elevated PHQ-9 score	HEDIS® 2017
Data Source: Electronic Clinical Data Systems (ECDS)		

PHQ = Patient Health Questionnaire
Note: These measures have been adapted, with permission of the measure stewards, Minnesota Community Measurement and CMS

1. Propriety data from National Committee for Quality Assurance.

NCQA HEDIS® 2019 Measures
Substance Use[1]

Topic	Measure
Screening	Unhealthy Alcohol Use Screening & Follow-up (ASF)
Overuse/ Appropriateness	Use Of Opioids At High Dosage (UOD)
	Use Of Opioids From Multiple Providers (UOP)
	Risk Of Chronic Opioid Use (COU) *NEW
Coordination	Follow-Up After Emergency Department (ED) Visit For Alcohol & Other Drug Dependence (FUA)
Access To Care	Initiation & Engagement Of Alcohol & Other Drug Abuse Or Dependence Treatment (IET)
Utilization	Identification Of Alcohol & Other Drug Services (IAD)
Screening	Unhealthy Alcohol Use Screening & Follow-up (ASF)

1. Propriety data from National Committee for Quality Assurance.

NCQA HEDIS® 2019 Measures
Substance Use Disorder Treatment[1]

Unhealthy Alcohol Use Screening & Follow-Up (ASF)	
Denominator	**Members 18+ years of age**
Numerator	1. Screened for unhealthy alcohol use using a standardized tool 2. If screened positive, received counseling or other follow-up care within 60 days
Data Source	Electronic Clinical Data Systems (ECDS)

Counseling & Follow-Up Care includes

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

Note: These measures have been adapted, with permission of the measure stewards American Medical Association (AMA) - Physician Consortium Performance Improvement

1. Propriety data from National Committee for Quality Assurance.

NCQA HEDIS® 2019 Measures
Substance Use Disorder Treatment[1]

Initiation & Engagement Of Alcohol & Other Drug Abuse Or Dependence Treatment	
Denominator	Members 13+ with a new episode of alcohol or other drug (AOD) abuse or dependence during the measurement year
Numerator	• **Initiation Of AOD Treatment:** Members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis • **Engagement Of AOD Treatment:** Members who initiated treatment and who had two or more additional AOD services with a diagnosis of AOD or MAT within 34 days of the initiation visit
Data Source	Administrative Claims

1. Propriety data from National Committee for Quality Assurance.

NCQA HEDIS® 2019 Measures
Opioid Overuse[1]

	Use Of Opioids At High Dosage (UOD)	Use Of Opioids From Multiple Providers & Multiple Pharmacies (UOP)
Denominator	Members 18 + Years Of Age Receiving 2+ Prescriptions For Opioids Lasting $\geq$ 15+ Days During The Measurement Year	
Numerator	Members With Average Morphine Milligram Equivalent (MME) >120 Mg Starting With First Prescription >120 Mg MME Ending With Last Prescription Or End Of Measurement Year	1. **Multiple Prescribers:** Four Or More Prescribers 2. **Multiple Pharmacies:** Four Or More Pharmacies 3. **Multiple Prescribers & Multiple Pharmacies**
Data Source	Administrative Claims	

Note: These measures have been adapted, with permission of the measure developer, Pharmacy Quality Alliance

1.   Propriety data from National Committee for Quality Assurance.

NCQA HEDIS® 2019 Measures
High Risk Opioid Prescribing Practices[1]

Risk Of Continued Opioid Use	
Denominator	Members 18+ Years Of Age With A New Episode Of Opioid Use (6 Month Negative Mediation Lookback Period)
Exclusions	• Members With A Diagnosis Of Cancer Or Sickle Cell Disease • Members In Hospice
Numerator	**Two Rates Reported:** 1. Members With New Episode Of Opioid Use That Lasts At Least 15 Days In A 30-day Period 2. Members With New Episode Of Opioid Use That Lasts At Least 31 Days In A 62-day Period
Data Source	Electronic Clinical Data Systems (ECDS)

Note: These measures have been adapted, with permission of the measure developer, Pharmacy Quality Alliance
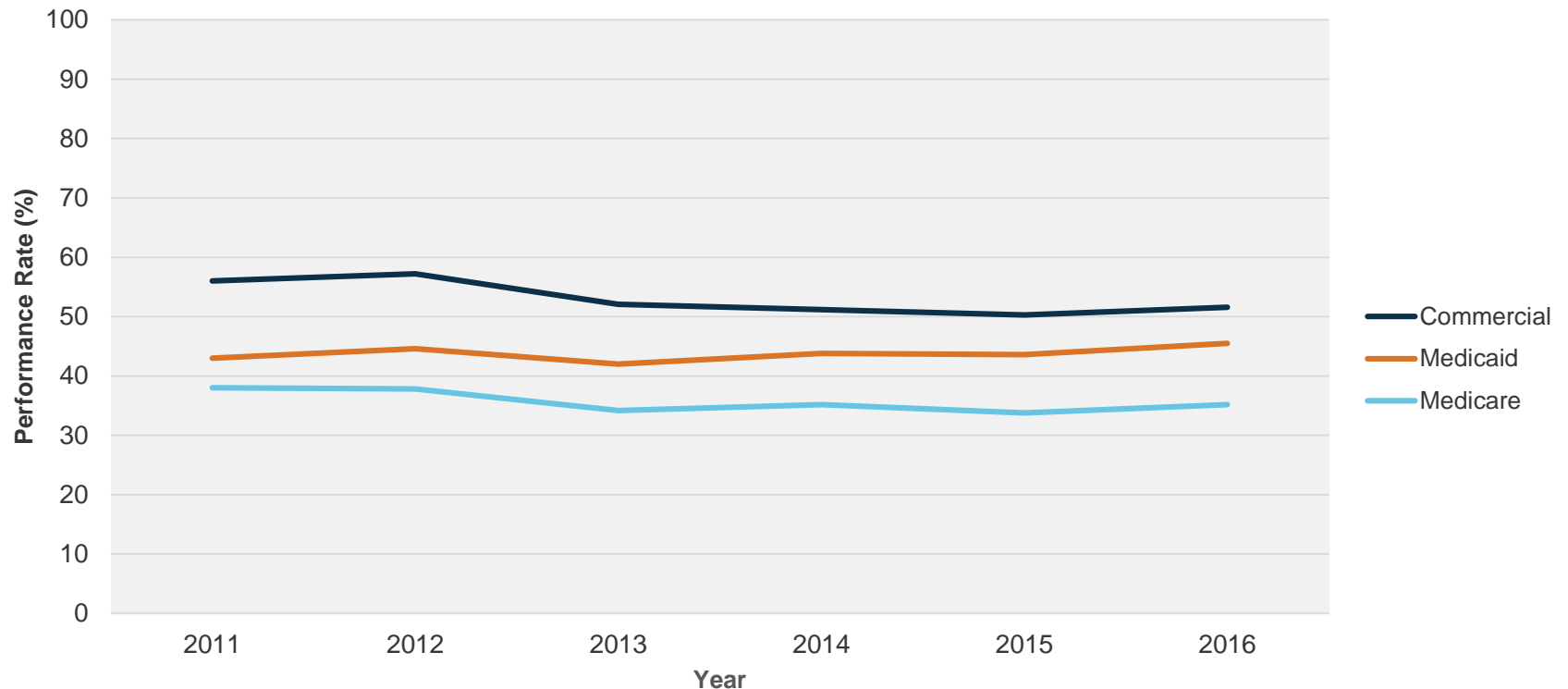
1. Propriety data from National Committee for Quality Assurance.

Performance Rates For Existing HEDIS® Behavioral Health Measures
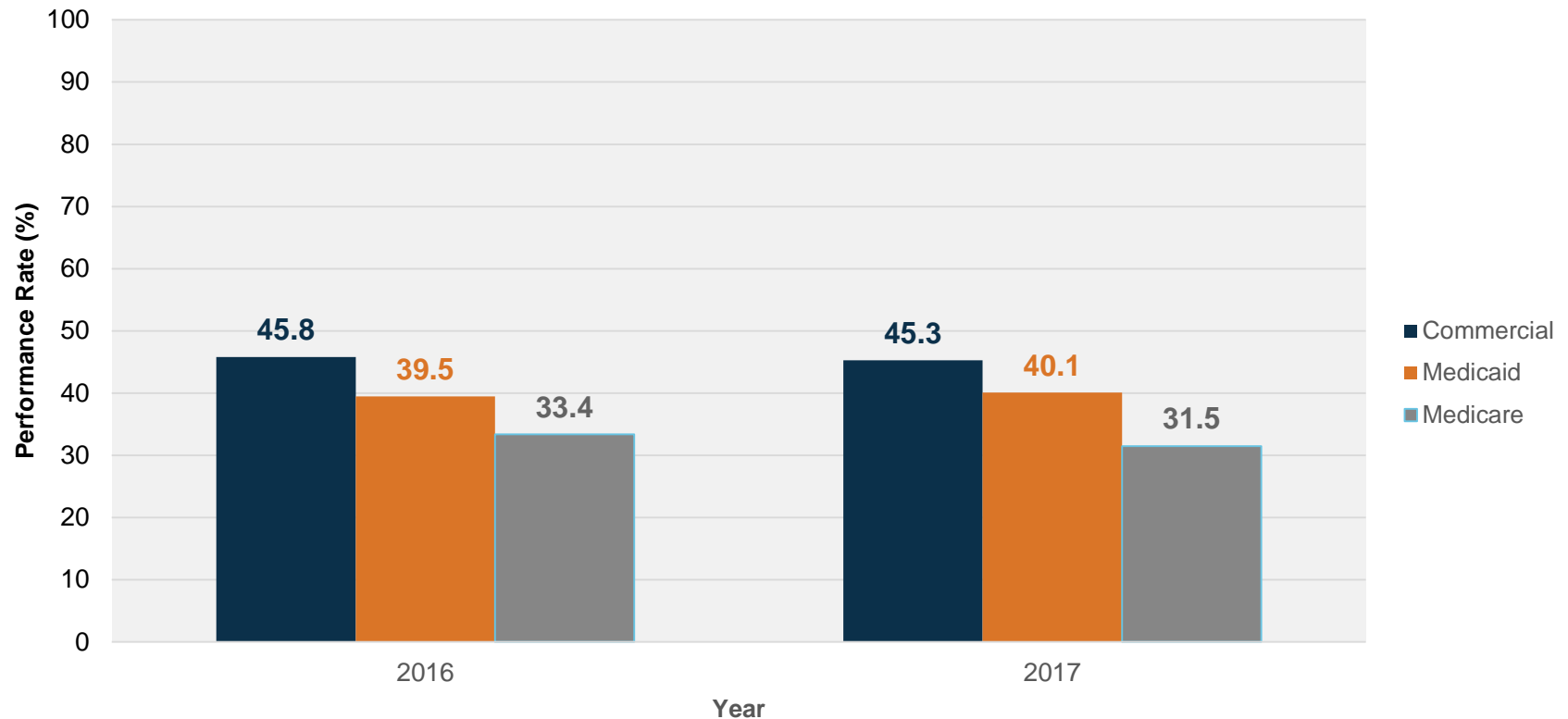
**7-Day Post Discharge Follow-Up
After Hospitalization For Mental Illness (2011-2016)[1]**

1.   National Committee for Quality Assurance (NCQA). (2018). Follow-Up after hospitalization for mental illness. Washington, DC: NCQA. Retrieved from NCQA.org.

National HEDIS® Averages[1]

Follow-Up After Emergency Department Visit for Mental Illness
30 Day Post-Discharge Follow-Up

Legend: Commercial, Medicaid, Medicare

2016: Commercial 45.8, Medicaid 39.5, Medicare 33.4
2017: Commercial 45.3, Medicaid 40.1, Medicare 31.5

Y-axis: Performance Rate (%)
X-axis: Year

1. Propriety data from National Committee for Quality Assurance.

Understanding The Gaps & Challenges In Meeting Performance Rates

Audience Polling Question #1

Which of the following patient-reported outcomes do you consistently document in medical records?

A. Depression Severity

B. Unhealthy Alcohol Use Or Addiction Severity

C. Functional Status

D. Housing Or Employment Status

E. Criminal Justice Involvement

Discern Quality Through Reliable Capability & Performance Assessment[1]

	Claims-Based Performance Measures	Registry-Based Performance Measures

Content	• Use of appropriate medication treatment for opioid use or alcohol use disorders
	
	• Use of psychosocial care
	
	• Use of both
	
	• Adherence to medications for these disorders
	
	• Follow-up after hospitalization, residential treatment, and detoxification for SUD
	
	• Hospital readmission for SUD
		• Appointment wait time
		
		• Outcomes monitoring
		
		   – Severity of substance use
		
		   – Functioning
		
		   – Employment
		
		   – Recovery
		
		   – Housing
		
		   – Criminal justice involvement

SUD = Substance Use Disorder

1. Information based on the professional experience of the presenter..

Audience Polling Question #2

Would your substance abuse service organization be interested in accreditation by NCQA© using quality measures and capacity assessment?

A. Yes

B. No

C. Not sure

D. I Don't Work For A Substance Abuse Service Organization

Learning Collaborative To Improve Alcohol Measure Reporting & Performance

NCQA Contribution[1]

- Expertise on measure specification and reporting using electronic clinical data

- Approaches for quality improvement, including strategies and tool kits

Plan Contribution[1]

- Conduct quality improvement activities, report results at bimonthly, web-based collaborative meetings (1-2 hours)

- Work with practices or providers to improve data sharing and measure reporting

Why Do We Need This?[2]

Wide variation in performance rates

Lack of consistent documentation of services

Variation in use of validated screening tools

Funded By: Substance Abuse & Mental Health Services Administration (SAMHSA) & Centers For Disease Control & Prevention (CDC)

1. Propriety data from National Committee for Quality Assurance.
2. Information based on the professional experience of the presenter.

Which of the following electronic clinical data does your organization use?

A. Electronic Health Record

B. Health Information Exchange

C. Case Management System

D. Professional Association / Organizational Registry

E. Claims System
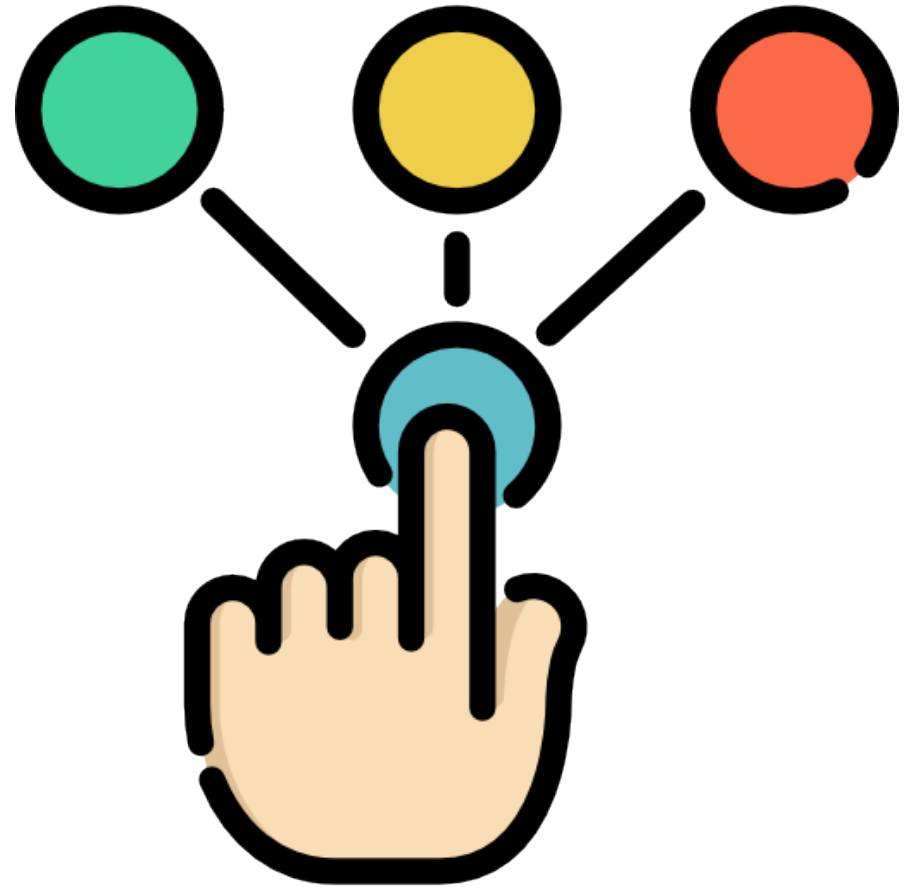
Electronic Clinical Data Systems
What Qualifies?[1]

Network of personal health information and records within the health care system

Electronic Health Record

Health Information Exchange / Clinical Registry

Case Management Registry

Administrative Claims

1. National Committee for Quality Assurance. (2018). Digital quality summit: HEDIS® electronic clinical data system (ECDS) reporting. Washington, DC: NCQA. Retrieved from NCQA.org.

Audience Polling Question #4

Which of the following reasons justify why your MH/SUD organization shares patient data with health plans for measure reporting?

A.   Contractual Requirement

B.   Consistent Interpretation Of 42-CFR Part 2 Regulation

C.   Plans Give Feedback On Organization's Performance Measures

D.   Plans Share Case Management Data With Providers

E.   Plans Provide Financial Incentives To My Organization

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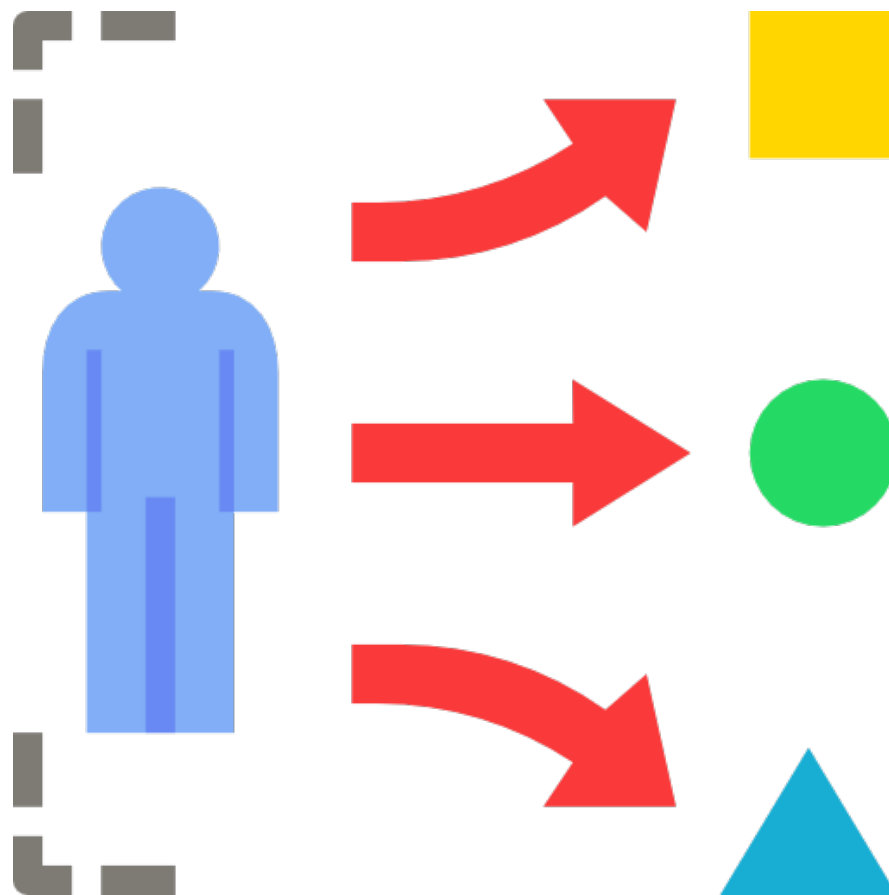
Challenges & Solutions
Data Access[1]

Challenges Accessing ECDS Data	Potential Solutions	Provider's Role
Lack of ready access to data and automated data sharing	• **Implement data sharing agreements** • **Incentives for providers/third-party vendors to share data**	**Implement data sharing agreement with health plans and other providers**
Multiple clinical data sources	• **Prioritize data sources by usefulness and feasibility** • **Set up data sharing across sources**	

1. Information based on the professional experience of the presenter.

Challenges & Solutions
Data Format[1]

Challenges In Data Formats	Potential Solutions	Provider's Role
Data from registries (e.g., HIEs) not always captured in format needed	Work with HIE to modify to formats needed for quality reporting	Use and feed data to HIE
Data not always captured in structured fields	• Exercise external or internal reporting requirements • Build from available coding	Build and use structured data fields
Providers not using specified screening instrument	Provider engagement and training	Use specified screening tools

HIE = Health Information Exchange

1. Information based on the professional experience of the presenter.

QUESTIONS

CLOSING

Upcoming Virtual Fora*

Event	Speaker(s)	Date	Time
Achieving Superior Quality Scores: **How Health Plans Tailor Interventions** **Across Members & Markets** (Quality Measurement Series Part 2)	• **Kimber Bishop** • **Kristen Kidwell** • **Deb Adler**	**Aug. 29th**	**12:00pmET**
The Aftermath Of Suicide: **What Can Be Done & How Should We Talk About It?**	• **Julie Cerel, PhD** • **Jill Harkavy-Friedman, PhD**	**Sept. 10th**	**12:00pmET**
Rebroadcast **The Aftermath Of Suicide:** **What Can Be Done & How Should We Talk About It?**	• **Julie Cerel, PhD** • **Jill Harkavy-Friedman, PhD**	**Sept. 10th**	**5:00pmET**
Can We Improve Functioning In Our Patients **With Schizophrenia?**	• **Greg Mattingly, MD** • **Ralph Aquila, MD**	**Sept. 26th**	**12:00pmET**

*Register for these programs at https://www.PsychU.org/events

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