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

HEDIS = Healthcare Effectiveness Data & Information Set
NCQA = National Committee For Quality Assurance
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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.
This program is paid for by Otsuka Pharmaceutical Development & Commercialization, Inc. (OPDC) and Lundbeck, LLC.
PsychU Virtual Forum Rules Of Engagement:

Otsuka Pharmaceutical Development & Commercialization, Inc. (OPDC) and Lundbeck, LLC. have entered into collaboration with OPEN MINDS, to explore new ways of bringing/increasing awareness around serious mental illness.

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:

When conducting medical dialogue, whether by presentation or debate, OPDC/Lundbeck and/or its paid consultants aim to provide the viewer with information that is accurate, not misleading, scientifically rigorous, and does not promote OPDC/Lundbeck products.

No continuing medical education (CME) credits are available for any PsychU program.

OPDC/Lundbeck and/or their paid consultants do not expect to be able to answer every question or comment during a PsychU Virtual Forum; however, they will do their best to address important topics and themes that arise.

OPDC/Lundbeck and/or their paid consultants are not able to provide clinical advice or answer questions relating to specific patient’s condition.

Otsuka and Lundbeck employees and contractors should not participate in this program (e.g., submit questions or comments) unless they have received express approval to do so from Otsuka Legal Affairs.

OPDC/Lundbeck operate in a highly regulated and scrutinized industry. Therefore, we may not be able to discuss every issue or topic that you are interested in, but we will do our best to communicate openly and directly. The lack of response to certain questions or comments should not be taken as an agreement with the view posed or an admission of any kind.
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

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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

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

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\(^1\) Information based on the professional experience of the presenter.

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Quality Measure Components

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

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

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HEDIS® Measure Development Process

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

Challenges To Improving Behavioral Health Care Quality Measures

1. Disjointed Accountability

2. Lack Of Incentives / Demand

3. Thin Evidence / Changing Policy

4. Different Cultures

5. Access To / Reliance On Claims Data

6. Limited Focus On Outcomes

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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.

Existing HEDIS® Behavioral Health Measures
## NCQA HEDIS® 2019 Measures

### Behavioral Health\(^1\)

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

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1. Propriety data from National Committee for Quality Assurance.
## NCQA HEDIS® 2019 Measures
### Behavioral Health *(Continued)*

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

1. Propriety data from National Committee for Quality Assurance.
# HEDIS® Depression Measures Address Continuum Of Depression Care

<table>
<thead>
<tr>
<th>Depression Screening &amp; Follow-Up</th>
<th>Percentage of individuals age ≥12 who were screened for clinical depression using a standardized tool and, if screened positive, received follow-up care</th>
<th>HEDIS® 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Monitoring</td>
<td>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</td>
<td>HEDIS® 2016</td>
</tr>
<tr>
<td>Depression Remission Or Response</td>
<td>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</td>
<td>HEDIS® 2017</td>
</tr>
</tbody>
</table>

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 \(^1\)

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

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\(^1\) Propriety data from National Committee for Quality Assurance.
### NCQA HEDIS® 2019 Measures

#### Substance Use Disorder Treatment

**Unhealthy Alcohol Use Screening & Follow-Up (ASF)**

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Members 18+ years of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Screened for unhealthy alcohol use using a standardized tool</td>
</tr>
<tr>
<td>2.</td>
<td>If screened positive, received counseling or other follow-up care within 60 days</td>
</tr>
<tr>
<td>Data Source</td>
<td>Electronic Clinical Data Systems (ECDS)</td>
</tr>
</tbody>
</table>

**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

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### NCQA HEDIS® 2019 Measures

**Substance Use Disorder Treatment¹**

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Members 13+ with a new episode of alcohol or other drug (AOD) abuse or dependence during the measurement year</th>
</tr>
</thead>
</table>
| 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 Overuse¹

<table>
<thead>
<tr>
<th></th>
<th>Use Of Opioids At High Dosage (UOD)</th>
<th>Use Of Opioids From Multiple Providers &amp; Multiple Pharmacies (UOP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Denominator</strong></td>
<td>Members 18 + Years Of Age Receiving 2+ Prescriptions For Opioids Lasting &gt; 15+ Days During The Measurement Year</td>
<td>1. <strong>Multiple Prescribers:</strong> Four Or More Prescribers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. <strong>Multiple Pharmacies:</strong> Four Or More Pharmacies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. <strong>Multiple Prescribers &amp; Multiple Pharmacies</strong></td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>Members With Average Morphine Milligram Equivalent (MME) &gt;120 Mg Starting With First Prescription &gt;120 Mg MME Ending With Last Prescription Or End Of Measurement Year</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Source</strong></td>
<td>Administrative Claims</td>
<td></td>
</tr>
</tbody>
</table>

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

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### NCQA HEDIS® 2019 Measures

**High Risk Opioid Prescribing Practices**¹

#### Risk Of Continued Opioid Use

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Members 18+ Years Of Age With A New Episode Of Opioid Use (6 Month Negative Medication Lookback Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusions</td>
<td>• Members With A Diagnosis Of Cancer Or Sickle Cell Disease&lt;br&gt;• Members In Hospice</td>
</tr>
<tr>
<td>Numerator</td>
<td></td>
</tr>
<tr>
<td>Data Source</td>
<td>Electronic Clinical Data Systems (ECDS)</td>
</tr>
</tbody>
</table>

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¹. Propriety data from National Committee for Quality Assurance.
Performance Rates For Existing HEDIS® Behavioral Health Measures
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National HEDIS® Estimated Averages

National HEDIS® Averages\(^1\)

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Performance Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>Commercial 45.8, Medicaid 39.5, Medicare 33.4</td>
</tr>
<tr>
<td>2017</td>
<td>Commercial 45.3, Medicaid 40.1, Medicare 31.5</td>
</tr>
</tbody>
</table>

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Understanding The Gaps & Challenges In Meeting Performance Rates
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

<table>
<thead>
<tr>
<th>Claims-Based Performance Measures</th>
<th>Registry-Based Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use of appropriate medication treatment for opioid use or alcohol use disorders</td>
<td>• Appointment wait time</td>
</tr>
<tr>
<td>• Use of psychosocial care</td>
<td>• Outcomes monitoring</td>
</tr>
<tr>
<td>• Use of both</td>
<td>– Severity of substance use</td>
</tr>
<tr>
<td>• Adherence to medications for these disorders</td>
<td>– Functioning</td>
</tr>
<tr>
<td>• Follow-up after hospitalization, residential treatment, and detoxification for SUD</td>
<td>– Employment</td>
</tr>
<tr>
<td>• Hospital readmission for SUD</td>
<td>– Recovery</td>
</tr>
<tr>
<td></td>
<td>– Housing</td>
</tr>
<tr>
<td></td>
<td>– Criminal justice involvement</td>
</tr>
</tbody>
</table>

SUD = Substance Use Disorder

1. Information based on the professional experience of the presenter.
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 Contribution¹

- Expertise on measure specification and reporting using electronic clinical data
- Approaches for quality improvement, including strategies and tool kits

Plan Contribution¹

- 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


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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
Challenges & Solutions

Data Access

Challenges Accessing ECDS Data

- Lack of ready access to data and automated data sharing
- Multiple clinical data sources

Potential Solutions

- Implement data sharing agreements
- Incentives for providers/third-party vendors to share data
- Prioritize data sources by usefulness and feasibility
- Set up data sharing across sources

Provider’s Role

Implement data sharing agreement with health plans and other providers

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1. Information based on the professional experience of the presenter.
Challenges & Solutions

Data Format\(^1\)

### Challenges In Data Formats

- Data from registries (e.g., HIEs) not always captured in format needed
- Data not always captured in structured fields
- Providers not using specified screening instrument

### Potential Solutions

- Work with HIE to modify to formats needed for quality reporting
- Exercise external or internal reporting requirements
- Build from available coding
- Provider engagement and training

### Provider’s Role

- Use and feed data to HIE
- Build and use structured data fields
- Use specified screening tools

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QUESTIONS
CLOSING
# Upcoming Virtual Fora*

<table>
<thead>
<tr>
<th>Event</th>
<th>Speaker(s)</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>
| 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](https://www.PsychU.org/events)
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