Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Behavioral Health Clinic Quality Measures: An Overview

Presented by the Substance Abuse and Mental Health Services Administration
June 23, 2016
Objectives

To provide:

- An overview of the Behavioral Health Clinic (BHC) quality measures
- Background on data collection and reporting requirements
- An introduction to the specifications and data-reporting templates
- An overview of themes from state visits
The Measures

- **Source:**
  
  Appendix A to the CCBHC Certification Criteria
  
  32 measures -- 17 BHC-lead and 15 state-lead

- **BHC measures as drafted:**
  
  32 measures -- 14 BHC-lead and 18 state-lead

- **CCBHC measures as modified:**
  
  21 measures – 9 CCBHC-lead and 12 state-lead
Changes to the Measures

- Shifted from CCBHC to state-lead:
  - Patient Experience of Care Survey (PEC)
  - Youth/Family Experience of Care Survey (Y/FEC)
  - Initiation and Engagement of AOD Treatment (IET)

- Dropped as inconsistent with current guidelines:
  Cardiovascular Health Screening for People with Schizophrenia or Bipolar Disorder who are Prescribed Antipsychotic Medications

- Replaced: Follow-up After Discharge from the Emergency Department for Mental Health and Alcohol or Other Dependence, with:
  - Follow-Up After Emergency Department Visits for Mental Illness (FUM)
  - Follow-Up After Emergency Department Visits for Alcohol and Other Drug Dependence (FUA)
Dropped as CCBHC-Required

• CCBHC-Lead:
  • Routine care
  • Days to comprehensive evaluation
  • Suicide deaths
  • Documentation of current medications
  • Controlling high blood pressure

• State-Lead:
  • Suicide attempts
  • Diabetes care (HbA1c poor control)
  • Metabolic monitoring children
  • Cardiovascular health monitoring
  • Adherence to mood stabilizers
The Level of Reporting and Who Does the Reporting

All measures are calculated, aggregated, and reported at the BHC level

- BHC-lead measures: Report on the BHC population at the BHC level
- State-lead measures: Report on the BHC population at the BHC level
Consumer Attribution

- Attribution as a BHC consumer for data reporting requires:
  - Identification / attribution / flagging of data to specific BHCs
  - For CCBHCs, at least ONE service that falls within the CCBHC scope of services during the demonstration year (whether or not provided within the four walls of the clinics)
When Are Quality Measures and Metrics Reported?

Measurement Year = Demonstration Year (DY)

For Demonstration Years (DY) 1 and 2:
- CCBHCs submit within 9 months
- States submit within 12 months
The Flow of Reporting for Quality Measures

- **CCBHC-reported data and measures**: To their designated state agency
- **State reported data and measures (including those from CCBHCs)**: To SAMHSA. SAMHSA will share the data with CMS for purposes of Quality Bonus Payments and with ASPE for purposes of the evaluation.
What is Reported and How?

How do we know what to report?

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-BH)

  Based on a measure stewarded by the Centers for Medicare and Medicaid Services (HEDIS 2016)

A. DESCRIPTION

Percentage of consumers ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period

Data Collection Method: Administrative

Guidance for Reporting:

- This measure is stratified by whether the consumer is a Medicaid beneficiary, eligible for both Medicare and Medicaid, and other. For purposes of determining whether a consumer is a Medicaid beneficiary or a dual Medicare and Medicaid enrollee, see Continuous Enrollment, Allowable Gap, and Anchor Date

How do we report it?

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-BH) -- Based on a measure stewarded by the Centers for Medicare and Medicaid Services (HEDIS 2016, Medicaid Adult Core Set)

A. Measurement Year:

Insert Measurement Year

B. Data Source:

Select the data source type (select one):

- Administrative data only
- Medicaid Management Information System (MMIS)
- Other

If Other selected, specify:
Specification Components

• Two Volumes
  o Volume 1: Introductory Material and Measure Specifications
  o Volume 2: Appendices

• Data-Reporting Templates
Specifications
A. DESCRIPTION

Percentage of consumers ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

Data Collection Method: Administrative

Guidance for Reporting:

- This measure is stratified by whether the consumer is a Medicaid beneficiary, eligible for both Medicare and Medicaid, and other. For purposes of determining whether a consumer is a Medicaid beneficiary or a dual Medicare and Medicaid enrollee, see Continuous Enrollment, Allowable Gap, and Anchor Date requirements below in section C.
- Referenced Value Sets may be found in the BHC Value Set Directory.
- Table SAA-A (Appendix SAA-BH) provides a list of antipsychotics. The National Committee for Quality Assurance’s (NCQA) National Drug Code (NDC) current list of antipsychotic medications can be found at http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDIS2016apers.
- To the extent possible, include all paid, suspended, pending, and denied claims.
- Refer to the specific data-reporting template for the reporting requirements applicable to each measure and to the Appendices in Volume 2 of this manual.

Measurement Period: For both the denominator and the numerator, the measurement period is the measurement year.

- Narrative description
- Data collection method
- Guidance for reporting
- Measurement period
Part A: Data Collection Method

Administrative
- Claims/encounter data

Medical Records
BHC medical records or other clinical data sources such as:
- Electronic health records
- Paper medical records
- Clinic registries
- Scheduling software

Hybrid
The numerator combines:
- Administrative data sources
- Medical record data

The denominator uses a sample of the eligible population
Part A: Guidance for Reporting

- Stratification (varies)
  - Payer status (Medicaid, Medicare & Medicaid (duals), Others)
  - Age

- Code sources

- Refers to the data-reporting template

- Misc. other matters relevant to the measure
Part A:
Measurement Period (MP)

Measurement Year (MY)
• For the CCBHC Demonstration Program, the MY is linked to the Demonstration Year and is reported as DY1 or DY2.
• Elsewhere, the MY may align with the fiscal year or calendar year.

Measurement Period (MP)
• The MP is the time covered by the data used to calculate the measure.
• It may or may not coincide with the MY.
• It may differ for the numerator and denominator.
### B. DEFINITIONS

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculating Number of Days Covered for Long-Acting Injections</td>
<td>Calculate number of days covered (for the numerator) for long-acting injections using the days-supply specified for the medication in Table SAA-A (Appendix SAA-BH). For multiple J Codes or NDCs for the same or different medications on the same day, use the medication with the longest days’ supply. For multiple J Codes or NDCs for the same or different medications on different days with overlapping days’ supply, count each day within the treatment period only once toward the numerator.</td>
</tr>
</tbody>
</table>
| Calculating Number of Days Covered for Oral Medications              | If multiple prescriptions for the same or different oral medications are dispensed on the same day, calculate number of days covered by an antipsychotic medication (for the numerator) using the prescription with the longest days’ supply.  
If multiple prescriptions for different oral medications are dispensed on different days, count each day within the treatment period only once toward the numerator.  
If multiple prescriptions for the same oral medication are dispensed on different days, sum the days’ supply and use the total to calculate the number of days covered by an antipsychotic medication (for the numerator). For example, if three antipsychotic prescriptions for the |
Specifications: Part C. Eligible Population

- Age
- Insurance requirements on claims - based data
  - Continuous enrollment, allowable insurance gaps, anchor date, and benefits
- Event/Diagnosis: step by step

### C. ELIGIBLE POPULATION

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Consumers aged 19 to 64 years as of the last day of the measurement year</td>
</tr>
<tr>
<td>Continuous Enrollment</td>
<td>The measurement year</td>
</tr>
<tr>
<td>Allowable Gap</td>
<td>No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a consumer for whom enrollment is verified monthly, the consumer may not have more than a 1-month gap in coverage (i.e., a consumer whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).</td>
</tr>
<tr>
<td>Anchor Date</td>
<td>The last day of the measurement year</td>
</tr>
<tr>
<td>Benefits</td>
<td>Medical and pharmacy</td>
</tr>
<tr>
<td>Event/Diagnosis</td>
<td>Follow the steps below to identify the eligible population:</td>
</tr>
</tbody>
</table>

**Step 1**
Identify consumers flagged as having been seen at the provider entity at least once during the measurement year.

**Step 2**
Identify consumers from step 1 who were aged 19 to 64 years as of the last day of the measurement year.

**Step 3**
D. ADMINISTRATIVE SPECIFICATION

**Denominator**
The number of consumers in the eligible population (Section C)

**Numerator**
The number of consumers who achieved a PDC of at least 80 percent for their antipsychotic medications (Table SAA-A (Appendix SAA-BH); Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the measurement year.

Follow the steps below to identify numerator compliance:

*Step 1*
Identify the IPSD. The IPSD is the earliest dispensing event for any antipsychotic medication (Table SAA-A (Appendix SAA-BH); Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the measurement year.

*Step 2*
To determine the treatment period, calculate the number of days beginning on the IPSD.
E. ADDITIONAL NOTES

The source measure is designed for the Medicaid population and is not risk adjusted. The source measure was specified and tested at the health plan level. This measure is modified to require clinic-level reporting, and to be consistent in format with other measures in this set of BHC measures, but is not tested at the clinic level.

Interpretation of score: Better quality = Higher score

• Most have this section
• Information on source measure
• Information on performance measure rate interpretation
Value Sets and Codes

- Many measures (state reported especially) use value sets to identify billing or diagnostic codes for calculation.

- Value set information for measures is derived from different sources depending on measure:
  - HEDIS-derived measures
  - Other NCQA-derived measures
  - CMS measures
  - Other measures prepared by different stewards

- If no value set, codes are provided

Numerator

The number of consumers who achieved a PDC of at least 80 percent for their antipsychotic medications (Table SAA-A, Appendix SAA-BH; Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the measurement year.

Follow the steps below to identify numerator compliance:

Step 1
Identify the IPSD. The IPSD is the earliest dispensing event for any antipsychotic medication (Table SAA-A, Appendix SAA-BH; Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the measurement year.

Step 2
To determine the treatment period, calculate the number of days beginning on the IPSD through the end of the measurement year.

Step 3
Count the days covered by at least one antipsychotic medication (Table SAA-A, Appendix SAA-BH; Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the treatment period. To ensure that the day’s supply does not exceed the treatment period, subtract any day’s supply that extends beyond the last day of the measurement year.

Step 4
Other Parts of the Specifications

Introductory material: Covers what we have discussed plus much more

Volume 2:
- Appendix of measurement periods
- Value set directory user manual
- Guidance for selecting sample sizes
- Definitions of practitioner types
- Measure-specific appendices
  - Examples
  - Code tables

EXAMPLE

Eligible Population or Denominator: Calculate the denominator as follows, with the measurement period being the measurement year (MY).

1. Number of consumers aged 18 or older who were seen at the clinic during the MY: 1,000
2. Number of visits during the MY by those 1,000 consumers: 6,000
3. Number of visits where the consumer was in an urgent or emergent medical situation where time was of the essence and to delay treatment would jeopardize the consumer’s health status: 500
4. Of the 5,500 nonexcluded visits, 3,000 are by Medicaid beneficiaries, 1,000 are by consumers who are beneficiaries of both Medicare and Medicaid, and 1,500 are by consumers who are neither.

Calculate as follows:

<table>
<thead>
<tr>
<th>Steps in calculation</th>
<th>Medicaid</th>
<th>Medicare &amp; Medicaid</th>
<th>Neither</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of visits by age and encounter-eligible consumers during the MY</td>
<td>3,200</td>
<td>1,200</td>
<td>1,600</td>
<td>6,000</td>
</tr>
<tr>
<td>From those, exclude visits where there were medical reasons for not screening (G8430)</td>
<td>200</td>
<td>200</td>
<td>100</td>
<td>500</td>
</tr>
<tr>
<td>Denominator</td>
<td>3,200-200 = 3,000</td>
<td>1,200-200 = 1,000</td>
<td>1,600-100 = 1,500</td>
<td>6,000-500 = 5,500</td>
</tr>
</tbody>
</table>
Data-Reporting Templates
Template Components

- Instructions for completion
- Divided into BHC-Lead and State-Lead sections with identifier for the BHC
- Case load characteristics
- One worksheet per measure
- Roll-up
- Measurement periods
Case Load Characteristics

- Completed by the BHC
- Automatically computes percent for each row

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-11 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-17 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-64 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+ years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Latino/White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Latino/Black or African American</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section A. Measurement Year

For each measure:

- Insert measurement year (MY)
- If CCHBCs, use the Demonstration Year and designate it DY1 or DY2
Section B. Data Sources

- Depending on the measure:
  - Administrative
  - Medical records
  - Hybrid
  - Survey
  - URS/MHKG data
Section C. Date Range for Measurement Period

- Separate start and end date for denominator and numerator respectively
Section D. Performance Measure

- Description of measure
- Stratification information
- Table to insert numerator and denominator
- Totals and rates are calculated automatically

### D. Performance Measure:
The percentage of consumers ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.
The measure is stratified to report Medicaid, Medicare & Medicaid, other, and total population.

<table>
<thead>
<tr>
<th></th>
<th>Numerator</th>
<th>Denominator</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare &amp; Medicaid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
Section E. Adherence to Measurement Specifications

- Identifies population included
- Identifies areas where calculation of measure or data reported may not adhere to measurement specifications

<table>
<thead>
<tr>
<th>Population Included in the Denominator (Select All That Apply, Must Select at Least One):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid population</td>
</tr>
<tr>
<td>CHIP Population (e.g., pregnant women)</td>
</tr>
<tr>
<td>Medicare population</td>
</tr>
<tr>
<td>Medicaid and Medicare Dually-Eligible Population</td>
</tr>
<tr>
<td>VHA/TRICARE Population</td>
</tr>
<tr>
<td>Commercially Insured Population</td>
</tr>
<tr>
<td>Uninsured Population</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

- If Other, explain whether the denominator is a subset of definitions selected above, please further define the denominator, and indicate the number of clients excluded:

- Did your calculation of the measure deviate from the measure specification in any way? (Enter Yes or No)
  - If Yes, the measure differs, explain how the calculation differed and why:

- Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure? (Enter Yes or No)
  - If No, the denominator doesn’t represent your total eligible population, explain which populations are
Section F. Additional Notes

- Space provided for additional information the reporter thinks important to communicate.
Roll-Up Table

- Separate worksheet near end of templates
- Automatically filled from the Section D entries for each measure
### Measurement Period Tables

- **Last worksheet in workbook**
- **Provides measurement periods for each measure for CCBHC calculation based on when the state’s Demonstration Years begin and end**

<table>
<thead>
<tr>
<th>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-BH)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DY1</strong></td>
</tr>
<tr>
<td>Feb. 1, 2017 – Jan. 31, 2018</td>
</tr>
<tr>
<td>March 1, 2017 – Feb. 28, 2018</td>
</tr>
<tr>
<td>April 1, 2017 – March 31, 2018</td>
</tr>
<tr>
<td>May 1, 2017 – April 30, 2018</td>
</tr>
<tr>
<td>June 1, 2017 – May 31, 2018</td>
</tr>
<tr>
<td>July 1, 2017 – June 30, 2018</td>
</tr>
<tr>
<td><strong>DY2</strong></td>
</tr>
<tr>
<td>Jan. 1, 2018 – Dec. 31, 2018</td>
</tr>
<tr>
<td>Feb. 1, 2018 – Jan. 31, 2019</td>
</tr>
<tr>
<td>March 1, 2018 – Feb. 28, 2019</td>
</tr>
<tr>
<td>April 1, 2018 – March 31, 2019</td>
</tr>
<tr>
<td>May 1, 2018 – April 30, 2019</td>
</tr>
<tr>
<td>June 1, 2018 – May 31, 2019</td>
</tr>
<tr>
<td>July 1, 2018 – June 30, 2019</td>
</tr>
</tbody>
</table>
Some Themes from State Visits
Site Visits

- SAMHSA’s contractor, Truven Health Analytics, visited 3 states to determine how best to structure the 8 technical assistance webinars that will be provided this summer.
- Contractor met with state officials and providers.
- SAMHSA was not informed of which states were visited to prevent any potential effect on the selection of states for the demonstration program.
Selection Criteria for Visits

From the group of volunteers:

• Geographic representation by region
• Predominantly urban vs rural vs mixed
• Many vs few CCBHCs expected to be certified
• Different levels of integration of mental health and substance use disorder treatment
• Different levels of managed care penetration
• Special populations of interest
Road Map for Implementation --

**Highlights**

- **Build on current quality measure activity in your state for other programs:**
  - *For example: FQHCs; meaningful use; health homes*

- **Map data systems**
  - *How centralized are the data collection and reporting systems in your state?*
  - *Determine EHR capabilities*
  - *Determine whether new measures will require hand entry or batch entry*
Road Map for Implementation

• Pull together interdisciplinary working groups at the state and CCBHC level to review measures and map systems
• Develop and implement IT quality and testing protocols
• Develop and implement data collection training protocols
• Determine how to make Continuous Quality Improvement work during a two year demonstration, especially given data lags
Think About ....

For States: Attribution of a client to a CCBHC in the state data
For States: Timeliness and access to information on dual eligibles
For States: Degree of MCO penetration, movement of individuals among MCOs, and access to data for the eligible population
For States: Effects of PPS or Managed Care:
  - How to accurately report encounters if payment is bundled?

For CCBHCs and States: DCOs:
  - Obtaining the data:
    - Will CCBHCs have them enter into their system, provide data another way, or is the information available to the state directly from the DCOs?

For CCBHCs and States: Do data actually reflect what is happening on the ground?
  - Coding for SA diagnoses
  - Coding of certain HCPCS G codes
As You Approach the Task

Consider clinic burden
  - Is there duplication of data entry for providers across multiple systems?

Remember the importance of improvement – not just compliance
  - Build in feedback loops and improvements in care
  - Important to set a tone of a continuous learning process

Build an interdisciplinary team
  - Understanding problems and systems development through multiple lens
  - Make an effort to understand the different perspectives

Consider how 42 CFR Part 2 will affect decisions
  - Are the SU and MH data unified or separate?
  - Can the state calculate measures capturing the entire relevant population if the data are separate?
  - Bring the different agencies together

Consider how you will know when a patient is discharged from the hospital or an ED
Clinic-Level Considerations

- Timeline for completing necessary processes
  - Developing data systems
  - Programming specs
  - Testing and validating systems
  - Training providers
  - Ensuring consistency in provider entry

- Collaboration at a clinic level
  - Interdisciplinary planning teams (e.g., administrators, IT providers, clinicians)
  - Feedback loops from IT to providers and back again
  - Consistency in membership on teams over time
There is never a perfect measure

Use the measure to represent the activities happening on the ground as closely as possible

Although not perfect, measures can be used to improve care. For example:

- Shining a spotlight on systems improvements that need to be integrated (e.g., attention to both physical and behavioral health issues at the same time)
- Awareness of inappropriate ED visits
- Improved coordination of care
- Consistent medication management
Questions?
Webinar Schedule

1: July 12: Introduction and Background – States and BHCs
2: July 19: State-Reported Measures – States Only
3: July 26: State-Reported Measures – States Only
4: August 2: Clinic-Reported Measures – States and BHCs
5: August 9: Clinic-Reported Measures – States and BHCs
6: August 16: Special Issues – States and BHCs
7: August 23: Special Issues – States and BHCs
8: September 6: Non-Required Measures – States Only

All scheduled for Tuesdays 2:00 to 3:30 pm ET
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