

PBHCI Candidate Measures
November 16, 2012

Performance Measurement Indicators show how service delivery corresponds to the needs of the person served in an integrated/holistic manner (Commission on Accreditation of Rehabilitation Facilities; CARF). Performance measurement indicators can be useful for internal program self-monitoring and improvement, accountability to SAMHSA or other interested agencies, benchmarking the success of your program against national or other standards, and for meeting program accreditation requirements. Existing PBHCI data can be used to create certain NQF (or other agency) –endorsed performance measurement indicators. Where possible, we include such indicators below. You may also consider collecting additional information to meet your program’s specific needs. Your CIHS technical assistance providers can help you select measures from this list that best meet your program’s needs.

Clinical Measures

The majority of the clinical indicators listed below are endorsed by the National Quality Forum (NQF). Additional information about any measure included in the list can be found in the NQF measures database www.qualityforum.org/Measures_List.aspx or from the measure source.

Abbreviations:

- CQAIMH-Center for Quality Assessment and Improvement in Mental Health
- CMS-Centers for Medicare and Medicaid Services
- MCM-Minnesota Community Measurement
- NCQA-National Committee for Quality Assurance
- NOMS-National Outcomes Measurement Set
- PCPI-Physician Consortium for Performance Improvement

Integration Quality Indicators

The following sample of quality indicators was gathered from the literature and web resources. These indicators can be used to monitor your program’s progress on integration of primary and behavioral healthcare for quality improvement purposes.

Indicator	Source(s)	Structure (S); Process (P); Intermediate Outcome (I); Outcome (O); Patient Experience (PE)
Written procedures exist regarding access to primary care or other medical services, sharing of	CARF: Supplement to the Behavioral Health Standards Manual, Section 3-Behavioral Health Core Program Standards, Health Home www.carf.org/healthhome/	S

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Indicator	Source(s)	Structure (S); Process (P); Intermediate Outcome (I); Outcome (O); Patient Experience (PE)
information, coordination of care		
Cross training for the most common chronic medical and behavioral illnesses prevalent in the population served	CARF: Supplement to the Behavioral Health Standards Manual, Section 3-Behavioral Health Core Program Standards, Health Home www.carf.org/healthhome/	S
The program ensures the availability of the following during program hours: psychiatrist or psychologist, primary care provider, other professional legally authorized to prescribe as needed, care coordinator, other qualified behavioral health practitioners	CARF: Supplement to the Behavioral Health Standards Manual, Section 3-Behavioral Health Core Program Standards, Health Home www.carf.org/healthhome/	S
When neither a psychiatrist or primary care physician is a member of the team, either is available during hours of operation (either in-person, by telephone, or electronically)	CARF: Supplement to the Behavioral Health Standards Manual, Section 3-Behavioral Health Core Program Standards, Health Home www.carf.org/healthhome/	S
The program offers education that includes: health promotion (diet, exercise); wellness, resilience and recovery; the interaction between mental and physical health; prevention/intervention (smoking cessation, substance abuse, increased physical activity, obesity,	CARF: Supplement to the Behavioral Health Standards Manual, Section 3-Behavioral Health Core Program Standards, Health Home www.carf.org/healthhome/	S

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Indicator	Source(s)		Structure (S); Process (P); Intermediate Outcome (I); Outcome (O); Patient Experience (PE)
chronic disease); self-management			
Policies regarding initial consent for treatment identify how information will be internally shared, how information is shared by collaborating agencies, the ability of the person served to decline services, the procedures to follow if services are declined	CARF: Supplement to the Behavioral Health Standards Manual, Section 3-Behavioral Health Core Program Standards, Health Home www.carf.org/healthhome/		S
The person-centered plan is an individualized, integrated plan that includes medical needs and behavioral health needs and is developed in collaboration with the person served and other stakeholders as appropriate and is developed or reviewed by all staff necessary to carry out the plan	CARF: Supplement to the Behavioral Health Standards Manual, Section 3-Behavioral Health Core Program Standards, Health Home www.carf.org/healthhome/		S
Written procedures guide ongoing communication among interdisciplinary team members	CARF: Supplement to the Behavioral Health Standards Manual, Section 3-Behavioral Health Core Program Standards, Health Home www.carf.org/healthhome/		S
Degree to which individual care plans are shared with all care providers as well as the member	National Health Policy Group: SASI™: Self-Assessment for Systems Integration Tool	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	P

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Indicator	Source(s)		Structure (S); Process (P); Intermediate Outcome (I); Outcome (O); Patient Experience (PE)
% Consumer/Pts satisfied with case management	Assessing Care of Vulnerable Elders Quality Indicator Library	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	PE
% Consumer/Pts who can identify person responsible for care coordination across settings.	National Health Policy Group: SASI™: Self-Assessment for Systems Integration Tool	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	P
% Consumer/Pts that report they are easily able to get in touch with their care coordinator/case manager	AXIS Healthcare Consumer Satisfaction Survey	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	PE
% Consumer/Pts reporting that service coordinators help them get what they need	Health Services Research Institute	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	PE
% Consumer/Pts reporting that their care managers are knowledgeable and competent.	Health Services Research Institute; Program for All-Inclusive Care for the Elderly Performance Measure	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	PE
% Consumer/Pts who feel it is a problem to receive advice/assistance from more than one case manager or care coordinator.	Indiana Medicaid Select Performance Measure	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	PE
% CMHC Pts w/ annual Physical Exam	Druss, et al. (2001). Integ Med care for Pts w/ SPMI: Randomized trial, <i>Archives</i>	Boardman (2006). Health access & integ. for Adults w/ SPMI,	P

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Indicator	Source(s)		Structure (S); Process (P); Intermediate Outcome (I); Outcome (O); Patient Experience (PE)
	<i>of Gen Psych.</i> 861-68.		<i>Families, Systems & Health</i> , 3-18.
% CMHC Pts w/ Direct Contact w/ PCP	Druss, et al. (2001). Integ Med care for Pts w/ SPMI: Randomized trial, <i>Archives of Gen Psych.</i> 861-68.	Boardman (2006). Health access & integ. for Adults w/ SPMI, <i>Families, Systems & Health</i> , 3-18.	P
Avg Number Consumers/Pts w/ primary care visits w/ PCP	Druss, et al. (2001). Integ Med care for Pts w/ SPMI: Randomized trial, <i>Archives of Gen Psych.</i> 861-68.	Boardman (2006). Health access & integ. for Adults w/ SPMI, <i>Families, Systems & Health</i> , 3-18.	P
% Receiving routine Primary Healthcare Screening & Associated Interventions	Druss, et al. (2001). Integ Med care for Pts w/ SPMI: Randomized trial, <i>Archives of Gen Psych.</i> 861-68.	Boardman (2006). Health access & integ. for Adults w/ SPMI, <i>Families, Systems & Health</i> , 3-18.	P
% people reporting service coordinators help them get what they need	Health Services Research Institute/Consumer Survey	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	PE
Frequency of contacts with care coordinator/case manager	AXIS Healthcare Consumer Satisfaction Survey	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	P
Rate of care coordinator turnover	Wisconsin Family Care Performance Measure	CHCS Integrated Care Program: Performance Measures Recommendations	P

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Indicator	Source(s)	Structure (S); Process (P); Intermediate Outcome (I); Outcome (O); Patient Experience (PE)
		(2006)

General Program Quality Indicators

This small sample of indicators of program/practice quality was also gathered from literature and web resources. These indicators can be used for quality improvement purposes.

Quality Indicator	Source(s)	Structure (S); Process (P); Intermediate Outcome (I); Outcome (O); Patient Experience (PE)
The program identifies hours when healthcare services are available	CARF: Supplement to the Behavioral Health Standards Manual, Section 3-Behavioral Health Core Program Standards, Health Home www.carf.org/healthhome/	S
The following services are provided, as needed, to all persons served: care management, care coordination, transitional care, individual and family support services, interaction with family members, referral to needed community and social supports	CARF: Supplement to the Behavioral Health Standards Manual, Section 3-Behavioral Health Core Program Standards, Health Home www.carf.org/healthhome/	P
Written screening procedures clearly identify when additional information will be sought in response to the presenting condition of the person served	CARF: Supplement to the Behavioral Health Standards Manual, Section 3-Behavioral Health Core Program Standards, Health Home www.carf.org/healthhome/	S

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Quality Indicator	Source(s)		Structure (S); Process (P); Intermediate Outcome (I); Outcome (O); Patient Experience (PE)
Length of time to schedule first appointment	Commission on Accreditation for Rehabilitation Facilities	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	P
Degree of consumer involvement in the planning, design, delivery, and evaluation of services	Commission on Accreditation for Rehabilitation Facilities	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	P
Degree to which consumers receive information to make informed choices	Commission on Accreditation for Rehabilitation Facilities	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	P
Degree to which consumers report that staff are sensitive to their cultural, ethnic, or linguistic background	Commission on Accreditation for Rehabilitation Facilities	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	PE
Degree to which consumers believe they were respected by staff	Commission on Accreditation for Rehabilitation Facilities	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	PE
Degree to which people are informed about available resources in the community	Commission on Accreditation for Rehabilitation Facilities	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	P

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Quality Indicator	Source(s)		Structure (S); Process (P); Intermediate Outcome (I); Outcome (O); Patient Experience (PE)
Degree to which providers routinely communicate with family and informal caregivers.	National Health Policy Group: SASI™: Self-Assessment for Systems Integration Tool	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	P
Degree to which health plans/providers provide caregiver education, training and support	National Health Policy Group: SASI™: Self-Assessment for Systems Integration Tool	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	S
Degree to which linguistic accommodations are made	Commission on Accreditation for Rehabilitation Facilities	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	S
Proportion of families who report that services/supports are available when needed, even in a crisis.	Health Services Research Institute	CHCS Integrated Care Program: Performance Measures Recommendations (2006)	PE