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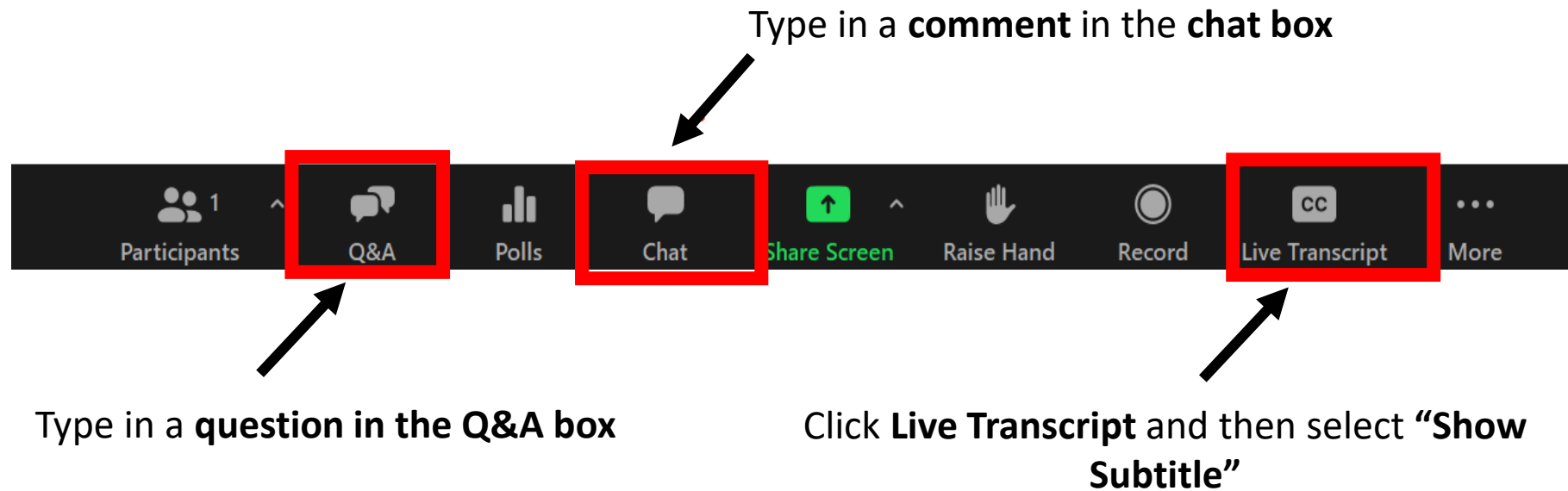
# Quality Outcomes and Behavioral Health Treatment: Improving Adoption of Measurement- Informed Care (MIC)

May 30, 2023  
1-2pm ET

**CENTER OF EXCELLENCE** for Integrated Health Solutions

*Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing*

# Questions, Comments & Closed Captioning



# Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

# ***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

[www.samhsa.gov](http://www.samhsa.gov)

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# Poll #1: What best describes your role?

- Clinician
- Administrator
- Payer
- Policy Maker
- Other (specify in chat box)



# Poll #2: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)



# Speakers



**Deborah Scharf, PhD**  
*Clinical and Health Psychologist,  
Assistant Professor of Psychology  
and Health Sciences at Lakehead  
University*



**Jeff Capobianco, PhD**  
*Senior Consultant, National Council  
for Mental Wellbeing*



**Melissa Nossal, PsyD**  
*Vice President, Behavioral Health  
Services  
Pittsburgh Mercy*

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# Learning Objectives

After this webinar, participants will be able to:

- **Examine and understand** the current state of measurement-based care in health care, specifically behavioral health settings
- **Explore** how measurement, while critical to quality care, informs treatment, alongside other factors including social determinants of health (SDOH).
- **Identify** existing sets of behavioral health measures, including those used in HEDIS and CMS Physician Performance, as well as alternative measures approved by NQF and NCQA, to recognize validity, feasibility to accurately collect, and utility in managing routine clinical care and for value-based care.
- **Gather** expert recommendations on improving available measures and exploring novel measures for future testing.

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# Measurement-Informed Care

- An approach to healthcare that integrates the regular use of patient-reported outcome measures (PROMs) and other clinical measures to inform treatment decisions and monitor progress over time.
- Repeated, systematic use of validated measures that are utilized at each clinical encounter to inform decision-making about treatment.
- Utilized in conjunction with weighing multiple factors to arrive at individualized treatment plans and continually optimizing outcomes.

Source: Bickman, et al., 2011.





# Measurement-Informed Care Impact

## **Clinical**

Researchers analyzed 51 randomized controlled trials exploring how frequently providers collected feedback on patient-reported symptoms during medication management and psychotherapy encounters and found that almost all the trials that consistently used measurement-based care (MIC) showed significantly improved patient outcomes, while one-time screenings and assessing symptoms infrequently were less effective (Fortney, J. C., et al., 2017).

## **Value Proposition**

Effective and efficient care pathways that lead to achieving recovery/treatment targets can be leveraged into value-based payment arrangements.

## **Workforce**

Can support staff who are experiencing increased behavioral healthcare demand with engagement, provide health literacy provision and clinical decision support.

In the absence of MIC, research demonstrates that clinicians struggle to identify the patients who are at a higher risk for nonresponse, or even deterioration in functioning.

Source: Constantino et al., 2019; Walfish et al., 2012.



# Why is the Use of Data for Clinical & Administrative Decision Support Difficult?

“The main reason seems to be a lack of integration of (data) health IT into clinical workflow in a way that supports the cognitive work of the clinician and the workflows among (network/partner) organizations, within a clinic and within a visit.”

Source: Carayon & Karsh, 2010.



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# Collecting, Using, & Sharing Health Data

## Barriers

1. Lack of Leadership
2. Lack of strategic plan for data use & health IT
3. Costs of EHR implementation
4. Cost of establishing and maintaining links between EHRs and HIE networks
5. Security and privacy issues
6. Liability Provider's concern to be held liable for information from outside sources/labs
7. Misaligned incentives (who pays and who benefits)
8. Provider reluctance to relinquish control of patient information to competing systems
9. Technical barriers (e.g. lack of interoperability among EHRs)
10. Lack of IT training and support

## Benefits

1. More efficient workflow
2. Improved access to clinical data
3. Streamlined referral processes
4. Improved quality of care--Better health outcomes
5. Improved patient safety, including fewer prescribing errors and fewer hospital readmissions
6. Cost savings (e.g. eliminating costs of storing paper records)
7. Increased revenue (e.g. government incentives for use of health IT)
8. Pay-for-performance incentives



# Analytics at Work; Smarter Decisions, Better Results

**D** for accessible, high-quality **Data**

**E** for an **Enterprise** orientation

**L** for analytical **Leadership**


**T** for strategic **Targets**

**A** for **Analytical talent**

Source: Davenport, Harris & Morison, 2010.



# Analytical Maturity Model (DELTA)



	DATA	ENTERPRISE	LEADERSHIP	TARGETS	ANALYSTS
<b>STAGE 5</b> Analytical Competitors	Relentless search for new data and metrics	All key analytical resources centrally managed	Strong leadership passion for analytical competition	Analytics support the firm's distinctive capability and strategy	World-class professional analysts and attention to analytical amateurs
<b>STAGE 4</b> Analytical Companies	Integrated, accurate, common data in central warehouse	Key data, technology and analysts are centralized or networked	Leadership support for analytical competence	Analytical activity centered on a few key domains	Highly capable analysts in central or networked organization
<b>STAGE 3</b> Analytical Aspirations	Organization beginning to create centralized data repository	Early stages of an enterprise-wide approach	Leaders beginning to recognize importance of analytics	Analytical efforts coalescing behind a small set of targets	Influx of analysts in key target areas
<b>STAGE 2</b> Localized Analytics	Data useable, but in functional or process silos	Islands of data, technology, and expertise	Only at the function or process level	Multiple disconnected targets that may not be strategically important	Isolated pockets of analysts with no communication
<b>STAGE 1</b> Analytically Impaired	Inconsistent, poor quality, poorly organized	n/a	No awareness or interest	n/a	Few skills, and these attached to specific functions

Adopted from the *Five Stages of Analytics Maturity* developed by Tom Davenport and Jeanne Harris in their book, *Competing on Analytics: The New Science of Winning*, and the DELTA Model developed in 2010 by Tom Davenport, Jeanne Harris and Bob Morison in their book, *Analytics at Work: Smarter Decisions, Better Results*.

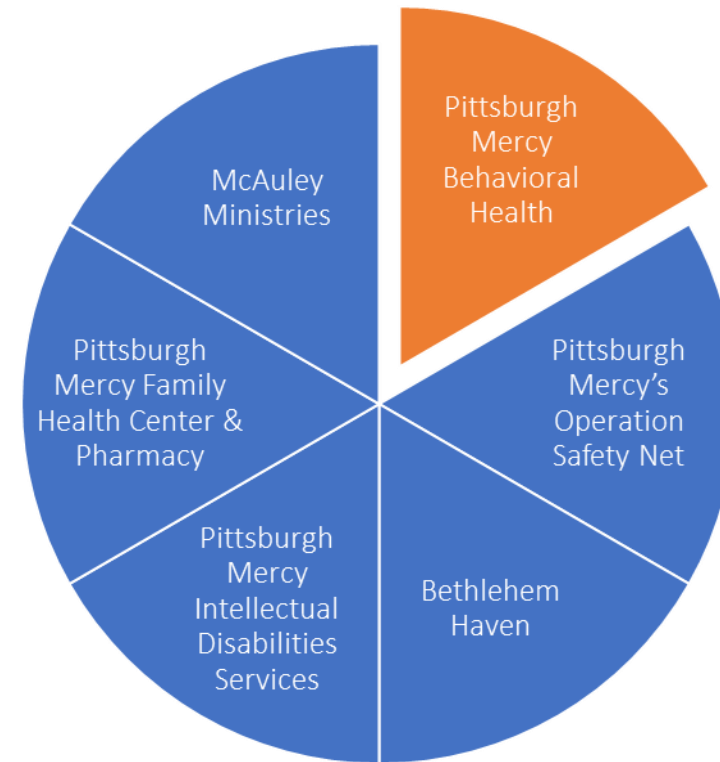
Source: Davenport, Harris, and Morison, 2007

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# Who We Are: Pittsburgh Mercy

- Community health and human service nonprofit
- Mission: to reach out and offer help and hope to some of our community's most vulnerable people and populations
- Annual operating revenue: \$110 million
- Serves over 18,000 people annually
- 111 locations across Pittsburgh
- Employs more than 1,000 colleagues
- CCBHC Demonstration Clinic & CCBHC Expansion Grantee (CCBHC-E)



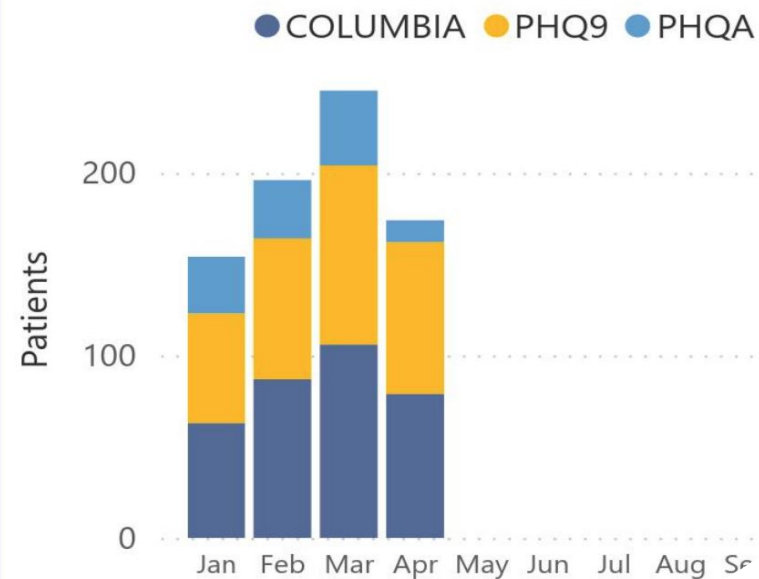
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# Using Data to Inform Care

## Depression Screening

**98.7%**

### Depression Screening



- Unified data activation platform solution
- Setting the vision
- Clarifying the process
- Creating program & organizational KPIs
- Collaboration & generating buy-in
- Bridging the gaps in knowledge
- Prioritizing & allocating resources
- Addressing barriers to change

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# Competing Priorities

Quality Care &  
Improvement

Fiscal

Regulatory  
Compliance

Administrative  
Efforts

Resource  
Allocation

Access to  
Care

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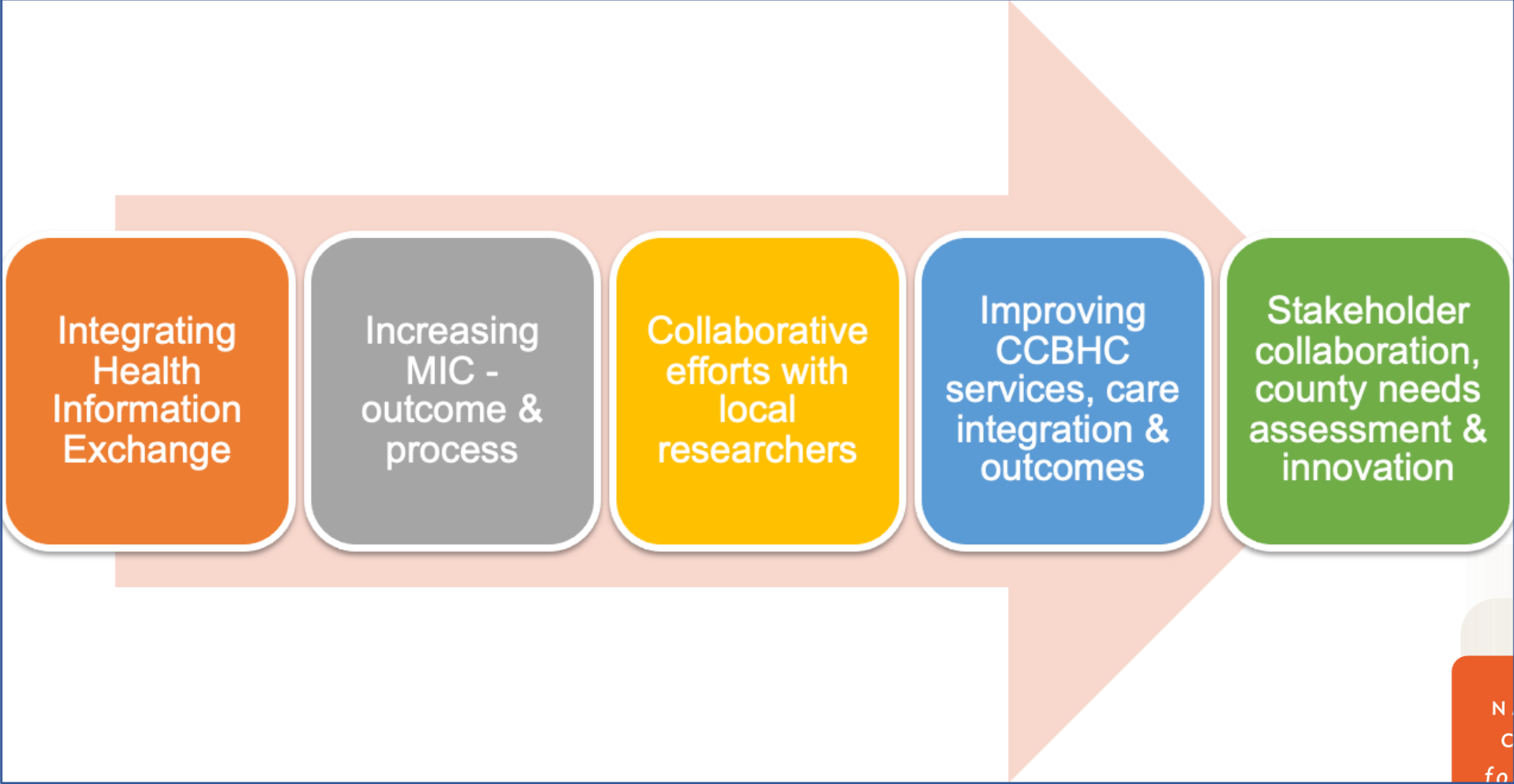


# Increasing Measurement-Informed Care

- Defining need & scope
- Prioritizing metrics
  - Low cost
  - Low burden
  - Regulatory alignment
- Identifying target outcome measures
- Incorporating into EHR
- Creating procedures & process
- Education & training
- Internal review & auditing
- Outcomes & process metrics for a more robust picture
- Outcomes data to inform
  - Individualized care decisions
  - Program training needs
  - Organizational goals
- Improving quality care
- Demonstrating value



# Where We Are Going



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# Research Project

**MIC is here and the National Council wants to help!**

**Goal:**

Direct the concepts and content for consideration that will improve and align behavioral health MIC with HEDIS/NCQA and other measures endorsement bodies

**Methods:**

- Literature and measures review
- Expert panel process
- Input from YOU

The logo for the National Council for Mental Wellbeing is located in the bottom right corner. It consists of a solid orange square containing the text "NATIONAL COUNCIL" in a white, uppercase, sans-serif font, followed by "for Mental Wellbeing" in a white, lowercase, serif font.

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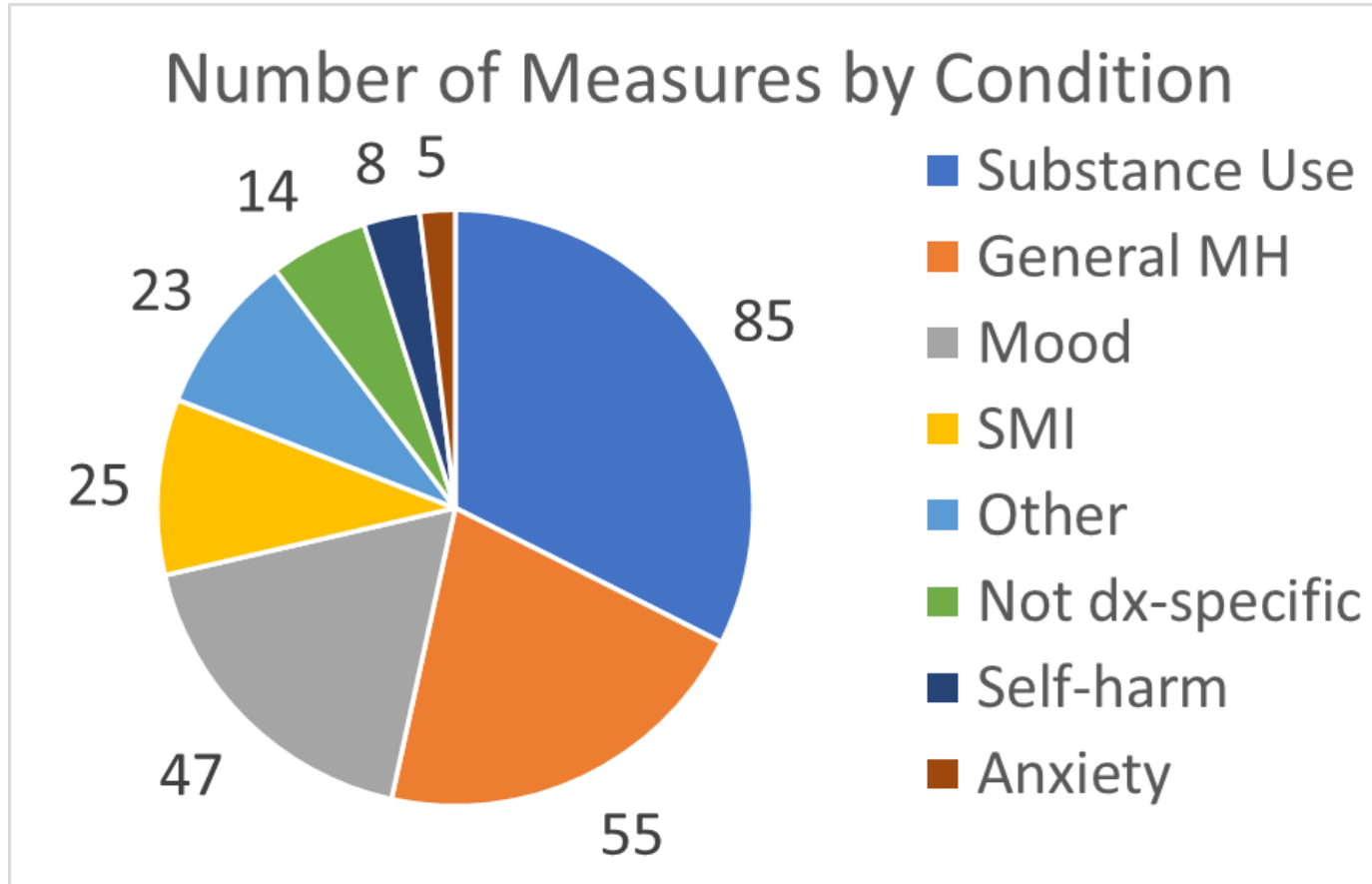


# Measure Inventory Sources

- Certified Community Behavioral Health Clinics (CCBHCs)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Medicaid Innovation Accelerator Program (IAP)
- Mental and Behavioral Health Registry (MBHR)
- National Committee for Quality Assurance (NCQA)
- National Outcome Measures (NOMs)
- National Quality Form (NQF)
- Patient-Reported Outcomes Measurement Information System (PROMIS)
- Personal Outcome Measures (POMs)
- Quality Payment Program (QPP)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- World Health Organization



# Measures Review



**Total: 239**

**Without duplicates: 215**

**Medicaid / CCBHC: 32**

**Outcome: 105**

**Process: 110**

Source: Summary of measures reviewed in all inventory sources, listed on previous slide

# We hoped to find measures that:

- a) **Improve** patient outcomes meaningfully
- b) Can be applied **repeatedly** to influence clinical decision making and potential adjustments in treatment
- c) Provide **value** to patients, providers, regulators and payers
- d) Minimize data collection **burden** to patients and providers
- e) Emulate or be **informed by successful quality measurement programs** in the real world or with other chronic illnesses
- f) Facilitate **integration** of general medical and behavioral health care



# Measures Review Results

- Poor alignment between BH measurement demands and endorsed measures
- **Few measures are:**
  - Clinically meaningful
    - Sensitive to change
    - Clear cut-offs
  - Well-suited for repeated use
  - Client report
  - Low burden
  - Useful across populations
  - Easy to calculate



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# Expert Panel Consultation

- 12 experts
- Specialties
  - ✓ Addiction
  - ✓ Admin, research, policy
  - ✓ Clinical care
  - ✓ Integrated care
  - ✓ Primary care
  - ✓ Psychology
  - ✓ Psychiatry
  - ✓ Quality measurement
  - ✓ Social work
  - ✓ And more!



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# Expert Panel Emergent Themes

- **Utilize existing measures**
  - Outcome-focused
  - Patient self-report
  - Low burden
  - Sensitive to change
  
- **If you add, focus on**
  - Transdiagnostic measures
  - Functional measures



# Two-Tiered Approach

## Tier 1: State of the field

- CCBHC and/or Medicaid endorsed
- Identifying, improving and promoting the best measures already in use



# Tier 1 Examples

Name	Measure Specifications	Source	Self-Report	# Items
Anxiety Response at 6 Mos	% adult patients (18+) with anxiety dx who demonstrated a response to treatment (GAD-7 score at least 25% less than score at index event) at 6-months (+/- 60 days) after an index visit.	APA-MBHR	Yes	7
Alcohol Use Disorder Outcome Response	% adult patients (18+) who report problems with drinking alcohol (e.g., via AUDIT-C as described in MIPS ID #431 / NQF 2152 or other e.g., DAST and TAPS) AND demonstrated a response to treatment at 3 months (+/- 60 days) after the index visit.	APA-MBHR	Yes	3
Depression Remission at 12 mos (6 mos)	% adult patients 18 + with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event date.	APA-MBHR	Yes	10

# Two-Tiered Approach <sup>(2)</sup>

## Tier 2: New frontiers

- Transdiagnostic, functional outcomes
- For concepts significant enough to warrant regular screening
- Indicative of savings *and* quality

**CONCEPTS** for which appropriate measures should be identified or developed

## Examples

- Functioning, Quality of Life, Chronic Disease Self-Management, Experience of Care

# Next Steps

1. Integrate your (stakeholder) input on this approach
2. Prepare a white paper on behalf of the National Council to stimulate discussion, action and improvement in MIC



# References

- Bickman, L., Kelley, S. D., Breda, C., de Andrade, A. R., & Riemer, M. (2011). Effects of routine feedback to clinicians on mental health outcomes of youths: results of a randomized trial. *Psychiatric Services*, 62(12), 1423-1429. DOI: 10.1176/appi.ps.002052011
- Carayon & Karsh, (2010). AHRQ Publication No. 10-0098-EF
- Davenport, Harris, and Morison, 2007. *Competing on Analytics: The New Science of Winning*
- Davenport, Harris, and Morison, 2010. *Analytics at Work: Smarter Decisions, Better Results*



# Tools & Resources

## National Council for Mental Wellbeing

- [CHI Framework](#)
- Center of Excellence for Integrated Health Solutions – [Resource Home Page](#)
- [CIHS Standard Framework for Levels of Integrated Care](#)
- [CIHS Essential Elements of Effective Integrated Primary Care & Behavioral Health Teams](#)
- [General Health Integration Framework](#) – Advancing Integration of General Health in BH Settings
  - [Utilizing an Evidence-based Framework to Advance Integration of General Health in Mental Health and Substance Use Treatment Settings](#) – Blog post
- [Medical Director Institute – Home Page](#)
- [High-Functioning Team-Based Care Toolkit](#)
- [Organizational Assessment Toolkit for Primary & Behavioral Health Care Integration \(OATI\)](#)
- [Quick Start Guide to Behavioral Health Integration for Safety-Net Primary Care Providers](#)

## Other

- NCQA– [HEDIS Measures and Technical Resources](#)
- Center for Medicare & Medicaid Services (CMS) – [Physician Compare Clinician Performance Information](#)



# Upcoming CoE Events

CoE-IHS Office Hour: Leveraging Data to Transform & Retain the Integrated Care Workforce

[Register for the office hour](#) on Wednesday, May 31st from 2-3pm ET

CoE-IHS Office Hour: Successful Innovations in Workforce Recruitment

[Register for the office hour](#) on Tuesday, June 13th from 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

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# Thank You

## Questions?

Email [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

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