

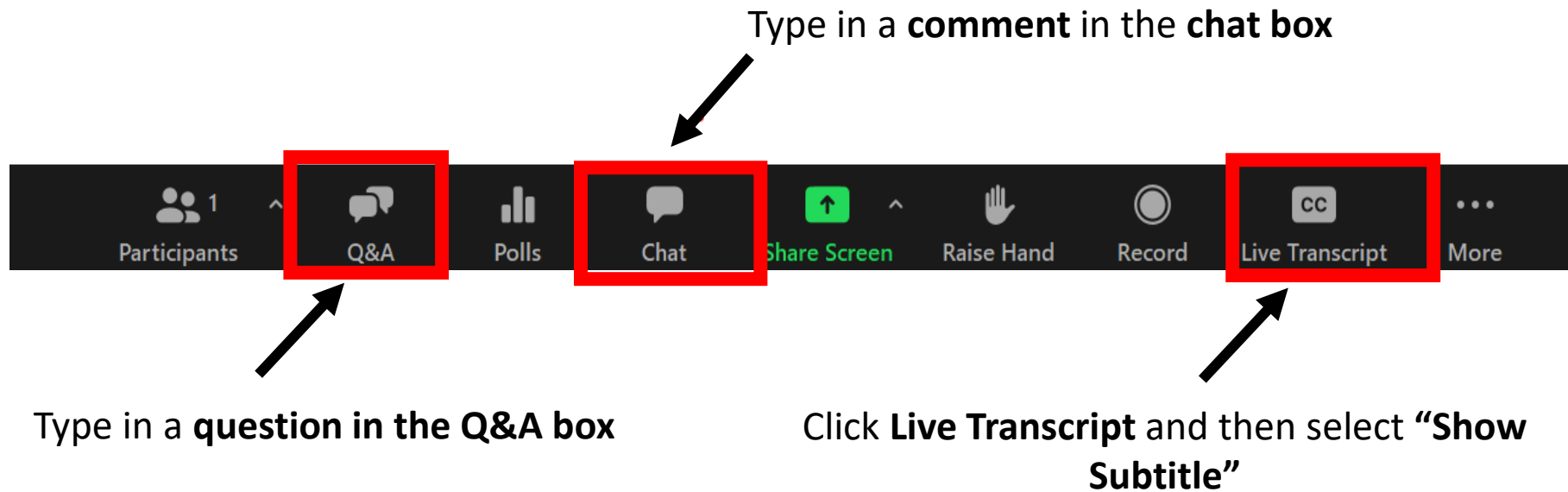
# CoE-IHS Webinar: Advancing Measurement-Informed Care (MIC) in Community Behavioral Health

Tuesday, January 30, 2024  
12-1pm 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)

NATIONAL  
COUNCIL  
*for* Mental  
Wellbeing



# Speakers



**Henry Chung, MD**  
*Professor of Psychiatry, Albert Einstein College of Medicine*



**Joseph Parks, MD**  
*Medical Director, National Council for Mental Wellbeing*



**Deborah Scharf, PhD**  
*Associate Professor of Psychology and Health Sciences, Lakehead University*



# Learning Objectives

After this webinar, participants will be able to:

- **Describe** the current state of measurement in health care and how it applies to integrated behavioral health.
- **Explain** the benefits of measurement informed care (MIC), including aligning measures across purposes such as care quality, accountability, and sustainability goals within integrated care settings.
- **Understand** two tiers of measures for MIC in behavioral health care, one each for diagnosis-specific and transdiagnostic measures.
- **Review and assess** tier 1 measure alignment with local needs and payer priorities and consider tier 2 measures for future testing.

NATIONAL  
COUNCIL  
*for* Mental  
Wellbeing



# Why Measurement Now?

- **Improved care quality**
  - Service-user education, health literacy, treatment adherence, shared decision-making
  - Clinician attention and responsiveness to symptom changes (e.g., treatment to target)
  - Data availability to support population-based care
- **Increased care value** from improved integration w/ general medicine, efficiencies from data review
- **Improved clinical outcomes** from improved response and remission rates
- **Improved sustainability of care**
  - Reimbursement opportunities for direct billing and value-based programs
  - Behavioral health value proposition
  - Data to support accreditation requirements
- **Illustrated impact of care**

Source: [What gets measured gets done: How mental health agencies can leverage measurement-based care](#)



# National Council Supports Advances in Behavioral Health Measurement



It also recognizes that measures and practices must reflect whole-person (integrated), contextual, biopsychosocial, and cultural approaches.

NATIONAL  
COUNCIL  
*for* Mental  
Wellbeing



# Barriers to Measurement in Behavioral Health



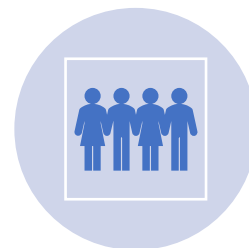
Feasibility



Clinician Issues



Service User Issues



Environment and  
Culture

Sources:

- [Improving measurement-based care implementation](#)
- [Implementing Measurement-based Care in Behavioral Health](#)
- [Measurement-Based Care Implementation Challenges & Opportunities in Real-World Practice](#)





# Expert Panel and Interested Party Consultation

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



NATIONAL  
COUNCIL  
*for* Mental  
Wellbeing



# Measurement-Informed Care (MIC)

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

Source: [Effects of Routine Feedback to Clinicians on Mental Health Outcomes](#)



# Principles of MIC

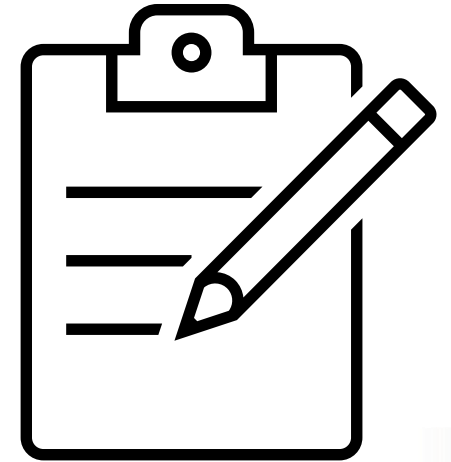
1. Measurement is essential to treatment decision-making.
2. Measurement alone is not sufficient as a sole process for making treatment decisions.
3. Measurement errors can occur due to the subjective nature of measurement tools.
4. Measurement must be done in the context of health literacy and equity considerations to ensure service users understand the meaning, purpose and utility of treatments.



Source: [Impact of Low Health Literacy on Patients' Health Outcomes](#)



# MIC Components



## To engage in MIC:

1. Use reliable and valid tools
2. Repeated measurements at clinically meaningful, regular intervals
3. Service-user-reported outcomes and/or biometric indicators
4. Alongside many sources of information
  - e.g., service-user preferences, social driver needs, culture, quality of life and functional needs/goals, family support, health literacy, etc.
5. To make treatment decisions to support clinical progress, such as the need for changes to the treatment plan, and as
6. Indications of accountability and efficiency of care.



# To be sustainable...

MIC must  
Align  
Competing  
Priorities

Quality Care &  
Improvement

Fiscal

Regulatory  
Compliance

Administrative  
Efforts

Resource  
Allocation

Access to  
Care

NATIONAL  
COUNCIL  
*for* Mental  
Wellbeing



# What Measures?

# National Council Research Project



## Goal:

Direct the concepts and content for consideration that will improve and align behavioral health MIC with the Healthcare Effectiveness Data Information Set (HEDIS) and other measures endorsement bodies.

## Methods:

- Literature and measures review
- Expert panel process
- Input from interested parties, including many of you.

NATIONAL  
COUNCIL  
*for Mental  
Wellbeing*



# Measure Inventory Sources

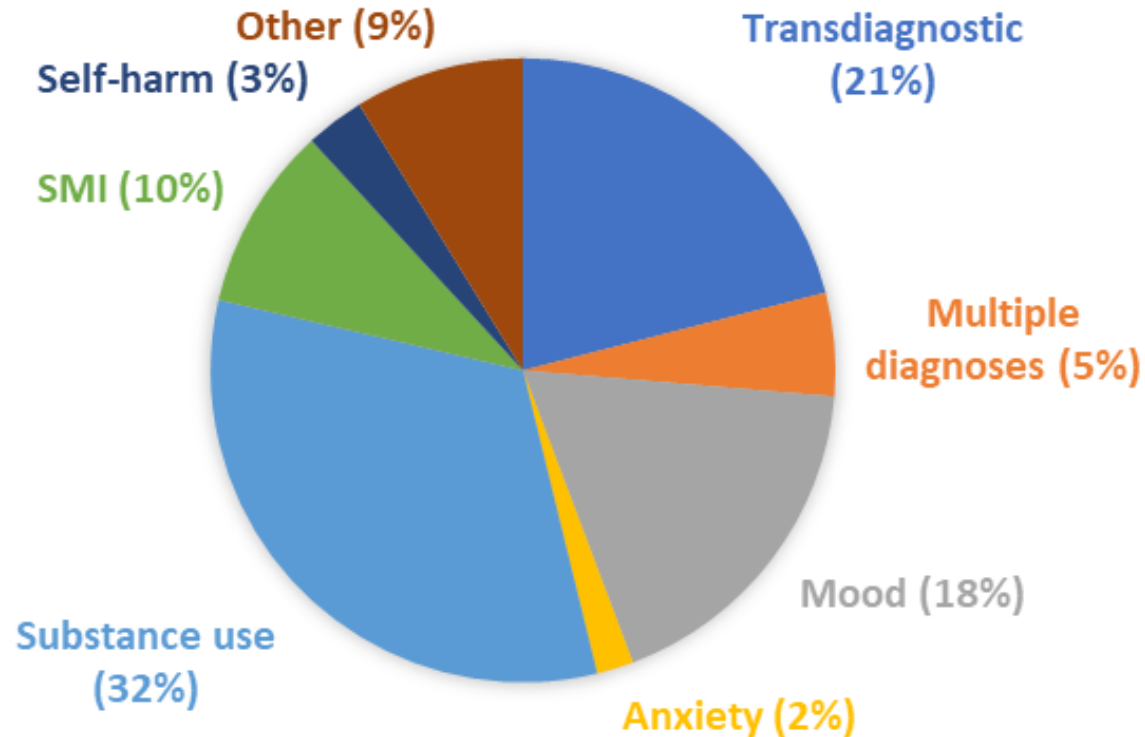
- Certified Community Behavioral Health Clinics (CCBHCs)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Medicaid Innovation Accelerator Program (IAP)
- Mental and Behavioral Health Registry (MBHR)
- National Committee for Quality Assurance (NCQA)
- National Outcome Measures (NOMs)
- 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 (WHO)





# Measures Review

## MEASURES PER CONDITION TYPE



**Total unduplicated: 215**

**Medicaid / CCBHC: 32**

**Outcome: 105**

**Process: 110**

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



# Endorsed Measures Do Not Meet Measurement Demands

## Few measures were:

- Clinically meaningful
  - Sensitive to change
  - Clear cut-offs
- Well-suited for repeated use
- Client report
- Low burden
- Useful across populations
- Easy to calculate



NATIONAL  
COUNCIL  
for Mental  
Wellbeing



# Expert Panel Recommendations



**Utilize existing measures that are:**

Outcome-focused  
Patient self-report  
Low burden  
Sensitive to change



**If you add, focus on:**

Transdiagnostic measures  
Functional measures



# Two-Tier Solution to MIC

# Tier One: Best of the Current Endorsed Set



CCBHC and/or Medicaid endorsed



Identifying, improving and promoting the best measures already in use

Source: Adapted from the new National Council paper – *Advancing Measurement-informed Care in Community Behavioral Health* (to be released soon)

# Tier 1 Measures Criteria

## Inclusion

- Required reporting for Medicaid or CCBHC
- Measures highly prevalent conditions screened and assessed in primary care
- Outcome focused
- User self-report scales or biometric indicator
- Low burden ( $\leq 15$  items)
- Sensitive to clinical change
- Psychometrically sound (reliable, valid)

- Scales with established norms and clinical severity thresholds
- Adult
- Outpatient
- Suitable for community behavioral health
- Free and in the public domain
- Eligible for reimbursement

## Exclusion

- Process focused
- Epidemiological (counts only)

Source: Adapted from the new National Council paper – *Advancing Measurement-informed Care in Community Behavioral Health* (to be released soon)



# Tier 1 Measures

Name	Specs	Source	Items	Proposed Modifications
<b>Depression response/remission at 6 months</b>	% adults w/ MD or dysthymia who reached response (PH-9 50% reduction) or remission (PHQ-9 <5) in 6 months (+/- 60 days after an index event).	APA-MBHR, NCQA	10	Monthly assessment; Consider categorical cut-point for response; Episode-based time interval should be revised to last score in calendar year
<b>Anxiety response at 6 months</b>	% adults with anxiety disorder who demonstrated response to treatment (GAD-7 <25% than at index event) at six months (+/- 60 days) after an index event.	APA-MBHR	8	As above.
<b>Alcohol use disorder outcome response</b>	% adults who reported problems w/ drinking alcohol (AUDIT-C, DAST, TAPS etc.) and demonstrated response to treatment at 3 months (+/- 60 days after index visit).	APA-MBHR	3	Consider categorical cut point to indicate alcohol treatment response indicating drinking within NIAAA (or other) safe limits.

# Tier 1 Measures (cont.)

Name	Specs	Source	Items	Proposed Modifications
<b>Comprehensive Diabetes Care for Ppl w/ SMI: HbA1c Poor Control (&gt;9.0%)</b>	Adults w/ 1(+) acute inpatient visit or 2 outpatient visits for schizophrenia or bipolar I disorder, or at least 1 inpatient visit for major depression during the measurement year <i>and</i> diabetes (type 1 and type 2) and whose HbA1c > 9.0%, missing or not tested.	Medicaid (Adult Core Set 2022); ASPE	1	Align HBA1c outcome w/ NCQA diabetes screening of bipolar and schizophrenia patients receiving atypical antipsychotic meds; Freq of assessment is 2(+)/year when stable at target; frequency is greater at 2-3 months when HBA1c not at target.
<b>Comp. Diabetes Care for Ppl W/ SMI: Blood Pressure Control (&lt;140/90 mm Hg)</b>	Adults w/ 1(+) acute inpatient visit or 2 outpatient visits for schizophrenia or bipolar I disorder, or 1(+) inpatient visit for major depression during the measurement year <i>and</i> diabetes (type 1 and type 2) and whose most recent blood pressure screening result was <140/90mm Hg.	NQF	1	Cut point could be updated with new guidance (130/65 mm Hg).
<b>Diabetes Monitoring for Ppl w/ Diabetes and Schizophrenia</b>	Adults 18-64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.	NCQA, APA-ADA	2	Create outcome consistent w/ the recommendations of the joint consensus APA/ADA statement on anti-psychotic medication; Create a cut point to indicate LDL-C treatment response



# Tier Two: Transdiagnostic Options

- 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

Source: Adapted from the new National Council paper – *Advancing Measurement-informed Care in Community Behavioral Health* (to be released soon)

# Tier 2 Measures Criteria

- Transdiagnostic (i.e., informative for clinical care across diagnoses)
- Outcome focused
- Patient self-report
- Low burden ( $\leq 20$  items)
- Sensitive to change
- Suitable for adult community behavioral health



Source: Adapted from the new National Council paper – *Advancing Measurement-informed Care in Community Behavioral Health* (to be released soon)

# Tier Two Examples

Concept	Candidate Scale(s)	Cost	Items	Modifications
<b>Disease Self-Management</b>	PAM scores at 12 Months (Hibbard et al., 2004)	Free for research only	10 or 13	Reassess every 3 months. Specify target change in score (e.g., move up one level).
<b>Functioning</b>	PROMIS v1.2 – Global Health Physical 2a and PROMIS Scale v1.2 – Global Health Mental 2a (Hays et al., 2017)	Free	4	Create categorical cut point to indicate treatment response. Reassess every three months.
<b>Goal Attainment</b>	Goal Attainment Scaling (GAS)(NCQA, 2023).	Free	2	Format for unsupported patient self-report.
<b>Patient Experience of Care</b>	CAHPS Experience of Care and Health Outcomes (ECHO) (AHRQ, 2004)	Free	31, or individual subscales	Shorten scale or limit to particular subscales.
<b>Quality of Life</b>	WHODAS 2.0 (Ustün et al., 2010)	Free	12	Create categorical cut point to indicate treatment response. Reassess every 3 months. Limit reporting to select domains.
<b>Recovery</b>	Hearth Hope Index (HHI) (Nayeri et al., 2020)	Free	12	Create a more stable factor solution

# Recommendations for MIC Implementation by National Council Member Organizations

- Behavioral health provider organizations should **use both Tier 1 and Tier 2 measures** in discussions with payers, prioritizing their quality efforts around Tier 1 and pilot testing Tier 2 measures.
- **Phased implementation:**
  - ***Low-resourced organizations*** can start with Tier 1 measures (many may already be in place).
    - Focus on those that payers recognize/value.
  - ***Better-resourced organizations*** can choose a Tier 1 and 2 measures
    - Select Tier 2 measures that you're already using
  - Solicit input from interested parties including service users, clinicians, and payers.
  - Disseminate findings from pilot studies/CQI efforts when possible.
- **Utilize technical assistance.**
  - Contact the National Council for a list of available resources, including MIC report



# New MIC Report

## Advancing Measurement-informed Care in Community Behavioral Health

Authors: Henry Chung, MD, Deborah Scharf, PhD, Joe Parks, MD, Jeff Capobianco, PhD, Vamika Mann, MA, Alexandra Plante, MA, and Sarah Neil, PhD

Corresponding Author: Henry Chung, [HChung@Montefiore.org](mailto:HChung@Montefiore.org)

*Coming soon!*



# References

- [Effects of Routine Feedback to Clinicians on Mental Health Outcomes](#)
- [Improving measurement-based care implementation](#)
- [Implementing Measurement-based Care in Behavioral Health](#)
- [Measurement-Based Care Implementation Challenges & Opportunities in Real-World Practice](#)
- [What gets measured gets done: How mental health agencies can leverage measurement-based care](#)



# End-of-Session Poll Questions

See pop up box for **poll questions**.





# Questions and Discussion



[TheNationalCouncil.org/program/Center-of-Excellence](https://www.thenationalcouncil.org/program/center-of-excellence)

NATIONAL  
COUNCIL  
*for* Mental  
Wellbeing





# Upcoming Events & Helpful Links

**Feb 15**

From 12-1pm ET

**Equity in Action  
Session**

[Register Here](#)

**Feb 29**

From 2-3 pm ET

**CoE Webinar:  
Pediatric  
Integration  
Webinar Series#4**

*Young Adults  
Integration  
Opportunities*

[Register Here](#)

Subscribe for Center of Excellence  
Updates

[Subscribe Here](#)

Relias On-Demand Training

[Learn More](#)

NATIONAL  
COUNCIL  
*for Mental  
Wellbeing*



# New ECHO Opportunity — Support Youth in Rural Settings



Kicking off in late February, this **six-session ECHO** learning collaborative will feature **didactic presentations and case discussions related to the following:**



- **Session 1: Trends in Whole Person Health Among Youth in Rural Communities**
- **Session 2: Providing Integrated Care Among Youth in Rural Communities**
- **Session 3: Enhancing Safety Among Youth in Integrated Care Services**
- **Session 4: Community Partnerships (with Faith-based and Spiritual Settings, Schools, other Community Groups) and Family Supports**
- **Session 5: Youth and Provider Lived Experiences: Receiving Health Care Services**
- **Session 6: Strategies for Supporting Health Providers and Addressing Workforce Challenges**
- **Session 7: Trends in Whole Person Health Among Youth in Rural Communities**

[Submit ECHO Application](#)

[FAQ](#)

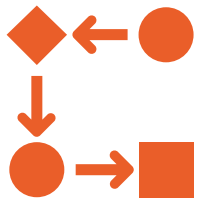
**Apply by Fri, Feb 2, 2024**

NATIONAL  
COUNCIL  
for Mental  
Wellbeing



# CHAT WITH AN EXPERT!

*Schedule a free call with an integrated care expert to discuss:*



**Implementing  
Models of  
Integrated Care**



**Health Equity  
through Integrated  
Care**



**Population Health  
in Integrated Care**



**Workforce  
Development**



**Integrated Care  
Financing &  
Operations**

**Diversity, Equity and Inclusion**

**Ongoing Impacts of COVID-19 Pandemic**

**[Submit a Request!](#)**

# Thank You

## Questions?

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

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

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

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889  
(TDD)

NATIONAL  
COUNCIL  
*for Mental  
Wellbeing*

