

Behavioral Health Performance Measures



David Mancuso, PhD

Director, Research and Data Analysis Division
DSHS Services and Enterprise Support Administration

March 9, 2016

Presentation Outline

- **5732/1519 performance measurement development process**
- **Measures selected for use with AAAs and BHOs**
- **Measures selected for use in HCA MCO contracting**
 - Mental health service penetration rate
 - Substance use disorder treatment penetration rate
 - Psychiatric hospitalization 30-day readmission rate
 - Substance use disorder treatment initiation and engagement (Washington Circle version)
- **Measure definitions**
- **Case-mix adjustment of performance expectations**
- **Reporting**

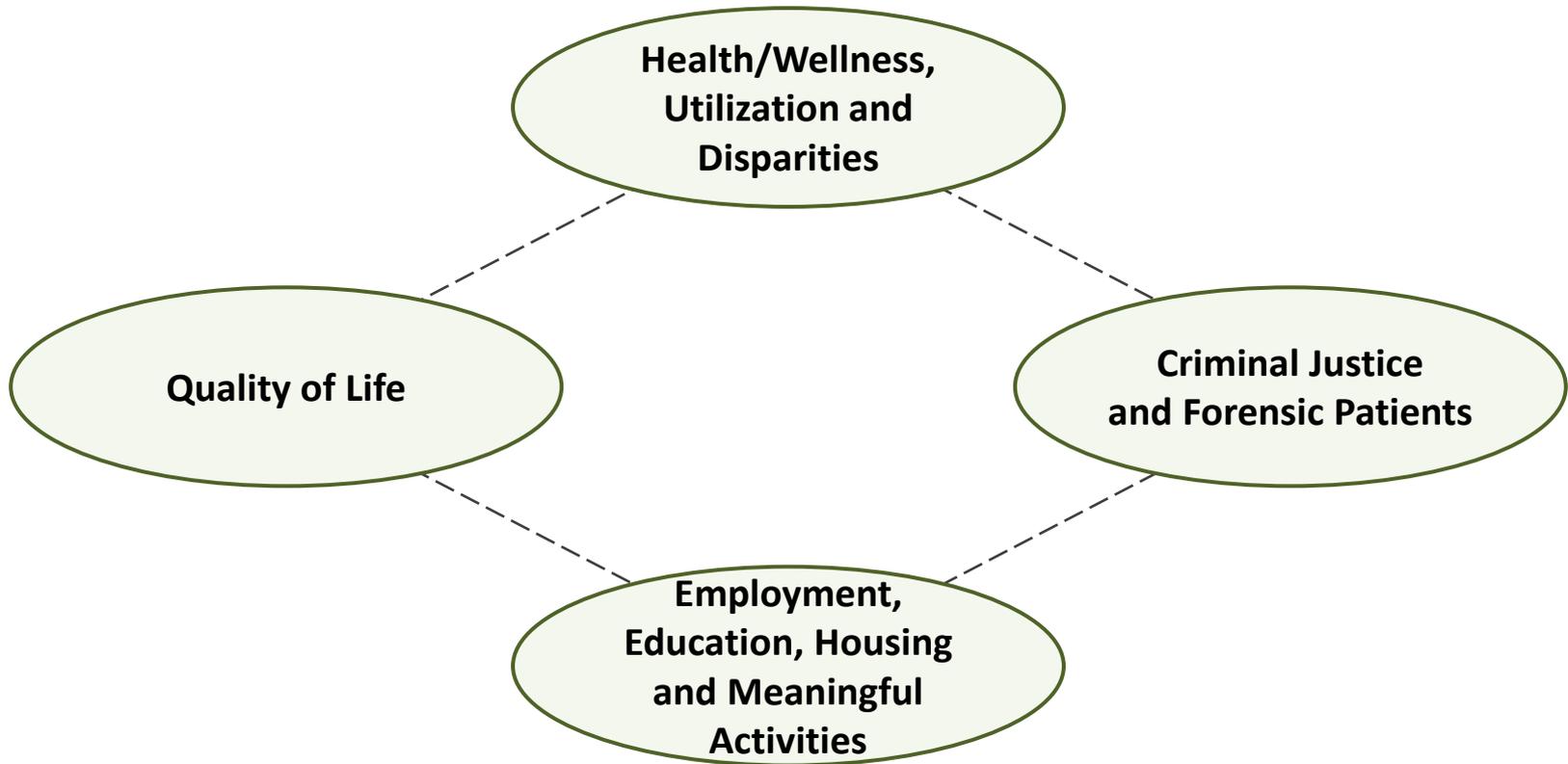
5732 Outcomes

1. Improved health status	Health/Wellness
2. Increased participation in employment and education	Employment and Education
3. Reduced involvement with the criminal justice system	Criminal Justice Involvement
3a. Enhanced safety and access to treatment for forensic patients	Forensic
4. Reduction in avoidable utilization of and costs associated with hospital, emergency room, and crisis services	Health Services Utilization
5. Increased housing stability	Housing
6. Improved quality of life, including measures of recovery and resilience	Quality of Life
7. Decreased population level disparities in access to treatment and treatment outcomes	Health Disparities

1519 Language

1. Improvements in client health status and wellness	Health/Wellness
2. Increases in client participation in meaningful activities	Meaningful Activities
3. Reductions in client involvement with criminal justice systems	Criminal Justice Involvement
4. Reductions in avoidable costs in hospitals, emergency rooms, crisis services ... and (reductions in avoidable costs in) jails and prisons	Health Services Utilization Jail/Prison Utilization
5. Increases in stable housing in the community	Housing
6. Improvements in client satisfaction with quality of life	Quality of Life
7. Reductions in population-level health disparities	Health Disparities

Measure Workgroups



Measure Inventory Sources

1. Results Washington
2. DSHS Core Metrics and 1DDR
3. CMS Core Adult Quality Measures
4. CMS CHIPRA Child Quality Measures
5. Washington Circle Measures
6. Health Home State Plan Amendment
7. Dual Eligible Demonstration Agreements
8. Children's Mental Health System of Care Redesign
9. Mental Health Transformation Grant
10. DBHR LGAN Scope reporting tool

Measure Inventory Sources *continued*

11. Healthy Options Contracts
12. RSN Contracts
13. County CD Contracts
14. AAA Contracts
15. DBHR Prevention Reporting
16. Tri-West Disparities Report
17. TANF WorkFirst Measures – subset related to behavioral health
18. Employment Monitoring Reporting Metrics (EMDP)
19. MEDNET psychotropic prescribing quality metrics
20. Fostering Well-Being child psychotropic prescribing metrics

Ten Measure Development Principles

1. **Meaningfulness** – The measure reflects an important aspect of the delivery of health services
2. **Feasibility** – The measure is well-defined and can be collected with a reasonable level of resources
3. **Responsiveness to change (“Impactability”)**
4. **Outcome over process**
5. **Objective over subjective**

Measure Development Principles

6. Uniform centralized data collection

- Minimize the cost of data collection
- Promote comparability across reporting entities

7. Use administrative data where feasible

- Minimize the cost of data collection
- Allow measures to be built on a population basis
- Supports higher-frequency reporting to better monitor changes in performance

Ten Measure Development Principles

8. Use national standards where feasible

- Transparent definitions
- Facilitate comparisons with other states and commercial populations

9. Align measures with existing reporting requirements where appropriate

10. Incentive compatibility – Minimize risk of “gaming” and unanticipated negative consequences

- Risk adjustment considerations

Policy Considerations

- Incentivize access to effective and appropriate primary care
- Incentivize prevention and early intervention
- Incentivize access to a range of mental health treatment and community-based recovery support services
- Incentivize access to a range of treatment and community-based recovery support services for substance use disorders, including medication assisted treatment
- Incentivize provision of long-term services and supports in home- and community-based settings
- Incentivize coordinated care for persons with complex needs

Policy Considerations

- Incentivize quality health care
- Incentivize achievement of desirable health outcomes
- Incentivize reduction in avoidable service utilization and costs
- Recognize risk of tying performance metrics to wellness and disease prevalence measures in ways that would reinforce incentives for service contracting entities to achieve favorable risk selection
- Recognize measures appropriate for monitoring delivery system performance that may not be appropriate for contract accountability measures

5732-1519 Recommended Performance Measures

APRIL 24, 2014

Health/Wellness, Utilization and Disparities

Access/effectiveness	1	Adults' Access to Preventive/Ambulatory Care	Contract
	2	Well-Child Visits	Contract
	3	Comprehensive Diabetes Care: Hemoglobin A1c Testing	Contract
	4	Alcohol/Drug Treatment Penetration	Contract
	5	Mental Health Treatment Penetration	Contract
	6	SBIRT Service Penetration	Contract
	7	Home- and Community-Based Long Term Services and Supports Use	Contract
Utilization	8	Suicide and drug overdose mortality rates	System Monitoring
	9	Psychiatric Hospitalization Readmission Rate	Contract
	10*	Emergency Department (ED) Visits	Contract
	11	Inpatient Utilization	Contract
	12	Plan All-Cause Readmission Rate	Contract
	13	Hospital Admissions for diabetes complications	Contract
	14	Hospital Admissions for Chronic Obstructive Pulmonary Disease	Contract
	15	Hospital Admissions for Congestive Heart Failure	Contract
Care coordination	16	Hospital Admissions for asthma	Contract
	17	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Contract
Wellness	18	Medical Assistance with Smoking and Tobacco Use Cessation	System Monitoring
	19	Body Mass Assessment	Contract
	20	Tobacco Use Assessment	Contract

Housing, Employment, Education and Meaningful Activities

Housing	21*	Homelessness/housing instability (broad)	System Monitoring
	22	HMIS-recorded housing assistance penetration	Contract
	23	Homelessness (narrow)	Contract
	24	Residential instability	Aspirational
Employment	25*	Employment rate	Contract
	26*	Earnings	Contract
	27*	Hours worked	Contract
Education	28	School-age children enrolled in school	Contract
	29	On time and late graduation from high school	Contract
	30	Adult enrollment in post-secondary education or training	Contract
Meaningful Activities	31*	Survey item: "To what extent do you do things that are meaningful to you?"	System Monitoring

Criminal Justice and Forensic Patients

Criminal Justice Involvement	32	Criminal Justice Involvement	Contract
	33	Jail Admissions	Contract
	34	Days in Jail	Contract
	35	Referrals for Competency Evaluation	Contract
	36	Persons in Prison with Serious Mental Illness	Contract
	37	Mental Health Treatment after Release from Incarceration	Contract
Access to Treatment for Forensic Patients	38	Serving Previously Un-served Offenders	System Monitoring
	39	Alcohol or Drug Treatment after Release from Incarceration	Contract
	40	Alcohol or Drug Treatment Retention	Contract
	41	Mental Health Treatment Engagement	Contract
	42	New Medicaid Enrollments after Release from Criminal Justice Facilities	System Monitoring

Health Disparities

To support measurement of disparities and performance differences across service contracting entities, where feasible and appropriate, metrics will be reported by:

- Race/ethnicity or primary language
- Age group and gender
- Geographic region
- Service-contracting entities
- Delivery system participation (for example, measuring mental health service penetration for clients receiving long-term services and supports, relative to its own benchmark or the experiences of other disabled clients not served in the long-term services and supports delivery system)
- Medicaid coverage type (for example, persons with disabilities, newly eligible adults)
- Chronic physical and behavioral health conditions
- History of criminal justice involvement
- Housing stability



Quality of Life

Physical Health	43	WHOQOL-BREF Physical Health Scale	System Monitoring
Emotional Health	44	WHOQOL-BREF Emotional Health Scale	System Monitoring
Social Health	45	WHOQOL-BREF Social Health Scale	System Monitoring
Autonomy/Safety	46	WHOQOL-BREF Autonomy/Safety Scale	System Monitoring
Overall Quality	47	WHOQOL-BREF Overall Quality of Life Scale	System Monitoring
Hope	48	WHOQOL item: "How positive do you feel about the future?"	System Monitoring
Respect	49	New survey item: "To what extent are you respected and treated fairly?"	System Monitoring
Choice	50	New survey item: "To what extent do you make your own choices?"	System Monitoring
Cultural Connectedness	51	New survey item: to be defined	System Monitoring

*Measures 10 under Health/Wellness, Utilization, and Disparities and 21, 25, 26, 27, and 31 under Housing, Employment, Education and Meaningful Activities are shared with Quality of Life.

Health Disparities

To support measurement of disparities and differences in performance across service contracting entities, the workgroup agreed that metrics should be measurable across groups defined by:

- Race/ethnicity and primary language
- Age and gender, where appropriate
- Geographic region
- Medicaid coverage (e.g., persons with disabilities, newly eligible adults)
- Chronic physical and behavioral health conditions
- History of criminal justice involvement
- Housing stability

Operational Considerations

- Technical specification of state-defined measures
- Agency selection of a subset of measures appropriate for their contracting environment
- Agency development of appropriate measure benchmarks or targets for specific contracting environments
- Risk adjustment of performance standards may be important in some contracting contexts

5732/1519 Measures

All Washington State AAAs - Medicaid Enrollees with ALTA Service Use

Eleven Plus Months in AAA and on Medicaid, Including Index Month, for HEDIS-Type Measures

Six Continuous Months in AAA and on Medicaid for PQI-Type Measures

DRAFT Preliminary

Area	MEASURE	Dual Eligibles Included?	TPL Included?	Age Group	SFY 2011	SFY 2012	SFY 2013	SFY 2014
					7/10-6/11	7/11-6/12	7/12-6/13	7/13-6/14
Health	Adults' Access to Preventative/Ambulatory Care	Yes	No	20-64	96.0%	95.7%	97.1%	96.9%
				65+	96.9%	97.5%	97.5%	97.6%
				Total	96.5%	96.8%	97.3%	97.3%
Health	Alcohol/Drug Treatment Penetration	Yes	No	18-64	13.1%	12.4%	11.4%	9.5%
				65+	6.9%	8.5%	6.5%	5.2%
				Total	11.4%	11.3%	10.1%	8.2%
Health	Mental Health Service Penetration (Broad)	Yes	No	18-64	46.1%	46.2%	46.9%	47.4%
				65+	28.6%	28.6%	28.6%	27.9%
				Total	36.4%	36.5%	37.1%	36.9%
Health	Plan All-Cause Readmission Rate	Yes	No	18-64	21.6%	21.3%	21.2%	20.4%
				65+	16.0%	14.3%	15.9%	15.5%
				Total	18.7%	17.8%	18.5%	17.9%
Area	UTILIZATION MEASURES	Dual Eligibles Included?	TPL Included?	Age Group	SFY 2011	SFY 2012	SFY 2013	SFY 2014
					7/10-6/11	7/11-6/12	7/12-6/13	7/13-6/14
Health	Emergency Department (ED) Visits per 1000 Member Months	Yes	No	18-64	123.8	119.5	118.6	116.8
				65+	58.2	65.3	75.5	70.4
				Total	84.3	87.6	93.6	89.8
Health	Home and Community-Based Long Term Services and Supports Use	Yes	Yes	18-64	91.0%	91.9%	92.1%	92.4%
				65+	76.6%	77.4%	77.8%	78.0%
				Total	81.6%	82.4%	82.9%	83.1%

5732/1519 Measures

DBHR RSN/BHO - Medicaid Enrollees with Substance Use Disorders

Eleven Plus Months in BHO and on Medicaid, Including Index Month, for HEDIS-Type Measures

Six Continuous Months in BHO and on Medicaid for PQI-Type Measures

DRAFT Preliminary

Area	MEASURE	Dual Eligibles Included?	TPL Included?	Age Group	SFY 2011	SFY 2012	SFY 2013	SFY 2014
					7/10-6/11	7/11-6/12	7/12-6/13	7/13-6/14
Health	Adults' Access to Preventative/Ambulatory Care	Yes	No	20-64	88.9%	88.0%	90.5%	89.8%
Health	Alcohol/Drug Treatment Penetration	Yes	No	18-64	32.7%	31.9%	31.2%	32.9%
Health	Initiation of Alcohol and Other Drug Dependence Treatment	Yes	No	18-64	32.1%	32.5%	31.7%	31.1%
Health	Engagement of Alcohol and Other Drug Dependence Treatment	Yes	No	18-64	4.7%	4.9%	6.1%	5.7%
Health	Mental Health Service Penetration (RSN Service Only)	Yes	No	18-64	48.8%	46.4%	46.7%	46.2%
Health	Mental Health Service Penetration (Broad)	Yes	No	18-64	64.9%	62.4%	64.1%	63.3%
Health	Psychiatric Hospital Readmission Rate	Yes	No	18-64	13.5%	14.3%	13.1%	14.6%
Health	Plan All-Cause Readmission Rate	Yes	No	18-64	24.2%	22.8%	22.0%	22.7%
Health	Homelessness (Narrow)	Yes	Yes	18-64	11.0%	9.8%	9.2%	8.6%
Health	Employment Rate	Yes	Yes	18-64	15.4%	15.4%	16.4%	20.8%
Health	Criminal Justice Involvement	Yes	Yes	18-64	19.9%	18.5%	18.0%	18.1%
Area	UTILIZATION MEASURES	Dual Eligibles Included?	TPL Included?	Age Group	SFY 2011 7/10-6/11	SFY 2012 7/11-6/12	SFY 2013 7/12-6/13	SFY 2014 7/13-6/14
Health	Emergency Department (ED) Visits per 1000 Member Months	Yes	No	18-64	235.2	210.1	197.0	196.2
Health	Home and Community-Based Long Term Services and Supports Use per 1000 MM	Yes	Yes	18-64	897.8	906.2	908.3	909.9

5732/1519 Measures

DBHR RSN/BHO - Medicaid Enrollees with Mental Health Needs

Eleven Plus Months in BHO and on Medicaid, Including Index Month, for HEDIS-Type Measures

Six Continuous Months in BHO and on Medicaid for PQI-Type Measures

DRAFT Preliminary

Area	MEASURE	Dual Eligibles Included?	TPL Included?	Age Group	SFY 2011	SFY 2012	SFY 2013	SFY 2014
					7/10-6/11	7/11-6/12	7/12-6/13	7/13-6/14
Health	Adults' Access to Preventative/Ambulatory Care	Yes	No	20-64	92.4%	91.4%	94.0%	94.0%
Health	Alcohol/Drug Treatment Penetration	Yes	No	18-64	32.4%	31.6%	31.1%	31.9%
Health	Initiation of Alcohol and Other Drug Dependence Treatment	Yes	No	18-64	31.8%	32.3%	30.8%	30.0%
Health	Engagement of Alcohol and Other Drug Dependence Treatment	Yes	No	18-64	4.8%	5.0%	5.6%	4.9%
Health	Mental Health Service Penetration (RSN Service Only)	Yes	No	18-64	34.1%	33.4%	33.8%	32.6%
Health	Mental Health Service Penetration (Broad)	Yes	No	18-64	51.4%	50.5%	52.1%	50.3%
Health	Psychiatric Hospital Readmission Rate	Yes	No	18-64	12.8%	12.7%	12.1%	13.0%
Health	Plan All-Cause Readmission Rate	Yes	No	18-64	20.8%	19.7%	19.2%	19.3%
Health	Homelessness (Narrow)	Yes	Yes	18-64	5.5%	5.0%	4.5%	4.2%
Health	Employment Rate	Yes	Yes	18-64	19.3%	19.3%	19.5%	23.3%
Health	Criminal Justice Involvement	Yes	Yes	18-64	8.5%	7.9%	7.5%	7.3%
Area	UTILIZATION MEASURES	Dual Eligibles Included?	TPL Included?	Age Group	SFY 2011 7/10-6/11	SFY 2012 7/11-6/12	SFY 2013 7/12-6/13	SFY 2014 7/13-6/14
Health	Emergency Department (ED) Visits per 1000 Member Months	Yes	No	18-64	160.3	139.5	132.4	133.4
Health	Home and Community-Based Long Term Services and Supports Use per 1000 MM	Yes	Yes	18-64	891.6	901.5	906.8	911.4

Measures Selected for HCA MCO Contracts

- **Mental health service penetration rate**
- **Substance use disorder treatment penetration rate**
- **Psychiatric hospitalization 30-day readmission rate**
- **Substance use disorder treatment initiation and engagement (Washington Circle version)**

Measure Definition: MH Service Penetration

- **Description: The percentage of members with a mental health service need who received mental health services in the measurement year**
- **Continuous enrollment requirement: at least 11 months of enrollment with the accountable service-contracting entity in the measurement year**
- **Denominator inclusion requires an indication of mental health need in 24-month window including the measurement year and the prior year**
 - Diagnosis of mental illness
 - Receipt of psychotropic medication
 - Receipt of mental health services
- **Numerator inclusion requires use of at least one qualifying mental health service in the measurement year**
 - Specified RSN/BHO services
 - Mental health services provided through the MCO benefit
 - Management of mental health condition in primary care setting

Measure Definition: SUD Treatment Penetration

- **Description: The percentage of members with an indication of a substance use disorder treatment (SUD) need who received SUD treatment services in the measurement year**
- **Continuous enrollment requirement: at least 11 months of enrollment with the accountable service-contracting entity in the measurement year**
- **Denominator inclusion requires an indication of SUD treatment need in 24-month window including the measurement year and the prior year**
 - SUD and related diagnoses
 - Receipt of medications to treat SUD (e.g., methadone, buprenorphine)
 - Receipt of outpatient or inpatient/residential SUD treatment, detoxification or SBIRT services
- **Numerator inclusion requires use of at least one qualifying SUD treatment service in the measurement year**
 - Outpatient or inpatient/residential SUD treatment services
 - Medication-assisted treatment (e.g., methadone, buprenorphine)

Measure Definition: Psychiatric 30-Day Readmission

- **Definition:** the proportion of acute inpatient psychiatric stays during the measurement year that were followed by an acute psychiatric readmission within 30 days
- **Continuous enrollment requirement:** at least 11 months of enrollment with the accountable service-contracting entity in the measurement year
- **Measure is analogous to HEDIS PCR metric**
- **Qualifying inpatient stays**
 - Community psychiatric hospital admissions
 - Evaluation & treatment center admissions
 - Child long-term psychiatric inpatient admissions (CLIP)
 - Child Study Treatment Center admissions
 - Eastern and Western State Hospital admissions

Measure Definition: SUD Tx Initiation/Engagement

- **Definition: The percentage of members admitted to outpatient or intensive outpatient SUD treatment who received the following:**
 - Initiation of SUD Treatment. The percentage of members who initiate treatment through a face-to-face outpatient treatment session within the 14 days following admission to outpatient SUD treatment.
 - Engagement of SUD Treatment. The percentage of members who initiated treatment AND had at least two additional face-to-face outpatient treatment sessions within the 30 days following initiation of SUD treatment.
- **Analogous to HEDIS IET metric, but triggered by treatment admission rather than identification of SUD through a broader set of health service events**

Case Mix Adjustment: MH Service Penetration Metric

Effect Type	Effect Direction
Mental illness condition severity	Positive++
Presence of co-occurring SUD	Positive
Physical condition disease burden	Negative
Age	Negative
Gender	Female slightly positive
Race-ethnicity	Variation across groups
Criminal justice involvement	Positive
Homeless	Slightly positive
Institutional or residential care setting	Negative
Residential population density	Positive

Case Mix Adjustment: SUD Treatment Penetration Metric

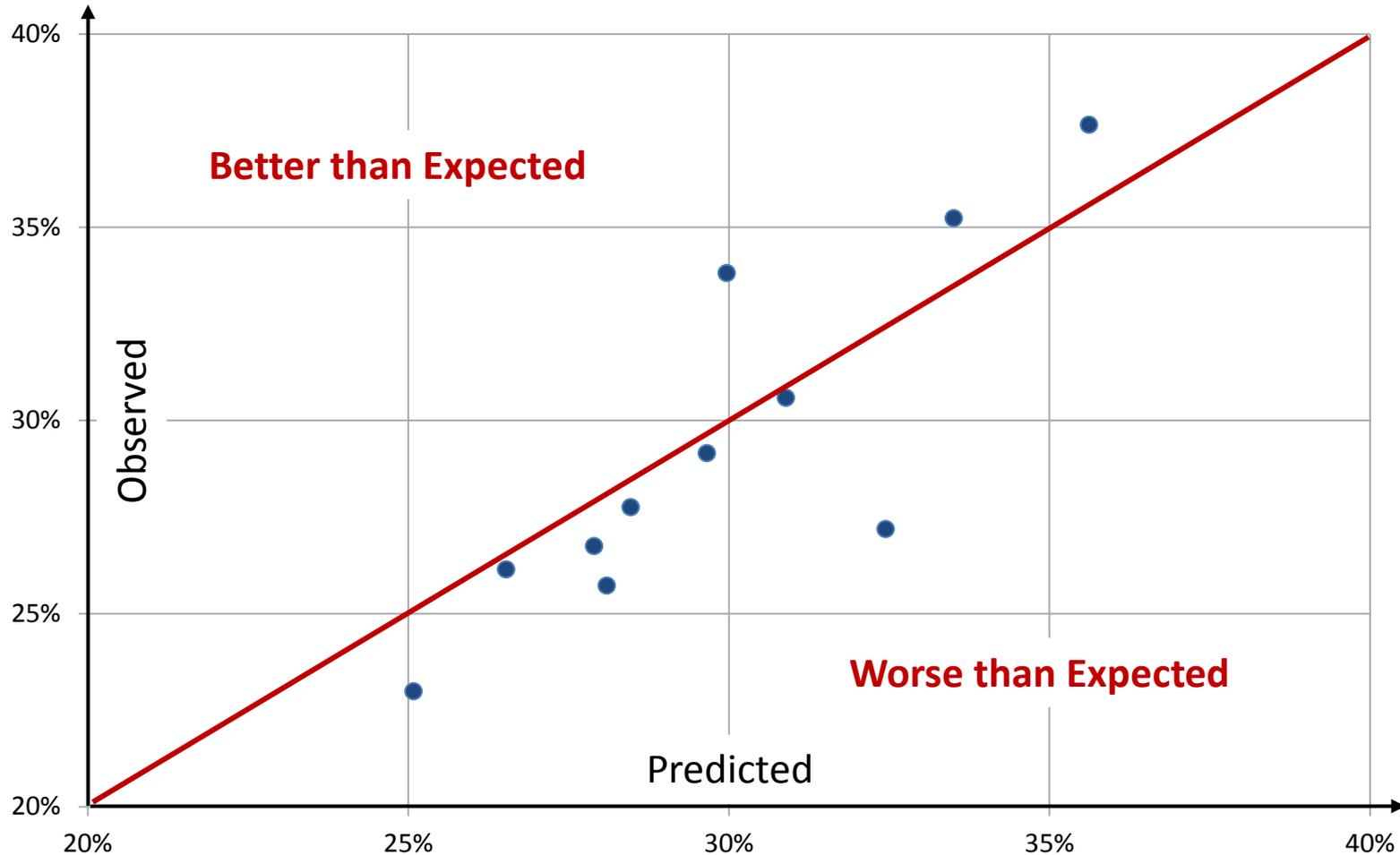
Effect Type	Effect Direction
Alcohol vs drug use disorder	Greater positive association with drug use disorders
Presence of co-occurring MH need	Negative
Physical condition disease burden	Negative
Age	Negative
Gender	No effect
Race-ethnicity	Variation across groups
Criminal justice involvement	Positive
Homeless	Slightly positive
Institutional or residential care setting	Negative
Residential population density	Positive

Alcohol/Drug Treatment Penetration

By RSN, SFY 2014

Ages 18 and Over • Excluding Third Party Liability and Medicare Part C

DRAFT Preliminary

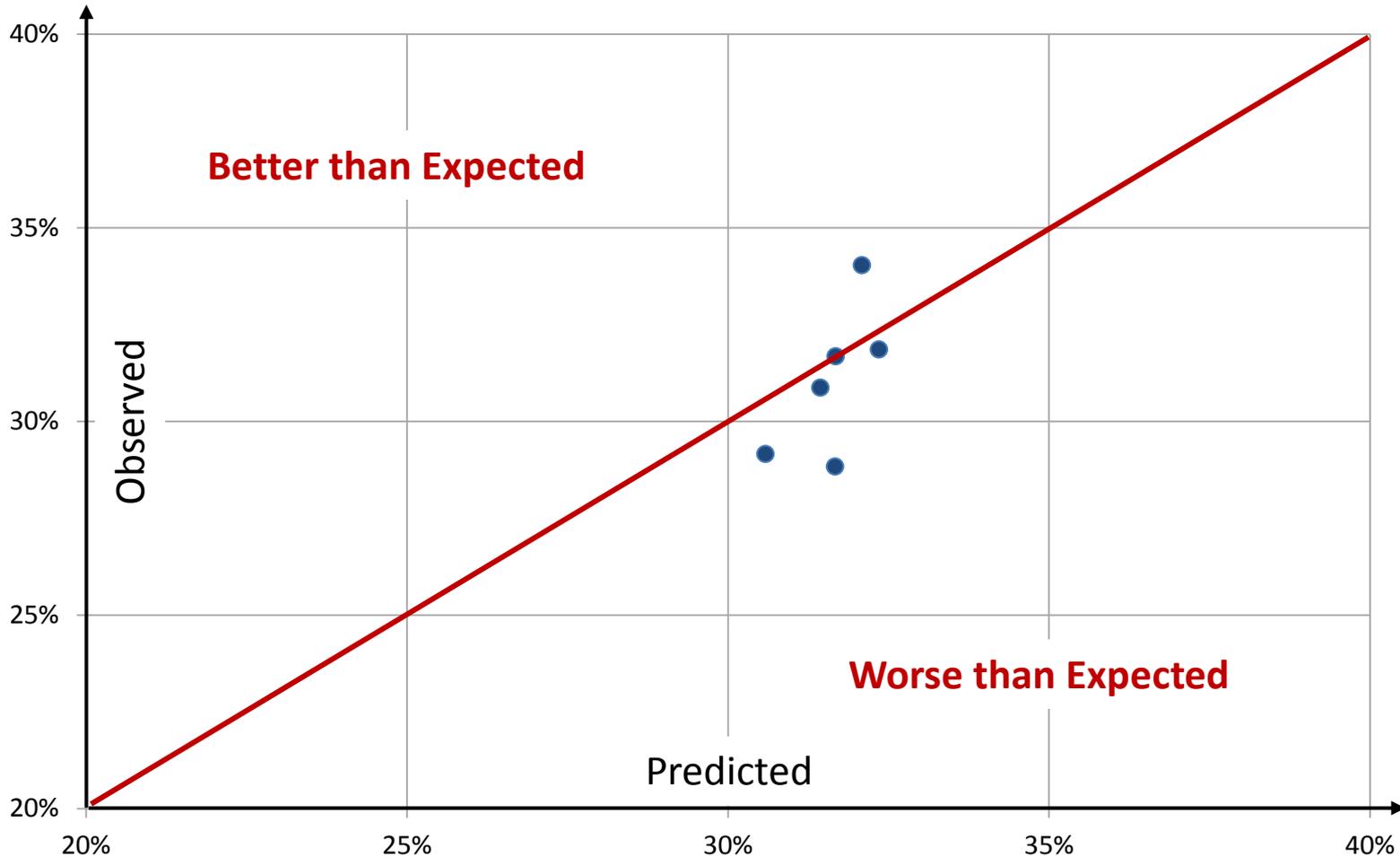


Alcohol/Drug Treatment Penetration

By Managed Care Organization, SFY 2014

Ages 18 to 64 • Excluding Duals and Third Party Liability

DRAFT Preliminary

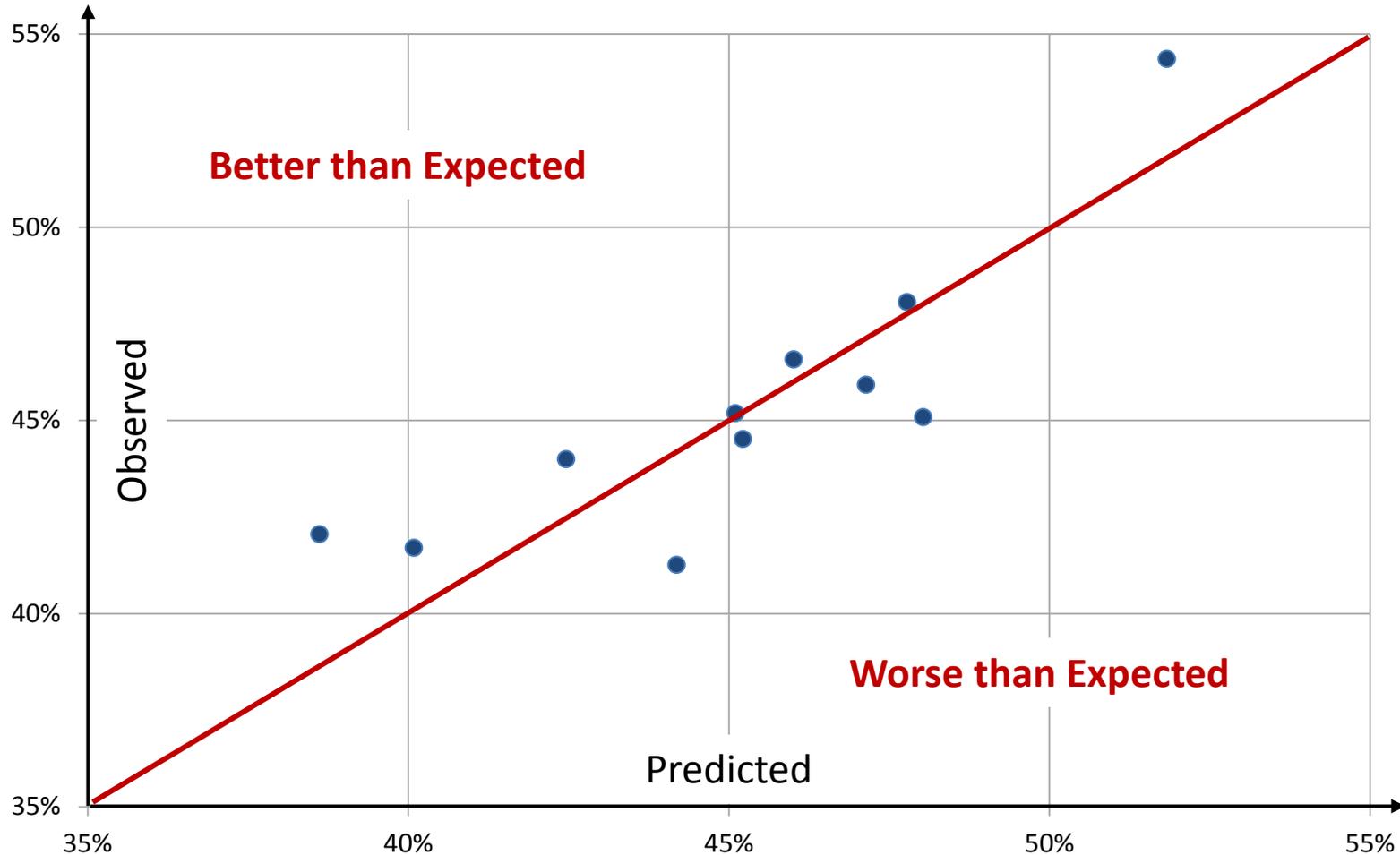


Mental Health Treatment Penetration, Broadly Defined

By RSN, SFY 2014

Ages 18 and Over • Excludes Third Party Liability and Medicare Part C

DRAFT Preliminary

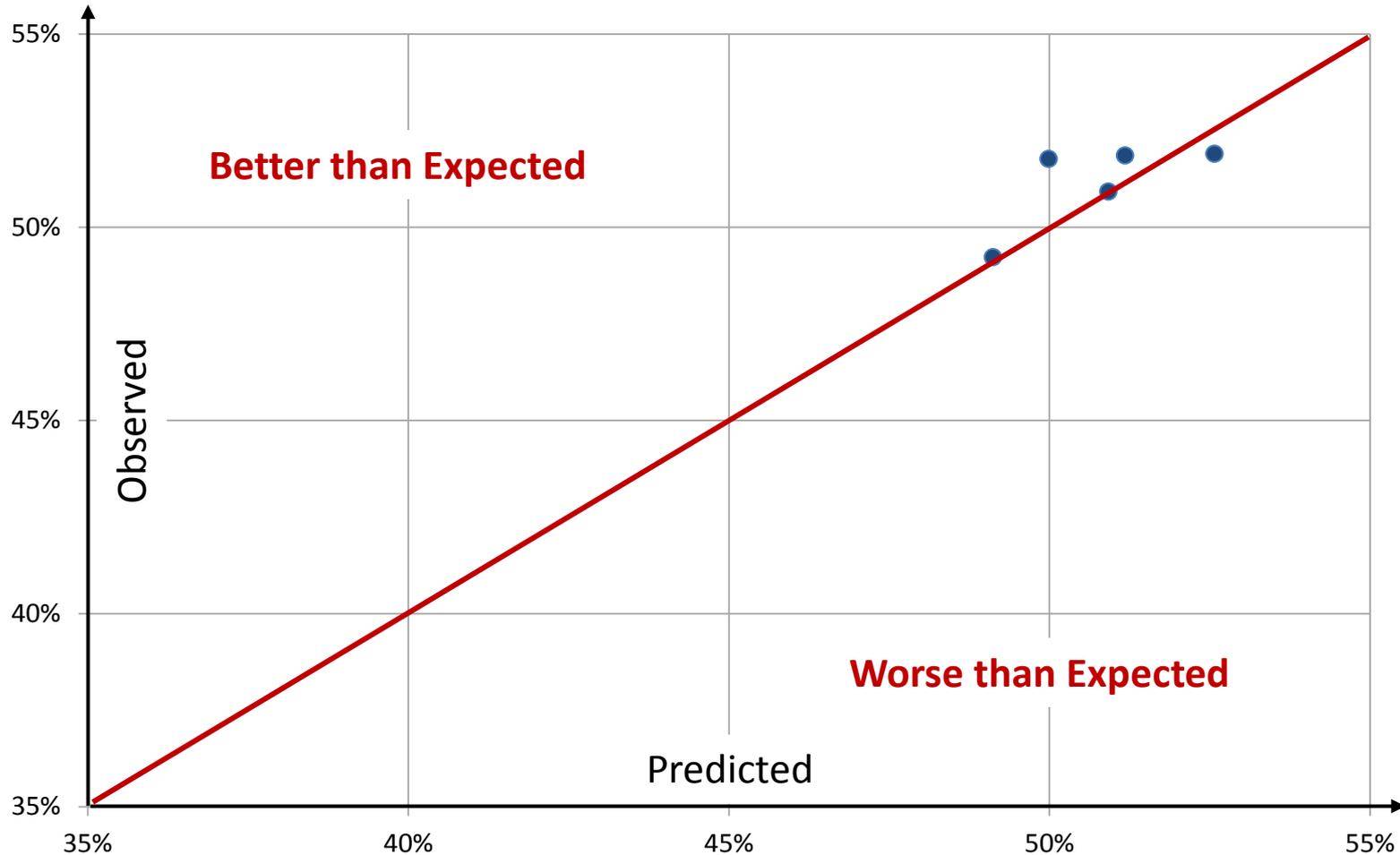


Mental Health Treatment Penetration, Broadly Defined

By Managed Care Organization, SFY 2014

Ages 18 to 64 • Excluding Duals and Third Party Liability

DRAFT Preliminary



Where we go from here...

- **PMCC measure adoption and ongoing measure stewardship**
- **DSHS reporting:**
 - Public reporting for AAAs and BHOs by end of 2016
 - DBHR will set performance targets after encounter data stabilizes following BHO implementation in April 2016
- **Current HCA guidance on use in MCO context:**
 - Establish baselines in 2017 using 2016 data
 - Incorporate into incentive structures in 2018 based on 2017 experience

Questions?