



# Senate Bill 419 Advisory Committee

## Quality Measurement Discussion

September 1, 2022

# Agenda

- Measure Polling

# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #1: Initiation and Engagement of Substance Use Disorder Treatment (IET)</b>	<b>Claims</b>	<b>Process</b>
<p><b>Measure description:</b></p> <p>This measure assesses the degree to which the organization initiates and engages members identified with a need for substance use disorder (SUD) services and the degree to which members initiate and continue treatment once the need has been identified. Two rates are reported:</p> <ul style="list-style-type: none"><li>• <b>Initiation of SUD Treatment.</b> The percentage of adolescent and adult members with a new episode of SUD who initiate treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis.</li><li>• <b>Engagement of SUD Treatment.</b> The percentage of adolescent and adult members with a new episode of SUD who initiated treatment and who had two or more additional SUD services or MAT within 34 days of the initiation visit.</li></ul>		

# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #2: Follow-Up After Emergency Department Visit for Substance Use</b>	<b>Claims</b>	<b>Process</b>
<p><b>Measure description:</b></p> <p>The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), who had a follow up visit for SUD. Two rates are reported:</p> <ul style="list-style-type: none"><li>• The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li><li>• The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li></ul>		

# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #3: Use of Pharmacotherapy for Opioid Use Disorder (OUD)</b>	<b>Claims</b>	<b>Process</b>
<p><b>Measure description:</b></p> <p>The percentage of Medicaid beneficiaries ages 18–64 with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measure year. The measure will report any medications used in medication-assisted treatment of opioid dependence and addiction and four separate rates representing the following types of FDA-approved drug products: buprenorphine; oral naltrexone; long-acting, injectable naltrexone; and methadone.</p>		

# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #4: Depression Assessment with PHQ-9/ PHQ-9M</b>	<b>Claims</b>	<b>Process</b>
<p><b>Measure description:</b></p> <p>Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during the four month measurement period. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress.</p>		

# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #5: Depression Remission at Six Months</b>	<b>Claims</b>	<b>Outcome</b>
<p><b>Measure description:</b></p> <p>Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score &gt; 9 who demonstrate remission at six months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.</p> <p>This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) are also included in the denominator.</p>		

# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #6: Depression Remission at Twelve Months</b>	<b>Claims</b>	<b>Outcome</b>
<p><b>Measure description:</b></p> <p>Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score &gt; 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.</p> <p>This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.</p>		



# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #7: Depression Response at Six Months- Progress Towards Remission</b>	<b>Claims</b>	<b>Outcome</b>
<p><b>Measure description:</b></p> <p>Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score &gt; 9 who demonstrate a response to treatment at six months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score.</p> <p>This measure applies to both patients with newly diagnosed and existing depression identified during the defined measurement period whose current PHQ-9 score indicates a need for treatment. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) are also included in the denominator.</p>		

# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #8: Depression Response at Twelve Months- Progress Towards Remission</b>	<b>Claims</b>	<b>Outcome</b>
<p><b>Measure description:</b></p> <p>Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score &gt; 9 who demonstrate a response to treatment at twelve months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score. This measure applies to both patients with newly diagnosed and existing depression identified during the defined measurement period whose current PHQ-9 score indicates a need for treatment.</p> <p>This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.</p>		

# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #9: Gains in Patient Activation (PAM) Scores at 12 Months</b>	<b>Instrument-Based Data, Other</b>	<b>Outcome</b>
<p><b>Measure description:</b></p> <p>The Patient Activation Measure® (PAM®) is a 10 or 13 item questionnaire that assesses an individual's knowledge, skill and confidence for managing their health and health care. The measure assesses individuals on a 0-100 scale. There are 4 levels of activation, from low (1) to high (4). The measure is not disease specific, but has been successfully used with a wide variety of chronic conditions, as well as with people with no conditions. The performance score would be the change in score from the baseline measurement to follow-up measurement, or the change in activation score over time for the eligible patients associated with the accountable unit.</p> <p>The outcome of interest is the patient's ability to self-manage. High quality care should result in gains in ability to self-manage for most chronic disease patients. The outcome measured is a change in activation over time. The change score would indicate a change in the patient's knowledge, skills, and confidence for self-management. A positive change would mean the patient is gaining in their ability to manage their health.</p> <p>A "passing" score for eligible patients would be to show an average net 3-point PAM score increase in a 6-12 month period. An "excellent" score for eligible patients would be to show an average net 6-point PAM score increase in a 6-12 month period.</p>		

# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #10: Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer</b>	<b>Claims</b>	<b>Process</b>
<b>Measure description:</b> The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids with a daily dosage greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer, AND who received opioid prescriptions from four (4) or more prescribers AND four (4) or more pharmacies.		

# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #11: Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs</b>	<b>Claims</b>	<b>Process</b>
<b>Measure description:</b> Percentage of discharges from a medically managed withdrawal episode for adult Medicaid beneficiaries, ages 18–64, that were followed by a treatment service for substance use disorder (including the prescription or receipt of a medication to treat a substance use disorder [pharmacotherapy]) within 7 or 14 days after discharge.		

# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #12: Continuity of Care after Inpatient or Residential Treatment for Substance Use Disorder (SUD)</b>	<b>Claims</b>	<b>Process</b>
<p><b>Measure description:</b></p> <p>Percentage of discharges from inpatient or residential treatment for substance use disorder (SUD) for Medicaid beneficiaries, ages 18–64, which were followed by a treatment service for SUD. SUD treatment services include having an outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth encounter, or filling a prescription or being administered or dispensed a medication for SUD. (After an inpatient discharge only, residential treatment also counts as continuity of care.)</p> <p>Two rates are reported, continuity within 7 and 14 days after discharge.</p>		

# New Proposed Quality Measure

Measure Name	Data Source	Measure Type
<b>Measure #13: Depression Screening and Follow-Up for Adolescents and Adults (DSF)</b>	<b>Electronic Clinical Data Systems (ECDS) Reporting/ Claims</b>	<b>Process</b>
<p><b>Measure description:</b> The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.</p> <p><b>Depression Screening.</b> The percentage of members who were screened for clinical depression using a standardized instrument.</p> <p><b>Follow-Up on Positive Screen.</b> The percentage of members who received follow-up care within 30 days of a positive depression screen finding.</p>		

# New Proposed Quality Measure

Measure Name	Data Source	Measure Type
<p><b>Measure #14: Social Need Screening and Intervention (SNS-E), this or similar measure can be modified to meet needs of WV pilot.</b></p>	<p><b>E.H.R/Claims</b></p>	<p><b>Process</b></p>
<p><b>Measure description:</b>            The percentage of members who were screened, using pre-specified instruments, at least once during the measurement period for unmet food, housing and transportation needs and received a corresponding intervention if they screened positive.</p> <p>Six rates will be reported:</p> <p><b>Food screening:</b> The percentage of members who were screened for unmet food needs.  <b>Food intervention:</b> The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet food needs.</p> <p><b>Housing screening:</b> The percentage of members who were screened for unmet housing needs.  <b>Housing intervention:</b> The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet housing needs.</p> <p><b>Transportation screening:</b> The percentage of members who were screened for unmet transportation needs.  <b>Transportation intervention:</b> The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet transportation needs.</p>		



# Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
<b>Measure #15: Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b>	<b>Claims</b>	<b>Process</b>
<p><b>Measure description:</b></p> <p>The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.</p> <p>Two rates are reported:</p> <p><b>Rate #1:</b> The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.</p> <p><b>Rate #2:</b> The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.</p>		

# Next Steps

- August 8<sup>th</sup> – Review Measure Polling Results

# Open Discussion

Additional Questions or Comments?