Senate Bill 419 Advisory Committee

Quality Measurement Discussion

August 25, 2022

Agenda

- Quality Measurement – Stakeholder Feedback Discussion

- New Measures
  - Social Determinants of Health (SDOH)
  - Depression Screening
  - Follow-Up After High-Intensity Care for Substance Use Disorder

- General Measurement Feedback/Considerations

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
Measure #1: Initiation and Engagement of Substance Use Disorder Treatment (IET)	**Claims**	**Process**
Who is responsible for collection of this measure? • ED/ Hospital should be responsible for collecting the data on referrals to treatment. The RTC or outpatient facility can then report if the patient is scheduled or has engaged in treatment. • The Health Plan collects and reports this information at this time. Sorting the data by facility and by members admitted to the facility, which may be a heavy lift. • Hospitals with current comprehensive SUD programs would have this information readily available.	**Appropriateness for evaluation of the SB419 Pilot?** • Appropriate as the ED is a crucial time to capture those with SUD and refer to treatment (early intervention). This measure would also show how the RTC or outpatient program follows up with patient for continued services. • This would provide insight and tracking across the continuum, but HIPAA could be an issue across levels of care. MCOs would be able to provide this information as needed. • This does not specifically related to SUD provider performance.	

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
Measure #2: Follow-Up After Emergency Department Visit for Substance Use	**Claims**	**Process**

Who is responsible for collection of this measure?

- The RTC/ outpatient facility would be best to report this measure, based upon the list of referrals from ED.
- Review of ED admissions cannot be limited to those with a primary diagnosis of SUD.
- MCO can report. The only "trick" would be sorting the data by facility and by members admitted to the facility.
- MCOs would be the best provider of this information- concern is that most persons presenting for Overdose- primary diagnosis could also be heart attack, breathing problems, etc- SUD is not always primary.

Appropriateness for evaluation of the SB419 Pilot?

- This measure would be appropriate for the SB419 pilot program. This measure would show how effectively the RTC/outpatient facility engages patients in the appropriate type of services for their SUD diagnosis.
- Very appropriate but challenging- suggest any hospitalization where SUD diagnosis is present.
- SUD providers are the recipients and are not likely to easily influence this measure. Not a measure of SUD performance.

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
Measure #3: Use of Pharmacotherapy for Opioid Use Disorder (OUD)	**Claims**	**Process**
Who is responsible for collection of this measure? • This measure could be reported by the RTC/outpatient SUD program for patients that are actively engaged in services. • Reporting on this data would be a twofold process of identifying members with opiate use disorder from the targeted population (identified by facility) and cross referencing to pharmacy claims for MAT of one type or another. • This measure could easily be tracked by MCOs. • May require SUD provider self reporting. May be able to pull from claims.	**Appropriateness for evaluation of the SB419 Pilot?** • This measure does not particularly reflect performance by the RTC/ outpatient program. • Very appropriate. • Promotes evidence based care for OUD.	

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
Measure #4: Depression Assessment with PHQ-9/ PHQ-9M	**Claims**	**Process**
Who is responsible for collection of this measure? • This measure could be reported by the RTC/outpatient SUD program for patients that are actively engaged in services. • This should be collected at each level of care.	**Appropriateness for evaluation of the SB419 Pilot?** • This measure does not particularly reflect performance by the RTC/ outpatient program. • Very appropriate. • Not all providers use the PHQ tools, some use other standardized measures such as the Beck, and many use none at all.	

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
Measure #5: Depression Remission at Six Months	**Claims**	**Outcome**
Who is responsible for collection of this measure? • This measure could be reported by the RTC/outpatient SUD program for patients that are actively engaged in services. • This should be collected at each level of care.	**Appropriateness for evaluation of the SB419 Pilot?** • This measure is very useful to determine how effectively RTC/ outpatient programs are treating depression. Consider a reduction in score before measuring performance based upon being lower than 5 on a PHQ-9. • Appropriate for dually diagnosed. • Not specific for SUD providers. • Collecting the information and reporting it may be a challenge. Additionally, in the recovery period six months may be too early to assess.	

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
Measure #6: Depression Remission at Twelve Months	**Claims**	**Outcome**

Who is responsible for collection of this measure?

- This measure could be reported by the RTC/outpatient SUD program for patients that are actively engaged in services.
- Depending on how it is collected, this may be a more suitable assessment time for progress in depression however goal seems a bit excessive, possibly. Collection will be challenging in terms of finding the member post discharge.
- This should be collected at each level of care.

Appropriateness for evaluation of the SB419 Pilot?

- This measure is very useful to determine how effectively RTC/outpatient programs are treating depression. Consider a reduction in score before measuring performance based upon a set score of 5 on below on the PHQ-9.
- Appropriate for dually diagnosed.
- Not specific for SUD providers.
- Collecting the information and reporting it may be a challenge. Additionally, in the recovery period six months may be too early to assess.

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
Measure #7: Depression Response at Six Months- Progress Towards Remission	**Claims**	**Outcome**

Who is responsible for collection of this measure?

- This measure could be reported by the RTC/outpatient SUD program for patients that are actively engaged in services.
- This should be collected at each level of care.

Appropriateness for evaluation of the SB419 Pilot?

- This measure may be more useful to determine performance of RTC/outpatient programs than the preceding measures. Expectation of having a PHQ-9 score of 5 may not be attainable for patients with dysthymia. However, reduction of the score by 50% seems to more accurately measure how effectively their patients depression is being treated and the ongoing follow up care provided.
- If patient is still in treatment.
- Not specific for SUD providers.
- Progress towards remission probably a more reasonable goal however six months is a bit early to assess.

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
Measure #8: Depression Response at Twelve Months- Progress Towards Remission	**Claims**	**Outcome**

Who is responsible for collection of this measure?

- This measure could be reported by the RTC/outpatient SUD program for patients that are actively engaged in services.
- Nice measure, very applicable, collected informally by most residential and OP providers (meaning without using a tool) and is a good goal of treatment. Challenging to collect once the person leaves your door step.
- This should be collected at each level of care.

Appropriateness for evaluation of the SB419 Pilot?

- Patient activation is important, but is not always a reflection of the performance of the RTC/ outpatient program. This measure could be useful, but not as reliable as other measures.
- Appropriate tool.
- Not specific for SUD providers and complex to administer. Would likely be unreliable measure of SUD provider performance.

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
Measure #9: Gains in Patient Activation (PAM) Scores at 12 Months	**Instrument-Based Data, Other**	**Outcome**

Who is responsible for collection of this measure?

- This measure could be reported by the RTC/outpatient SUD program for patients that are actively engaged in services.
- Collected informally by most residential and OP providers (meaning without using a tool) and is a good goal of treatment. Challenging to collect once the person leaves your door step.
- This should be collected at each level of care.

Appropriateness for evaluation of the SB419 Pilot?

- Patient activation is important, but is not always a reflection of the performance of the RTC/ outpatient program. This measure could be useful, but not as reliable as other measures.
- Appropriate tool.
- Not specific for SUD providers and complex to administer. Would likely be unreliable measure of SUD provider performance.

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
Measure #10: Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer	**Claims**	**Process**

Who is responsible for collection of this measure?

- This measure would be best reported by the Board of Pharmacy, as they would have access to this data.
- This measure is more preventive than interventional. Most WV prescribers have become acutely aware of the pharmacy summary data base and the taboos on prescribing high doses of opioids.
- Board of Pharmacy access is limited; Pharmacy's may have a better handle to track- MCOs may also be an option if patient did not pay cash.

Appropriateness for evaluation of the SB419 Pilot?

- I would strongly consider dropping measure. We are already tracking this through the CSMP, it will be very difficult to get accurate and reliable data for RTC patients.
- I do not feel that this measure is appropriate for SB 419. All providers should be checking a patients board of pharmacy for multiple controlled substance prescriptions before prescribing any MAT. Have not experienced patients having more than one prescriber/ prescription.
- Appropriate tool, but could be hard to track.
- Meant for pain management providers and primary care. Does not reflect SUD provider performance.

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
Measure #11: Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs	**Claims**	**Process**

Who is responsible for collection of this measure?

- This measure could be reported by the RTC/outpatient SUD program for patients that are actively engaged in services.
- MCO feedback: Good and useful measure that we do not currently collect. Would require a contract expansion for our data reporting agency I believe (assuming that they can do it, which they should be able to do….).
- This should be a shared collection of data from the discharging residential/inpatient facility and the receiving outpatient/IOP entity.

Appropriateness for evaluation of the SB419 Pilot?

- This measure would reflect the success of the RTC/ outpatient SUD program to connect patients with aftercare services. I would consider it appropriate for measure in SB 419.
- Very appropriate.
- Worthy measures if we can pull data specific to the SUD providers.

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
Measure #12: Continuity of Care after Inpatient or Residential Treatment for Substance Use Disorder (SUD)	**Claims**	**Process**
Who is responsible for collection of this measure? • This measure could be reported by the RTC/outpatient SUD program for patients that are actively engaged in services. • Good and useful measure that we do not currently collect. Would require a contract expansion for our data reporting agency I believe (assuming that they can do it, which they should be able to do….). • This should be a shared collection of data from the discharging residential/inpatient facility and the receiving outpatient/IOP entity.	**Appropriateness for evaluation of the SB419 Pilot?** • This measure would reflect the success of the RTC/ outpatient SUD program to connect patients with aftercare services. I would consider it appropriate for measure in SB 419. • Very appropriate • Worthy measures if we can pull data specific to the SUD providers	

New Proposed Quality Measure

Measure Name	Data Source	Measure Type
***NEW Measure #13: NCQA: Depression Screening and Follow-Up for Adolescents and Adults (DSF)** - 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.	**Electronic Clinical Data Systems (ECDS) Reporting/ Claims**	**Process**

Two rates will be reported:

Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument.

Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Considerations:

- Measure is based on CMS measure 0418 which has been retired. NCQA is still collecting.
- Who is responsible for collection of this measure?
- Appropriateness for evaluation of the SB419 Pilot?
- Potential to pull any of this data from claims?

New Proposed Quality Measure

NEW Proposed Measure #13: NCQA: Depression Screening and Follow-Up for Adolescents and Adults (DSF) *Continued*

- *Table 2 shows data sources for DSF measure.*

Table 2. DSF average data source contribution to the numerator, MY 2019-2020

Product Line	Data Source	Screening		Follow-Up	
		MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %
Commercial	EHR	23.0	35.4	47.4	19.7
	HIE/Registry	1.7	1.8	1.8	0.5
	Case Management	0.0	22.2	0.0	0.3
	Claims	0.2	0.0	50.8	79.6
Medicaid	EHR	22.2	26.9	25.2	20.9
	HIE/Registry	3.7	3.1	3.4	2.3
	Case Management	4.0	7.8	0.5	6.3
	Claims	0.1	0.0	70.9	70.4

Performance Rates by Data Sources Used

- Performance rates for the behavioral health measures varied by data sources used for reporting.
- Nearly all plans that used only claims data had performance rates of "zero." For example, in *DSF* the average performance rate for plans that used only claims data for the screening rate was zero percent, while the average rate for plans that used any non-claims data source was between 2.9 and 11.4 percent (Table 3).
- Among plans with rates greater than zero, better performance was observed when measures used larger contributions of non-claims data sources.

https://www.ncqa.org/wp-content/uploads/2021/11/Special-Report-Reporting-Results-for-Measures-Leveraging-Electronic-Clinical-Data-for-HEDIS.pdf

New Proposed Quality Measure

Measure Name	Data Source	Measure Type
***NEW Measure #14: NCQA: Social Need Screening and Intervention (SNS-E)** - 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.		**Process**

Six rates will be reported:

Food screening: The percentage of members who were screened for unmet food needs.
Food intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet food needs.

Housing screening: The percentage of members who were screened for unmet housing needs.
Housing intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet housing needs.

Transportation screening: The percentage of members who were screened for unmet transportation needs.
Transportation intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet transportation needs.

New Proposed Quality Measure

NEW Measure #14: NCQA: Social Need Screening and Intervention (SNS-E) *Continued*

Considerations:

- Model unique state measurement based off of this measure adding in additional collection and reporting timeframes and assessment of employment status.
- Appropriateness for evaluation of the SB419 Pilot?
- Who is responsible for collection of this measure?
- What is the most appropriate data source?

Stakeholder Quality Measure Feedback

Measure Name	Data Source	Measure Type
***NEW Measure #15: Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)** - 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.	**Claims**	**Process**
Two rates are reported: **Rate #1:** 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. **Rate #2:** 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.		

General Stakeholder Feedback

- SDOH tool - We currently complete Government Performance and Results Act (GPRA) related reporting associated with our SAMSHA funding which is collected at a 6 month cycle. We have found data collection post graduation becomes more and more difficult over time (beyond 12 months).

- Need clarification or at least clearer definitions of works like “recovery”- is it completely abstinent? Where does MAT fit in?

- ‘Safe Housing’ for a person who was homeless at the City Mission would be a blessing; Where does employment and stay at home parenting fit in?

- Will the incentive payment be large enough to cover the additional labor required to be compliant with data collection? Is it possible that agencies will be differentially rewarded based on what kinds of patients they take (Medicaid vs private insurance, etc)? For example, if Medicaid patients are lost to follow up more frequently. What about patients who change agencies? Who gets credit for their success or failure?

General Stakeholder Feedback

- Everyone from the ER through outpatient will need trained and we will need to make referrals as easy as possible to get compliance. I think it is obvious that many people are not getting referred to outpatient treatment from inpatient admissions. Unless this first year is taking a baseline and we want our numbers to get better after implementation.

- As a general observation, I am concerned that we have yet to find a way to reliably and validly address the required measures about drug free status, employment, housing, aftercare, transportation and or relapse.

- Published literature review on residential treatment outcomes “results suggest that best practice rehabilitation treatment integrates mental health treatment and provides continuity of care post-discharge.” I don’t believe we should measure or focus on practices or procedures not clearly demonstrated to be associated with improved patient/client outcomes.

General Stakeholder Feedback

- Continuity of care is already a required SB 419 measure, so for simplicity, and greater likelihood of success, I believe the only additional area of focus should be on “mental health treatment integration.”

- Lastly, it would be good to either risk adjust or assess performance on improvement rather than reward a specific target so as to encourage admission and treatment of those with the greatest need (SDOH challenges or SUD symptom burden).

General Stakeholder Feedback

- There is always the problem of attribution once a member changes MCOs. Does that person then get dropped from the data pool and the contract? All of the MCOs will struggle with sorting follow up and HEDIS data by member and this may present challenges to do in an automated fashion. Our systems are set up to collect HEDIS data on a population wide basis. Our suspicion would be that we would have to set up entirely different data collection systems to collect data at a member level.

- It may make more sense to bifurcate the alternative payment model to create objectives and contract terms for the residential facility, and a second set of objectives and contract terms for the identified outpatient provider agency. Of course, the scope required of the CCBHCs may encompass these objectives via the SPA without consideration of any kind of “bonus” model.

- Additionally, if the recovery residences are covered by Medicaid under the renewed waiver, it makes total sense for them to assume these responsibilities. Many individuals live in those homes for a year or more and data collection would be simplified.

Next Steps

- August 1st – Measure Polling
- August 8th – Measure Polling Results

Open Discussion

Additional Questions or Comments?