NATIONAL QUALITY FORUM

Medicaid Innovation Accelerator Project 2016-2017

Physical and Mental Health Integration Technical Expert Panel Orientation Web Meeting

January 11, 2017

Welcome and Review of Meeting Objectives

Meeting Objectives

- Welcome members to NQF's Medicaid Innovation Accelerator Project
- Orient members to the role of the Physical and Mental Health Integration (PMH) Technical Expert Panel (TEP)
- Review process for identifying Medicaid Innovation Accelerator Program (IAP) priority area measures

Introductions of Technical Expert Panel Members

Technical Expert Panel - Physical and Mental Health Integration

Technical Expert Panel Chair	Maureen Hennessey, PhD, CPCC, Precision Advisors

Technical Expert Panel Members
• Angela Kimball, National Alliance on Mental Illness
• Virna Little, PsyD, LCSW-r, MBA, CCM, SAP, The Institute of Family Health
• David Mancuso, PhD, Washington State Department of Social and Health Services
• James Schuster, MD, MBA, UPMC Insurance Division

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IAP Medicaid Innovation Accelerator Program

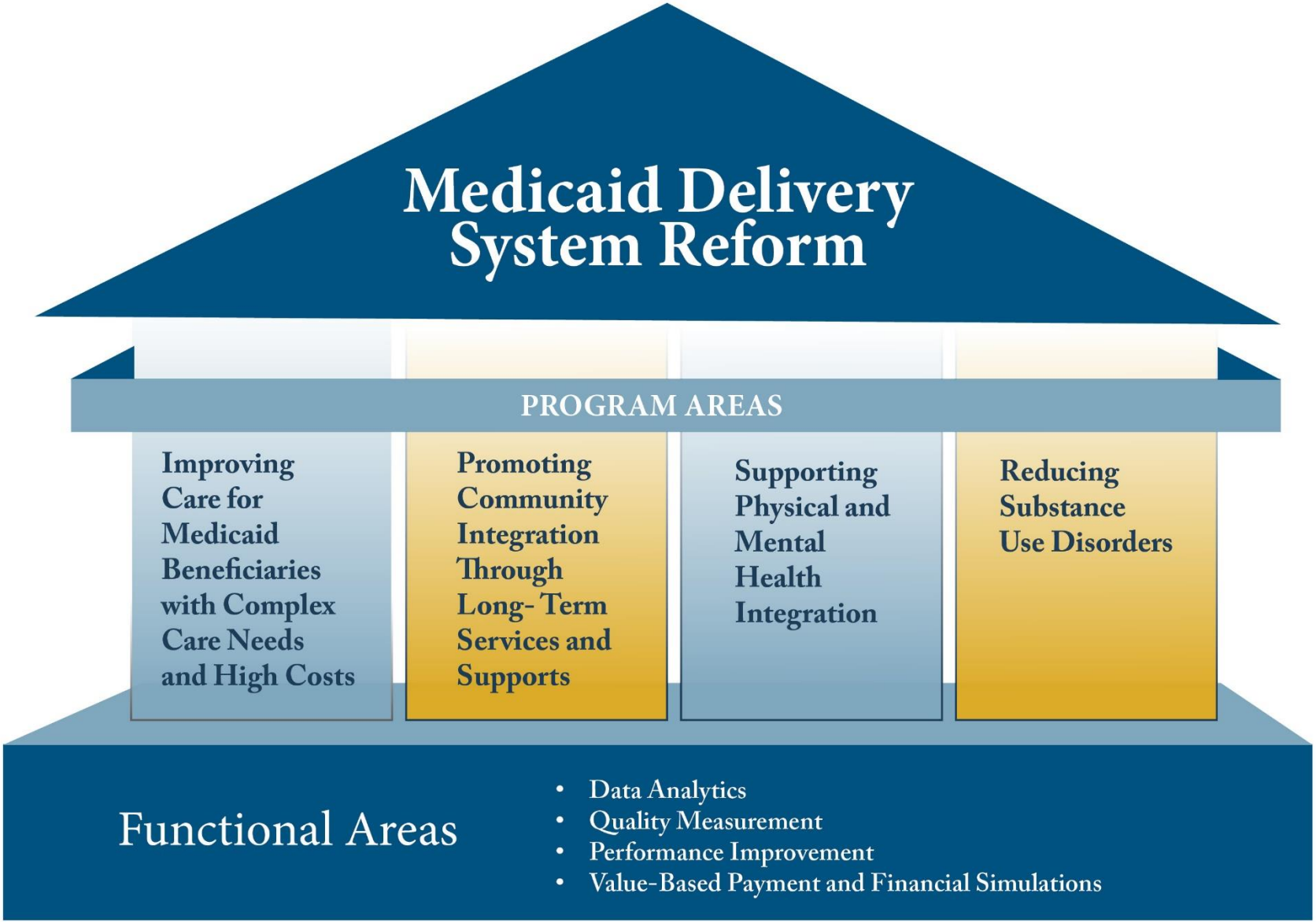
Overview of the Medicaid Innovation Accelerator Program (IAP)

Karen LLanos
Director, Medicaid IAP
Center for Medicaid and CHIP Services

January 2017

Medicaid IAP

- Four year commitment by CMS to build state capacity and support ongoing innovation in Medicaid through targeted technical assistance
- A CMMI-funded program that is led by and lives in CMCS
- Supports states' and HHS delivery system reform efforts
  - The end goal for IAP is to increase the number of states moving towards delivery system reform across program priorities
- Not a grant program; targeted technical assistance


Medicaid Delivery System Reform
PROGRAM AREAS
Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs
Promoting Community Integration Through Long-Term Services and Supports
Supporting Physical and Mental Health Integration
Reducing Substance Use Disorders
Functional Areas
• Data Analytics
• Quality Measurement
• Performance Improvement
• Value-Based Payment and Financial Simulations

IAP Program Priority Areas

- Reducing Substance Use Disorders
- Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs
- Promoting Community Integration through Long-Term Services and Supports
- Supporting Physical and Mental Health Integration

How Does Medicaid IAP Work With State Medicaid Agencies?

Targeted technical support to Medicaid agencies through:

- Multi-month learning collaboratives
- Web-based learning series
- One-on-one technical support
- National webinars
- Tools and resources for all states

How Do We Define Success Across IAP?

- Has participation in IAP led to increased delivery system reform in the IAP program priority areas/populations?
- Has IAP increased states' capacity to make substantial improvements in:
  - Better care, smarter spending, healthier people?
- Has IAP built states' capacity in the following areas:
  - Data analytics, quality measurement, performance improvement, value-based payment & financial simulations?

Medicaid IAP Quality Measurement Efforts

Goal is to improve states' capacity related to quality measurement for their Medicaid delivery system reform efforts, by:

1. Supporting states' efforts to select, use/report, and align standardized quality measures
   - Collaboration with NQF to identify sets of existing, standardized measures for states Medicaid agencies' use

2. Developing technical resources to address challenging quality measurement issues
   - Work underway with developers of readmission measures to explore methodological issues specific to Medicaid populations

Medicaid IAP Quality Measurement Efforts

Goal is to improve states' capacity related to quality measurement for their Medicaid delivery system reform efforts, by:

3. Filling critical Medicaid-relevant quality measurement gaps through the development and/or refinement of measures
   - Multi-year measure development activities underway to develop/refine small number of measures in key gaps areas related to four IAP program areas

4. Spreading best practices and innovations on quality measurement issues

CMS's Goals for the IAP-NQF Measure Sets Project

Produce a listing/sets of measures that will:

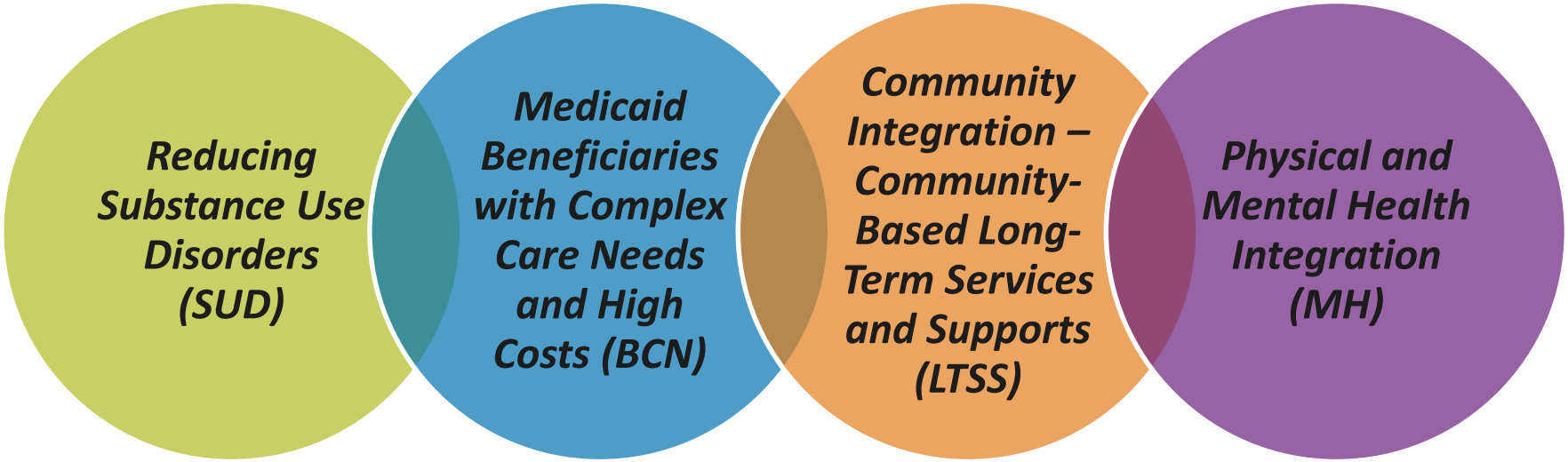
- Reflect the various quality domains related to IAP's four program areas
- Be of value to state Medicaid agencies in their delivery system reform efforts
- Focus on existing, standardized measures that can be collected by states "tomorrow"
- Reflect input from wide range of stakeholders and perspectives
- Consider measure alignment across payers and settings

Questions?

Goal and Objectives of NQF's Medicaid Innovation Accelerator Project

Goal of the Medicaid Innovation Accelerator Project

Identify and recommend measure sets of Medicaid-relevant performance measures in four priority areas for the Medicaid Innovation Accelerator Program (IAP). They include:



Project Approach

- To accomplish the task of identifying and recommending measures for each of the four IAP priority areas, NQF will:
  - *Convene a multi-stakeholder Coordinating Committee (CC) and Technical Expert Panels (TEPs) beginning January 2017, with a report due to CMS by September 2017*
  - *Conduct a measure search to identify Medicaid-relevant performance measures that align with each IAP priority area, drawing from existing NQF projects, existing measure scans, etc.*
  - *Develop a measure selection process designed as a standardized approach to selecting "best-available" measures for each IAP priority area measure set*

- The measure sets identified and recommended in this project are limited to the four IAP priority areas identified by CMS

Committee Structure

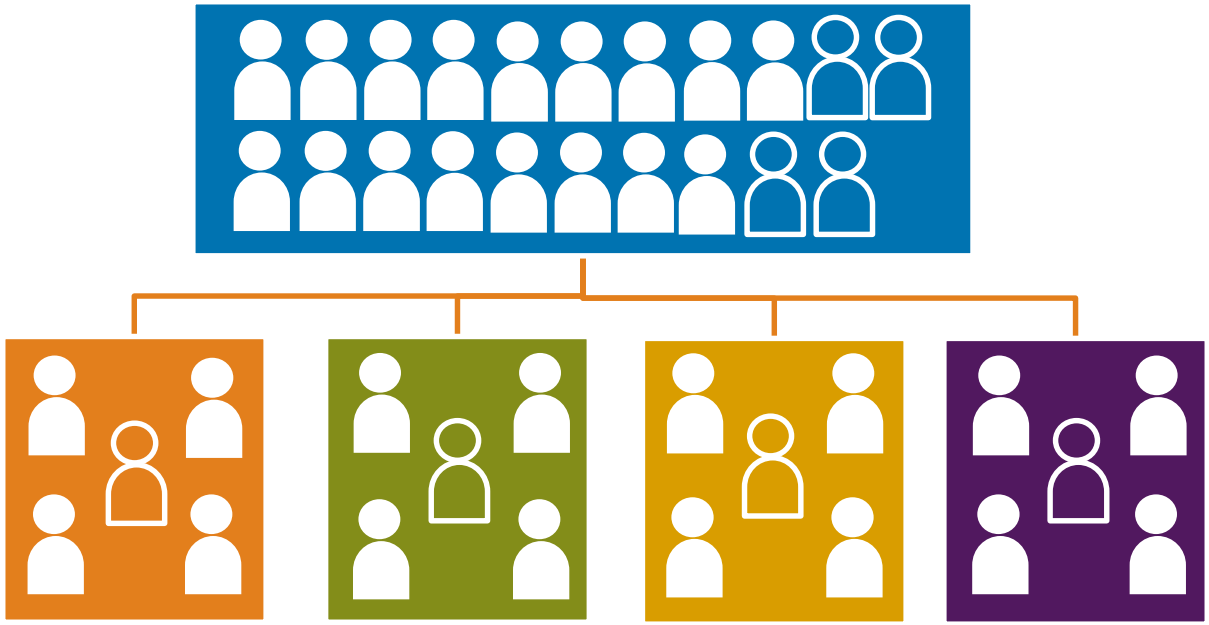
Medicaid IAP Coordinating Committee Charge

- ✓ **Approve the measure search and selection processes that will be used to identify measure sets in each IAP priority area**
- ✓ **Finalize recommendations to HHS for measure sets in each IAP priority area**

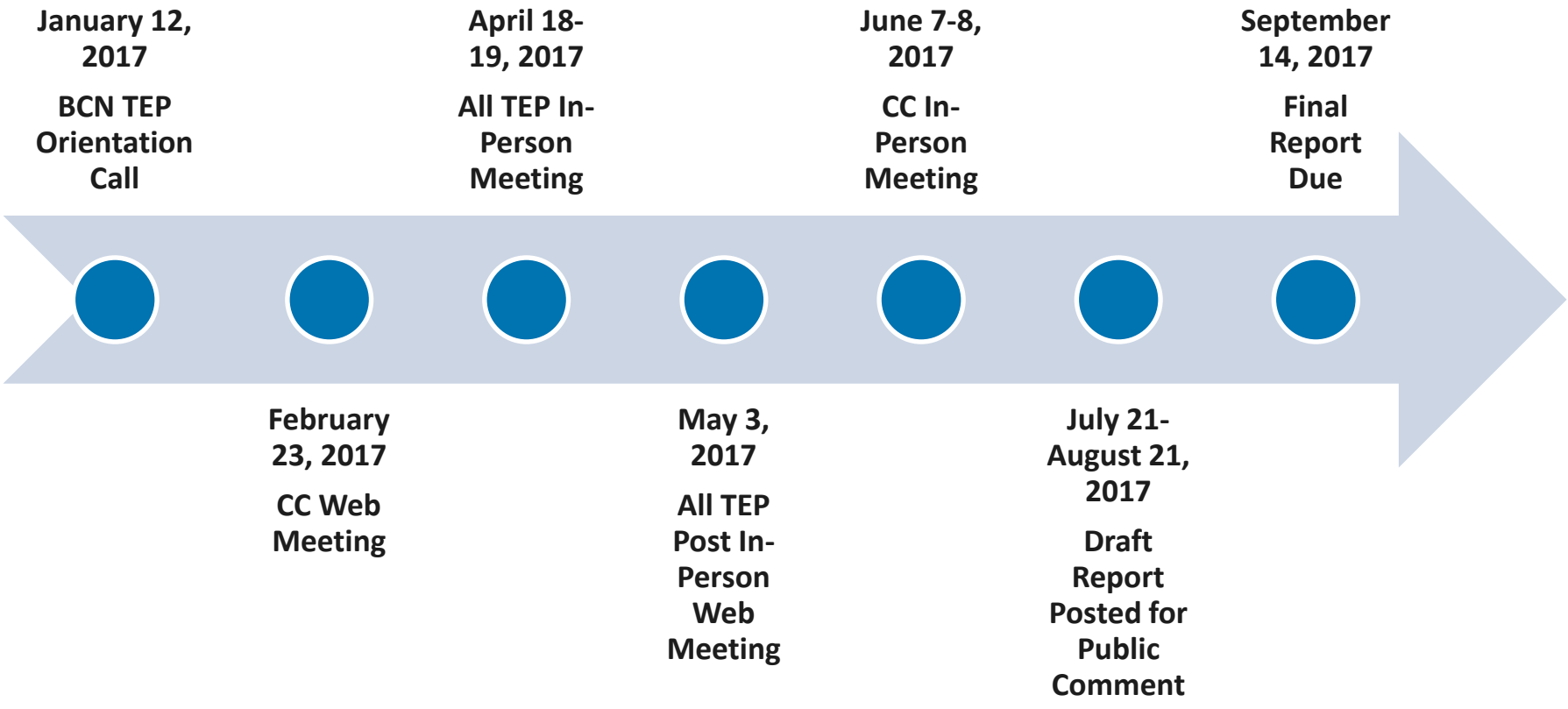
- The CC consists of key stakeholders with relevant interest and expertise related to Medicaid and the four priority areas
- To promote coordination of work of the CC and the TEPs, the chair of each TEP is also a member of the CC

Medicaid IAP Technical Expert Panel (TEPs) Charge

- The charge of the Medicaid IAP TEPs is to make initial recommendations on the measure sets for each priority area to the CC
- The four TEPs consist of members with subject matter expertise in each respective IAP priority area
- To promote coordination of work of the CC and the TEPs, the chair of each TEP is also a member of the CC



Timeline and Deliverables



Questions?

Identifying IAP Priority Area Measures

IAP Priority Area – Reducing Substance Use Disorders

- This priority area focuses on Medicaid beneficiaries who experience significant impairment such as health problems, disability, and failure to meet major responsibilities.
- Substance abuse, specifically alcohol and substance use diagnoses, are two of the top ten reasons for hospital readmissions among Medicaid beneficiaries.*
- An estimated 12% of adult and 6% of adolescent Medicaid beneficiaries have a substance abuse issue.*
- Individuals with substance use disorders are #5 and #10 cost drivers among Medicaid beneficiaries**

* Center for Medicare and Medicaid Services. Reducing Substance Use Disorders. https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/reducing-substance-use-disorders/reducing-substance-use-disorders.html. Last accessed December 2016. **IAP Learning Collaborative: Substance Use Disorder. Webinar presented on November 7, 2014 by Medicaid Innovation Accelerator Program. Accessed December 2016. https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/iap-sud-webinar.pdf

IAP Priority Area – Reducing Substance Use Disorders (cont.)

- In 2009, health insurance payers spent $24 billion treating Substance Use Disorder, 21% of which was accounted for by Medicaid.*
- Given the prevalence of SUDs and the associated clinical and societal costs for individuals, their families, and the healthcare system at large, the focus on efforts to reduce SUDs is an important step in improving overall population health for Medicaid beneficiaries.

*Center for Medicaid and CHIP Services. Informational Bulletin. Medication Assisted Treatment for Substance Use Disorders. https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-11-2014.pdf. Last accessed December 2016.

IAP Priority Area – Medicaid Beneficiaries with Complex Care Needs and High Costs

- This priority area includes Medicaid beneficiaries with health and/or psycho-social conditions who are likely to have high levels of costly, but preventable service utilization.
- They are a relatively small portion of the Medicaid population, but account for a significant amount of Medicaid expenditures.
  - *Five percent of beneficiaries account for 54% of total expenditures and 1% of beneficiaries account for 25% of total expenditures.*
- This sub-population within Medicaid is an extremely heterogeneous group with varying medical, behavioral, and psycho-social needs.
  - *Within this 1% of beneficiaries, 83% have at least 3 chronic conditions and more than 60% have 5 or more chronic conditions.*

Source: Centers for Medicaid and CHIP Services (CMCS). *Informational Bulletin. Targeting Medicaid Super-Utilizers to Decrease Costs and Improve Quality.* Baltimore, MD; July 2013. Available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib-07-24-2013.pdf . Last accessed December 2016.

IAP Priority Area – Medicaid Beneficiaries with Complex Care Needs and High Costs (cont.)

- Examples of complex needs:*
  - *Multiple chronic conditions*
  - *Functional limitations requiring LTSS*
  - *Mental health/behavioral health needs*
  - *Housing instability, limited social support*

- These beneficiaries are characterized by:*
  - *Multiple emergency department visits*
  - *Multiple hospitalizations/re-admissions*
  - *High rates of medication use*
  - *Use of LTSS*
  - *High total health care spending*

IAP Information Session: Improving care for Beneficiaries with Complex Needs and High Costs (BCN). Webinar presented on June 29, 2015 by Medicaid Innovation Accelerator Program. Available at https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/bcn-information-webinar-06292015.pdf. Last accessed December 2016.

IAP Priority Area – Community Integration – Community-Based Long-Term Services and Supports

- The Community Integration- Long-Term Services and Supports priority areas encompasses an array of services for Medicaid beneficiaries living in the community and using home-and community-based services.

- Approximately 4.8 million Medicaid beneficiaries received long-term services and supports (LTSS) in 2011. People with LTSS needs account for about one third of all Medicaid expenditures.*

- People with LTSS needs account for about one third of all Medicaid expenditures.

Center for Medicare and Medicaid Services. Promoting Community Integration Through long-Term Services and Supports. https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/community-integration-ltss/ci-ltss.html. Last accessed December 2016.

IAP Priority Area – Community Integration – Community-Based Long-Term Services and Supports

- Total federal and state LTSS spending was $152 billion in FY2014, including $80.6 billion for Home and Community-Based Services (HCBS) and $71.2 billion for institutional LTSS.
  - *HCBS accounted for a majority of Medicaid LTSS expenditures during FY2014.*

- In the future, these expenditures are expected to grow dramatically in concert with demand, with growth specifically occurring within HCBS

Center for Medicare and Medicaid Services. Promoting Community Integration Through long-Term Services and Supports. https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/community-integration-ltss/ci-ltss.html. Last accessed December 2016.

IAP Priority Area – Physical and Mental Health Integration

- Individuals with mental health conditions have some of the greatest health care needs, but the health care system can be too fragmented to effectively and efficiently serve them. The focus is on integrating the assessment and treatment of patients with both mental and physical diagnoses.

- 20% of Medicaid enrollees live with a diagnosed mental health condition or substance use disorder and account for a disproportionate share of Medicaid expenditures.*
  - *Over 50% of the Medicaid-only enrollees in the top 5% of expenditures had a mental health condition, and one-fifth had a substance use disorder*

- Individuals with mood disorders or schizophrenia and other psychotic disorders represented the top two most common diagnoses for re-hospitalizations among Medicaid beneficiaries. **

* US Government Accountability Office (GAO). *Medicaid: A Small Share of Enrollees Consistently Accounted for a Large Share of Expenditures, U.S.* Washington, DC: GAO; 2015. Available at http://www.gao.gov/assets/680/670112.pdf. Last acceded December 2016.

**Centers for Medicare and Medicaid Services. Physical and Mental Health Integration IAP Website. Available at https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/physical-and-mental-health-integration/physical-and-mental-health-integration.html. Last accessed on December 2016.

IAP Priority Area – Physical and Mental Health Integration (cont.)

- Individuals with mental health needs often have comorbid physical health conditions that require medical attention.*
  - *Over 50% of the Medicaid-enrollees in the top 5% of expenditures who had asthma or diabetes also had a behavioral health condition.*

- There are many barriers to the integration of physical and mental health services. In most states, responsibility for the oversight of Medicaid physical health, mental health, and substance use disorder services is contained within two or more separate agencies.**

* GAO.gov, Medicaid: A Small Share of Enrollees Consistently Accounted for a Large Share of Expenditures, U.S. Government Accountability Office, http://www.gao.gov/assets/680/670112.pdf

** Bachrach D, Anthony S, Detty A. *State strategies for integrating physical and behavioral health services in a changing Medicaid environment.* Washington, DC: The Commonwealth Fund; August 2014. Available at http://www.commonwealthfund.org/publications/fund-reports/2014/aug/state-strategies-behavioral-health. Last accessed December 2016.

Measure Search Process

Definitions

- Measure:
  - *Healthcare performance measures are based on scientific evidence about processes, outcomes, perceptions, or systems that relate to high-quality care* and have a specific numerator and denominator and has undergone scientific testing for reliability and validity***
- Measure Concept:
  - *A metric that has a specific numerator and denominator, but has not undergone scientific testing***

*National Quality Forum (NQF). Phrase Book: A Plain Language Guide to NQF Jargon. Available at http://public.qualityforum.org/NQFDocuments/Phrasebook.pdf. Last accessed December 2016.
**National Quality Forum (NQF). Addressing Performance Measure Gaps in Home and Community-Based Services to Support Community Living: Priorities for Measure Development INTERIM REPORT. Washington, DC: NQF; 2016. Available at http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=82630. Last accessed December 2016.

Search Process for Identifying Medicaid IAP Measures

- Search for measures that align with each IAP priority area by:
  - Drawing from various measure sources
  - Following a decision logic for measure inclusion (Visio Diagram)

- Collect measures that align with each IAP priority area on a measure summary sheet with designated data fields

Measure Sources

- Relevant NQF Measure Sets
  - *Duals*
  - *Medicaid Core Sets*
- NQF Projects
  - *HCBS*
  - *Behavioral Health*
  - *Health and Well-being*
  - *Person-Family Centered Care*
  - *Population Health*
  - *Care Coordination*
  - *Others*
- AHRQ's National Quality Measures Clearinghouse
- NQF Quality Positioning System (QPS)
- CMS Measures Inventory
- Center for Quality Assessment and Improvement in Mental Health (CQAIMH)
- Center for Quality Assessment and Improvement in Mental Health
- Healthcare Effectiveness Data and Information Set (HEDIS)
  - *Consider plan, physician, PCMH, ACO measurement sets*
- American Society of Addiction Medicine (ASAM)
- Marketplace Quality Measure Environmental Scan
- The National Academies Press-Vital Signs (Core Measures)

Measure Sources (cont.)

- Pharmacy Quality Alliance (antipsychotics and opioids)
- The Kennedy Forum report on Core Set of Outcomes Measures for Behavioral Health
- CMMI Behavioral Health Integration projects
- Outcomes measures for early intervention with schizophrenia projects (RAISE)
- IMPACT Act measures and FASI (Functional Assessment Standardized Items-LTSS)
- MACRA and the Core Quality Measure Collaborative --(not Medicaid measures)
- Measures utilized by select states
  - *Vermont (all-payer model; SUD measures)*
  - *Minnesota (IHPs)*
  - *Washington (LTSS measures)*
  - *New York (DSRIP; PMH measures)*
  - *Colorado (RCCOs)*
  - *Oregon (CCOs)*
  - *Other potential states: Ohio or Arkansas (episode-based payments, comprehensive primary care); Massachusetts (ACO)*

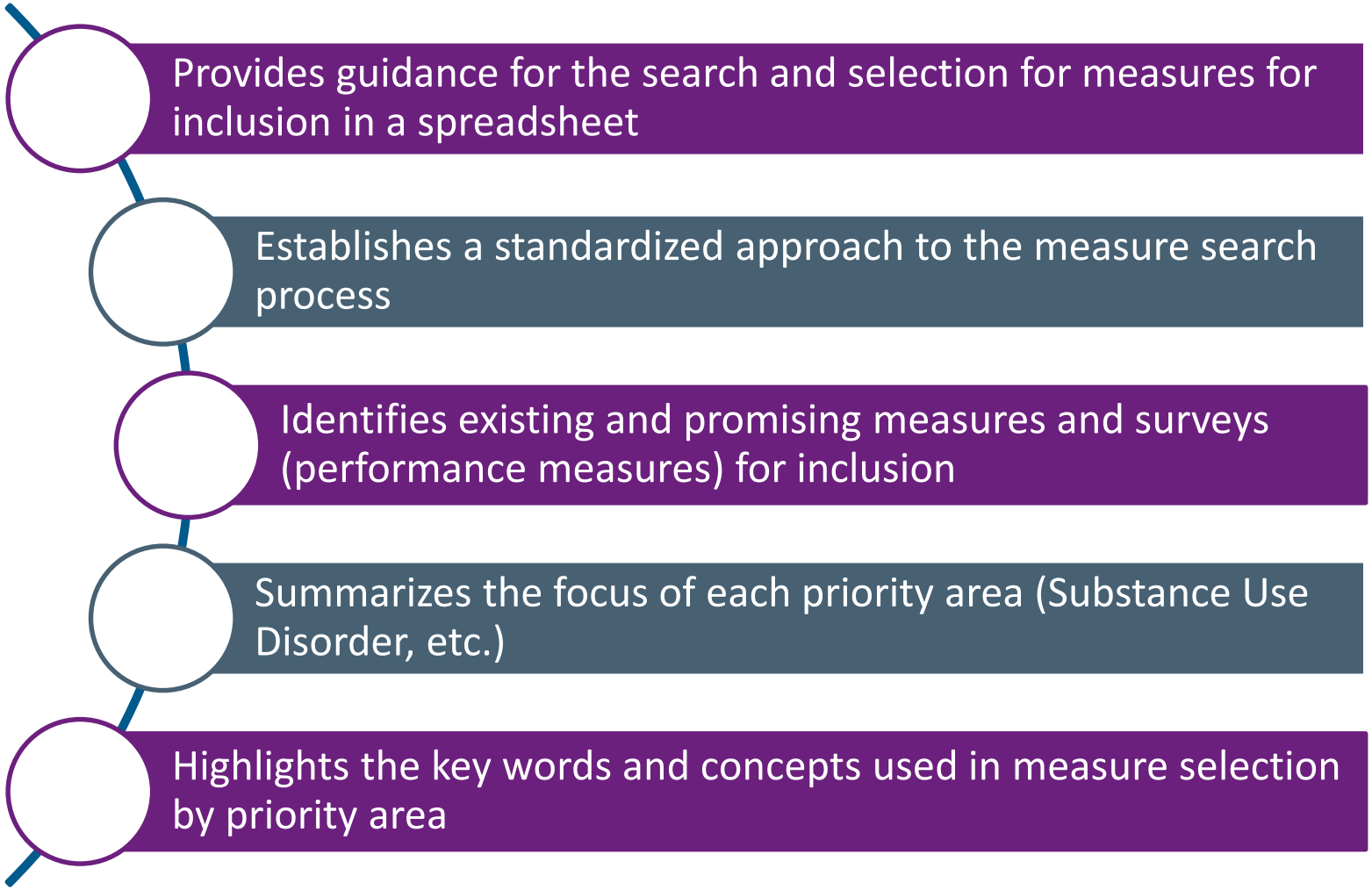
Additional Information Requested – Measure Sources

- Measures utilized by select states
  - *Can you share any knowledge of measure sets developed, in use and/or available performance data within a state?*
  - *Best state contact. Can you share contact information for the state representative(s) most likely to direct NQF staff to information regarding measures relevant to the IAP priority areas?*
  - *Besides the states listed on the previous slide, what other states are utilizing measure sets relevant to the IAP priority areas?*

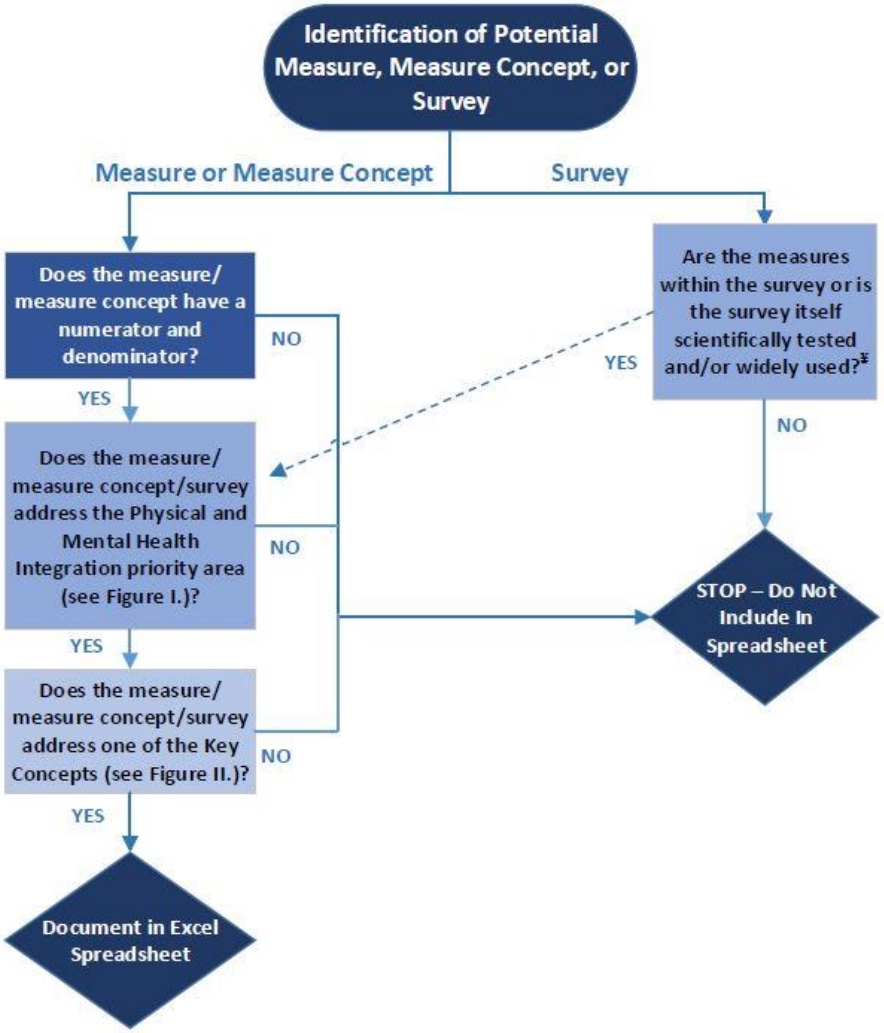
- Are there additional measure sources that the project team should leverage to identify relevant measures?

* Please submit information via email: medicaidaccelerator@qualityforum.org by January 19.

Visio Diagram – Decision Logic for Medicaid IAP Inclusion



Visio Diagram – Decision Logic for Medicaid IAP Physical and Mental Health Integration Priority Area



Priority Area Description: Physical and Mental Health Integration

Figure I.

- Individuals with mental health conditions have some of the greatest health care needs, but the health care system can be too fragmented to effectively and efficiently serve them. The focus is on integrating the assessment and treatment of patients with both mental and physical diagnoses.

Physical and Mental Health Integration Key Concepts

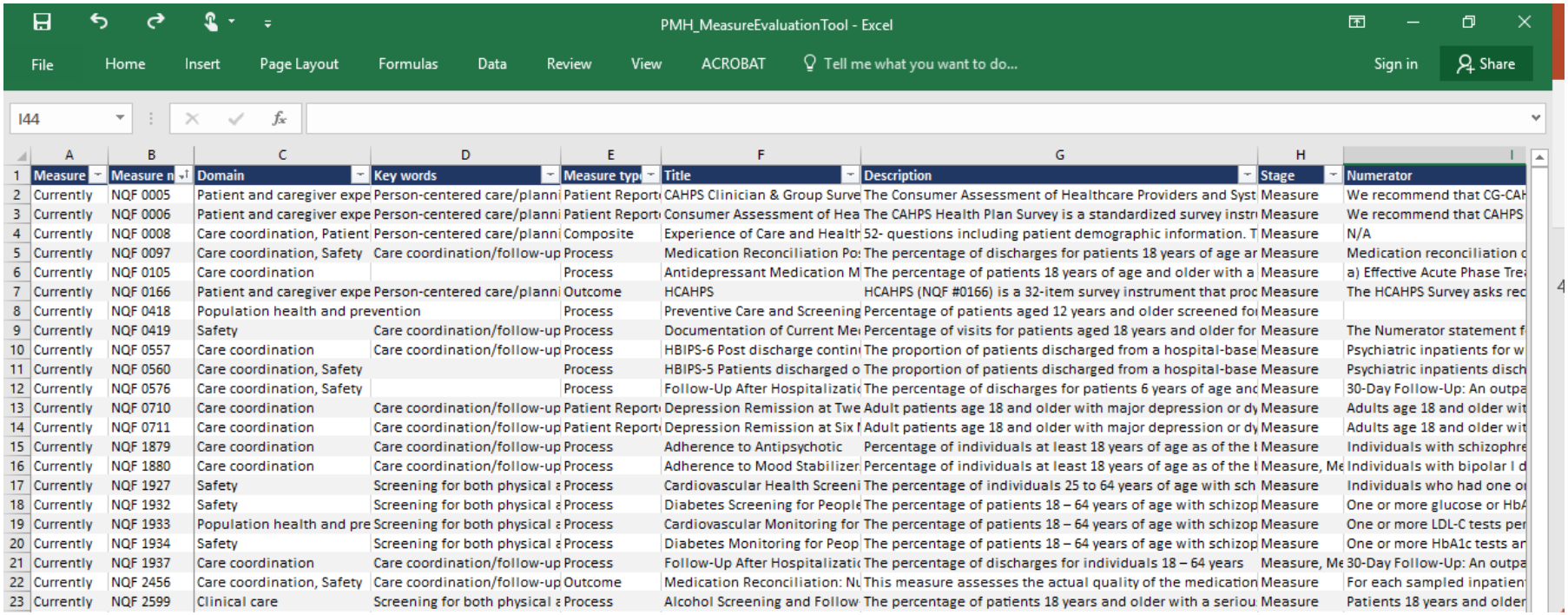
Figure II.

- Coordinated communication across physical and mental health providers
- Co-location of PH/MH providers
- Integrated physical and mental (behavioral) health care or services
- Quality of integrated physical-mental health care or services
- Integration of physical/mental health care for individuals with serious mental illness (depression, schizophrenia, bipolar and anxiety)
- Barriers to physical-mental health integration
- Access to care, timely appointments
- Screening for both physical and mental conditions
- Team-based care planning for physical and mental health
- Coordination of treatment and care among providers
- Person-centered care/planning
- Care coordination/follow-up
- Shared decision making
- Safety
- Patient and caregiver experience
- Population health and prevention

Measure Summary Sheet

- Each priority area will have a separate spreadsheet used to collect identified measures
- The measure summary sheet will be used to capture pertinent measure-specific information that will be used to sort & classify measures (i.e., measure type—structure, process and outcome)
- The summary sheet will also rank measures such as levels of scientific acceptability –high -endorsed, medium evidence of R/V testing, etc.
- Initially measures may be on more than one spreadsheet prior to selecting the priority area best suited for the measure

Measure Summary Sheet Values



PMH_MeasureEvaluationTool - Excel

File Home Insert Page Layout Formulas Data Review View ACROBAT Tell me what you want to do... Sign in Share

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	A	B	C	D	E	F	G	H	I
1	Measure	Measure n	Domain	Key words	Measure typ	Title	Description	Stage	Numerator
2	Currently	NQF 0005	Patient and caregiver expe	Person-centered care/planni	Patient Report	CAHPS Clinician & Group Surve	The Consumer Assessment of Healthcare Providers and Syst	Measure	We recommend that CG-CAH
3	Currently	NQF 0006	Patient and caregiver expe	Person-centered care/planni	Patient Report	Consumer Assessment of Hea	The CAHPS Health Plan Survey is a standardized survey instr	Measure	We recommend that CAHPS
4	Currently	NQF 0008	Care coordination, Patient	Person-centered care/planni	Composite	Experience of Care and Health	52- questions including patient demographic information. T	Measure	N/A
5	Currently	NQF 0097	Care coordination, Safety	Care coordination/follow-up	Process	Medication Reconciliation Po	The percentage of discharges for patients 18 years of age ar	Measure	Medication reconciliation c
6	Currently	NQF 0105	Care coordination		Process	Antidepressant Medication M	The percentage of patients 18 years of age and older with a	Measure	a) Effective Acute Phase Trea
7	Currently	NQF 0166	Patient and caregiver expe	Person-centered care/planni	Outcome	HCAHPS	HCAHPS (NQF #0166) is a 32-item survey instrument that proc	Measure	The HCAHPS Survey asks rec
8	Currently	NQF 0418	Population health and prevention		Process	Preventive Care and Screening	Percentage of patients aged 12 years and older screened for	Measure	
9	Currently	NQF 0419	Safety	Care coordination/follow-up	Process	Documentation of Current Me	Percentage of visits for patients aged 18 years and older for	Measure	The Numerator statement f
10	Currently	NQF 0557	Care coordination	Care coordination/follow-up	Process	HBIPS-6 Post discharge contin	The proportion of patients discharged from a hospital-base	Measure	Psychiatric inpatients for w
11	Currently	NQF 0560	Care coordination, Safety		Process	HBIPS-5 Patients discharged o	The proportion of patients discharged from a hospital-base	Measure	Psychiatric inpatients disch
12	Currently	NQF 0576	Care coordination, Safety		Process	Follow-Up After Hospitalizatio	The percentage of discharges for patients 6 years of age and	Measure	30-Day Follow-Up: An outpa
13	Currently	NQF 0710	Care coordination	Care coordination/follow-up	Patient Report	Depression Remission at Twe	Adult patients age 18 and older with major depression or dy	Measure	Adults age 18 and older wit
14	Currently	NQF 0711	Care coordination	Care coordination/follow-up	Patient Report	Depression Remission at Six M	Adult patients age 18 and older with major depression or dy	Measure	Adults age 18 and older wit
15	Currently	NQF 1879	Care coordination	Care coordination/follow-up	Process	Adherence to Antipsychotic	Percentage of individuals at least 18 years of age as of the b	Measure	Individuals with schizophre
16	Currently	NQF 1880	Care coordination	Care coordination/follow-up	Process	Adherence to Mood Stabilizer	Percentage of individuals at least 18 years of age as of the b	Measure, Me	Individuals with bipolar I d
17	Currently	NQF 1927	Safety	Screening for both physical a	Process	Cardiovascular Health Screeni	The percentage of individuals 25 to 64 years of age with sch	Measure	Individuals who had one o
18	Currently	NQF 1932	Safety	Screening for both physical a	Process	Diabetes Screening for People	The percentage of patients 18 – 64 years of age with schizop	Measure	One or more glucose or HbA
19	Currently	NQF 1933	Population health and pre	Screening for both physical a	Process	Cardiovascular Monitoring for	The percentage of patients 18 – 64 years of age with schizop	Measure	One or more LDL-C tests per
20	Currently	NQF 1934	Safety	Screening for both physical a	Process	Diabetes Monitoring for Peop	The percentage of patients 18 – 64 years of age with schizop	Measure	One or more HbA1c tests ar
21	Currently	NQF 1937	Care coordination	Care coordination/follow-up	Process	Follow-Up After Hospitalizatio	The percentage of discharges for individuals 18 – 64 years	Measure, Me	30-Day Follow-Up: An outpa
22	Currently	NQF 2456	Care coordination, Safety	Care coordination/follow-up	Outcome	Medication Reconciliation: Nu	This measure assesses the actual quality of the medication	Measure	For each sampled inpatient
23	Currently	NQF 2599	Clinical care	Screening for both physical a	Process	Alcohol Screening and Follow	The percentage of patients 18 years and older with a seriou	Measure	Patients 18 years and older

Measure Details Captured

Fields included on the Measure Summary Sheet

- Measure is NQF endorsed
- Measure number/identifier
- CMS domain
- Key concepts
- Measure type
- Title
- Description
- Stage
- Numerator
- Denominator
- Data source
- Level of analysis
- Care Setting
- Importance to measure/Evidence
- Evidence link/Description
- Scientific acceptability
- Usability
- Use in related programs
- Measure steward/developer
- Measure source
- Notes

Opportunity for Public Comment

SharePoint Overview

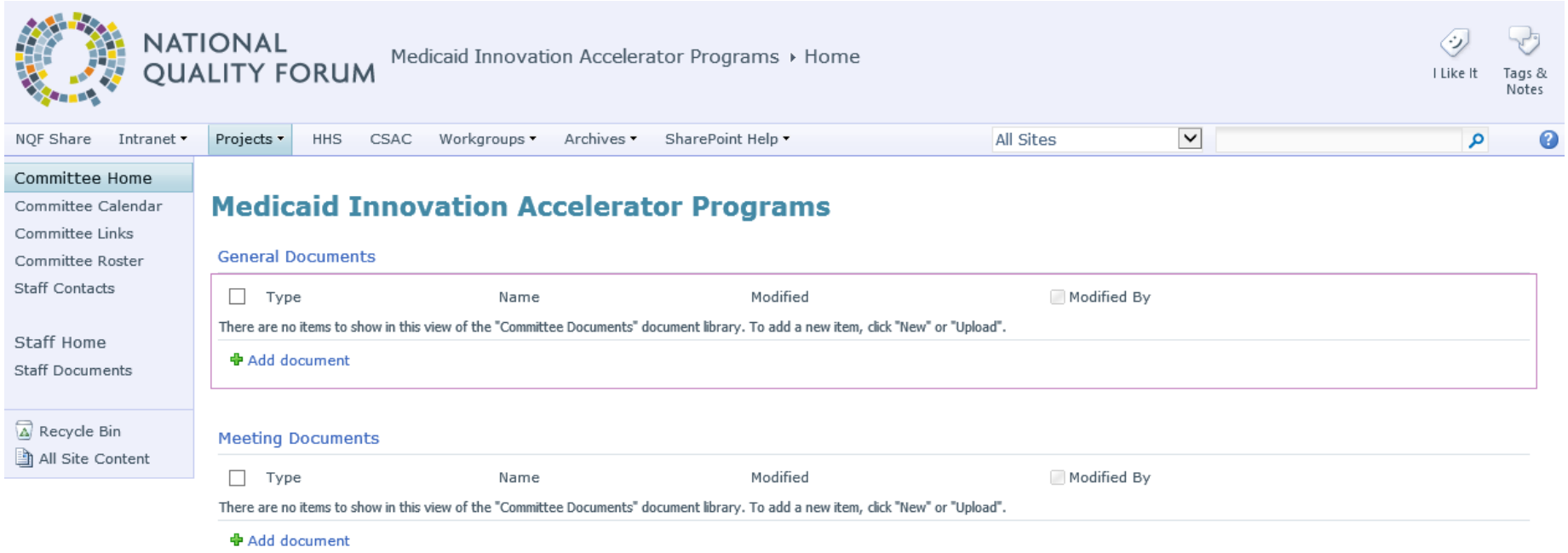
SharePoint Overview

http://share.qualityforum.org/Projects/Medicaid%20Innovation%20Accelerator%20Programs/SitePages/Home.aspx

- Accessing SharePoint
- Standing Committee Policy
- Standing Committee Guidebook
- Measure Document Sets
- Meeting and Call Documents
- Committee Roster and Biographies
- Calendar of Meetings

SharePoint Overview

- **Screen shot of SharePoint Homepage**



SharePoint Overview

- **Please keep in mind:**
  - **(+) and (-) symbols**

Next Steps

Next Steps

- Additional information on measure sources – due January 19, 2017
- Input on measure summary sheets – due February 2017
- Upcoming Meetings
  - *April 18-19, 2017- TEP in-person meeting*
  - *May 3, 2017 – TEP post in-person web meeting 2pm-4pm ET*

Contact Information

- Email: medicaidaccelerator@qualityforum.org

- NQF Project Staff
  - *Margaret (Peg) Terry, Senior Director*
  - *Shaconna Gorham, Senior Project Manager*
  - *Kate Buchanan, Project Manager*
  - *Tara Rose Murphy, Project Manager*
  - *Miranda Kuwahara, Project Analyst*

- Project Webpage: http://www.qualityforum.org/Medicaid_Innovation_Accelerator_Project_2016-2017.aspx

Thank you for participating!