

### Medicaid Innovation Accelerator Project 2016-2017

Technical Expert Panel In-Person Meeting Supporting Physical and Mental Health Integration Breakout Session

April 18-19, 2017

Supporting Physical and Mental Health Integration Breakout Session

#### **Teleconference and Streaming Information**

- Teleconference: Dial (877) 224-4655; Conference Code 328 348 7278
- Streaming Day 1:
- http://nqf.commpartners.com/se/Rd/Mt.aspx?410647
- Streaming Day 2:
- <u>http://nqf.commpartners.com/se/Rd/Mt.aspx?968678</u>

#### **PMH Breakout Session**

- Goals of breakout session:
  - Develop recommendations for strengthening states' Medicaid delivery system reform efforts through identification of measures related to the PMH program area
    - » Review measures by measure score
    - Analyze measures for consideration using a decision logic to recommend a comprehensive measure set to the Coordinating Committee

#### **TEP Decision Process**

- Measures/Concepts that meet or exceed the threshold score (total program area-specific mean) automatically continue to the decision logic review
- Only Measures/Concepts with scores that fall below the mean that TEP members choose to retain in advance of the meeting will move on to the decision logic review
- Note: TEP members may only select up to 3 measures to retain



Decision Logic Review

#### Supporting Physical and Mental Health Integration – Measure Landscape



#### Supporting Physical and Mental Health Integration – Measure Landscape

	Total	Measure	Measure Concepts
Total	63	40	23
Mean	1.75	2.18	1.02
Maximum score	2.7	2.7	2
Minimum score	0	0.15	0.6
>= Threshold Score	37	36	1

\*Note: Total mean (1.75) is used to denote cut-off for measure/concepts to be analyzed by decision logic.

#### PMH Overall Measure Score Mean

PMH Measure Overall Measure Score Mean: 1.75

- Measures/Concepts with scores at or above program area mean and measures/concepts retained:
  - Access: 2
  - Care Coordination: 23
  - Clinical Care: 13
  - Patient and caregiver experience: 1
  - Population health and prevention: 0
  - Safety: 5
  - Total: 44

### **Decision Logic**



#### **Review of TEP Voting**

TEP members will utilize a hand vote

- State panelists will not vote
- A vote requires 60% agreement to move forward
  - Each decision to support or not support will be accompanied by one or more statements of rationale as to how and why each decision was reached.
- TEPs will review potential measures/measure concepts by CMS quality measurement domain
- The measure sets will be recommended to the Coordinating Committee for consideration

## CMS Quality Measurement Domains

### **Decision Logic**



- To what extent does this measure address critical quality objectives of the CMS quality measurement domains and/or identified program area key concepts?
  - High: Measure addresses a CMS quality measurement domain(s) and program area key concepts
  - Medium: Measure addresses CMS quality measurement domains but does not address program area key concepts
  - Low: Measure does not clearly address CMS quality measurement domains or program area key concepts

#### TEP Vote

- To what extent will this measure address an opportunity for improvement and/or significant variation in care evidenced by quality challenges (e.g. readmissions, access to care) for each program area?
  - High: Addresses multiple quality challenges and opportunities for improvement within a program area
  - Medium: Measure has the potential to address variation in care and quality challenges
  - Low: Measure does not address quality challenges or opportunities for improvement within a program area

TEP Vote

- To what extent does this measure demonstrate efficient use of measurement resources (data collection processes, performance improvement activities, etc.) and/or contribute to alignment of measures across programs, health plans, and/or states? The measure is not duplicative of existing measures within the measure set, captures a broad population (encompasses population of different ages, multiple conditions, etc.).
  - High: Measure demonstrates efficient use of measurement resources, addresses broad populations, is not duplicative of existing measures and contributes to alignment across states/programs and health plans
  - Medium: Measure is not duplicative of other measures and does address some areas of alignment but does not encompass broad populations
  - Low: No evidence that the measure demonstrates/addresses any of the above criteria (e.g., does not demonstrate efficient use of measurement resources, address a broad population, nor contribute to alignment. There are other measures similar to this one already in use
- TEP Vote

- To what extent is this measure ready for immediate use?
  - High: Already in use in the Medicaid populations
  - Medium: Measure has a specified numerator and denominator and has reported testing
  - Low: Measure has a numerator and denominator but there is no evidence of testing
- TEP Vote

- To what extent do you think this measure is important to state Medicaid agencies and other key stakeholders (consumers/families, Medicaid managed care organizations, and providers)?
  - High: Important to state Medicaid agencies and consumers/families
  - Medium: Important to two stakeholders including state Medicaid agencies
  - Low: Important to one stakeholder

#### TEP Vote

# Opportunity for Public Comment

### CMS Quality Measurement Domain: Access

### Access Domain: Measures/Concepts Analyzed Using Decision logic

- There are 2 measures/concepts in the PMH access domain that that will be analyzed using the decision logic
  - Mental Health Service Penetration
  - Mental health utilization: number and percentage of members receiving the following mental health services during the measurement year: any service, inpatient, intensive outpatient or partial hospitalization, and outpatient or ED

# Opportunity for Public Comment

### CMS Quality Measurement Domain: Care Coordination

#### Care Coordination Domain: Measures/Concepts Analyzed Using Decision logic

- There are 23 measures/concepts in the PMH care coordination domain that that will be analyzed using the decision logic
  - NQF 2599 Alcohol Screening and Follow-up for People with Serious Mental Illness
  - NQF 2601 Body Mass Index Screening and Follow-Up for People with Serious Mental Illness
  - NQF 1927 Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications
  - NQF 1933 Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)
  - Closing the Referral Loop: Receipt of Specialist Report\*
  - NQF 2602 Controlling High Blood Pressure for People with Serious Mental Illness

22

#### Care Coordination Domain: Measures/Concepts Analyzed Using Decision logic (cont.)

- NQF 2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)</li>
- NQF 2609 Diabetes Care for People with Serious Mental Illness: Eye Exam
- NQF 2608 Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)</li>
- NQF 2607 Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- NQF 2603 Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing
- NQF 2604 Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy
- NQF 1934 Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

#### Care Coordination Domain: Measures/Concepts Analyzed Using Decision logic (cont.)

- NQF 1932 Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
- NQF 2605 Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence
- NQF 0576 Follow-Up After Hospitalization for Mental Illness (FUH)
- NQF 1937 Follow-Up After Hospitalization for Schizophrenia (7and 30-day)
- Major depressive disorder (MDD): percentage of medical records of patients aged 18 years and older with a diagnosis of MDD and a specific diagnosed comorbid condition being treated by another clinician with communication to the clinician treating the comorbid condition.

#### Care Coordination Domain: Measures/Concepts Analyzed Using Decision logic (cont.)

- NQF 0097 Medication Reconciliation Post-Discharge
- PACT Utilization for Individuals with Schizophrenia\*
- NQF 0648 Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)
- NQF 2600 Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence
- NQF 0647 Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

25

# Opportunity for Public Comment

### CMS Quality Measurement Domain: Clinical Care

### Clinical Care Domain: Measures/Concepts Analyzed Using Decision logic

- There are 13 measures/concepts in the PMH clinical care domain that that will be analyzed using the decision logic
  - NQF 1879 Adherence to Antipsychotic Medications for Individuals with Schizophrenia
  - NQF 1880 Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder
  - NQF 0104 Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
  - NQF 0105 Antidepressant Medication Management (AMM)
  - Behavioral Health Risk Assessment (for Pregnant Women) (BHRA)
  - NQF 0711 Depression Remission at Six Months
  - NQF 0710 Depression Remission at Twelve Months

### Clinical Care Domain: Measures/Concepts Analyzed Using Decision logic (cont.)

- Depression Remission or Response for Adolescents and Adults\*
- NQF 0712 Depression Utilization of the PHQ-9 Tool
- NQF 0560 HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification
- Perinatal Depression Screening\*
- NQF 0418 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12 month reporting period\*

29

# Opportunity for Public Comment

### CMS Quality Measurement Domain: Patient and Caregiver Experience

Patient and Caregiver Experience Domain: Measures/Concepts Analyzed Using Decision logic

- There is 1 measure/concept in the PMH patient and caregiver experience domain that that will be analyzed using the decision logic
  - NQF 0726 Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS)\*

32

# Opportunity for Public Comment

## CMS Quality Measurement Domain: Safety

### Safety Domain: Measures/Concepts to be Analyzed Using Decision logic

- There are 5 measures/concepts in the PMH safety domain that that will be analyzed using the decision logic
  - Combined BH-PH Inpatient 30-Day Readmission Rate for Individuals With SMI Eligible Population, Denominator and Numerator Specifications\*
  - NQF 0419 Documentation of Current Medications in the Medical Record
  - NQF 2456 Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient
  - NQF 0646 Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)
  - NQF 2860 Thirty-day all-cause unplanned readmission following psychiatric hospitalization in an inpatient psychiatric facility (IPF)

35

## Summary of the Day 1 (Breakout Session)

# Adjourn for Day 1

#### Day 2 Agenda

- Continue Review Medicaid IAP Program Area Measures (Breakout Session)
- Reconvene in 9th Floor Conference Room for LUNCH
- Finalized Review Medicaid IAP Program Area Measures (Breakout Session)
- Reconvene in 9th Floor Conference Room to Review TEP
- Recommendations to Coordinating Committee
- Opportunity for Public Comment
- Next Steps
- Closing Remarks
- Adjourn

## Summary of the Day 2 (Breakout Session)

Reconvene in 9th Floor Conference Room to Review TEP Recommendations to Coordinating Committee

#### 9th Floor Conference Room Streaming and Teleconference Information

#### Streaming Audio Online

- Direct your web browser to: <u>http://nqf.commpartners.com/se/NQFLogin/</u>
- Under "Enter a Meeting" type in the meeting number: 103219 for Day 1 and 219880 for Day 2.
- In the "Display Name" field, type in your first and last names and click "Enter Meeting."

#### Teleconference

 Dial (888) 802-7237 for Committee members or (877) 303-9138 for public participants.