

NCQA'S BEHAVIORAL HEALTH QUALITY MEASURES

Junqing Liu, PhD, MSW

Research Scientist

National Committee for Quality Assurance (NCQA)

Emily Morden, MSW

Senior Research Associate

National Committee for Quality Assurance (NCQA)

Lauren Niles, MPH

Senior Healthcare Analyst

National Committee for Quality Assurance (NCQA)

This presentation is made available for download by PsychU members for their educational noncommercial benefit only.

Junqing Liu, PhD, MSW, Research Scientist

Position: Dr. Liu is a behavioral health researcher who joined the National Committee for Quality Assurance in 2012 as a research scientist. Dr. Liu serves as a project director and researcher on several federally funded child and adult behavioral health measurement projects at NCQA. As the measure lead of NCQA's behavioral health measures, Dr. Liu guides the re-evaluation and updates of HEDIS® behavioral health measures. Dr. Liu's research focuses on access to mental health services, evidence-based treatment for behavioral health problems, and child welfare services. Prior to joining NCQA, Dr. Liu was a research assistant professor at University of Maryland School of Social Work and conducted the evaluation of a federally funded research project on the implementation of evidence-based practices in child welfare systems in six states.

Education: Dr. Liu holds a PhD and a Master in Social Work from University at Albany, State University of New York. She received her undergraduate degree from China Youth University for Political Sciences.



Emily C. Morden, MSW, BA

Position: Ms. Morden is a Senior Research Associate in the Performance Measurement Department at the National Committee for Quality Assurance (NCQA). Ms. Morden works on the development and maintenance of health care performance measures primarily addressing geriatric and behavioral health care. She works in collaboration and consultation with internal and external advisory panels in order to inform measure development. Prior to working at NCQA, Ms. Morden was an Associate Program Officer with the Board on the Health of Select Populations at the National Academy of Medicine. In this role, she worked on several studies examining the quality of behavioral health care services for military service members and veterans. Prior to her work in the field of health care quality and research, Ms. Morden was a medical social worker for hospice programs. She also has several years of experience working as a counselor in both adult and adolescent mental health treatment facilities. In these clinical roles, Ms. Morden gained expertise in the delivery and integration of behavioral health care services. Ms. Morden has interest and proficiency in many subjects including medical social work services, palliative and end of life care, medical ethics and decision-making and behavioral health treatment modalities.



Education: Ms. Morden holds an MSW. degree from Portland State University and a BA in sociology from the University of Oregon.

Lauren Niles, MPH, BS

Position: Ms. Niles is a Senior Health Care Analyst in the Performance Measurement Department at the National Committee for Quality Assurance. Her responsibilities include working with a team to lead the development and maintenance of the HEDIS quality measures under the behavioral health domain. Her work has also focused on using electronic clinical data sources (ECDS) to report HEDIS measures, and using her background in provider-level eMeasure development and maintenance to help support this work. Ms. Niles has a background in the electronic specification of clinical quality measures using electronic health record (EHR) data and technology, including development and programming of measure specifications and human readables, value set creation, and testing.



Education: Ms. Niles holds an MPH (Epidemiology) degree from The George Washington University and a BS in Biology (Neurobiology and Physiology) from the University of Maryland, College Park.

PsychU Virtual Forum Rules of Engagement:

Otsuka Pharmaceutical Development and Commercialization, Inc. (OPDC) and Lundbeck, LLC. have entered into collaboration with *OPEN MINDS*, to explore new ways of bringing/increasing awareness around serious mental illness.

OPDC/Lundbeck's interaction with *OPEN MINDS* is through PsychU, an online, non-branded portal dedicated to providing information and resources on important disease state and care delivery topics related to mental illness. One of the methods employed for the sharing of information will be the hosting of virtual fora. Virtual fora conducted by OPDC/Lundbeck are based on the following parameters:

When conducting medical dialogue, whether by presentation or debate, OPDC/Lundbeck and/or its paid consultants aim to provide the viewer with information that is accurate, not misleading, scientifically rigorous, and does not promote OPDC/Lundbeck products.

OPDC/Lundbeck and/or their paid consultants do not expect to be able to answer every question or comment during a PsychU Virtual Forum; however, they will do their best to address important topics and themes that arise.

OPDC/Lundbeck and/or their paid consultants are not able to provide clinical advice or answer questions relating to specific patient's condition.

Otsuka and Lundbeck employees and contractors should not participate in this program (e.g., submit questions or comments) unless they have received express approval to do so from Otsuka Legal Affairs.

OPDC/Lundbeck operate in a highly regulated and scrutinized industry. Therefore, we may not be able to discuss every issue or topic that you are interested in, but we will do our best to communicate openly and directly. The lack of response to certain questions or comments should not be taken as an agreement with the view posed or an admission of any kind.

Agenda

- Understand the strategic issues affecting behavioral health care
- Learn about:
 - New quality measures under development for behavioral health
 - Reporting for electronic clinical data systems (ECDS)
- Understand how behavioral health provider recognition programs can improve quality in behavioral health care

Polling Question

Which of the following services does your mental health or substance abuse service organization currently provide?

- A. Physical health screening (e.g. for diabetes) on site
- B. Mental health or substance abuse screening on site
- C. Mental health treatment on site
- D. Social services on-site
- E. Referral services to another provider

Polling Question

Select the top 3 services most relevant for your mental health or substance abuse service organization to provide.

- A. Physical health screening (e.g. diabetes screening) on site
- B. Mental health or substance abuse screening on site
- C. Mental health treatment on site
- D. Social services on-site
- E. Referral services to another provider

Why Do We Care About Behavioral Health?

- Patients and society suffer¹
- Greater impact of physical illness on those with behavioral health conditions²
- Disproportionately high contribution to health care cost³



1. Kessler, R. C. (2008, June 1). Individual and Societal Effects of Mental Disorders on Earnings in the United States: Results From the National Comorbidity Survey Replication. Retrieved July 2017 from The American Journal of Psychiatry: <http://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2008.08010126>
2. DeHert, M. (2011, February). Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. Retrieved July 2017 from National Institute of Health (NIH): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3048500/>
3. Oliveira, C. D. (2016, January). Patients With High Mental Health Costs Incur Over 30 Percent More Costs Than Other High-Cost Patients. Retrieved July 2017 from Health Affairs: <http://content.healthaffairs.org/content/35/1/36.full.pdf+html>

Strategic Issues Affecting Behavioral Health

- The changing policy environment¹
- Integration of behavioral healthcare into primary care and of primary care into behavioral healthcare settings¹
- Insufficient level of improvement in quality of behavioral health care as measured via HEDIS²

HEDIS=Healthcare Effectiveness Data and Information

1. Opinion of presenter based on professional experience
2. National Committee for Quality Assurance (NCQA). (2016). State of Health Care Quality Report 2015 - Executive Summary. Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/sohq-2015-executive-summary>

NCQA HEDIS 2018 Measures: Behavioral Health¹

Topic	Measure
Screening	Depression Screening & Follow-Up for Adolescents and Adults (DSF)
Monitoring	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)
Medication management	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
	Antidepressant Medication Management (AMM)
Psychosocial care	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
Coordination	Follow-Up After ED Visit for Mental Illness (FUM)
	Follow-Up After Hospitalization for Mental Illness (FUH)
Overuse/ Appropriateness	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
Integration of medical needs	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
	Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
Utilization	Mental Health Service Utilization (MPT)
Outcomes	Depression Remission or Response for Adolescents and Adults (DRR)

ED=Emergency Department; HEDIS=Healthcare Effectiveness Data and Information Set; NCQA=National Committee for Quality Assurance

1. National Committee for Quality Assurance (NCQA). (2017, June 28). SUMMARY TABLE OF MEASURES, PRODUCT LINES AND CHANGES (2018). Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/Portals/0/HEDISQM/HEDIS2018/HEDIS%202018%20Measures.pdf?ver=2017-06-28-134644-370>

NCQA HEDIS 2018 Measures: Substance Use¹

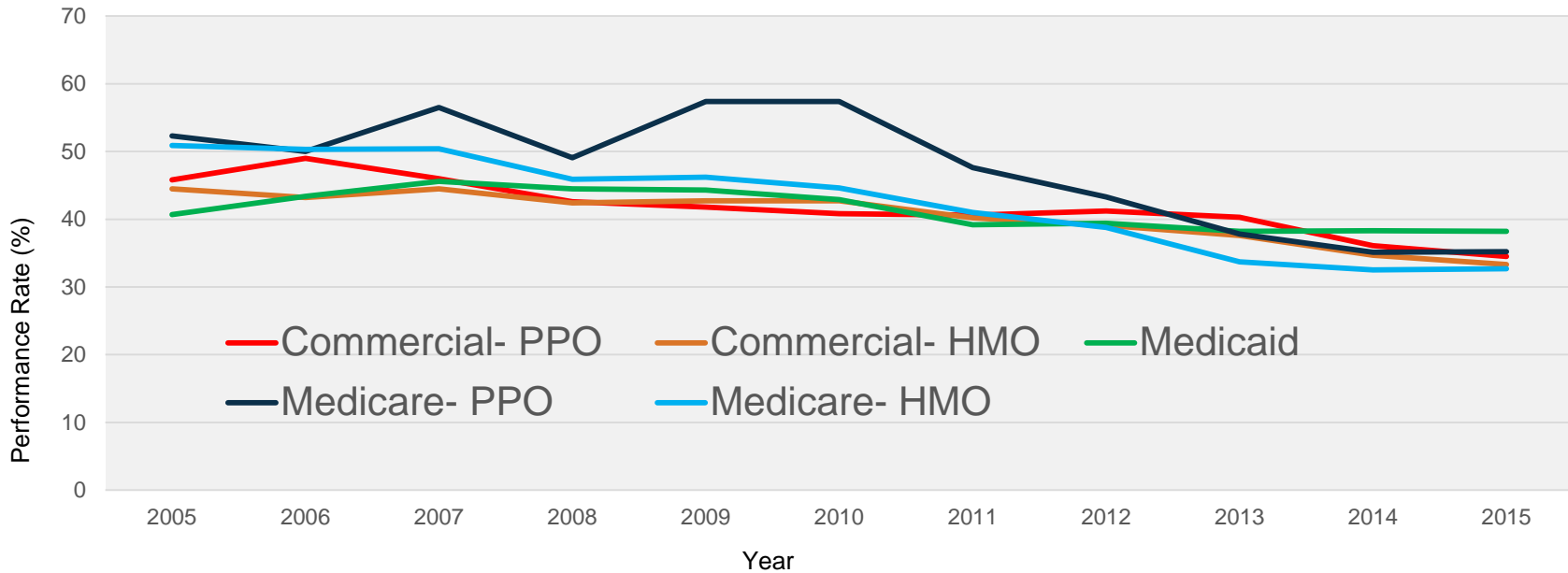
Topic	Measure
Screening	Unhealthy Alcohol Use Screening and Follow-Up (ASF)
Overuse/ Appropriateness	Use of Opioids at High Dosage (UOD)
	Use of Opioids from Multiple Providers (UOP)
Coordination	Follow-up After ED Visit for Alcohol and Other Drug Dependence (AOD)
Access to care	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
Utilization	Identification of AOD Services (IAD)

ED=Emergency Department; HEDIS=Healthcare Effectiveness Data and Information Set; NCQA=National Committee for Quality Assurance

1. National Committee for Quality Assurance (NCQA). (2017, June 28). SUMMARY TABLE OF MEASURES, PRODUCT LINES AND CHANGES (2018). Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/Portals/0/HEDISQM/HEDIS2018/HEDIS%202018%20Measures.pdf?ver=2017-06-28-134644-370>

HEDIS Measure For Substance Use Treatment: Initiation (2005-2015)¹

National HEDIS Averages: Initiation of AOD Treatment

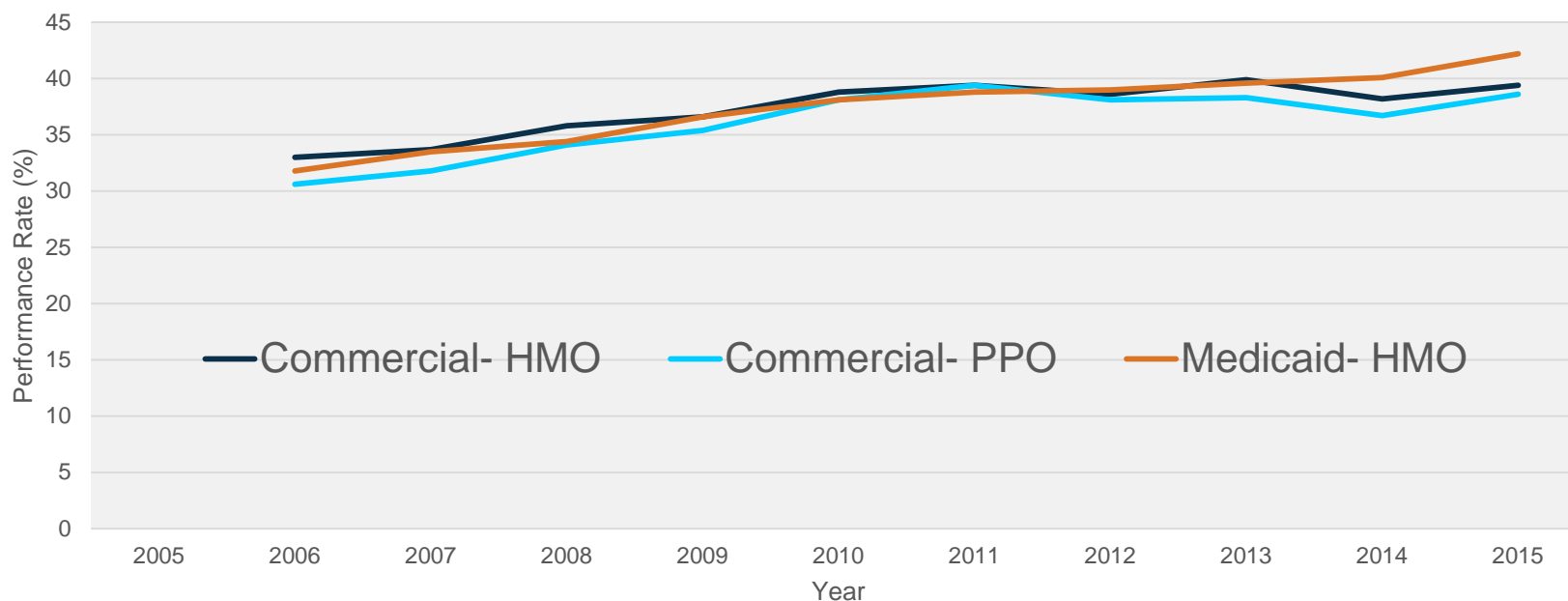


AOD=Alcohol and Other Drug Dependence; HEDIS=Healthcare Effectiveness Data and Information Set; HMO=Health Maintenance Organization; PPO=Preferred Provider Organization

1. National Committee for Quality Assurance (NCQA). (2016). Initiation and Engagement of Alcohol and Other Drug Dependence Treatment. Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/alcohol-treatment>

HEDIS Measure: Follow-Up Care For Children Prescribed ADHD Medication (2006 to 2015)¹

National HEDIS Averages: Initiation of ADHD Follow-Up Care



ADHD= Attention-Deficit/Hyperactivity Disorder; HEDIS=Healthcare Effectiveness Data and Information Set; HMO=Health Maintenance Organization; PPO=Preferred Provider Organization

1. National Committee for Quality Assurance (NCQA). (2016). Follow-Up Care for Children Prescribed ADHD Medication. Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/adhd>

HEDIS 2018 NEW MEASURES & REPORTING METHOD

HEDIS=Healthcare Effectiveness Data and Information Set

2018 New HEDIS Measures To Address Opioid Overuse

	High Dosage	Multiple Providers & Multiple Pharmacies
Denominator	Members 18 + years of age receiving 2+ prescriptions for opioids lasting $\geq 15+$ days during the measurement year	
Numerator	Members with average Morphine Equivalent Dose (MED) >120 mg Starting with first prescription >120 mg MED Ending with last prescription or end of measurement year	<ol style="list-style-type: none"> 1. Multiple prescribers: Four or more prescribers 2. Multiple pharmacies: Four or more pharmacies 3. Multiple prescribers and multiple pharmacies
Data Source	Administrative Claims	

Note: These measures have been adapted, with permission of the measure developer, Pharmacy Quality Alliance. HEDIS=Healthcare Effectiveness Data and Information Set

1. Propriety data from National Committee for Quality Assurance. (2017). HEDIS 2018 Volume 2: Technical Specifications for Health Plans. Washington, DC: NCQA. <http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018>

POLLING QUESTION

Which of the following pain and opioid topics would you like to see included in future HEDIS measures?

- A. Non-opioid pain management or therapy
- B. Evaluation of risks/benefits for beginning opioid therapy
- C. Long-term use of opioids in opioid-naïve populations
- D. Concurrent prescription of opioids and benzodiazepines
- E. Assessment of pain and functional status

HEDIS Depression Measures Address Continuum Of Depression Care

NEW: Depression Screening and Follow-Up¹	Percentage of individuals age ≥ 12 who were screened for clinical depression using a standardized tool and, if screened positive, received follow-up care	HEDIS 2018
Depression Monitoring²	Percentage of individuals age ≥ 12 with a diagnosis of major depression or dysthymia who had a PHQ-9 tool administered at least once during a four-month period	HEDIS 2016
Depression Remission or Response²	Percentage of individuals age ≥ 12 with a diagnosis of major depression or dysthymia and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated PHQ-9 score	HEDIS 2017

HEDIS=Healthcare Effectiveness Data and Information Set; PHQ= Patient Health Questionnaire

Note: These measures have been adapted, with permission of the measure stewards, Minnesota Community Measurement and CMS

1. National Committee for Quality Assurance (NCQA). (2017). NCQA Updates Quality Measures for HEDIS® 2018. Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/newsroom/details/ncqa-updates-quality-measures-for-hedisreg-2018?ArtMID=11280&ArticleID=85&tabid=2659>
2. National Committee for Quality Assurance (NCQA). (2017). HEDIS Depression Measures Specified for Electronic Clinical Data. Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/hedis-quality-measurement/hedis-learning-collaborative/hedis-depression-measures>

2018 New HEDIS Measure: Depression Screening & Follow-Up¹

Denominator	Members 12+ years of age
Numerator	<ol style="list-style-type: none"> 1. Screened for depression using a standardized tool 2. If screened positive, received follow-up care within 30 days
Data Source	Electronic Clinical Data Systems (ECDS)

Follow-Up on Positive Depression Screen

- Visits for depression or another behavioral condition
 - Behavioral health specialists
 - Other providers
 - Case managers
 - Telehealth
- Additional depression assessment that indicates no depression or no need for follow-up
- Dispensed antidepressant

HEDIS=Healthcare Effectiveness Data and Information Set

1. Propriety data from National Committee for Quality Assurance. (2017). HEDIS 2018 Volume 2: Technical Specifications for Health Plans. Washington, DC: NCQA. <http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018>

2018 New HEDIS Measure: Unhealthy Alcohol Use Screening & Follow-Up¹

Denominator	Members 18+ years of age
Numerator	<ol style="list-style-type: none"> 1. Screened for unhealthy alcohol use using a standardized tool 2. If screened positive, received counseling or other follow-up care within 60 days
Data Source	Electronic Clinical Data Systems (ECDS)

Counseling and Follow-Up Care includes

- Feedback on alcohol use and harms.
- Identification of high risk situations for drinking and coping strategies.
- Increase the motivation to reduce drinking.
- Development of a personal plan to reduce drinking.
- Documentation of receiving alcohol misuse treatment.

Note: These measures have been adapted, with permission of the measure stewards American Medical Association (AMA)- Physician Consortium Performance Improvement.

HEDIS=Healthcare Effectiveness Data and Information Set

1. Propriety data from National Committee for Quality Assurance. (2017). HEDIS 2018 Volume 2: Technical Specifications for Health Plans. Washington, DC: NCQA. <http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018>

NCQA's New HEDIS Reporting Method: Electronic Clinical Data Systems (ECDS)

NCQA is piloting a new option for health plan quality reporting for HEDIS

ECDS aims to achieve

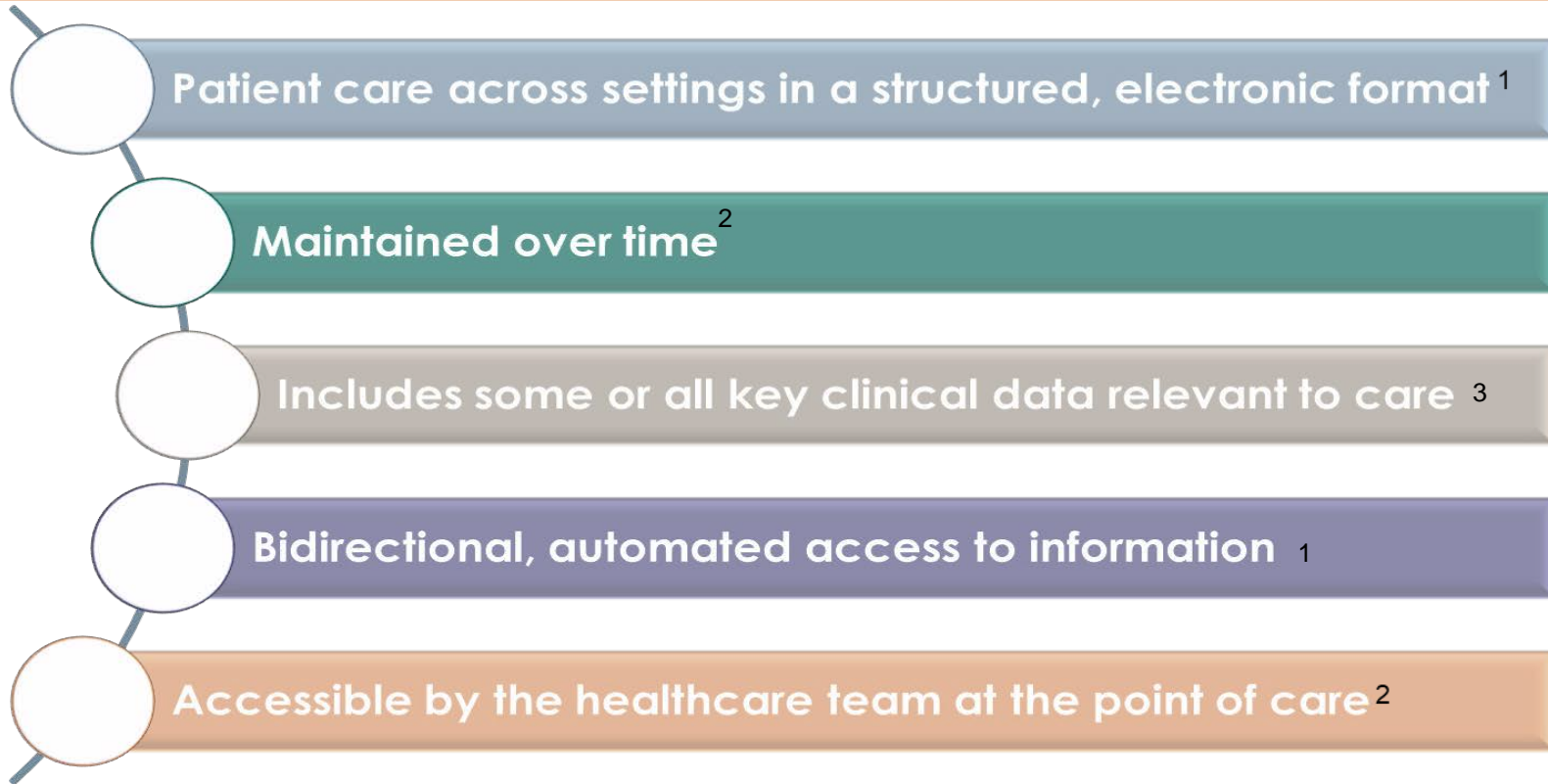
- Increased data accuracy
- Timeliness of results
- Reduced burden of reporting HEDIS measures

Provides a roadmap to high-value measurement

HEDIS=Healthcare Effectiveness Data and Information Set; NCQA=National Committee for Quality Assurance

1. National Committee for Quality Assurance (NCQA). (2017). HEDIS Electronic Clinical Data System (ECDS) Reporting. Retrieved from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/HEDISQualityMeasurement/ECDS.aspx>

What Are Electronic Clinical Data Systems (ECDS)? ¹



HEDIS=Healthcare Effectiveness Data and Information Set

1. National Committee for Quality Assurance (NCQA). (2017). HEDIS Electronic Clinical Data System (ECDS) Reporting. Retrieved from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/HEDISQualityMeasurement/ECDS.aspx>
2. National Committee for Quality Assurance (NCQA). (2017). ECDS & Utilization of PHQ-9. Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <https://www.ncqa.org/Portals/0/HEDISQM/ECDS%20and%20Depression%20FAQ%20Final%207-15-15.pdf>
3. National Quality Measures Clearinghouse. (2016). Utilization of the PHQ-9 to monitor depression symptoms for adolescents and adults: percentage of members 12 and older with a diagnosis of major depression or dysthymia who are covered by an electronic clinical data system(ECDS) who have either a PHQ-9 or . Retrieved July 2017 from National Quality Measures Clearinghouse: <https://www.qualitymeasures.ahrq.gov/summaries/summary/49849/utilization-of-the-phq9-to-monitor-depression-symptoms-for-adolescents-and-adults-percentage-of-members-12-and-older-with-a-diagnosis-of-major-depression-or-dysthymia-who-are-covered-by-an-elect>

HEDIS 2018 MEASURE UPDATES: TELEHEALTH & SUBSTANCE USE

HEDIS=Healthcare Effectiveness Data and Information Set

Why Incorporate Telehealth Into HEDIS Behavioral Health Measures

Growing adoption of telehealth in provider settings and greater demand/use by consumers

- Two million primary care video consultations in 2015 in the U.S.¹
- Psychiatry rated second most valuable telehealth service by PCPs (following dermatology)²

HEDIS=Healthcare Effectiveness Data and Information Set; PCP=Primary Care Provider

1. Japsen, B. (2016, July 29). Doctors' Virtual Consults with Patients To Double By 2020. Retrieved July 2017 from Forbes.com: <http://www.forbes.com/sites/brucejapsen/2015/08/09/as-telehealth-booms-doctor-video-consults-to-double-by-2020/#2340fdfe5d66>
2. American Well. (2017). *TELEHEALTH INDEX: 2015 PHYSICIAN SURVEY*. Retrieved July 2017 from American Well: <https://www.americanwell.com/press-release/american-well-finds-57-percent-of-physicians-are-willing-to-see-patients-over-video/>

Coverage Of Telehealth Services

Medicare

- Will only reimburse for synchronous communications
- Does not cover any store-and-forward services or remote patient monitoring for chronic diseases (except in Alaska and Hawaii)

Medicaid

- Forty-nine states and the District of Columbia have some coverage for telehealth
- Nearly all reimburse for live video telehealth

Commercial

- Thirty-two states and the District of Columbia have parity laws that cover private insurers and reimbursement to telehealth services.
- But many variations exist across the states

1. Yang, T. (2016, August 15). Health Policy Brief: Telehealth Parity Laws. Retrieved July 2017 from Health Affairs: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_162.pdf

2018 Telehealth Updates To HEDIS Measures¹

Measure Name
Antidepressant Medication Management
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
Follow Up After Hospitalization for Mental Illness
Mental Health Utilization
Follow Up Care for Children Prescribed ADHD Medications
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Identification of Alcohol and Other Drug Services

ADHD= Attention-deficit/hyperactivity disorder; HEDIS=Healthcare Effectiveness Data and Information Set

1. National Committee for Quality Assurance (NCQA). (2017, June 28). *SUMMARY TABLE OF MEASURES, PRODUCT LINES AND CHANGES (2018)*. Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/Portals/0/HEDISQM/HEDIS2018/HEDIS%202018%20Measures.pdf?ver=2017-06-28-134644-370>

2018 Updates To Substance Abuse & Dependence Measures¹

- **Two existing HEDIS measures**
 - Initiation and Engagement of Alcohol and Other Drug Abuse and Dependence Treatment
 - Identification of Alcohol and Other Drug Services
- **Updates include:**
 - Addition of Medication Assisted Treatment (MAT)
 - Stratification of measures rates by alcohol, opioid, and other drug dependence

HEDIS=Healthcare Effectiveness Data and Information Set

1. National Committee for Quality Assurance (NCQA). (2017, July 11). Press Release: NCQA Updates Quality Measures for HEDIS® 2018. Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/newsroom/details/ncqa-updates-quality-measures-for-hedis174-2018?ArtMID=11280&ArticleID=85&tabid=2659>

BEHAVIORAL HEALTH IN NCQA RECOGNITION PROGRAMS

NCQA=National Committee for Quality Assurance;

NCQA Addresses Behavioral Health In Recognition Programs

Patient-Centered Medical Home	Patient-Centered Specialty Care
Recognizes outpatient primary care practices that systematically provide preventive and chronic care management across patient populations ¹	Recognizes specialists who meet high standards for care coordination ³
Added 7 elements on behavioral health in 2014 ²	Behavioral health providers qualify for the program ⁴
Added behavioral health distinction in 2017 ³	

NCQA=National Committee for Quality Assurance

1. National Committee for Quality Assurance (NCQA). (2017). NCQA Patient-Centered Medical Home: Improving experiences for patients, providers and practice staff. Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <https://www.ncqa.org/Portals/0/PCMH%20brochure-web.pdf>
2. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014, September). Advancing Behavioral Health Integration Within NCQA Recognized Patient-Centered Medical Homes. Retrieved July 2017 from Substance Abuse and Mental Health Services Administration (SAMHSA): https://www.integration.samhsa.gov/integrated-care-models/Behavioral_Health_Integration_and_the_Patient_Centered_Medical_Home_FINAL.pdfx
3. National Committee for Quality Assurance (NCQA). (2017, April 3). NCQA Patient-Centered Medical Home (PCMH) Standards and Guidelines. Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <http://store.ncqa.org/index.php/catalog/product/view/id/2776/s/2017-pcmh-standards-and-guidelines-epub/>
4. National Committee for Quality Assurance (NCQA). (2017). Patient-Centered Specialty Practice (PCSP) Clinician Eligibility. Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/during-earn-it-pcmh/other-pcmh-resources/pcsp-clinician-eligibility>

Polling Question

Is your mental health or substance abuse service organization currently or planning to be accredited?

- A. No (no expectation/requirement for accreditation)
- B. Yes, by State Departments of Mental Health/Substance Abuse
- C. Yes, by a third party organization (e.g., COA, NCQA, TJC)
- D. Unsure
- E. Not applicable

COA=Council on Accreditation, NCQA=National Committee for Quality Assurance; TJC=The Joint Commission

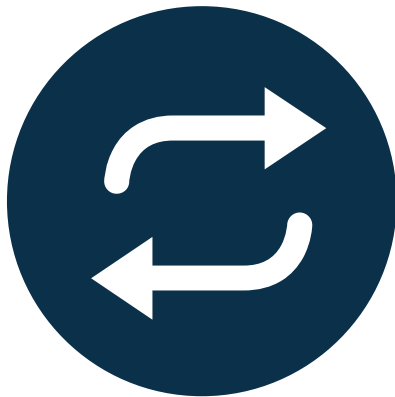
Polling Question

If currently accredited or planning it, which of the following entities expect it?

- A. Organization leadership
- B. State Mental Health and Substance Abuse Departments
- C. State Medicaid agency and/or Medicaid plans
- D. Federal agencies (e.g., CMS, SAMHSA)
- E. Commercial insurance plans

What Is Patient-Centered Specialty Practice (PCSP) Recognition?

PCSP acknowledges **specialty practices** that demonstrate the highest level of care coordination, including:



Referral Tracking

Streamlined referral processes



Care Management

Timely patient and caregiver-focused care management



Quality Reporting & Improvement

Continuous clinical quality improvement

1. National Committee for Quality Assurance (NCQA). (2017). *Patient-Centered Specialty Practice Recognition*. Retrieved July 2017 from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/programs/recognition/practices/patient-centered-specialty-practice-pcsp>

PCMH & PCSP Practices Under Medicare Access & CHIP Reauthorization Act Of 2015

Medicare Access & CHIP Reauthorization Act Of 2015¹

- Repeals The Sustainable Growth Rate Formula
- Creates the Quality Payment Program
- Medicare rewards clinicians for value over volume
- Streamlines multiple quality programs under the new Merit Based Incentive Payments System (MIPS)
- Provides bonus payments for participation in eligible alternative payment models

Practices with PCMH and PCSP recognition receive automatic full credit in the MIPS Clinical Practice Improvement Activity (CPIA) category²

- Automatic credit for CPIA makes up 15% of the MIPS score that determines whether clinicians get bonuses or penalties

CHIP-Children's Health Insurance Program; PCMH=Patient Centered Medical Home; PCSP=Patient Centered Specialty Practice

1. Centers for Medicare and Medicaid Services. (2016, October). THE MEDICARE ACCESS & CHIP REAUTHORIZATION ACT OF 2015. Retrieved October 2016 from The Centers for Medicare and Medicaid Services (CMS): <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-LAN-PPT.pdf>
2. Maciejowski, A. (2016, August 25). MACRA's Chosen One: PCMH (and PCSP, too). Retrieved from National Committee for Quality Assurance (NCQA): <http://blog.ncqa.org/macras-chosen-one-pcmh-and-pcsp-too/>

Polling Question

How has MACRA impacted the mental health or substance abuse treatment organization where you work?

- A. No impact
- B. MACRA requires us to report quality measures
- C. MACRA requires us to adopt new payment models
- D. Do not know
- E. Not applicable

MACRA=Medicare Access and CHIP Reauthorization Act

QUESTIONS



CLOSING