



The Importance Of Quality In Behavioral Health Care

Measures, Programs, And Insights

April 2025 US.PSY.D.25.00009

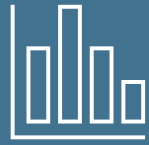
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Objectives



To understand the burden of behavioral health disorders on all stakeholders



To define behavioral health quality measures, and how they're used



To describe the growing importance of value-based care in behavioral health care



To discuss payer and provider roles in quality improvement, including challenges and strategies for success

The Burden Of Behavioral Health Disorders

Why Focus On Behavioral Health?

Behavior health is **complex**¹



The multidimensional nature of mental illness requires integrated care that includes biological, psychological, and social management¹

People with behavioral health disorders often experience **reduced quality of care**²

2023 Follow-Up After Hospitalization For Mental Illness (FUH) HEDIS® Measure

28.6% to 49.1%

of individuals hospitalized for selected mental health disorders and then had follow-up within **7 days of discharge**^{2*}

49.3% to 70.9%

of individuals hospitalized for selected mental health disorders and then had follow-up within **30 days of discharge**^{2*}



About
1 in 5 Americans
have a mental illness³

These individuals have
a **reduced life**
expectancy of at least

10 years³

*The range of percentages represent the following health plans: commercial HMO, commercial PPO, Medicaid HMO, Medicare HMO, and Medicare PPO.

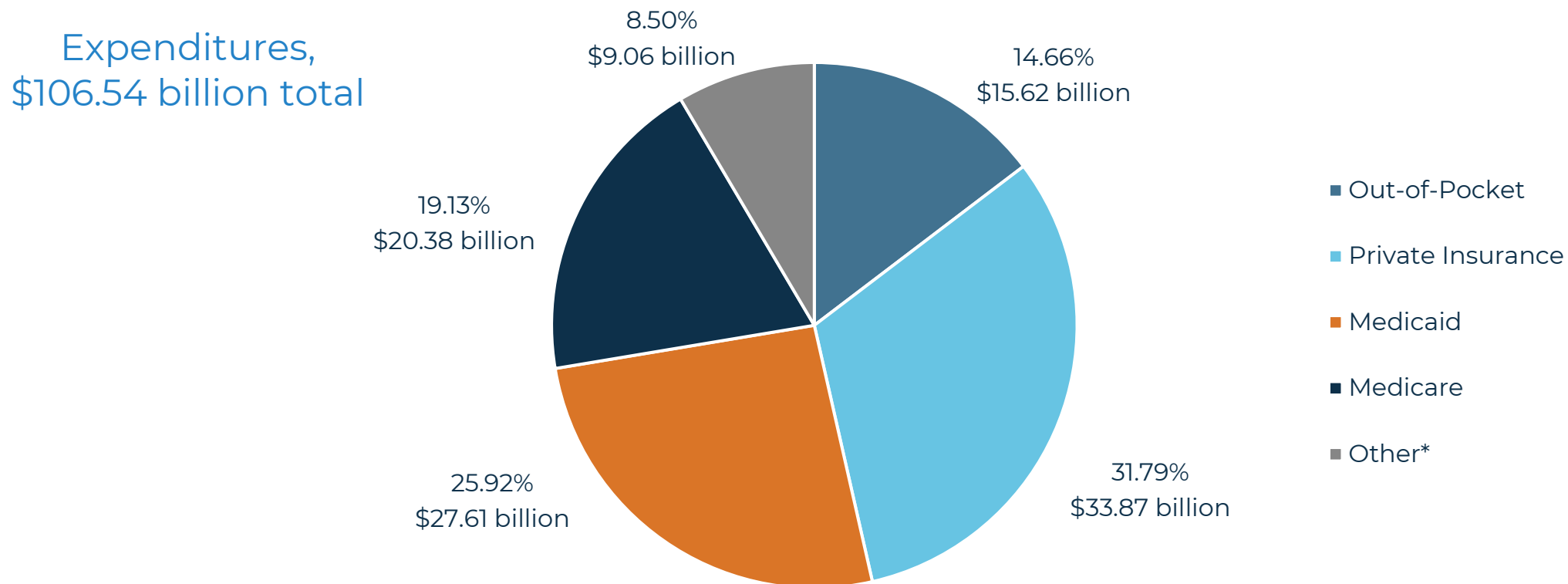
HMO, health maintenance organization; PPO, preferred provider organization.

1. Yang AC, Tsai SJ. *Prog Neuropsychopharmacol Biol Psychiatry*. 2013;45:251-252.
2. National Committee on Quality Assurance. Follow-up after hospitalization for mental illness (FUH). <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/measures-list/follow-up-after-hospitalization-for-mental-illness-fuh/>. Accessed March 3, 2025.
3. Yarborough BJH, et al. *Patient Educ Couns*. 2019;102(2):346-351.

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Medicaid And Other Payers Cover The Majority Of Mental Health Expenditures For Adults

Percentage Distribution Of Mental Health Treatment Expenditures Among Adults By Funding Source (2019)



**Other* includes payments from the US Department of Veterans Affairs (except TRICARE); other federal sources (Indian Health Service, military treatment facilities, and other care provided by the federal government); various state and local sources (community and neighborhood clinics, state and local health departments, and state programs other than Medicaid/CHIP); workers' compensation; and various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources).

Soni A. Health care expenditures for treatment of mental disorders: estimates for adults ages 18 and older, US civilian noninstitutionalized population, 2019. Healthcare Research and Quality. 2022. Statistical Brief #539.

Major Medicare Spending Differences Exist Based on Presence of Mental Health Diagnoses

Based on a *JAMA* study published in 2020

Compared to other groups on Medicare, people with a serious mental illness (SMI) had **consistently higher mean spending*** on certain services

Costs*	SMI†	Other common mental disorders‡	No known mental illness
General spending	\$19,676	\$15,596	\$13,072
Mental health services	\$2024	\$343	\$189
Medical services for physical conditions	\$17,651	\$15,253	\$12,883

Compared to those with no known mental illness, people with a SMI† had **increased health care utilization** in the following areas:

- Hospitalizations in general acute hospitals
- Days in hospital
- Inpatient rehabilitative days
- ED visits
- Observation days
- Nursing care facilities days
- Home health service days

*Costs shown were adjusted for patient demographic characteristics and other comorbidities.

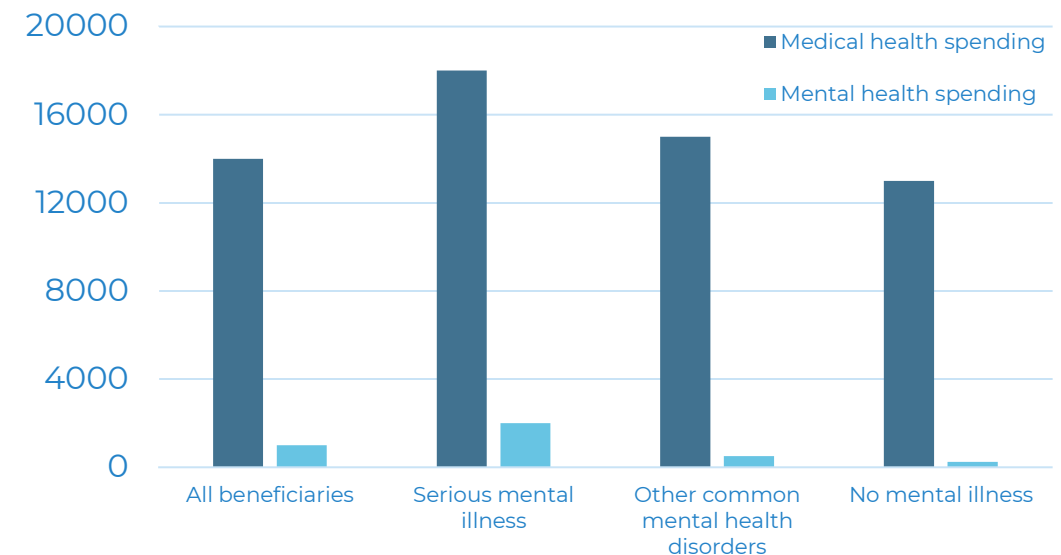
†Defined as bipolar disease, schizophrenia, or related psychotic disorders, and major depressive disorder.

‡Defined as anxiety disorders, personality disorders, and post-traumatic stress disorder.

ED, emergency department; JAMA, Journal of the American Medical Association; SE, standard error.

Figueroa JF, et al. *JAMA Netw Open*. 2020;3(3):e201210.

Risk-adjusted Mean Spending Associated with Medical vs Mental Health Services Among Patients With And Without Mental Health Disorders



Study design: A retrospective cohort study included 4,358,975 fee-for-service Medicare beneficiaries in the US in 2015 compared spending and health care utilization of those with a SMI†, other common mental disorders‡, and those with no known mental health disorders. The data analysis was conducted from February to October 2019.

Mental Illness Likely Impairs The Ability Of Patients And Health Systems To Take Effective Care Of Chronic Conditions

Based on a *JAMA* study published in 2020

Mean **mental health** spending*
for people with major chronic conditions

Condition	No known illness	Other common mental health disorders†	SMI‡
CHF	\$283	\$332	\$1751
COPD	\$379	\$370	\$2116
DM	\$238	\$309	\$2101
CKD	\$253	\$323	\$1941
IHD	\$214	\$270	\$1683

Mean **medical health** spending*
for people with major chronic conditions

Condition	No known illness	Other common mental health disorders†	SMI‡
CHF	\$30,256	\$35,887	\$40,027
COPD	\$27,267	\$31,683	\$34,761
DM	\$19,410	\$22,597	\$25,837
CKD	\$27,943	\$32,982	\$36,581
IHD	\$21,682	\$25,349	\$29,302

Study design: A retrospective cohort study including 4,358,975 fee-for-service Medicare beneficiaries in the US in 2015 compared spending and health care utilization of those with a SMI‡, other common mental disorders†, and those with no known mental health disorders. The data analysis was conducted from February to October 2019.

*Risk-adjusted spending.

†Defined as anxiety disorders, personality disorders, and post-traumatic stress disorder.

‡Defined as bipolar disease, schizophrenia, or related psychotic disorders, and major depressive disorder.

CHF, congestive heart failure; CKD, chronic kidney disease; COPD, chronic obstructive pulmonary disease; DM, diabetes mellitus; IHD, ischemic heart disease; JAMA, Journal of the American Medical Association; SMI, serious mental illness; US, United States.

Figueroa JF, et al. *JAMA Netw Open*. 2020;3(3):e201210.

Behavioral Health Quality Measures

What Are Quality Measures And Why Use Them?



The process of using data to evaluate the performance of health plans and health care providers against recognized quality standards

Quality Measures Align Payment With Value

- Preventing the overuse, underuse, and misuse of health care services and ensuring patient safety
- Identifying what does and doesn't work in health care to drive improvement
- Holding health insurance plans and health care providers accountable for providing high-quality care
- Measuring and addressing disparities in how care is delivered and in health outcomes
- Helping consumers make informed choices about their care

Morris C, Bailey K. A framework for advancing health equity and value: policy options for reducing health inequities by transforming health care delivery and payment systems, Families USA Issue Brief. Published May 2014. Accessed March 3, 2025.

AHRQ National Quality Strategy (NQS)

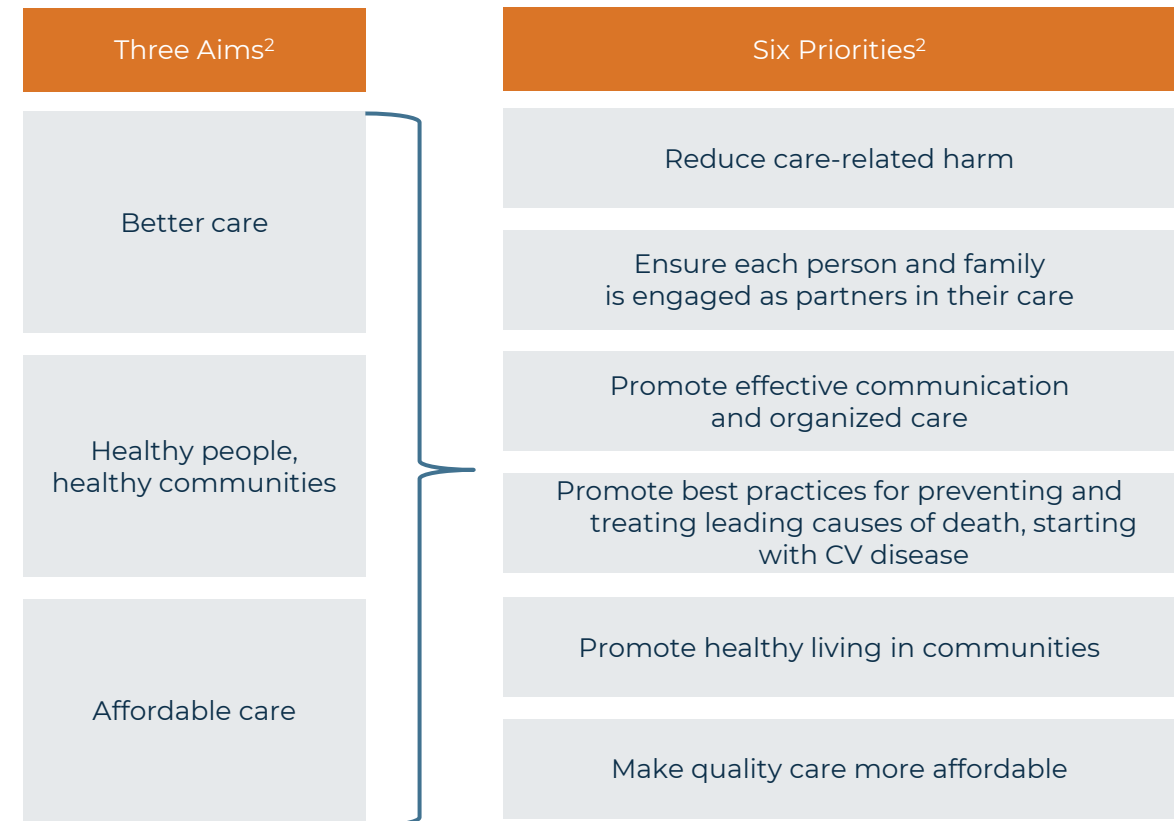
The NQS was established in 2011 as part of the ACA and led by the AHRA on behalf of HHS to improve^{1,2}:

- Delivery of health care services
- Patient health outcomes
- Population health

ACA, Affordable Care Act; AHRQ, Agency for Healthcare Research and Quality; CV, cardiovascular disease; HHS, Health and Human Services.

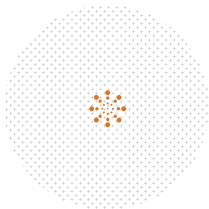
1. Agency for Healthcare Research and Quality. National quality strategy overview. https://www.ahrq.gov/sites/default/files/wysiwyg/NQS_overview_slides-2017.pdf. Published January 2017. Accessed March 3, 2025. .
2. Agency for Healthcare Research and Quality. The national quality strategy: fact sheet. https://www.ahrq.gov/sites/default/files/wysiwyg/nqsfactsheet_2017.pdf. Revised January 2017. Accessed March 3, 2025. .

To advance these aims,
the NQS focuses on six priorities²

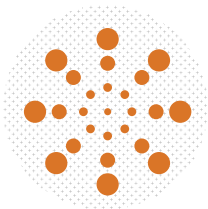


CMS National Quality Strategy (NQS)

How does the 2011 and 2022 National Quality Strategies relate to each other?



The NQS published by CMS in 2022 is a **more focused** plan on how the agency will use its programs and initiatives to achieve the **broader goals** in the NQS published in 2011^{1,2}



The CMS NQS provide a unified vision for improving the quality of care for **over 160 million individuals**^{2,*}:

Priority Areas	Equity and engagement	Outcomes and alignment	Safety and resiliency	Interoperability and scientific advancement
Goals	<ul style="list-style-type: none">• Advance health equity and whole-person care• Engage individuals and communities to become partners in their care	<ul style="list-style-type: none">• Improve quality and health outcomes across the care journey• Align and coordinate across programs and care settings	<ul style="list-style-type: none">• Achieve zero preventable harm• Enable a responsive and resilient health care system to improve quality	<ul style="list-style-type: none">• Accelerate and support the transition to a digital and data-driven health care system• Transform health care using science, analytics, and technology

*Those with Traditional Medicare, Medicare Advantage, Medicaid, Children’s Health Insurance Program (CHIP) or Marketplace coverage.

CMS, Centers For Medicare and Medicaid Services.

1. Agency for Healthcare Research and Quality. The national quality strategy: fact sheet. https://www.ahrq.gov/sites/default/files/wysiwyg/nqsfactsheet_2017.pdf. Revised January 2017. Accessed March 3, 2025.

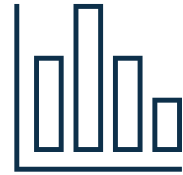
2. Centers for Medicare & Medicaid Services. CMS cross cutting initiative National Quality Strategy. <https://www.cms.gov/files/document/final-cci-national-quality-strategy-fact-sheet.pdf>. Published November 2024. Accessed March 3, 2025.

NCQA's[©] HEDIS[®] Measures

The Healthcare Effectiveness Data and Information Set (HEDIS) is one of health care's most widely used performance improvement tools¹



235 million
people enrolled in
plans that report
HEDIS results¹



> 90
measures across
6 domains of care¹

The set makes it possible to compare health plans based on standardized measures²

Results are reported in the NCQA's State of Health Care Quality Report and Health Plan "Report Cards"³



The set includes^{4,5}:



Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS): A family of surveys that contain standardized questions that reliably assess a large sample of patient feedback²

Health Outcomes Survey (HOS): Information is collected from Medicare Advantage plans to understand how well the plans help beneficiaries **maintain or improve** their health over time⁶

NCQA, National Committee For Quality Assurance.

1. National Committee for Quality Assurance. HEDIS and performance measurement. <https://www.ncqa.org/hedis/>. Accessed March 3, 2025.
2. Centers for Medicare & Medicaid Services. Consumer Assessment of Healthcare Providers & Systems (CAHPS). <https://www.cms.gov/data-research/research/consumer-assessment-healthcare-providers-systems>. Updated November 14, 2024. Accessed March 3, 2025.
3. National Committee for Quality Assurance. State of Health Quality Report. <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/>. Accessed March 3, 2025.
4. National Committee for Quality Assurance. HEDIS Medicare Health Outcomes Survey. <https://www.ncqa.org/hedis/measures/hos/>. Accessed March 3, 2025.
5. Agency for Healthcare Research and Quality. NCQA's version of the Health Plan Survey. <https://www.ahrq.gov/cahps/surveys-guidance/hp/about/NCQAs-CAHPS-HP-Survey.html#:~:text=NCQA%20uses%20the%20CAHPS%20Health%20Plan%20Survey,a%20core%20questionnaire%20plus%20several%20supplemental%20items..> Updated April 2020. Accessed March 3, 2025.
6. Centers for Medicare & Medicaid Services. Health Outcomes Survey (HOS). <https://www.cms.gov/data-research/research/health-outcomes-survey>. Updated September 10, 2024. Accessed March 3, 2025.

NCQA® HEDIS® 2025 Measures: Behavioral Health

Domain	Measure
Effectiveness Of Care	Diagnosed Mental Health Disorders
	Follow-Up After Hospitalization For Mental Illness
	Follow-Up After Emergency Department Visit For Mental Illness
	Diabetes Screening For People With Schizophrenia Or Bipolar Disorder Who Are Using Antipsychotic Medications
	Diabetes Monitoring For People With Diabetes And Schizophrenia
	Cardiovascular Monitoring For People With Cardiovascular Disease And Schizophrenia
	Adherence To Antipsychotic Medications For Individuals With Schizophrenia
	Transitions Of Care
Measures Collected Through The Medicare Health Outcomes Survey	Medicare Health Outcomes Survey
Access And Availability Of Care	Use Of First-Line Psychosocial Care For Children And Adolescents On Antipsychotics
Experience Of Care	CAHPS Health Plan Survey 5.1H, Adult Version
	CAHPS Health Plan Survey 5.1H, Child Version
Measures Reported Using Electronic Clinical Data Systems	Follow-Up Care For Children Prescribed ADHD Medications
	Metabolic Monitoring For Children And Adolescents On Antipsychotics
	Depression Screening And Follow-Up For Adolescents And Adults
	Utilization Of The PHQ-9 To Monitor Depression Symptoms For Adolescents And Adults
	Depression Remission Or Response For Adolescents And Adults

ADHD, attention-deficit/hyperactivity disorder; CAHPS, Consumer Assessment of Healthcare Providers and Systems; HEDIS, Healthcare Effectiveness Data and Information Set; NCQA, National Committee for Quality Assurance; PHQ-9, Patient Health Questionnaire-9.

National Committee for Quality Assurance. HEDIS MY 2025 measures and descriptions. <https://wpcdn.ncqa.org/www-prod/wp-content/uploads/HEDIS-MY-2025-Measure-Description.pdf>. Accessed March 3, 2025.

Patient Health Questionnaire-9 (PHQ- 9)

The PHQ-9 is a widely used questionnaire for diagnosing depression and determining its severity. It is typically self-reported but can also be administered by a health care professional

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)				
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

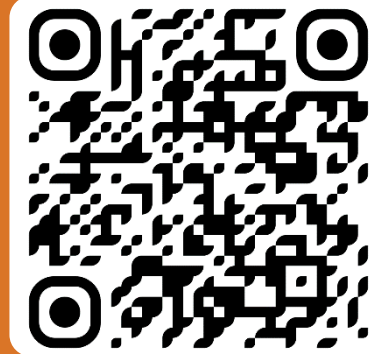
FOR OFFICE CODING: 0 + + + = Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Scan the QR code below to gain access to different psychiatric scales available



Ford J, et al. *Qual Health Res*. 2020;30(13):2146-2159.

Medicare: CMS Star Ratings: Medicare Advantage Plans

Goals¹

- Assess the quality of health and prescription drug services received by consumers in Medicare Advantage (MA) and Part D prescription drug plans
- Compare the quality of available Medicare health and drug plans, empowering consumers to make more informed health care decisions

Example: Measures Of Interest To Behavioral Health²

- Improving or maintaining mental health
- Yearly review of all medications and supplements being taken
- Readmission to a hospital within 30 days of being discharged

CMS, Centers for Medicare and Medicaid Services.

1. Centers for Medicare and Medicaid Services. 2025 Medicare Advantage and Part D star ratings. <https://www.cms.gov/files/document/fact-sheet-2025-medicare-advantage-and-part-d-star-ratings.pdf>. Published October 10, 2024. Accessed March 18, 2025.
2. Centers for Medicare and Medicaid Services. Medicare 2025 Part C & D star ratings technical notes. <https://www.cms.gov/files/document/2025-star-ratings-technical-notes.pdf>. Updated October 3, 2024. Accessed March 18, 2025.

Child and Adult Core Health Care Quality Measurement Sets

The Social Security Act requires the Secretary of Health and Human Services to update the Core Sets annually

A tool to understand the quality of health care provided in Medicaid and the Children's Health Insurance Program (CHIP)

Aim to identify disparities in care and to develop targeted quality improvement efforts to advance health equity

Includes range of measures encompassing both physical and mental health for adults and children

Medicaid. Compilation of annual updates to the child and adult core health care quality measurement sets. <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/compilation-of-annual-updates-child-and-adult-core-health-care-quality-measurement-sets/index.html>. Accessed March 3, 2025

2025 Core Set Of Behavioral Health Core Measures For Medicaid And CHIP

Domain	Measure
Adult	Initiation And Engagement Of Substance Use Disorder Treatment
	Medical Assistance With Smoking And Tobacco Use Cessation
	Antidepressant Medication Management
	Screening For Depression And Follow-Up Plan: Age 18 & Older
	Follow-Up After Hospitalization For Mental Illness: Age 18 & Older
	Diabetes Screening For People With SZ Or BP Who Are Using Antipsychotic Medications
	Diabetes Care For People With SMI: Glycemic Status > 9.0%
	Use Of Pharmacotherapy For Opioid Use Disorder
	Follow-Up After ED Visit For Substance Use: Age 18 & Older
	Follow-Up After ED Visit For Mental Illness: Age 18 & Older
	Adherence to Antipsychotic Medications For Individuals with SZ
Child	Follow-Up Care For Children Prescribed ADHD Medication
	Screening For Depression And Follow-Up Plan: Ages 12-17
	Follow-Up After Hospitalization For Mental Illness: Ages 6-17
	Metabolic Monitoring For Children And Adolescents On Antipsychotics
	Use Of First-Line Psychosocial Care For Children And Adolescents On Antipsychotics
	Follow-Up After ED Visit For Substance Use: Ages 13-17
	Follow-Up After ED Visit For Mental Illness: Ages 6-17

ADHD; attention-deficit/hyperactivity disorder; BP; bipolar disorder; CHIP, Children's Health Insurance Program; ED, emergency department; SMI; serious mental illness; SZ; schizophrenia.

Centers for Medicare & Medicaid Services. 2025 core set of behavioral health measures for Medicaid and CHIP (behavioral health core set). <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-bh-core-set.pdf>. Accessed March 3, 2025.

Inpatient Psychiatric Facility Quality Reporting Program (IPFQR Program)

What is the purpose of the program?

To provide information (e.g., quality measures designed to assess and foster improvement in the quality of care) to patients, leading to more informed health care decisions¹

How it's helpful for people:

Data from quality measures assessing and improving quality of care provided to patients with mental illness can help inform decisions about health care options¹

How it's helpful for providers:

Encourages the improvement of quality inpatient care as the program ensures providers know about and report on best practices for the facilities and care type by submitting annual quality data to CMS¹

How does the program affect IPFs?

- ✓ Required to submit annual quality data to CMS²
- ✓ Facilities paid under IPF PPS must meet the program's requirement to receive a full annual payment update²

What is the IPF PPS?

The system calculates a standardized federal per diem payment rate* for all IPFs. This rate is based on the sum of certain national average costs per patient day of psychiatric care in an IPF²



It applies to inpatient services given by psychiatric hospitals or units in US acute care or critical access hospitals that participate in Medicare¹

What does a pay-for-reporting program mean?

If eligible facilities choose not to participate, they can be paid less by Medicare¹

Example

IPFs that fail to report required quality data or do not meet all reporting requirements will have their annual payment update reduced by 2.0%¹

2.0%

*Payment rate is adjusted to reflect certain patient and facility characteristics that are associated with statistically significant cost differences.² CMS, Centers for Medicare and Medicaid Services; IPF, Inpatient Psychiatric Facilities; IPF PPS, Inpatient Psychiatric Facilities Prospective Payment System; US, United States.

1. Centers for Medicare & Medicaid Services. Inpatient Psychiatric Facility Quality Reporting (IPFQR) program. <https://www.cms.gov/medicare/quality/initiatives/hospital-quality-initiative/inpatient-psychiatric-facility-quality-reporting-ipfqr-program>. Updated September 10, 2024. Accessed March 3, 2025.
2. Centers for Medicare & Medicaid Services. Inpatient Psychiatric Facility PPS. <https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility>. Updated October 11, 2024. Accessed March 3, 2025.

IPFQR Fiscal Year 2027 Program Measures

Measure
Hours Of Physical Restraint Use
Hours Of Seclusion Use
Follow-Up After Psychiatric Hospitalization
Alcohol Use Brief Intervention Provided Or Offered And SUB-2a Alcohol Use Brief Intervention
Alcohol And Other Drug Use Disorder Treatment Provided Or Offered At Discharge And SUB-3a Alcohol And Other Drug Use Disorder Treatment At Discharge
Tobacco Use Treatment Provided Or Offered At Discharge And TOB-3a Tobacco Use Treatment At Discharge
Influenza Immunization
Transition Record With Specified Elements Received By Discharged Patients (Discharges From An Inpatient Facility To Home/Self Care Or Any Other Site Of Care)
Screening For Metabolic Disorders
30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization In An Inpatient Psychiatric Facility
30-Day Risk-Standardized All-Cause Emergency Department Visit Following An Inpatient Psychiatric Facility Discharge measure
Medication Continuation Following Inpatient Psychiatric Discharge
Modified COVID-19 Health Care Personnel (HCP) Vaccination Measure
Facility Commitment To Health Equity
Screening For Social Drivers of Health
Screen Positive Rate For Social Drivers of Health

IPFQR, Inpatient Psychiatric Facility Quality Reporting; SUB-2a, Substance Use Measures-2a; SUB-3a, Substance Use Measures-3a; TOB-3a, Tobacco Treatment Measure-3a. Centers for Medicare & Medicaid Services. *Federal Register*. 2024;89(152).

The Shift Toward Value-Based Care

Drivers Of Value-Based Care

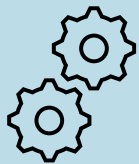
Affordable Care Act

- Health insurance companies cannot refuse coverage or charge more for an individual or their child due to a pre-existing condition¹
- Mental health and substance abuse are considered under essential health benefits²
- Increases access to integrated behavioral health care, which is designed to address mental and behavioral health needs together with primary care³

Emphasis on complex consumers and related costs

- Evidence suggest that people with mental disorders have a higher prevalence of several chronic conditions (e.g., diabetes, cardiovascular and respiratory diseases)⁴
- People with a serious mental illness (SMI) and physical multimorbidity have the potential to accrue increased treatment costs⁴
- Value-based models such as the accountable care organization (ACO) program are a way to manage care and costs⁵

Struggle of controlling costs and improving quality⁶



Health care systems must move away from fee-for-service, which rewards **quantity over quality**, and provides little to no incentive for providers to improve quality of care⁶

5 Quintuple Aim

Seeks to improve health care by addressing social determinants of health via five pillars: **patient experience, outcomes, cost, clinician well-being, and health equity⁷**

1. Department of Health & Human Services. Pre-existing conditions. <https://www.hhs.gov/healthcare/about-the-aca/pre-existing-conditions/index.html>. Updated March 17, 2022. Accessed March 3, 2025.

2. Department of Health & Human Services. Does the Affordable Care Act cover individuals with mental health problems? Updated 20, 2023. Accessed March 3, 2025.

3. Kwan BM, et al. *AIMS Public Health*. 2015;2(4):691-717.

4. Pizzol D, et al. *BMJ Mental Health*. 2023;26:e300870.

5. Bao C, Bardhan IR. *Health Aff Sch*. 2024;2(3):qxae028.

6. Leao DLL. *Appl Health Econ Health Policy*. 2023;21(3):441-466.

7. Shah YB, et al. *Int J Environ Res Public Health*. 2024;21(6):718.

Value-Based Payment Creates Changes For All Stakeholders



Provider Organizations

Strategic 'reengineering' of services to fit in emerging value chain



Health Plans

- Medical loss ratio limitations, downward pressure on rates; more competition
- Backward integration, gainsharing reimbursement arrangements with providers
- Smaller subsidies and more stringent ratings for health exchange plans



Consumers

More cost sharing and opportunities for engagement

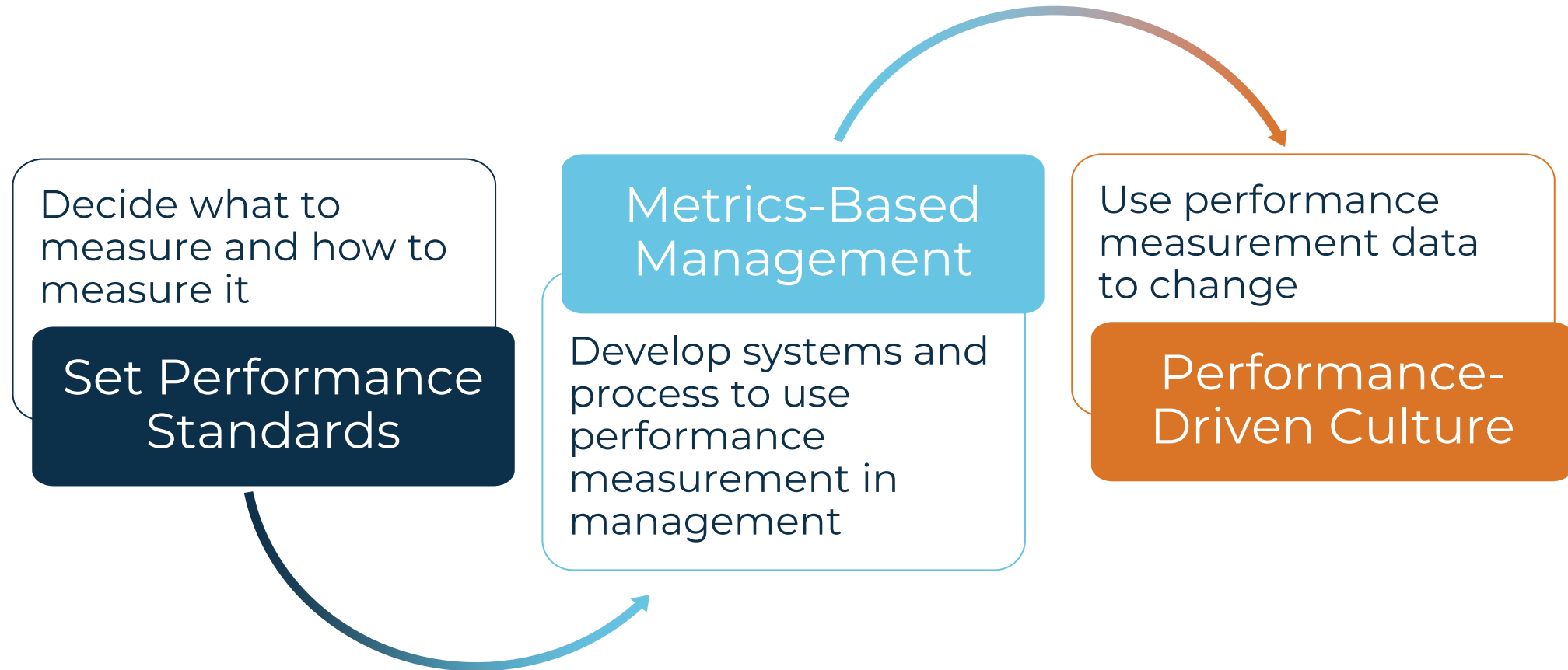


Other Health Care Professionals

- Move away from 'more is better'
- Participation in population health management and standardization of care delivery
- End of private practice except for cash/concierge

Oss, ME. Are you really ready for value-based payment? Will your culture eat your performance? [Presentation]. Presentation given at the 2016 OPEN MINDS Performance Management Institute. Clearwater, FL.

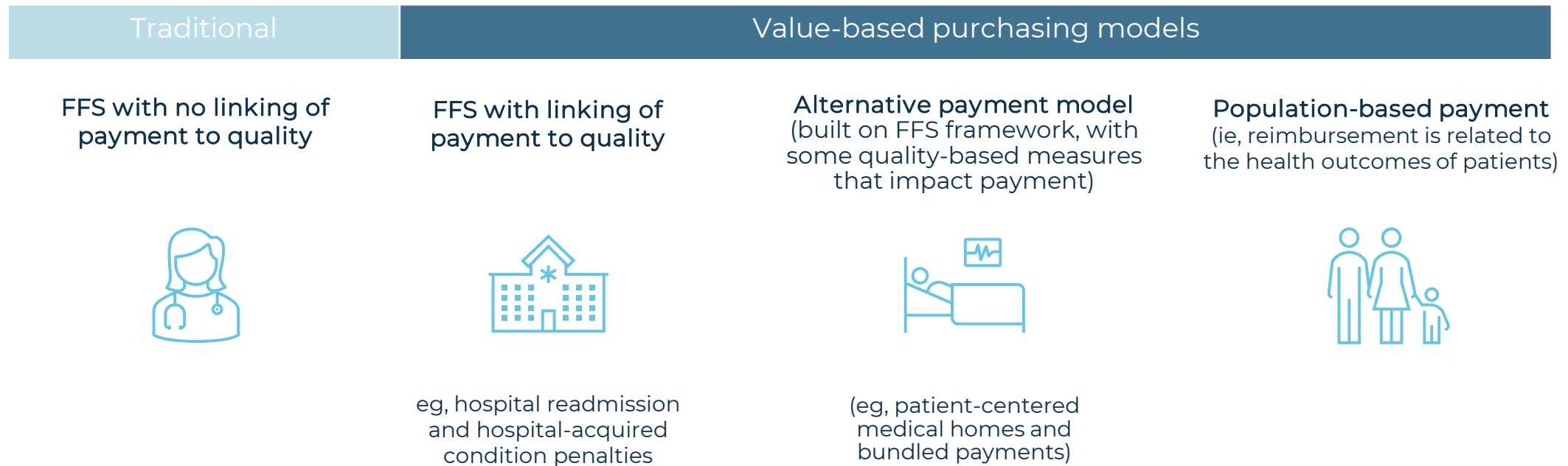
The Road To Value-Based Care



Oss, ME. Are you really ready for value-based payment? [Presentation]. Presentation given at the 2016 OPEN MINDS Performance Management Institute. Clearwater, FL.

How A Fee-For-Service Model Can Transition Towards Value-Based Care

HHS established a system for categorizing health care payments in terms of how health professional get reimbursed



FFS, Fee-For-Service.

Powe M. Transitioning from fee-for-service to value-based payments: CMS sets ambitious timetables. Published in *Payment Matters*. Date published unknown. Accessed March 26, 2025.

Challenges To Improving Quality

Mental Health Trails Behind Physical Health in Standardized Performance Measures

Globally, mental health has **lagged** behind physical health in development, adoption, and implementation of standardized performance measures.

This lag is due to the lack of:



Evidence to support specific, valid, and clearly defined measures



Infrastructure needed to create, use, gather data regarding quality measures



Strategy to implement measures across various settings

Kilbourne AM, Keyser D, Pincus HA. *Can J Psychiatry*. 2010;55(9):549-557.

Implementing Quality Measures

A Wide Gap Exists In Quality Measures That Align With CMS Behavioral Health Goals Across Entities

CMS Behavioral Health Goal	Accountable Entity					
	ACO	Acute care facility	Clinician	Health plan	PAC/dialysis organization	State/Medicaid
Integrated physical and behavioral health care	✗	✗	✗	✗	✗	✗
Mental health disorders screening and treatment	✗	✓	✓	✓	✓	✓
Opioid use and disorders prevention and treatment	✗	✓	✓	✓	✗	✗
Substance use disorders prevention and treatment	✗	✗	✗	✓	✗	✓
Suicide prevention	✗	✗	✓	✗	✗	✗

ACO, accountable care organization; CMS, Centers for Medicare & Medicaid Services; PAC, post-acute care.

Centers for Medicare & Medicaid Services. 2024 National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Report. Baltimore, MD: US Department of Health and Human Services; 2024.

There Has Been Areas Of Positive Improvement And Patient Impact In Behavioral Health

From 2016 to 2018:

10,981 additional Medicare Advantage enrollees who were newly diagnosed with MDD adhered to medications as rates improved by 1.7%

55.5% to 57.2%

21.4% to 23.7%

4,664 more Marketplace members initiated and engaged in alcohol and drug use disorder treatment as rates improved by 2.3%

From 2016 to 2019:

3.6 million more patients associated with ACOs received depression screening and follow-up as rates improved from:

54.3% to 70.2%

ACO, accountable care organization; MDD, major depressive disorder.

Centers for Medicare & Medicaid Services. 2024 National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Report. Baltimore, MD: U.S. Department of Health and Human Services; 2024.

Summary



Quality measures quantify different key components (eg, outcomes) to evaluate and provide better quality of health care

Mental health lags behind physical health in development, adoption, and implementation of standardized performance measures



Although behavioral health has achieved some positive high-impact measures, aligning CMS goals across entities remains a challenge



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Measures, Programs, And Insights

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