Integration of Behavioral Health and Healthcare Services – Quality Measurement and Research

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Improving Quality and Integration of Substance Use Disorder (SUD)

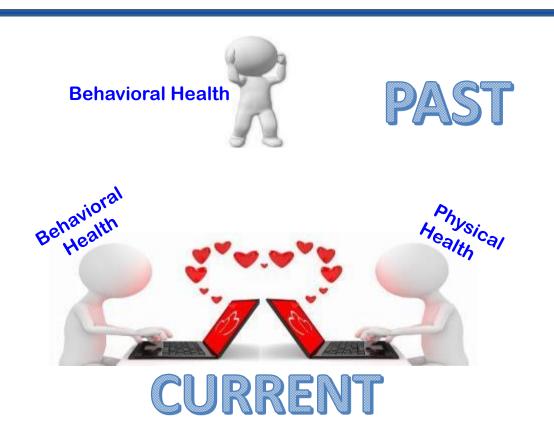
Treatment in the Era of Accountable Care

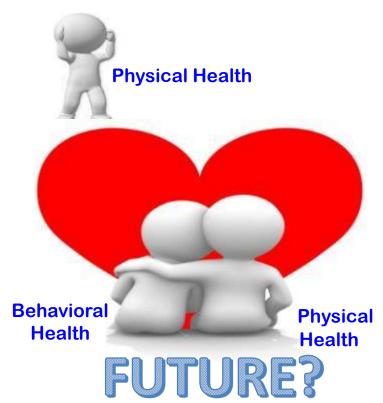






The dance of integration





Today's discussion

- Setting the context
 - Definitions and frameworks
 - Importance
 - How is it done?

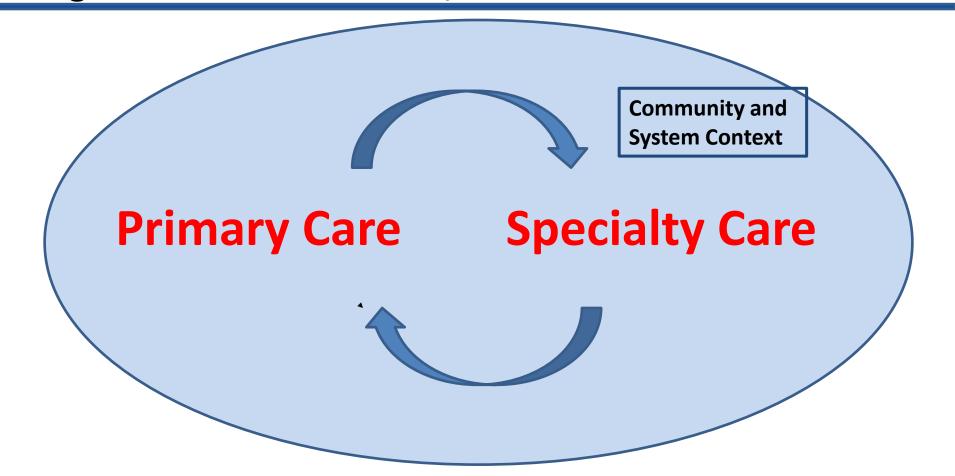
- Measuring quality
 - Current measures
 - Future directions



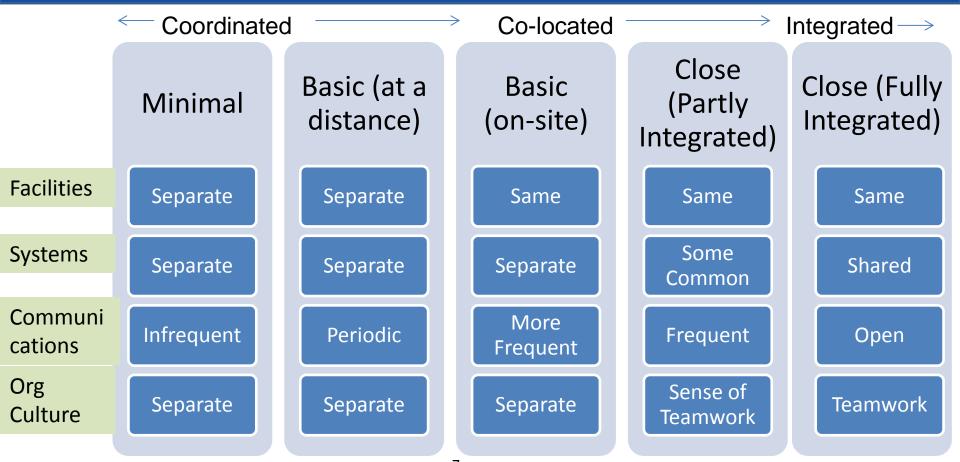
SETTING THE CONTEXT



Integration of substance use, mental health and health care



Integration continuum

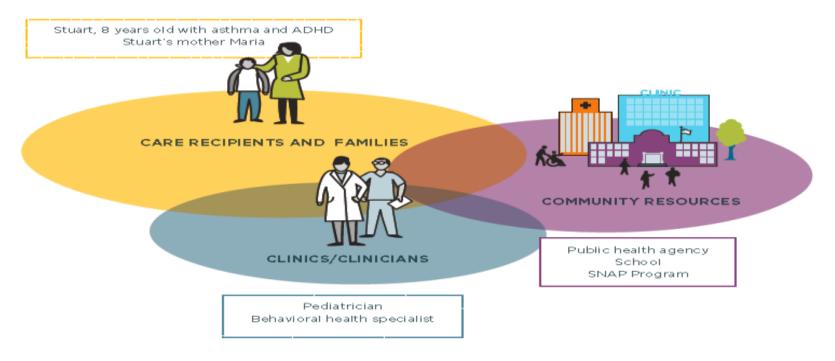


Adapted from Collins, C., Hewson, D. L., Munger, R., & Wade, T. (2010). Evolving models of behavioral health integration in primary care. NY: Milbank Memorial Fund, 504.

Organizational components

A Framework for Integration Financing and payment policies that support Financi Infrastructure that supports structural and clinical al clinical integration (e.g., integration training, technology, practice redesigns, Structu communication, ral relationships) Clinical Clinical integration, meaning patients' experience the treatment of their physical and behavioral health needs, is the goal

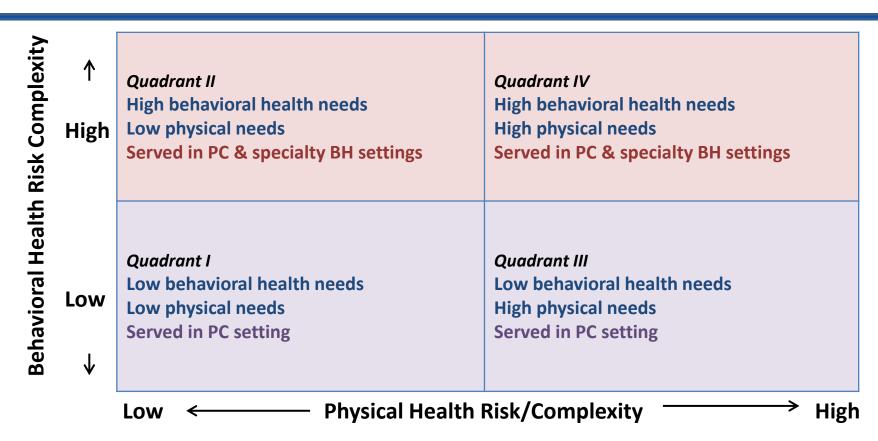
Modified clinical-community relationships measurement framework*



^{*} National Quality Forum. Priority Setting for Healthcare Performance Measurement: Addressing Performance Measure Gaps in Care Coordination. Final Report. August 15, 2014.

https://www.qualityforum.org/Publications/2014/08/Priority Setting for Healthcare Performance Measurement Addressing P erformance Measure Gaps in Care Coordination.aspx

Where should integrated care be delivered?



Examples of care integration



Screening, Brief
Intervention and
Referral to Treatment
for risky alcohol use &
depression

Medicaid nurse care managers work with high cost/high risk patients



Service navigators target patients with repeat detox admissions

Medical/Health homes





Does integration work?

- Clinical integration has been found to
 - improve treatment outcomes (e.g., depression symptoms, anxiety symptoms, reduced drinks per drinking day, abstinence, relapse)
 - improve patient experiences
 - reduce costs and service utilization for certain populations
- Not clear evidence yet about which care processes, models of integration, and payment structures are most effective

Collins, C., Hewson, D. L., Munger, R., & Wade, T. (2010). Evolving models of behavioral health integration in primary care. *New York: Milbank Memorial Fund*, 504.

Gerrity, M. (2016). Evolving models of behavioral health integration: evidence update 2010–2015. *Milbank Memorial Fund: New York, NY*. 12

Integration

- Offers opportunities to improve healthcare
- Requires strategic approaches at different levels
- Guarantees "No Wrong Door" for consumers



MEASURING QUALITY



Measuring quality of coordination and integration

Direct measures

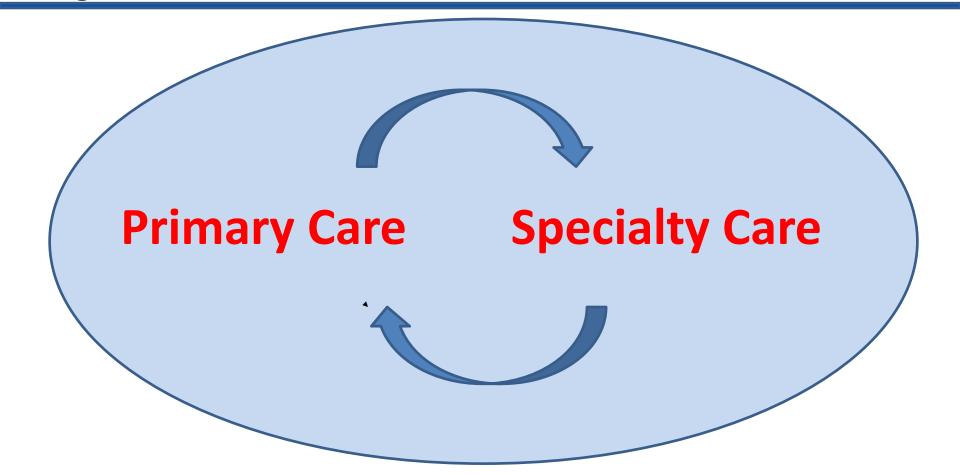
- Questionnaires administered to providers or patients focused on the structure or processes of coordinated/integrated care
- Reports by treatment entities

Indirect measures

- Analyses of claims/encounter data demonstrating coordinated/integrated care
- Electronic Clinical Data System (ECDS)



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Patient experience

NQF#	<u>Title</u>	Steward
0008	Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions)	Agency for Healthcare Research and Quality
	 Adult Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H (Medicaid) In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor? If yes, in the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers? (Never, sometimes, usually, always) 	Medicaid Core Set https://www.medicaid. gov/medicaid/quality- of-care/performance- measurement/adult- core-set/index.html

Communication between treatment settings*

NQF#	Title	Steward
0291	Emergency Transfer Communication measure	Univ of Minnesota Rural Health Research Center
0648	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	AMA-convened Physician Consortium for Performance Improvement
0649	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care] or Home Health Care)	AMA-convened Physician Consortium for Performance Improvement

^{*} National Quality Forum, Care Coordination Measures Technical Report, August 2017. https://www.qualityforum.org/Publications/2017/08/Care Coordination Measures Technical Report.aspx

Communication within treatment settings

NQF#	Title	Steward
	Practice Integration Profile* - 10 minute, 30-item, electronically administered measure of integrated care processes. • practice workflow • clinical services and providers • workspace arrangement • shared care and integration method • case identification • patient engagement and retention	

^{*}Macchi, C. R., Rodger Kessler, Andrea Auxier, Juvena R. Hitt, Daniel Mullin, Constance van Eeghen, and Benjamin Littenberg. "The Practice Integration Profile: Rationale, development, method, and research." *Families, Systems, & Health* 34, no. 4 (2016): 334.

Screening

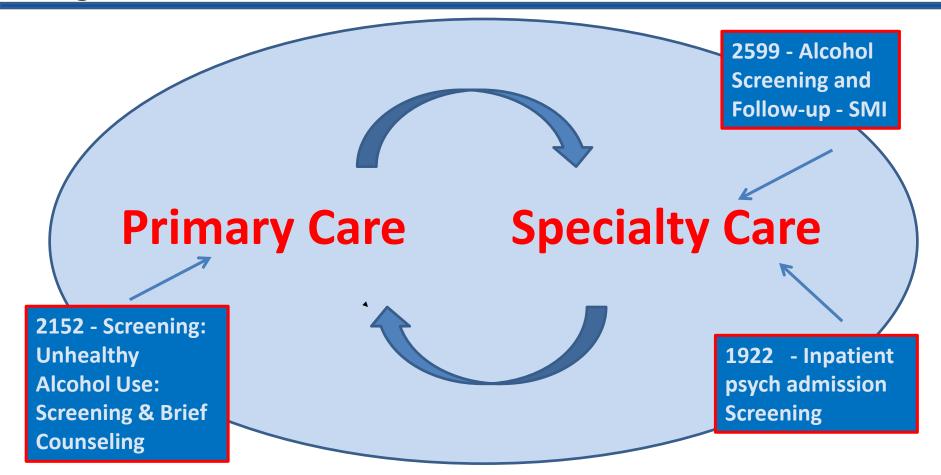
NQF#	Title	Steward
2599	Alcohol Screening and Follow-up for People with Serious Mental Illness	National Committee for Quality Assurance
1922	Hospital-based inpatient psychiatric setting - Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	The Joint Commission
1661, 1663, 1664	Hospitalized patients - Alcohol Use Screening, Brief Intervention Provided or Offered, and AOD Treatment Provided or Offered at Discharge	The Joint Commission
2597	Substance Use Screening and Intervention Composite	American Society of Addiction Medicine
2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling 20	AMA-convened Physician Consortium for Performance Improvement

Unhealthy Alcohol Use Screening and Follow-Up

- National Committee on Quality Assurance
- New 2018 HEDIS measure
- Percentage of health plan members 18 years and older who were screened for unhealthy alcohol use and, if screened positive, received appropriate follow-up care within two months.

http://www.ncqa.org/newsroom/details/ncqa-updates-quality-measures-for-hedis-2018?ArtMID=11280&ArticleID=85&tabid=2659

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Follow-up

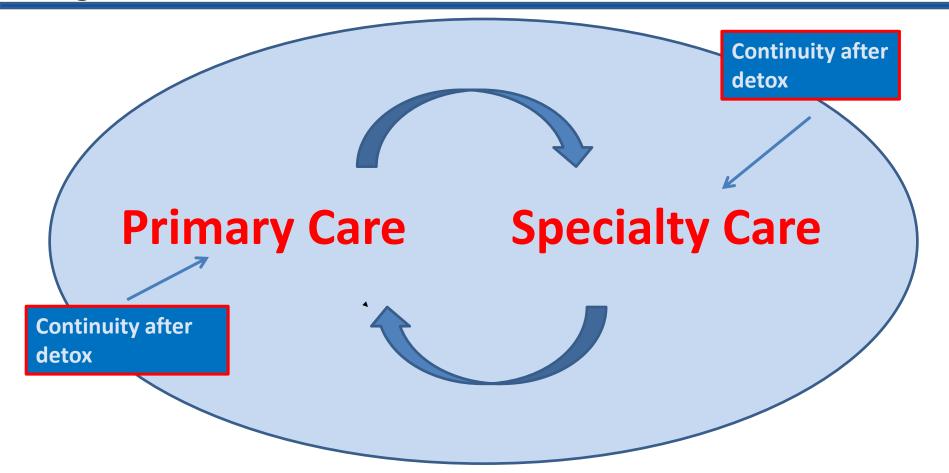
NQF#	Title	Steward
2605	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence	National Committee for Quality Assurance , Medicaid Core Set
	Continuity after Detoxification	Submitted to NQF October 30, 2017 by CMS



Continuity after detoxification

- Percentage of discharges from detoxification among Medicaid beneficiaries age 18 and older that was followed by a treatment service for SUD (including pharmacotherapy) within 7 or 14 days after discharge.
- Subsequent detox admissions and crisis care for a substance use adverse event (e.g., admission for a drug overdose) are excluded from the definition of follow-up treatment services.

Integration of substance use, mental health and health care



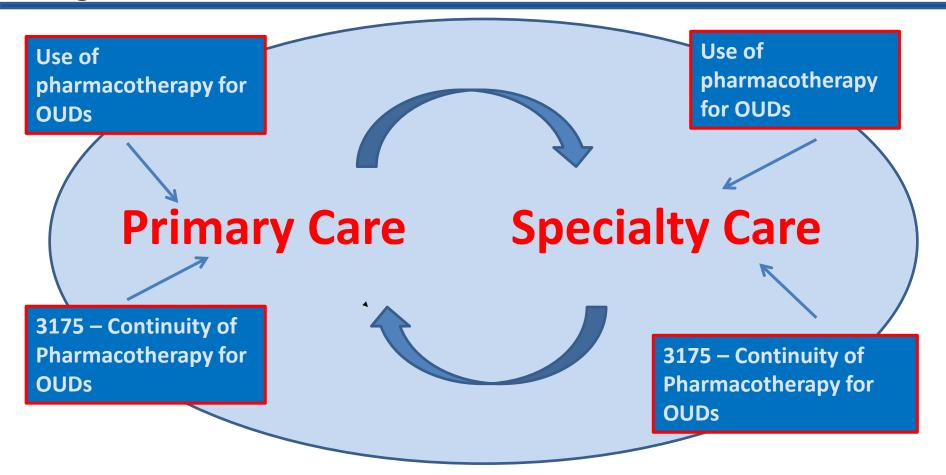
Medication assisted treatment

NQF#	<u>Title</u>	Steward
3175	Continuity of Pharmacotherapy for Opioid Use Disorder	RAND Corporation
	Use of Pharmacotherapy for Opioid Use Disorder (OUD)	Under development for NQF submission by CMS, building on American Society of Addiction Medicine (ASAM)*



^{*}Thomas, C. P., Garnick, D. W., Horgan, C. M., Miller, K., Harris, A. H., & Rosen, M. M. (2013). Establishing the feasibility of measuring performance in use of addiction pharmacotherapy. *Journal of substance abuse treatment*, 45(1), 11-18.

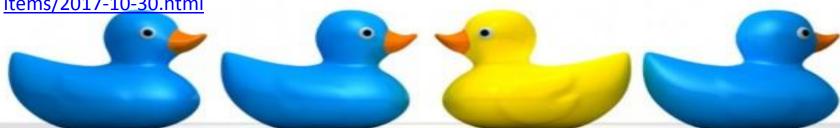
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Conclusion

- Opportunities for integration exist
- Promising integration models
- Measurement is a critical factor
- "Outcomes-based measures going forward"

https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press-releases-items/2017-10-30.html



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