

Cross-System Performance Measures

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Adult Behavioral Health Services Task Force July 18, 2014



Cross-System Performance Measurement

A Review of Measure Selection and Implementation Activities

July 18, 2014



Transforming lives

2SSB 5732 and EHB 1519

- Directed DSHS and HCA contracts with “service coordination entities” to include specific performance measures to:
 - Improve client health status
 - Increase client participation in employment, education, and meaningful activities
 - Reduce client involvement with the criminal justice system and increase access to treatment for forensic patients



2SSB 5732 and EHB 1519

- Reduce avoidable use of hospital emergency rooms, and crisis services
- Increase housing stability within the community
- Improve client satisfaction with quality of life
- Decrease population level disparities in access to treatment and treatment outcomes



Cross-System Steering Committee

- In September 2013, DSHS and HCA convened a large Steering Committee to:
 - Guide the selection of key performance measures to improve outcomes
 - Make recommendations related to behavioral health workforce development and the selection and implementation of behavioral health EBPs for adult populations



26 organizations or jurisdictions represented, including individuals from:

- Mental health
- Chemical dependency
- Long term supports and services
- Physical health
- Consumers and family members
- Tribal governments
- Housing
- Criminal justice
- Health home services
- Managed care health plans
- Higher education



5732/1519 Steering Committee

- To produce performance measures for the spring of 2014 deadline, the Steering Committee quickly nominated individuals to participate on six workgroups:
 - Health/Wellness/Utilization/Disparities
 - Housing, Employment, Education, and Meaningful Activities
 - Criminal Justice and Forensic Patients
 - Quality of Life
 - Workforce Development
 - EBPs



Workgroup Process

- Each workgroup:
 - Included between 20 and 40 members
 - Met at least eight times, often working electronically between meetings
- Combined membership included at least 70 community organizations, state agencies, and Tribes
- Provided regular status updates to the Steering Committee



“The 10 Principles”

Measure Selection Guidance

1. **Meaningfulness** – The measure reflects an important aspect of the delivery of health services
2. **Feasibility** – The measure is well-defined and can be collected with a reasonable level of resources
3. **Responsiveness to change (“Impactability”)**
4. **Outcome over process**
5. **Objective over subjective**



“The 10 Principles”

Measure Selection Guidance

6. Uniform centralized data collection

- Minimize the cost of data collection
- Promote comparability across reporting entities

7. Use administrative data where feasible

- Minimize the cost of data collection
- Allow measures to be built on a population basis
- Supports higher-frequency reporting to better monitor changes in performance



“The 10 Principles”

Measure Selection Guidance

8. Use national standards where feasible

- Transparent definitions
- Facilitate comparisons with other states and commercial populations

9. Align measures with existing reporting requirements where appropriate

10. Incentive compatibility – Minimize risk of “gaming” and unanticipated negative consequences

- Risk adjustment considerations



The Result

- On April 18, 2014, the Steering Committee accepted the recommendations of the six workgroups as successfully addressing the task they'd been given
- These recommendations include a **menu** of 51 measures to address the outcomes laid out in 2SSB 5732 and EHB 1519



Overview of Selected Measures

5732-1519 Recommended Performance Measures

APRIL 24, 2014

Health/Wellness, Utilization and Disparities

Access/effectiveness	1	Adults' Access to Preventive/Ambulatory Care	Contract
	2	Well-Child Visits	Contract
	3	Comprehensive Diabetes Care: Hemoglobin A1c Testing	Contract
	4	Alcohol/Drug Treatment Penetration	Contract
	5	Mental Health Treatment Penetration	Contract
	6	SBIRT Service Penetration	Contract
	7	Home- and Community-Based Long Term Services and Supports Use	Contract
Utilization	8	Suicide and drug overdose mortality rates	System Monitoring
	9	Psychiatric Hospitalization Readmission Rate	Contract
	10*	Emergency Department (ED) Visits	Contract
	11	Inpatient Utilization	Contract
	12	Plan All-Cause Readmission Rate	Contract
	13	Hospital Admissions for diabetes complications	Contract
	14	Hospital Admissions for Chronic Obstructive Pulmonary Disease	Contract
Care coordination	15	Hospital Admissions for Congestive Heart Failure	Contract
	16	Hospital Admissions for asthma	Contract
Wellness	17	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Contract
	18	Medical Assistance with Smoking and Tobacco Use Cessation	System Monitoring
	19	Body Mass Assessment	Contract
	20	Tobacco Use Assessment	Contract

Health Disparities

To support measurement of disparities and performance differences across service contracting entities, where feasible and appropriate, metrics will be reported by:

- Race/ethnicity or primary language
- Age group and gender
- Geographic region
- Service-contracting entities
- Delivery system participation (for example, measuring mental health service penetration for clients receiving long-term services and supports, relative to its own benchmark or the experiences of other disabled clients not served in the long-term services and supports delivery system)
- Medicaid coverage type (for example, persons with disabilities, newly eligible adults)
- Chronic physical and behavioral health conditions
- History of criminal justice involvement
- Housing stability



Housing, Employment, Education and Meaningful Activities

Housing	21*	Homelessness/housing instability (broad)	System Monitoring
	22	HMIS-recorded housing assistance penetration	Contract
	23	Homelessness (narrow)	Contract
Employment	24	Residential instability	Aspirational
	25*	Employment rate	Contract
	26*	Earnings	Contract
Education	27*	Hours worked	Contract
	28	School-age children enrolled in school	Contract
	29	On time and late graduation from high school	Contract
Meaningful Activities	30	Adult enrollment in post-secondary education or training	Contract
	31*	Survey item: "To what extent do you do things that are meaningful to you?"	System Monitoring

Criminal Justice and Forensic Patients

Criminal Justice Involvement	32	Criminal Justice Involvement	Contract
	33	Jail Admissions	Contract
	34	Days in Jail	Contract
	35	Referrals for Competency Evaluation	Contract
	36	Persons in Prison with Serious Mental Illness	Contract
	Access to Treatment for Forensic Patients	37	Mental Health Treatment after Release from Incarceration
38		Serving Previously Un-served Offenders	System Monitoring
39		Alcohol or Drug Treatment after Release from Incarceration	Contract
40		Alcohol or Drug Treatment Retention	Contract
41		Mental Health Treatment Engagement	Contract
42		New Medicaid Enrollments after Release from Criminal Justice Facilities	System Monitoring

Quality of Life

Physical Health	43	WHOQOL-BREF Physical Health Scale	System Monitoring
Emotional Health	44	WHOQOL-BREF Emotional Health Scale	System Monitoring
Social Health	45	WHOQOL-BREF Social Health Scale	System Monitoring
Autonomy/Safety	46	WHOQOL-BREF Autonomy/Safety Scale	System Monitoring
Overall Quality	47	WHOQOL-BREF Overall Quality of Life Scale	System Monitoring
Hope	48	WHOQOL item: "How positive do you feel about the future?"	System Monitoring
Respect	49	New survey item: "To what extent are you respected and treated fairly?"	System Monitoring
Choice	50	New survey item: "To what extent do you make your own choices?"	System Monitoring
Cultural Connectedness	51	New survey item: to be defined	System Monitoring

*Measures 10 under Health/Wellness, Utilization, and Disparities and 21, 25, 26, 27, and 31 under Housing, Employment, Education and Meaningful Activities are shared with Quality of Life.



Health, Wellness, & Utilization Policy Considerations

- Incentivize:
 - Access to effective and appropriate primary care
 - Prevention and early intervention
 - Access to a range of MH and CD treatment and community-based recovery support services
 - Provision of long-term services and supports in home and community-based settings



Health, Wellness & Utilization Policy Considerations (cont.)

- Incentivize:
 - Coordinated care for persons with complex needs
 - Quality health care
 - Achievement of desirable health outcomes
 - Reductions in avoidable services utilization and costs



Addressing Population Disparities

Where feasible and appropriate, metrics should be measurable across groups defined by:

- Race/ethnicity and primary language
- Age and gender, where appropriate
- Geographic region
- Service-contracting entities
- Delivery system participation
- Medicaid coverage (e.g., persons with disabilities, newly eligible adults, child welfare system participation)
- Chronic physical and behavioral health conditions
- History of criminal justice involvement
- Housing stability
- Co-occurring mental health and substance use disorders



Housing, Employment, Education, and Meaningful Activities Measures

- Special considerations:
 - As housing measures are implemented, the state should guard against the use of institutions as a method to reduce housing instability
 - Meaningful activity is self-perceived and as such would be best measured through a survey question



Criminal Justice Involvement Policy Considerations

- Incentivize greater collaboration between behavioral health and criminal justice agencies
- Guard against penalizing agencies for serving individuals with criminal justice involvement
- Better connect the behavioral health treatment and the criminal justice data systems



Access to Treatment for Forensic Patients

Policy Considerations

- Promote access to treatment for criminally involved patients in the community and at time of discharge from a criminal justice or psychiatric facility
- Enrolling eligible adults involved in the criminal justice system into Medicaid and other available health care plans



Quality of Life Measurement

- Key considerations:
 - Self-perceived and individual
 - Multi-dimensional:
 - Physical
 - Emotional
 - Social
 - Hope
 - Respect
 - Meaningful Activities
 - Safety/Autonomy
 - Cultural Connectedness



Quality of Life Measurement

- Administrative data elements may measure some components on a population basis
- Survey tool would provide the most direct and accurate measurement
- Workgroup supported use of the World Health Organization's Quality of Life (brief) Survey with additional questions
- Funding for this survey is currently included in the federal State Innovation Model Grant Application



Evidence-based, Research-based, and Promising Practices

- The 5732 Report contains an appendix providing specific recommendations for the selection and implementation of these practices from the EBP workgroup, such as:
 - Address service gaps in the system
 - Build on successful pilots
 - Select programs/practices that are culturally relevant
 - Structure a non-duplicative oversight process



Evidence-based, Research-based, and Promising Practices

- On May 15, 2014, the Washington Institute for Public Policy (WSIPP) released its report and inventory of adult behavioral health evidence-based, research-based, and promising practices
- The EBP workgroup recommended that WSIPP's inventory be a “living” list that is updated over the next several years, which is particularly relevant for promising practices and programs



Behavioral Health Workforce Development Recommendations

Identified 3 over-arching recommendations:

1. Address underlying financial barriers which impact the stability of a skilled workforce and ensure that recruitment and retention strategies address financial considerations.



Behavioral Health Workforce Development Recommendations

Identified 3 over-arching recommendations (continued.):

2. Systematically support professional development of a statewide, expanded behavioral health workforce to implement consistent treatment models and EBPs aligned with the goals and outcomes designated by DSHS, HCA, and the legislature.



Behavioral Health Workforce Development Recommendations

Identified 3 over-arching recommendations
(continued):

3. Provide training and support practice change to promote integrated behavioral healthcare and team based approaches.



Timeline for Implementation

- The first selection of performance measures will be included in the “detailed plans” for the BHOs in 2015, for inclusion into the BHO contracts starting in 2016
- A selection of performance measures will also be included in the AAA contracts and Apple Health RFP for 2016.



Initial 2016 Measure Selections

*See handout

- An interagency group of HCA, DBHR, and HCS staff identified the first set of performance measures for contracting using the following criteria:
 - Desire to have shared measures across DBHR, HCA, and HCS
 - Address all of the identified outcomes in the two bills
 - Choose measures relevant to populations served
 - Limit the number so that contractors may be successful



Next Steps:

- Development of appropriate baselines and benchmarks
- Design risk adjustments for some contractor performance standards in some contexts
- Development of formulas for financial incentives relating to performance



Questions?

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The Behavioral Health Improvement Strategy

Implementation Status report can be found at:

<http://www.dshs.wa.gov/pdf/dbhr/WSIPP%20BHO%205732%20Report.pdf>





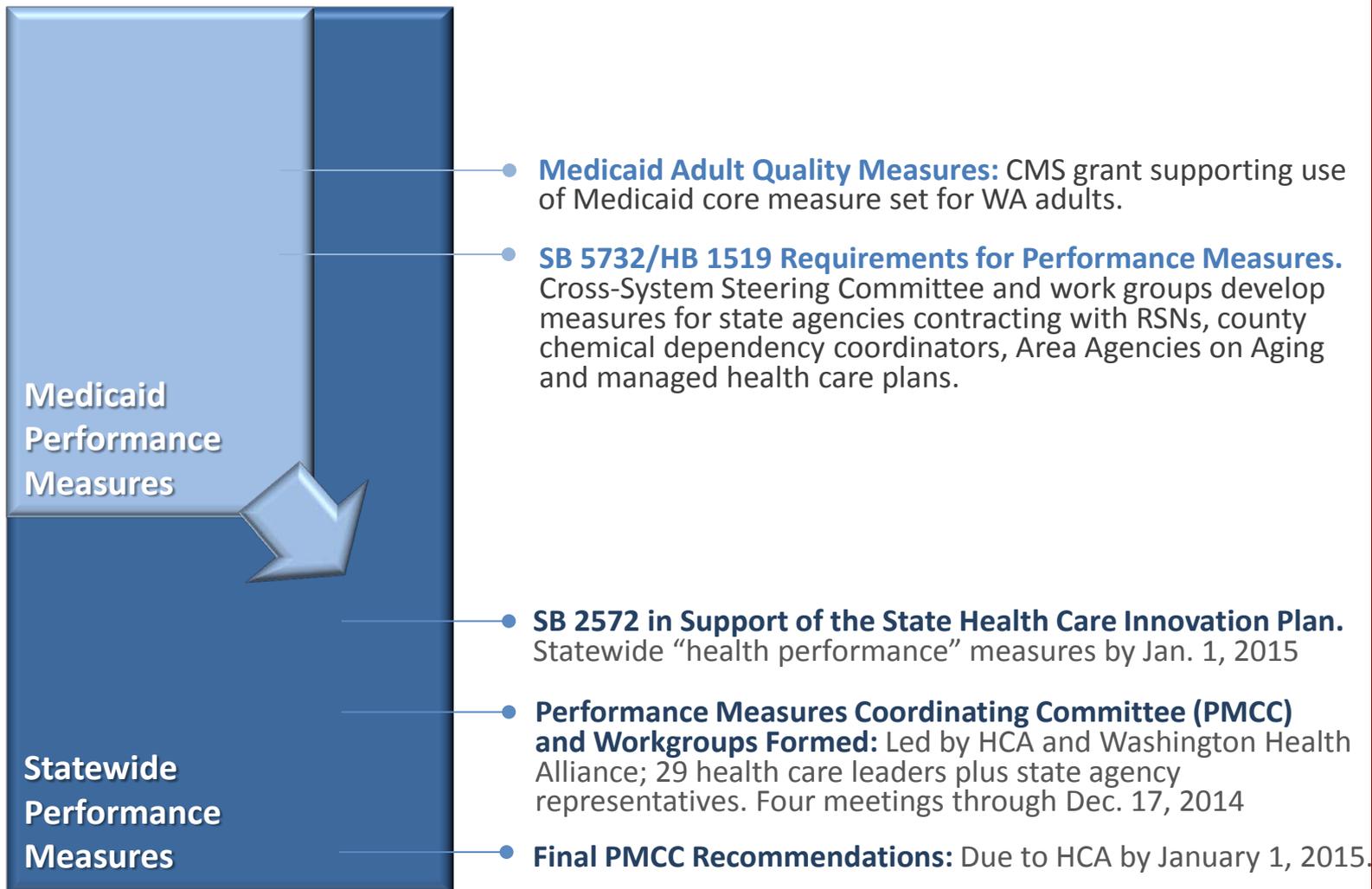
2015 Apple Health Contract Proposed Measures

MaryAnne Lindeblad
Medicaid Director
July 18, 2014

Purposes for Measure Selection (HCA)

- Improve accountability of health plans
- Improve health status of enrollees
- Ensure cost-effective treatment is delivered
- Align with other initiatives:
 - 5732/1519 cross-system measures
 - Statewide Core Performance Measures
 - National Quality Initiatives/Federal Requirements

Performance Measures: Evolution of Common Measure Sets in WA



2015 Contract Measures Alignment with 5732-1519

- Well-Child Visits
- Comprehensive Diabetes Care (*including Hgb A1c testing*)
- Medical Assistance with Smoking and Tobacco Use Cessation
- Body Mass Assessment
- Plan All-Cause Readmission Rate

2015 Contract Measures Alignment with 5732-1519

- Adults' Access to Preventive/Ambulatory Care
- Ambulatory Care Sensitive Condition Hospital Admissions
- Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia
- Ambulatory Care – Outpatient and Emergency Department (ED) Visits
- Inpatient Utilization

2015 Contract Measures Alignment with 5732-1519

- Adding questions to CAHPS Survey from World Health Organization Quality of Life survey:
 - *Physical Health Scale (7 questions)*
 - *Emotional Health Scale (6 questions)*
 - *Overall Quality of Life Scale (2 questions)*

Additional MH-Related Measures Proposed for Apple Health in 2015

- Mental Health Utilization – Outpatient or ED measure
- Diabetes Screening For Individuals With Schizophrenia Or Bipolar Disorder Who Are Using Antipsychotic Medications
- Diabetes Monitoring For Individuals With Diabetes and Schizophrenia
- Adherence to Antipsychotic Medications By Individuals With Schizophrenia
- Preventive Care and Screening: Screening For Clinical Depression and Follow-Up Plan

2016 Measures to be Developed

- Housing instability: options for measures
 - *Addition to Health Risk Assessment*
 - *Addition to survey*
 - *Use administrative data*
- Results Washington connection:
 - *Working with DOC to better serve released offenders was shared with the Governor as one of the “highest impact” activities for improved service*

Questions?

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