



## Measure Alignment Work Group Outpatient Behavioral Health Measure Sets Meeting Summary

August 15, 2022, 10:00 A.M. to 12:00 P.M.

### Summary of Recommendations:

- The Work Group supported retaining the ECDS Developmental Measures in the 2023 Outpatient Behavioral Health Mental Health Measure Set.
- Move *Adult Major Depressive Disorder (MDD): Suicide Risk Assessment* and *Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment* from the Menu to Developmental Measure Set. Revisit whether to move back to the Menu Set when EOHHS has experience implementing the measure through the CCBHC program.
- The Work Group did not come to consensus over whether to elevate *Antidepressant Medication Management* to the Core Set for 2023 or 2024.
- Remove *Depression Remission at Six Months* from the Outpatient Behavioral Health Mental Health Measure Set.
- Remove *Unhealthy Alcohol Use: Screening & Brief Counseling* from the Outpatient Behavioral Health Mental Health Measure Set.
- The Work Group did not come to a consensus on whether to retain or remove *Social Determinants of Health Screening* measure.
- The Work Group recommended that OHIC not maintain the Outpatient Behavioral Health Substance Use Treatment Measure Set.
- The Work Group did not recommend stratifying any of the Outpatient Behavioral Health Mental Health Measure Set measures.

### Summary of Next Steps:

- Jay Buechner will share stratified rates for behavioral health and non-behavioral health providers for *Antidepressant Medication Management*.

### Meeting Notes:

#### 1. Summary of Recommendations from July 18<sup>th</sup> Meeting

- a. Michael Bailit summarized recommendations made by the Work Group during the July 18<sup>th</sup> meeting.

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2. **Review Outpatient Behavioral Health Mental Health Measure Set Measures**
  - a. Michael summarized the equity review and opportunity-for-improvement review that Bailit Health conducted for each measure. He shared that Bailit Health also researched measure status and specification changes and surveyed RI insurers to identify which measures they were using in contracts.
  - b. Michael reminded the Work Group of the 11 measures included in the 2022 Outpatient Behavioral Health Mental Health Measure Set (zero Core, six Menu, and five Developmental).
  - c. Michael asked whether the Work Group wanted to retain the electronic clinical data systems (ECDS) Developmental Measures.
    - i. **Recommendation:** The Work Group supported retaining the ECDS Developmental Measures in the 2023 Outpatient Behavioral Health Mental Health Measure Set.
  - d. **Discuss Measures with Significant Specification Changes and “Topped Out” Measures**
    - i. Michael said there were no measures that had major status or specification changes and there was one measure that met the “topped out” definition (*Follow-Up After Hospitalization for Mental Illness, 7-Day*).

Measure Name	Recommendation	Discussion
Follow-Up After Hospitalization for Mental Illness (7-Day)  (Menu)	Retain	<p>Michael reminded the Work Group that for the Acute Care Hospital Measure Set, the Work Group recommended retaining the measure due to opportunity for improvement.</p> <p>The Work Group supported retaining the measure in the Outpatient Behavioral Health Measure Set due to opportunity for improvement.</p> <p>Michael noted that if the measure is to be retained because there is continued opportunity for improvement, payers opting to utilize the measure in contracts must require improvement for financial rewards and may not reward maintenance of performance level from the prior year(s).</p> <p>Peter Hollmann asked which providers were using the Outpatient Behavioral Health Measures. Michael said OHIC lacked that level of detail. Peter Hollmann said it would be helpful to have data on the landscape of providers using the Outpatient Behavioral Health Measure Sets.</p>

e. **Review of Remaining Measures**

- i. Michael said the remaining measures did not have significant specification changes and did not meet the “topped out” definition.

Measure Name	Recommendation	Discussion
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment  (Menu)	Move from Menu to Developmental Measure Set. Revisit whether to move back to the Menu Set when EOHHS has experience implementing the measure through the CCBHC program.	<p>Michael flagged that payers have never reported using the measure and asked the Work Group why OHIC should retain the measure.</p> <p>Sheila Newquist said the measure was difficult to operationalize because it is not a HEDIS measure. Sheila said the measure was originally included in the measure set because of the topic’s importance and because HEDIS did not have a suicide measure.</p> <p>Charlie Estabrook noted that EOHHS has tentatively selected this measure for pay-for-performance use in its new Certified Community Behavioral Health Clinic (CCBHC) quality</p>

		<p>program, which will start in July 2023. Charlie said the measure reporting details had not been finalized.</p> <p>David Harriman said it was possible to report the measure using the eCQM but said he did not know how the measure would be reported to commercial payers.</p> <p>Peter Hollman said, according to the program details, some of the CCBHC measures will be state-reported and others will be provider-reported.</p> <p>Jay Buechner suggested moving the measure to the Developmental Set until it is ready for implementation.</p> <p>Stacey Aguiar suggested keeping the measure in the Menu Set.</p> <p>Diane Block noted the importance of suicide prevention and questioned whether it would be wise to remove the measure.</p>
<p>Antidepressant Medication Management <i>(Menu)</i></p>	<p>Retain. The Work Group did not come to consensus over whether to elevate this measure to the Core Set for 2023 or 2024.</p>	<p>Stacey Aguiar recommended retaining this measure because it is an NCQA rating measure for health plans.</p> <p>Sheila Newquist shared that BCBSRI is very close to being able to use this measure in outpatient mental health contracts.</p> <p>Michael suggested that this measure be moved to the Core Set for 2023, or be On-Deck for inclusion in the Core Set for measurement year 2024.</p> <p>Peter Hollmann suggested keeping the measure in the Menu Set because of the issues accessing prescription fill information. Jay Buechner shared that NHPRI provides a tool that allows Accountable Entities to see whether a prescription has been filled.</p> <p>Sheila Newquist said the measure could be moved to the Core Set as long as it does not need to be used if the denominator size is too small.</p>

		<p>John Todaro said Providence Behavioral Health Associates is working on implementing the measure.</p> <p>Stephanie De Abreu suggested waiting to move the measure to the Core Set.</p> <p>Stacey Aguiar suggested revisiting whether to elevate the measure during the 2023 Annual review rather than adding it as an On-Deck measure for measurement year 2024.</p> <p>Jay Buechner said NHPRI has found that primary care providers make up the majority of providers in the denominator of this measure, and primary care provider’s rates are substantially lower than behavioral health providers.</p> <p>RIDOH advocated for moving the measure to the Core Measure Set.</p> <p><b>Next Step:</b> Jay Buechner will share stratified rates for behavioral health and non-behavioral health providers for <i>Antidepressant Medication Management</i>.</p>
<p>Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment <i>(Menu)</i></p>	<p>Move from Menu to Developmental Measure Set. Revisit whether to move back to the Menu Set when EOHHS has experience implementing the measure through the CCBHC.</p>	<p>The Work Group recommended the same strategy for this measure as for the <i>Adult Major Depressive Disorder</i> measure - to move the measure to the Developmental Set because it is not in contract use but will be implemented through EOHHS’ CCBHC quality program and can later be evaluated for promotion back to the Menu Set.</p>
<p>Depression Remission at Six Months <i>(Menu)</i></p>	<p>Remove</p>	<p>Sheila Newquist reported that BCBSRI was using this measure but will not need it anymore because it will be standing up the <i>Depression Remission and Response</i> ECDS measure.</p>
<p>Unhealthy Alcohol Use: Screening &amp; Brief Counseling</p>	<p>Remove</p>	<p>Sheila Newquist said this measure is extremely similar to the <i>Unhealthy Alcohol Use Screening</i> ECDS measure and recommended removing it.</p>

<i>(Menu)</i>		<p>Michael asked whether any other payers were making progress towards implementing the ECDS measures with outpatient mental health providers.</p> <p>NHPRI and UnitedHealthcare shared that they were not seeking access to electronic records from outpatient behavioral health providers and hence will not be using the ECDS measures in contracts.</p>
<p>Depression Remission or Response for Adolescents and Adults</p> <p><i>(Developmental)</i></p>	Retain	<p>The Work Group supported retaining this measure, even though it is not in use, because of BCBSRI interest in moving towards using this ECDS measure.</p>
<p>Depression Screening and Follow-Up for Adolescents and Adults</p> <p><i>(Developmental)</i></p>	Retain	<p>The Work Group supported retaining this measure, even though it is not in use, because of BCBSRI interest in moving towards using this ECDS measure.</p>
<p>Social Determinants of Health Screening</p> <p><i>(Developmental)</i></p>	<p>The Work Group did not come to a consensus on whether to retain or remove this measure.</p>	<p>Michael noted that the measure was only written for primary care clinicians and would need to be modified to be used in the Outpatient Behavioral Health Measure Set.</p> <p>Sheila noted that the measure’s codes would need to be modified.</p> <p>John Todaro said behavioral health practices do not have reimbursable codes for following up on positive screens.</p> <p>Peter Hollmann said the measure is useful for tracking patients’ social needs and notifying primary care providers, and noted that primary care providers perform these screens without having reimbursable codes for following up on positive screens.</p> <p>Charlie Estabrook said the Unite Us platform is available for referring out to services. Michael asked if behavioral health practices could access UniteUs. Charlie said this was something that</p>

		<p>could be explored. Following the meeting, Bailit Health confirmed with Garry Bliss and EOHHS that behavioral health practices can access Unite Us for free if they are part of an Accountable Entity (AE) or if they are participating in select Department of Health programs.</p> <p>Stacey Aguiar said including this measure in the Outpatient Behavioral Health Measure Set would mean that patients would be screened twice – once at their primary care provider and then again at the outpatient behavioral health provider. Work Group members noted that not every behavioral health patient has a primary care provider and that social needs can change between when a patient sees both providers.</p> <p>Stacey Aguiar reminded the Work Group about the new HEDIS <i>Social Needs Screening and Intervention</i> measure, which would be an option for use in the Outpatient Behavioral Health measure set.</p>
<p>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults</p> <p><i>(Developmental)</i></p>	Retain	<p>The Work Group supported retaining this measure, even though it is not in use, because of BCBSRI interest in moving towards using this ECDS measure.</p>
<p>Unhealthy Alcohol Use Screening and Follow-Up</p> <p><i>(Developmental)</i></p>	Retain	<p>The Work Group supported retaining this measure, even though it is not in use, because of BCBSRI interest in moving towards using this ECDS measure.</p>

**3. Review Outpatient Behavioral Health Substance Use Treatment Measure Set Measures**

- a. Michael reminded the Work Group of the three measures included in the 2022 Outpatient Behavioral Health Substance Use Treatment Measure Set (zero Core, one Menu, and two Developmental).
- b. Michael noted that no payers reported using of the measures in Outpatient Behavioral Health Contracts.

- c. Michael asked the Work Group whether OHIC should continue maintaining the Outpatient Behavioral Health Substance Use Treatment Measure Set given its lack of use.
  - d. **Discussion:**
    - i. Stacey Aguiar asked to defer a recommendation until the next meeting so members could discuss with their organizations. Following the meeting, UHC confirmed that it recommends removing the Outpatient Behavioral Health Substance Use Treatment Measure Set.
    - ii. Sheila Newquist said denominator size is BCBSRI's barrier to using the Outpatient Behavioral Health Substance Use Measure Set measures in the outpatient behavioral health setting.
    - iii. Jay Buechner said *Initiation and Engagement of Substance Use Treatment* was a very important measure but acknowledged that that NHPRI has received provider pushback on the measure. Michael noted that the Massachusetts Substance Use Treatment Work Group found validity issues with *Initiation and Engagement of Substance Use Treatment*.
    - iv. **Recommendation:** The Work Group recommended that OHIC not maintain the Outpatient Behavioral Health Substance Use Treatment Measure Set.
- 4. Aligning with the Certified Community Behavioral Health Clinic (CCBHC) Grant Program**
- e. Michael shared that CCBHC is a federally defined service delivery model that seeks to address identified gaps in RI's behavioral health system and improve behavioral health and substance use-related outcomes, with targeted supports for diverse and underserved populations.
  - f. Michael explained that as part of CCBHC program development, EOHHS is required to develop a CCBHC quality program.
  - g. Michael shared the anticipated CCBHC P4P quality measures currently included in the Outpatient Behavioral Health Measure Sets and asked the Work Group whether they were satisfied with the level of alignment between the Aligned Measure Set and the CCBHC quality program.
  - h. **Discussion:**
    - i. The Work Group was satisfied with the level of alignment between the Outpatient Behavioral Health Measure Sets and the proposed CCBHC incentive measures.
- 5. Discuss Follow-up Steps from the 2021 Annual Review – Adding an Outpatient Behavioral Health Equity Measure**
- a. Michael reminded the Work Group that during the 2021 Annual Review, the Work Group did not select any measures from the Outpatient Behavioral Health Measure Sets to stratify by race, ethnicity and language (REL).
  - b. Michael asked if the Work Group recommended stratifying any of the Outpatient Behavioral Health Measures by REL for the 2023 Aligned Measure Set.
  - c. **Discussion:**
    - i. Michael proposed stratifying *Follow-Up After Hospitalization for Mental Illness*. Michael noted that health plans generate this measure and health plans do not have robust REL data. Michael suggested that insurers use imputation when REL data were not complete.



- ii. Sheila Newquist said this measure has small denominators and BCBSRI only has complete REL data for about 50% of the commercial population (about 84% White). Sheila said BCBSRI is moving away from imputation because of NCQA's requirement that plans use patient-reported REL data.
- iii. Michael suggested *Antidepressant Medication Management* as an alternative to Follow-Up After Hospitalization for Mental Illness due to its potentially larger denominator size.
- iv. Sheila Newquist said *Antidepressant Medication Management's* denominator is larger, but BCBSRI still has incomplete REL data capture (about 50% complete). Michael said BCBSMA is conducting a plan-wide REL member survey and supplementing those data using RAND's imputation methodology.
- v. Peter Hollmann said he did not think stratifying by REL was useful for the Outpatient Behavioral Health Measure Set.
- d. **Recommendation:** The Work Group did not recommend stratifying any of the Outpatient Behavioral Health Mental Health Measure Set measures.

**6. Public Comment**

- i. Cory King asked for any public comment. There was none.

**7. Next Steps**

- j. The Measure Alignment Work Group will reconvene on August 23<sup>rd</sup> from 1:00-3:00pm to discuss the Acute Care Hospital and Behavioral Health Hospital Measure Sets.