MENTAL HEALTH PERFORMANCE MEASUREMENT: STATE OF THE ART

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BUT IF WE DIDN’T MEASURE THINGS WE WOULDN’T KNOW HOW GOOD WE WERE AT MEASURING THE THINGS THAT WE’RE MEASURING!
Behavioral Health Performance Measures

The Major Impetus: The Past

• “I Give You Money”

• “You Give Me Data”
Behavioral Health Performance Measures
Stereotypical Responses by BH Professionals

• “Performance and outcomes measures are a burden. They take up valuable time.”
• “I want to help people, not fill out forms.”
• “There is no value-add to collecting and reporting data.”
• “I know when someone is improving or getting worse.”
Behavioral Health Performance Measures
The New Impetus: VALUE

- Demonstrating Value for Money
- Improving Value for Money
- Comparing Value for Money
- Managing Value for Money
"If I learn the value of a dollar, Dad, will it make me all grumpy like you?"
PRESENTATION OUTLINE

• California Performance Measures
• Evolution of Mental Health Performance Measures
• MH Performance Measurement Sets
• Takeaways for MH Performance Measures Implementation
## How is California Doing?

### Access

<table>
<thead>
<tr>
<th>California 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System Utilization Rates/Number of Consumers Served</th>
<th>State</th>
<th>U.S. Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penetration Rate per 1,000 population</td>
<td>17.9</td>
<td>23.1</td>
</tr>
<tr>
<td>Community Utilization per 1,000 population</td>
<td>17.6</td>
<td>22.6</td>
</tr>
<tr>
<td>State Hospital Utilization per 1,000 population</td>
<td>0.24</td>
<td>0.44</td>
</tr>
<tr>
<td>Other Psychiatric Inpatient Utilization per 1,000 population</td>
<td>0.70</td>
<td>1.29</td>
</tr>
</tbody>
</table>
HOW IS CALIFORNIA DOING?
Quality - Adults

<table>
<thead>
<tr>
<th>Adult EBP Services</th>
<th>State</th>
<th>U.S. Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Housing</td>
<td>0.3%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>0.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Assertive Community Treatment</td>
<td>1.7%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Family Psychoeducation</td>
<td>0.2%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Dual Diagnosis Treatment</td>
<td>34.4%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Illness Self Management</td>
<td>1.5%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Medications Management</td>
<td>9.6%</td>
<td>21.5%</td>
</tr>
</tbody>
</table>
# HOW IS CALIFORNIA DOING?

## Quality – Children & Adolescents

<table>
<thead>
<tr>
<th>Child/Adolescent EBP Services</th>
<th>State</th>
<th>U.S. Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Foster Care</td>
<td>0.2%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Multisystemic Therapy</td>
<td>0.6%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Functional Family Therapy</td>
<td>0.5%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>
## How Is California Doing?

### Quality – Social Connectedness

<table>
<thead>
<tr>
<th>Change in Social Connectedness</th>
<th>State</th>
<th>U.S. Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Improved Social Connectedness</td>
<td>67.4%</td>
<td>71.3%</td>
</tr>
<tr>
<td>Child/Family Improved Social Connectedness</td>
<td>86.2%</td>
<td>85.9%</td>
</tr>
</tbody>
</table>
## HOW IS CALIFORNIA DOING?  
### Outcomes

<table>
<thead>
<tr>
<th>Adult Consumer Survey Measures</th>
<th>State</th>
<th>U.S. Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive About Outcome</td>
<td>69.8%</td>
<td>72.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child/Family Consumer Survey Measures</th>
<th>State</th>
<th>U.S. Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive About Outcome</td>
<td>67.7%</td>
<td>69.7%</td>
</tr>
</tbody>
</table>
### HOW IS CALIFORNIA DOING? Quality – Outcomes II

<table>
<thead>
<tr>
<th>Outcome</th>
<th>State Rate</th>
<th>U.S. Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Criminal Justice Contacts</td>
<td>10.5%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Juvenile Justice Contacts</td>
<td>7.2%</td>
<td>3.6%</td>
</tr>
<tr>
<td>School Attendance (Improved)</td>
<td>37.8%</td>
<td>35.3%</td>
</tr>
</tbody>
</table>
SAMHSA National Outcome Measures

• Client Perception of Care
• Increased Access to Services (Service Capacity)
• Increased/Retained Employment
• Reduced utilization of psychiatric inpatient beds – mental health
• Increased Stability in Family and Living Conditions
SAMHSA National Outcome Measures (contd.)

• Cost Effectiveness/Use of Evidence-Based Practices
• Increased Social Supports/Social Connectedness
• Improved Functioning
• Decreased Criminal Justice Involvement
• Return to/Stay in School
Relationship Among Major Mental Health Performance Measurement Activities

CMHS Support

MHSIP Consumer-Oriented Report Card

NASMHPD Framework on Performance Measures

CMHS State Healthcare Reform Grants

5-State Feasibility Study

16-State Performance Indicator Study

CMHS Block Grant

GPRA Measures

Block Grant Performance Uniform Reporting System

CMHS MHBG NOMS

Client_Level Data Pilot Project
Mental Health System Performance Measurement: Key Concerns

- Are people who need services getting services? Are they getting them easily and in a timely manner? (ACCESS)

- Are the services appropriate state-of-the-art services to address the specific needs and preferences of the individual seeking services? Are services person-focused and recovery-oriented? (QUALITY)

- Are the outcomes for which the person sought services being achieved? (OUTCOMES)

- Are the outcomes being achieved in a cost-effective way? (EFFICIENCY)
NCQA PERFORMANCE MEASURES

- Antidepressant Medication Management
- Follow-Up after Hospitalization
- Initiation/Engagement – Alc./Drug Tx
- Adherence to Antipsychotic Meds (Schizophrenia)
- Diabetes Screening – Adults Using Antipsychotics
- Diabetes Monitoring - People with Diabetes & Schizophrenia
- CV Monitoring – People with CV & Schizophrenia
NCQA PERFORMANCE MEASURES (contd.)

• Follow-Up Care – Children Prescribed ADHD Meds
• Multiple Antipsychotics – Children/Adolescents
• First Line Psychosocial Care for C/A on Antipsychotics
• Utilization of PHQ-9 to Monitor Depression
• Follow-Up After ED Visit – Mental Illness
• Follow-Up After ED Visit – Alcohol/Drug
JOINT COMMISSION
Hospital Based Inpatient Psychiatric Services

• Initial Screening
• Physical restraint use
• Seclusion use
• Multiple antipsychotics at discharge
• Multiple antipsychotics at discharge (Appropriate)
• Continuing Care Plan Created
• Continuing Care Plan Transmitted
Revised standards: *Assess outcomes using a standardized tool or instrument*

Organizations are required to *use the data to track progress and inform care, treatment or services*

Organizations are required to *aggregate the data to inform quality improvement efforts*

*Effective January 1, 2018*
Measurement Based Care

All primary care and behavioral health providers treating mental health and substance use disorders should implement a system of measurement-based care whereby validated symptom rating scales are completed by patients and reviewed by clinicians during encounters ....

- Kennedy Forum
Behavioral Health Crisis:
PERFORMANCE MEASURES - OVERVIEW

**Availability**
Number of calls; Number of persons receiving mobile crisis, crisis residential, 23-hour holds, ER visits, etc.

**Access**
Wait times, Time for mobile crisis response, hold times

**Process**
Drop off times, follow-up contact with provider, experience of care

**Outcomes**
Reduced inpatient/ER utilization, cost savings, reduced readmissions to ERs, decrease in suicides, reduced CJ/JJ involvement, engagement in treatment
CalEQRO
Seven Mandatory Measures

- Total Beneficiaries Served
- Total Costs per Beneficiary
- Penetration Rates
- Count of TBS vs. 4%
- Psychiatric Inpatient Episodes, Cost, LOS
- Psychiatric Inpatient Recidivism (7 day, 30 day)
- Psychiatric Inpatient Discharge Follow up (7 day, 30 day)
Takeaway 1

Different performance measures for different populations and settings

• National, state, county, organization
• System, community, inpatient
• Specific programs, services e.g. crisis response
• Individual care
Takeaway 2

Performance measures have a variety of functions

- Accountability
- Improving Care and Services
- Managing Resources
- Informing Systemic and Structural Change
- Demonstrating Value
Takeaway 3

*USING Performance Measures is the KEY*

- Emphasis is on selection of measures
- Standardization is essential
- Timely feedback is critical
- Standard reports are needed at different levels
- Resources for analytical capacity must be supported
- Planning and decisions must be informed by data and performance measures
Takeaway 4
Review of the utility of performance measures needs to occur on an ongoing basis

- Are the measures providing information for action and change?
- If not, why not?
- Performance measure needs to be modified or eliminated
Takeaway 5

It’s not the data; it’s not the measure … IT’S THE PERFORMANCE-BASED CULTURE!

THE TEST:

• Actions based on data and performance measures
• Assigned accountability for individual performance on specific measures
• Performance feedback
• Linked to planning and budgeting
• Measured customer experience drives decisions