Meeting Summary

Core Quality Measures Collaborative Behavioral Health Workgroup Meeting

Under its Partnership for Quality Measurement (PQM), Battelle convened the Core Quality Measures Collaborative (CQMC) Behavioral Health Workgroup on Monday, October 7, 2024, to discuss potential measure removals to the Behavioral Health core set.

Welcome and Opening Remarks

Kate Buchanan, MPH, Battelle CQMC Lead, welcomed workgroup members to the Behavioral Health meeting to discuss core set updates. She reviewed the anti-trust compliance statement and said that CQMC is a membership-driven and funded effort, with additional support from Centers for Medicare & Medicaid (CMS) and America's Health Insurance Plans (AHIP). Ms. Buchanan gave an overview of the meeting agenda.

Ms. Buchanan introduced the workgroup co-chairs, Tom Smith, MD, and Vikram Shah, MD, MBA, and provided a list of voting and non-voting members. Both co-chairs welcomed everyone to the meeting and encouraged an interesting and open discussion.

Ms. Buchanan then outlined the core set maintenance process, noting the intent of the core sets, CQMC principles for measures in the core set, and the process for maintenance for the core sets.

2023 Maintenance Review Recap

Ms. Buchanan provided a high-level recap of the measures under review and results from the 2023 cycle. During the 2023 cycle, the workgroup recommended retention of two measures: CBE #1884 Depression Response at Six Months- Progress Towards Remission and CBE #1885 Depression Response at Twelve Months- Progress Towards Remission. The workgroup reviewed the American Psychological Association (APA) measure related to measurement-based care and discussed updates related to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Mental Health survey. Additionally, Battelle provided updates on the measures under development on the gaps list, including measures from the APA, Wisconsin Collaborative for Healthcare Quality (WCHQ), and National Committee for Quality Assurance (NCQA).

The Current Core Set

Ms. Buchanan provided an overview of the current Behavioral Health core set, noting that it has

14 measures: 12 process and two patient-reported outcome-based performance measures (PRO-PMs). Five are tobacco, alcohol, and other substance use measures; three are depression measures; three are measures on serious mental illness; one measure is on attention deficit hyperactivity disorder; and two "other" measures are on follow-ups.

Measures for Consideration – Removal

Ms. Buchanan reviewed the factors to consider for removal from the core set. She noted that Battelle reviewed the current core set, looking for changes to endorsement status, changes in program use, and key topics identified by the workgroup. Ms. Buchanan stated that Battelle did not identify any measures for removal.

NCQA Presentation – Person-Centered Outcome Measures

Ms. Buchanan introduced Sarah Sweeney, MSW, MPH, the NCQA Assistant Director, Behavioral Health. Ms. Sweeney presented on testing outcomes of person-centered outcome measures within Certified Community Behavioral Health Clinics (CCBHCs). NCQA recently completed measure testing with the CCBHCs Learning Collaborative in Texas and Arizona. Ms. Sweeney explained that the measures are designed to assess care that matters and drive care through goal standardization. NCQA piloted the measures in complex care sites from 2015-2017 and demonstrated the measures in complex care sites and serious illness sites from 2018-2020. From 2021 to 2024, NCQA began implementing and disseminating the person-centered outcome (PCO) measures. The PCOs are bundles of three measures that allow individuals to say what matters most to them:

- Measure 1 – Goal Identification: Identify what matters, document and track PCO goal using a patient-reported outcome measure (PROM) or Goal Attainment Scaling (GAS) and create a plan to achieve PCO goal.
- Measure 2 – Goal Follow Up: Reassess PCO goal.
- Measure 3 – Goal Achievement: Document achievement of PCO goal.

Ms. Sweeney explained how PROMs are matched to goal topics or barriers for individuals. The GAS allows individuals to map out their current state, what could be worse, and where they want to be. Ms. Sweeney noted that all CCHBs opted to use GAS.

Ms. Sweeney discussed provider and patient demographics, discharge reasons, exclusion criteria, and overall measure performance. Challenges during the pilot process included staff turnover, technical issues with electronic health records (EHR), tracking data appropriately, and loss to follow up. NCQA only analyzed reliability in five of the eight testing sites that met the criteria for the three measures. Ms. Sweeney also explained that the 5,351 goals were categorized into 12 domains, with most goals falling under the emotional & mental health domain (35%) or the social & role functioning domain (21%). Other domains included improving health & wellness, independence, and managing conditions & symptoms. Overall, participating clinicians provided positive feedback despite the challenges. Ms. Sweeney noted that the pilot program opened a door to understanding the barriers patients encounter in healthcare and allowed for a discussion on other services that could address these barriers.

Ms. Sweeney added that the NCQA Learning Management System has PCO-related trainings on how to implement the PCO approach in diverse populations and provides continuing education credits to certified content experts (CCE), doctors, nurses, and social workers. A PCO Approach Toolkit also is available for use as a companion resource to the online trainings.

NCQA is looking to complete additional testing with CCBHCs and intellectual and developmental disability (IDD) communities. NCQA has just begun health plan testing,

specifically with Special Needs Plans, to move the PCO measures into the health plan space with the eventual goal of inclusion in the Healthcare Effectiveness Data and Information Set (HEDIS) pipeline for measurement year 2027, pending public comment outcomes. Ms. Sweeney also noted that NCQA submitted the PCO measures to the CMS 2024 Measures Under Consideration (MUC) for review and will be conducting an environmental scan to review existing and potential measures that can be used with IDD populations.

Q&A

A member asked about the low follow-up rate, and Ms. Sweeney answered that many of the issues were due to challenges with the EHRs and staff turnover. A committee member asked if NCQA was able to track faithfulness to the measure models and if there are efforts to prevent "gaming" the system. Ms. Sweeney responded that they work with their auditing team to prevent abusing the process and added that digitizing the measures helps avoid falsifying data. Another member asked if any specific codes are used to report true claims and asked why psychiatrists were not listed in the provider participation demographic. Ms. Sweeney noted that each site was tasked with choosing which providers would participate; most participating providers held bachelor's degrees, rather than medical or doctoral degrees. One committee member noted that meaningful community engagement is a frequently cited goal in the disability community and was happy to see a consistent percentage of independence goals among this population as well. They also asked if the data from the PCOs is made publicly available. NCQA answered that the data is not submitted for public comment. A member asked if patients are expected to set goals for each domain, Ms. Sweeney answered that the domains are potential areas to help with documentation or facilitation; patients are not required to set goals within each or any domain.

Gaps Discussion

Ms. Buchanan provided an overview of gap areas in measure development mentioned in previous workgroup meetings. The APA representative gave an update on their measures related to measurement-based care. Three of the five measures were implemented as Quality Payment Program (QPP) measures and went into use in early 2024:

- QPP #504 – Initiation, Review, and/or Update to Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, or Suicide Risk
- QPP #505 – Reduction in Suicidal Ideation or Behavior Symptoms
- QPP #502 – Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder

The other measures, 1. Measurement-based Care Process: Baseline Assessment, Monitoring, and Treatment Adjustment and 2. Improvement or Maintenance in Recovery for Individuals with a Mental Health and/or Substance Use Disorder, were not approved through MUC process.

A member asked how the measures are reported. The APA representative answered that because they are in the QPP they can be reported in registries such as the MIPS Registry to Optimize performance (MIPSPRO). One committee member noted that many of the gap areas on the list overlapped with priority areas for family consumer groups and the mental health liaison group.

Next Steps

Ms. Buchanan reviewed next steps and provided an overview of voting procedures. The co-chairs gave closing remarks and thanked NCQA for their presentation before adjourning the meeting.