

Quality Measurement for Mental Healthcare & Substance Abuse

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Overview

- Evidence-based mental health & substance abuse care
- Quality measurement
 - process measures
- Quality Improvement

Evidence-Based Psychiatry

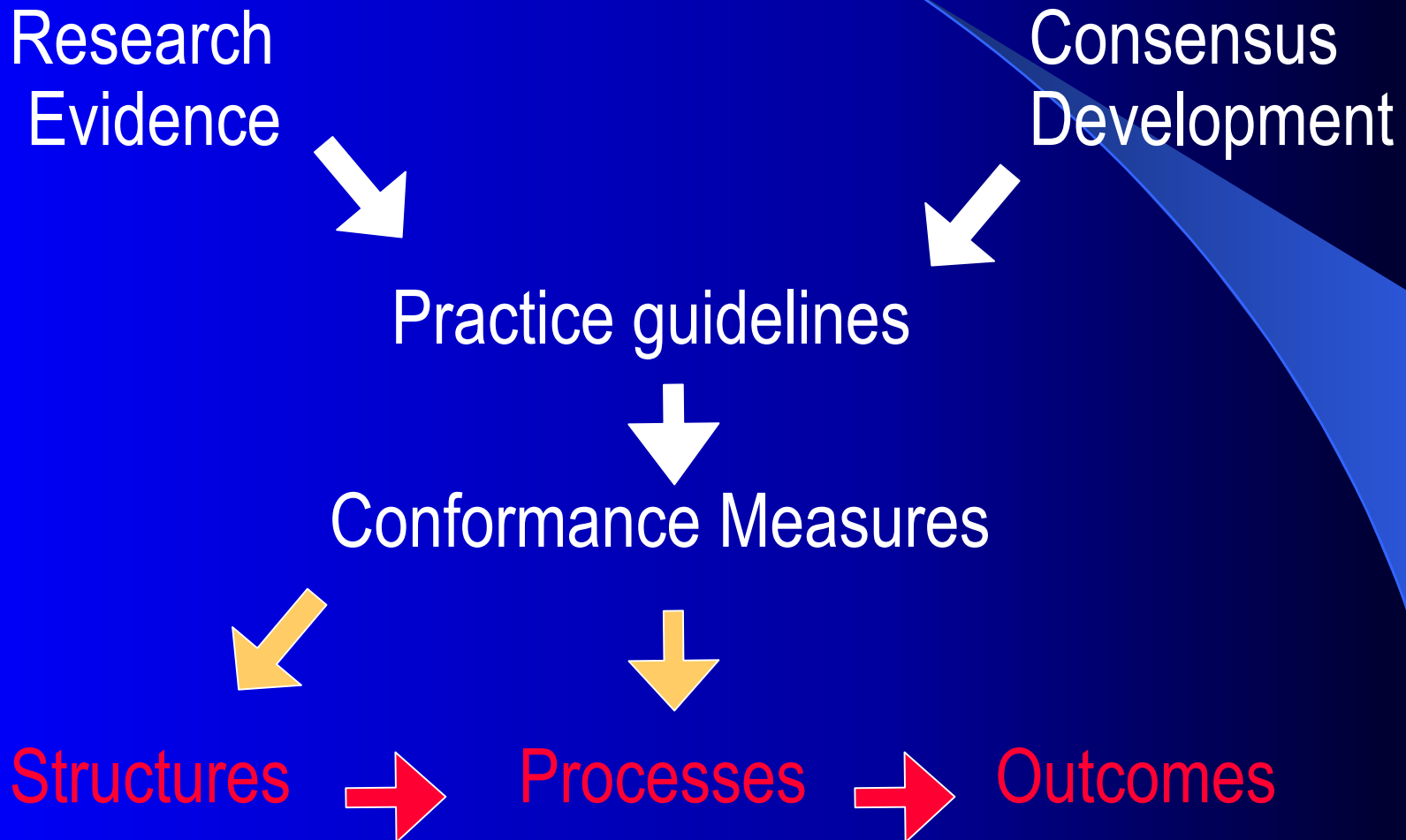
- A. Rigorous, well controlled studies
- B. Less rigorous research evidence
- C. Clinical consensus
- D. Clinical experience

Practice Guidelines

- Agency for Healthcare Research & Quality
- Substance Abuse & Mental Health Svcs. Administration
- American Psychiatric Association
- Am. Academy of Child & Adolescent Psychiatry
- Veterans Administration/DOD

www.guidelines.gov

Evidence-based Quality Assessment



Measurable Components of Care

Structure

Facilities

Clinicians

Consumers

Illnesses

Communities

Financing

Technology

Process

Prevention

Access

Assessment

Treatment

Coordination

Continuity

Safety

Outcome

Symptom change

Functional change

Quality of life

Satisfaction

Cost-effectiveness

Mortality

Structural Measures

- Availability of evidence-based treatments
 - intensive case management
 - supported employment
- Availability of specialists
 - child and geriatric clinicians
- Presence of continuum of care
 - inpatient, partial and day programs, crisis stabilization, residential, IOP, outpatient, CSP

Outcome Measures

Condition Specific

- Symptom scales: BDI
- Outcome assessment modules: U Arkansas

Cross-Condition

- Basis 32, TOPS, SF-36 (mental health subscale)

Consumer Perspectives of Care

- Mental Health Statistics Improvement Program (MHSIP)
- Experience of Care and Health Outcomes (ECHO)

Process Measures

Consumer Perspectives of Care

- MHSIP
- ECHO

Fidelity Measures

- Evidence-Based Practices Project

Single-item Process Measures

Single-item Process Measures

- Common type of quality measure
- Proportions, means, ratios

Measure Developers

Clinician organizations

Consumer & family groups

Health systems & facilities

Payers & MBHOs

Commercial systems

Government agencies

Accreditors

Employer Purchasers

Researchers

Illustrative Process Measure

Measure (rate):

Continuation of medication for 12-week period
Individuals started on AD medication for MDD

Developer: NCQA HEDIS 3.0

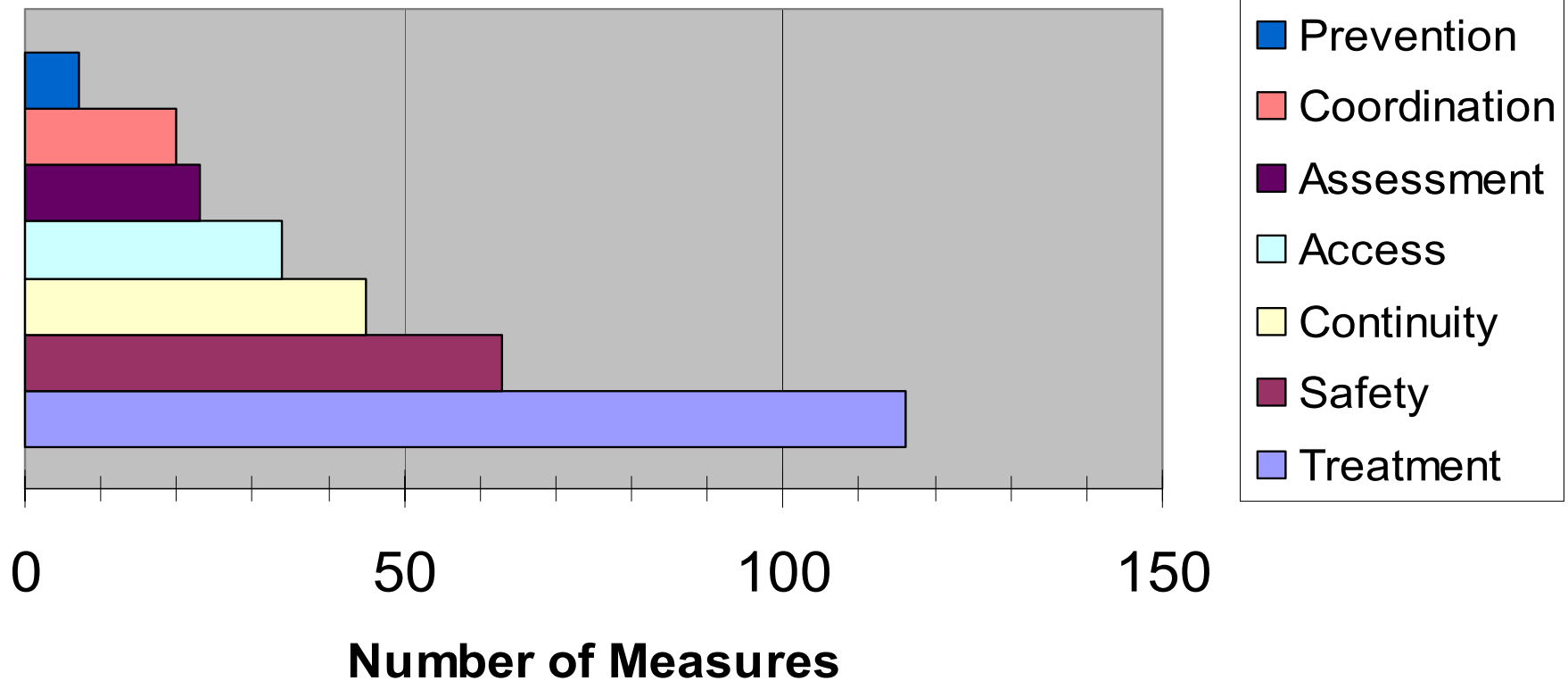
Data Source: Administrative & pharmacy claims

Findings: 59% conformance among 384 HMOs

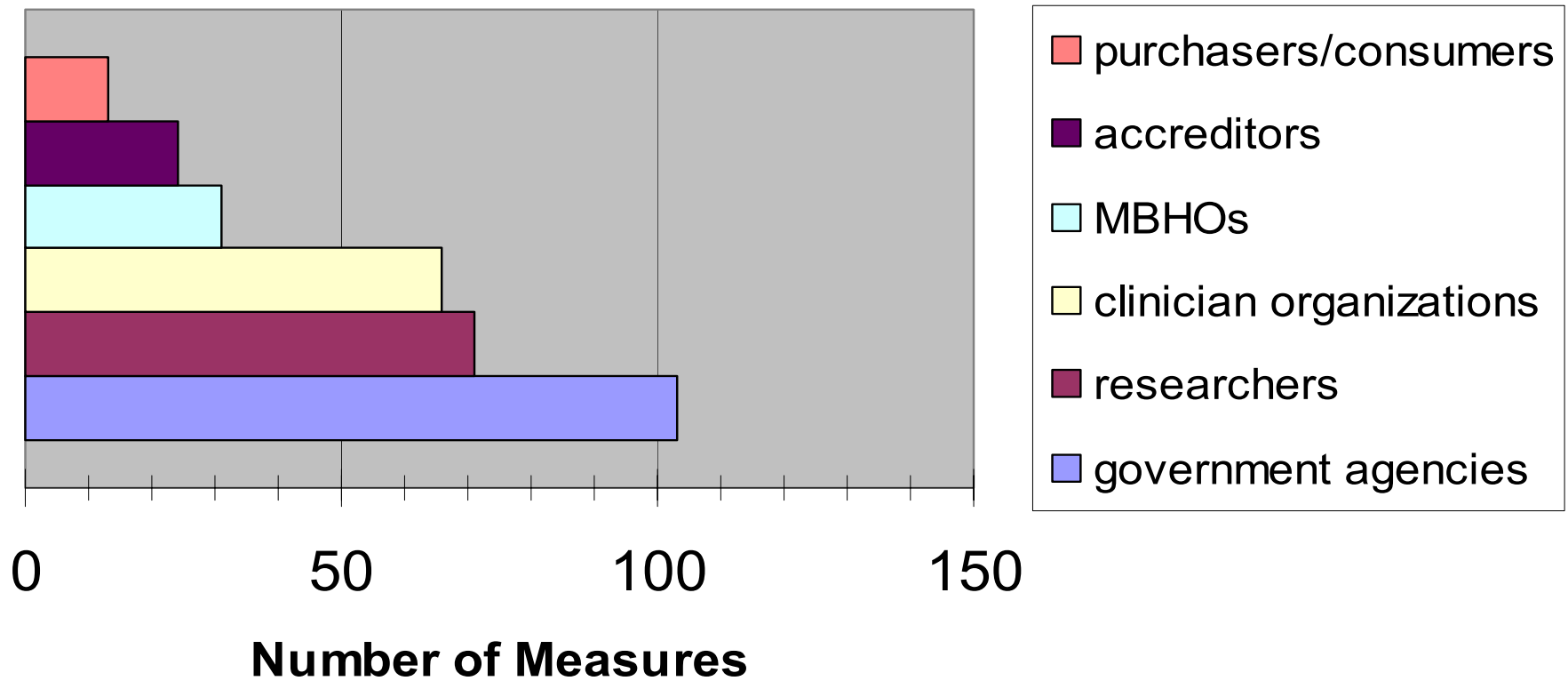
National Inventory of Quality Measures

<u>Characteristics</u>	<u>No.</u>	<u>%</u>
Organizations		
Contacted	326	--
Included	56	--
Measures Identified	540	--
Duplicates	107	20%
Not operationalized	77	14%
Not quality	48	9%
Adopted	308	57%

Domains of Quality (n = 308)



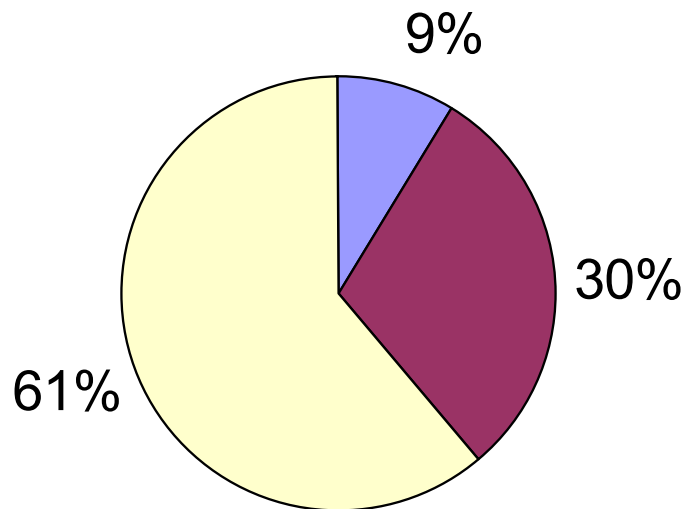
Developer Organizations



Treatment Modality Assessed

	<u>N</u>	<u>%</u>
Medication	81	26%
Psychosocial	97	32%
Psychotherapy	9	
Case Management	11	
Substance abuse counseling	22	
Other psychosocial	12	
Other modality	433	14%
Not modality-specific	121	21%

Evidence Basis of Quality Measures



- Level A: Good research-based evidence (e.g., RCTs)
- Level B: Fair research-based evidence (e.g., observational data)
- Level C: Little research evidence, based principally on clinical opinion

National Inventory of Quality Measures

Users can Identify measures in areas of interest

- Diagnostic category
- Population subgroup
- Data source
- Evidence level
- Domain of quality
- Clinical setting

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Welcome to the National Inventory of Mental Health Quality Measures. To search for measures, please select at least two of the following search criteria.

Diagnosis:	<input type="text" value="Not Specified"/>
Population:	<input type="text" value="Not Specified"/>
Data Source:	<input type="text" value="Not Specified"/>
Evidence Level:	<input type="text" value="Not Specified"/>
Treatment:	<input type="text" value="Not Specified"/>
Domain of Quality:	<input type="text" value="Not Specified"/>
Clinical Setting:	<input type="text" value="Not Specified"/>

Measure searching will be available soon. [Sign In](#) to be notified.

- [Sample Search Results](#)
- [Sample Measure Report](#)

Measures and inventories may be copyrighted by CQAIMH or other organizations. They are provided for use in quality assessment and improvement activities. The distribution or reproduction of these documents for commercial purposes without written consent from copyright holders is strictly prohibited.

[Home](#)[Quality Measures](#)[Consumer Guide](#)[Quality Improvement](#)[Research](#)[Education & Training](#)[Faculty & Staff](#)[Contact Us](#)[Overview](#)[Instructions](#)[Search for Measures](#)[Report Measures](#)[Sign In](#)[Glossary](#)[Toolkit](#)**Search Criteria:****Diagnosis:** Major Depressive Disorder**Treatment:** Medication**Clinical Population:** Not Specified**Domain of Quality:** Not Specified**Data Source:** Not Specified**Clinical Setting:** Not Specified**Evidence Level:** AHRQ Level A: Good research evidence**Search Results:****Results: 1 to 10****Page: 1 of 2**[Adequacy of Antidepressant Dosage](#)[Adequacy of Antidepressant Dosing and Duration](#)[Depressed Elderly Patients Discharged On Antidepressants](#)[Duration of Drug Treatment for Acute Depression \(12 week\)](#)[Duration of Drug Treatment for Acute Depression \(First Refill\)](#)[Duration of Drug Treatment for Continuation-Phase Depression \(6 Months\)](#)[Initiation of Depression Treatment](#)[Somatic Treatment for Moderate or Severe Depression](#)[Somatic Treatment for Psychotic Depression](#)[Treatment Changes for Nonresponsive Depression](#)

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Measure Report

Measure Name: Adequacy of Antidepressant Dosage

Summary: This measure assesses the proportion of patients newly treated for depression with an antidepressant medication who received an adequate dosage.

Rationale: Depressive disorders can impair personal, social and family functioning; decrease work productivity; and increase the risk of suicide. Major depression can be treated effectively with antidepressant medications, but research suggests a minimum dose is required for these medications to be effective. Studies have shown that a substantial proportion of patients receive sub-therapeutic dosages in clinical practice.

Denominator: The total number of primary care patients between the ages of 18 and 75 enrolled in a health plan who had a primary diagnosis of major depression and treated with antidepressant medication at ambulatory primary care clinics following an examination at an index visit.

Numerator: Those patients from the denominator who received adequate antidepressant dosages during a specified time period [For adults aged 18-to-60, at least four consecutive weeks of: 100mg of imipramine, amitriptyline, doxepin, desipramine, trazadone, amoxapine, maprotiline, or trimipramine; or 75 mg of nortriptyline; or 30mg of protriptyline; or 20 mg of fluoxetine. For geriatric patients over 60, at least four consecutive weeks of: 75mg of imipramine, amitriptyline, doxepin, desipramine, trazadone, amoxapine, maprotiline, or trimipramine; or 50 mg of nortriptyline; or 20 mg of protriptyline; or 10 mg of fluoxetine].

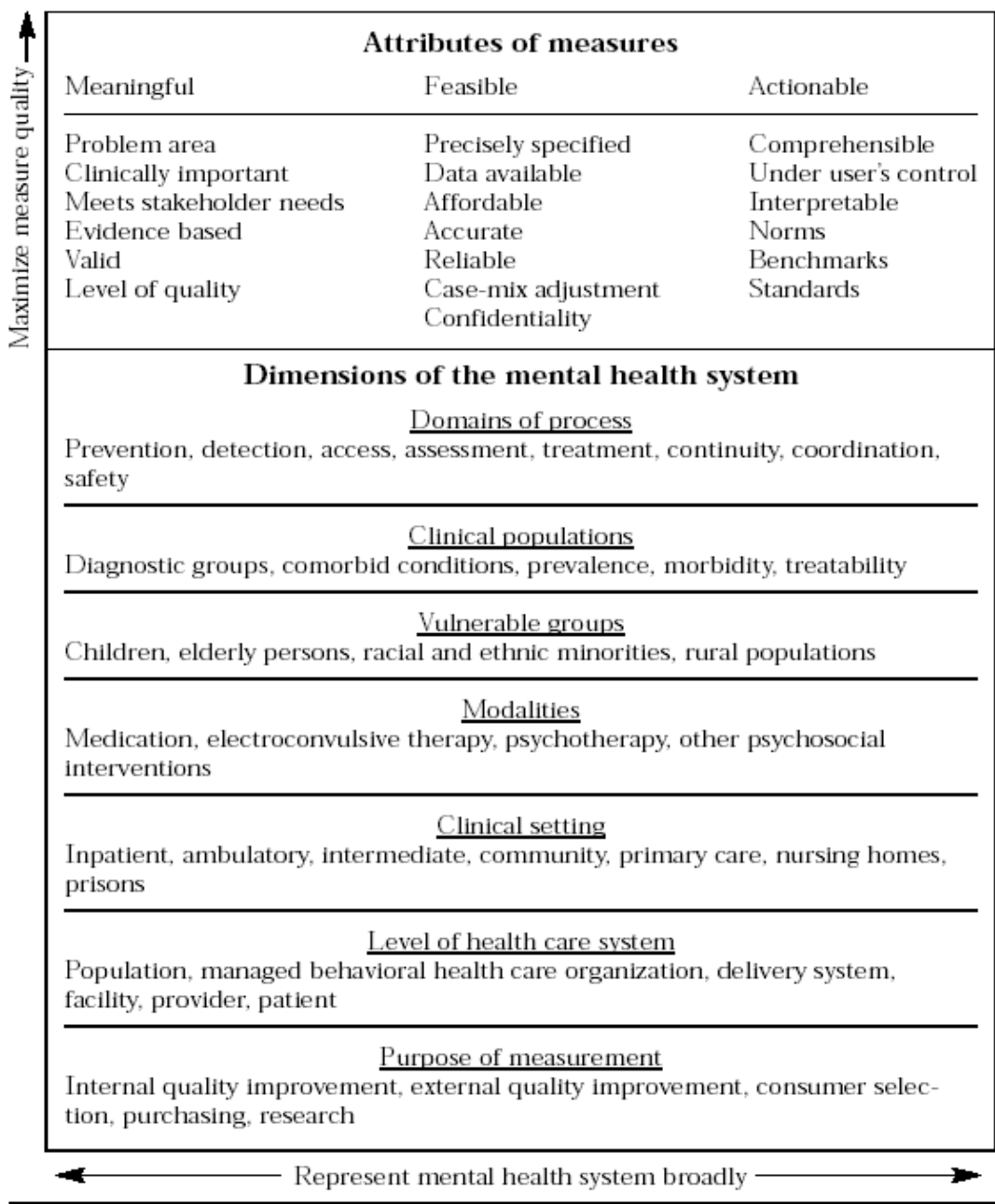
Population: None

Data source: Administrative Data; Medical Record; Pharmacy Data

Evidence Level: AHRQ Level A. Good research-based evidence

Figure 1

A framework for selecting core quality measures



Quality Improvement

- External measurement initiatives
 - QIOs, MCOs, payers, govt., accreditors
- Internal improvement models
 - Identify problem
 - Develop measure
 - Form workgroup
 - Diagnose potential causes
 - Develop potential solutions
 - Intervention & remeasurement cycles

Current Status of QI

- Developing infrastructure
 - documented gaps btw actual & optimal care
 - measures of quality and outcomes
 - facilitative organizations: QIOs, IHI
 - effective interventions for system change
- Limited improvement achieved
 - demonstration projects
 - narrowing of gaps not yet seen broadly
 - system interventions not yet adopted widely

Enhancing Uptake of QI Paradigm

- External levers
 - feedback, benchmarks
 - facilitation / education / training
 - incentives
 - accreditation
 - mandates/sanctions
- Internal organizational development

How many QI Committees does it take to change a healthcare system?

One.

But the system has to want to
change.

QI in Local Healthcare Organizations

Stages of Development

- Engagement
- Measurement
- Problem identification
- Prioritization
- Intervention
- Measurable change

Correlates

- Organizational characteristics
- Beliefs/Values
- Knowledge
- Capabilities
- Management
- Leadership