Quality Measurement for Mental Healthcare & Substance Abuse

Richard C. Hermann, MD, MS
Center for Quality Assessment & Improvement in Mental Health
Harvard Medical School
www.cqaimh.org
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

- Research Evidence
- Consensus Development
- Practice guidelines
- Conformance Measures
- Structures
- Processes
- Outcomes
<table>
<thead>
<tr>
<th>Structure</th>
<th>Process</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities</td>
<td>Prevention</td>
<td>Symptom change</td>
</tr>
<tr>
<td>Clinicians</td>
<td>Access</td>
<td>Functional change</td>
</tr>
<tr>
<td>Consumers</td>
<td>Assessment</td>
<td>Quality of life</td>
</tr>
<tr>
<td>Illnesses</td>
<td>Treatment</td>
<td>Satisfaction</td>
</tr>
<tr>
<td>Communities</td>
<td>Coordination</td>
<td>Cost-effectiveness</td>
</tr>
<tr>
<td>Financing</td>
<td>Continuity</td>
<td>Mortality</td>
</tr>
<tr>
<td>Technology</td>
<td>Safety</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacted</td>
<td>326</td>
<td>--</td>
</tr>
<tr>
<td>Included</td>
<td>56</td>
<td>--</td>
</tr>
<tr>
<td>Measures Identified</td>
<td>540</td>
<td>--</td>
</tr>
<tr>
<td>Duplicates</td>
<td>107</td>
<td>20%</td>
</tr>
<tr>
<td>Not operationalized</td>
<td>77</td>
<td>14%</td>
</tr>
<tr>
<td>Not quality</td>
<td>48</td>
<td>9%</td>
</tr>
<tr>
<td>Adopted</td>
<td>308</td>
<td>57%</td>
</tr>
</tbody>
</table>
Domains of Quality (n = 308)

Number of Measures

- Prevention
- Coordination
- Assessment
- Access
- Continuity
- Safety
- Treatment
Developer Organizations

Number of Measures

- Purchasers/consumers
- Accreditors
- MBHOs
- Clinician organizations
- Researchers
- Government agencies
<table>
<thead>
<tr>
<th>Treatment Modality Assessed</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>81</td>
<td>26%</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>97</td>
<td>32%</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Substance abuse counseling</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Other psychosocial</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Other modality</td>
<td>433</td>
<td>14%</td>
</tr>
<tr>
<td>Not modality-specific</td>
<td>121</td>
<td>21%</td>
</tr>
</tbody>
</table>
Evidence Basis of Quality Measures

- **Level A**: Good research-based evidence (e.g., RCTs) - 9%
- **Level B**: Fair research-based evidence (e.g., observational data) - 30%
- **Level C**: Little research evidence, based principally on clinical opinion - 61%
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

www.cqaimh.org
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: Not Specified
Population: Not Specified
Data Source: Not Specified
Evidence Level: Not Specified
Treatment: Not Specified
Domain of Quality: Not Specified
Clinical Setting: 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.
Search Criteria:

- **Diagnosis:** Major Depressive Disorder
- **Clinical Population:** Not Specified
- **Data Source:** Not Specified
- **Evidence Level:** AHRQ Level A: Good research evidence
- **Treatment:** Medication
- **Domain of Quality:** Not Specified
- **Clinical Setting:** Not Specified

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
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, amitryptyline, 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, amitryptyline, 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

<table>
<thead>
<tr>
<th>Attributes of measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meaningful</strong></td>
</tr>
<tr>
<td>Problem area</td>
</tr>
<tr>
<td>Clinically important</td>
</tr>
<tr>
<td>Meets stakeholder needs</td>
</tr>
<tr>
<td>Evidence based</td>
</tr>
<tr>
<td>Valid</td>
</tr>
<tr>
<td>Level of quality</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Dimensions of the mental health system**

- **Domains of process**
  - Prevention, detection, access, assessment, treatment, continuity, coordination, safety

- **Clinical populations**
  - Diagnostic groups, comorbid conditions, prevalence, morbidity, treatability

- **Vulnerable groups**
  - Children, elderly persons, racial and ethnic minorities, rural populations

- **Modalities**
  - Medication, electroconvulsive therapy, psychotherapy, other psychosocial interventions

- **Clinical setting**
  - Inpatient, ambulatory, intermediate, community, primary care, nursing homes, prisons

- **Level of health care system**
  - Population, managed behavioral health care organization, delivery system, facility, provider, patient

- **Purpose of measurement**
  - Internal quality improvement, external quality improvement, consumer selection, purchasing, research

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Represent mental health system broadly
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