Review of DSRIP Outcome Measures

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NH Department of Health and Human Services
Agenda

- Introduction
- Goals
- Role of Outcome Measures in DSRIP
- High-level Description of Measures
- DSRIP Measures Review
Introduction

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- Public webpage with information on measures
Today’s Goal

▶ Build familiarity with DSRIP outcome measures and their role in the incentive payment process
A note on “outcome”

- Outcome measures are those that show the outcome/benefits of the DSRIP program
- They are not necessarily about specific health outcomes
Role of Outcome Measurement

- DHHS DSRIP oversight: health services and health outcomes improvement
  - Care integration
  - Workforce
  - HIT
  - Behavioral health population and care improvement
- Part of CMS approved protocols
- Basis for much of the incentive payments
Outcome Measure Role in Incentive Payments

- Nearly all DSRIP payments to IDNs are incentive payments
- Outcomes measures play increasing role in payments as waiver progresses
- Some of DHHS’s funding for the program is also at risk based on measures
Outcome Measure Role in Incentive Payments Allocation

- 2016: 100% Outcome Performance, 0% Process
- 2017: 90% Outcome Performance, 10% Process
- 2018: 75% Outcome Performance, 25% Process
- 2019: 100% Outcome Performance, 0% Process
- 2020: 100% Outcome Performance, 0% Process
Outcome Measure Overview
Measure Overview:
Reporting Responsibility

Four measures will be calculated by IDNs

Some of the other measures depend on IDN assistance for capturing data where DHHS will calculate.

Majority of measures are sole responsibility of DHHS for capturing and calculation.
Measure Overview:
Data Sources

- IDN EHR-Based Reports
- IDN Clinical Records
- Claims/Encounters
- Surveys
- Mental Health System Data
Measure Overview: Populations

- All attributed IDN members (regardless of health service provider)
- Attributed behavioral health population (all attributed members with behavioral health diagnosis)
  - Mental health population (CMHC population, mental health diagnosis on claims, medication history)
  - SUD/misuse (SUD treatments use, SUD or substance misuse diagnosis on claim, medication history)
- Patients seen at IDN health service provider
Measure Overview: Baselines and Goals

- Where possible baselines will be calculated using CY2015 data year (e.g., pre-waiver)
- Some baselines will not be calculated until after IDNs/DHHS begin reporting information
- Goals set mostly based on top IDN performer
- After goals met, annual improvement still required (CMS requirement)
Measure Overview:
Reporting Periods and Incentives

- 2017 Measurement Year
  - 2 pay for reporting measures

- 2018 Measurement Year
  - 10 pay for reporting measures
  - 11 pay for performance measures

- 2019 and 2020 Measurement Years
  - All incentives tied to performance outcome measures
  - 36 individual measures with 17 of those rolled up into 3 summary measures = incentive payments based on 22 measures
The Measures
Assessment and Screening

- Use of Comprehensive Core Standardized Assessment
- Follow-Up by for Positive Screenings for Potential Substance Use Disorder and/or Depression
- Use of selected U.S. Preventive Services Task Force (USPSTF) A&B Services for Behavioral Health Population
- Smoking and Tobacco Cessation Screening and Counseling
HEDIS-based Effectiveness of Care Measures

- Mental Health-Focused HEDIS Measures: Summary Score of Six Measures
  - Antidepressant Medication Management - Continuation Phase
  - Adherence to Antipsychotic Medication for Individuals with Schizophrenia
  - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics
  - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic medications
  - Diabetes Monitoring for People with Diabetes and Schizophrenia

- Adolescent (Age 12-21) Well-Care Visits

- Physical Health-Focused HEDIS Measures for Behavioral Health Population: Summary Score of Seven Measures
  - Controlling High Blood Pressure
  - Comprehensive Diabetes Care - HbA1c Testing; HbA1c Control <8.0%; Eye Examine; Nephropathy
  - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid
  - Medication Management for People with Asthma

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (two measures)
CMHC Timeliness Measures

- Community Mental Health Center:
  - Intake Appointment Timeliness
  - First Follow-up Visit Timeliness
  - First Psychiatrist Visit Timeliness
- Reports will be built using CMHC data submitted to DHHS Phoenix system
Patient Experience of Care

- Adult Experience of Care Survey: Summary Score of four composite results
  - Getting Needed Care
  - Getting Care Quickly
  - Care Coordination
  - Behavioral Health
- DHHS will annually field survey with IDN-level sample frames
Emergency Department Use and Follow-up

- Frequent (4+ per year) Emergency Department Use in the Behavioral Health Population
- Potentially Avoidable Emergency Department Visits
- Follow-up After Emergency Department Visit for Mental Illness Within 30 Days
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 30 Days
Inpatient Hospital Use and Follow-up

- Readmission to Any Hospital for Any Cause by Adult Behavioral Health Population Within 30 Days
- Timely Transmission of Transition Record After Hospital Discharge
- Follow-up After Hospitalization for Mental Illness Within 7 Days
- Follow-up After Hospitalization for Mental Illness Within 30 Days
Opioid Prescribing

- Extended Daily Dosage of Opioids Greater Than 120mg Morphine Equivalent Dose