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CCBHC Performance Measures: What Does This Mean for the Medical Director?

December 11, 2024

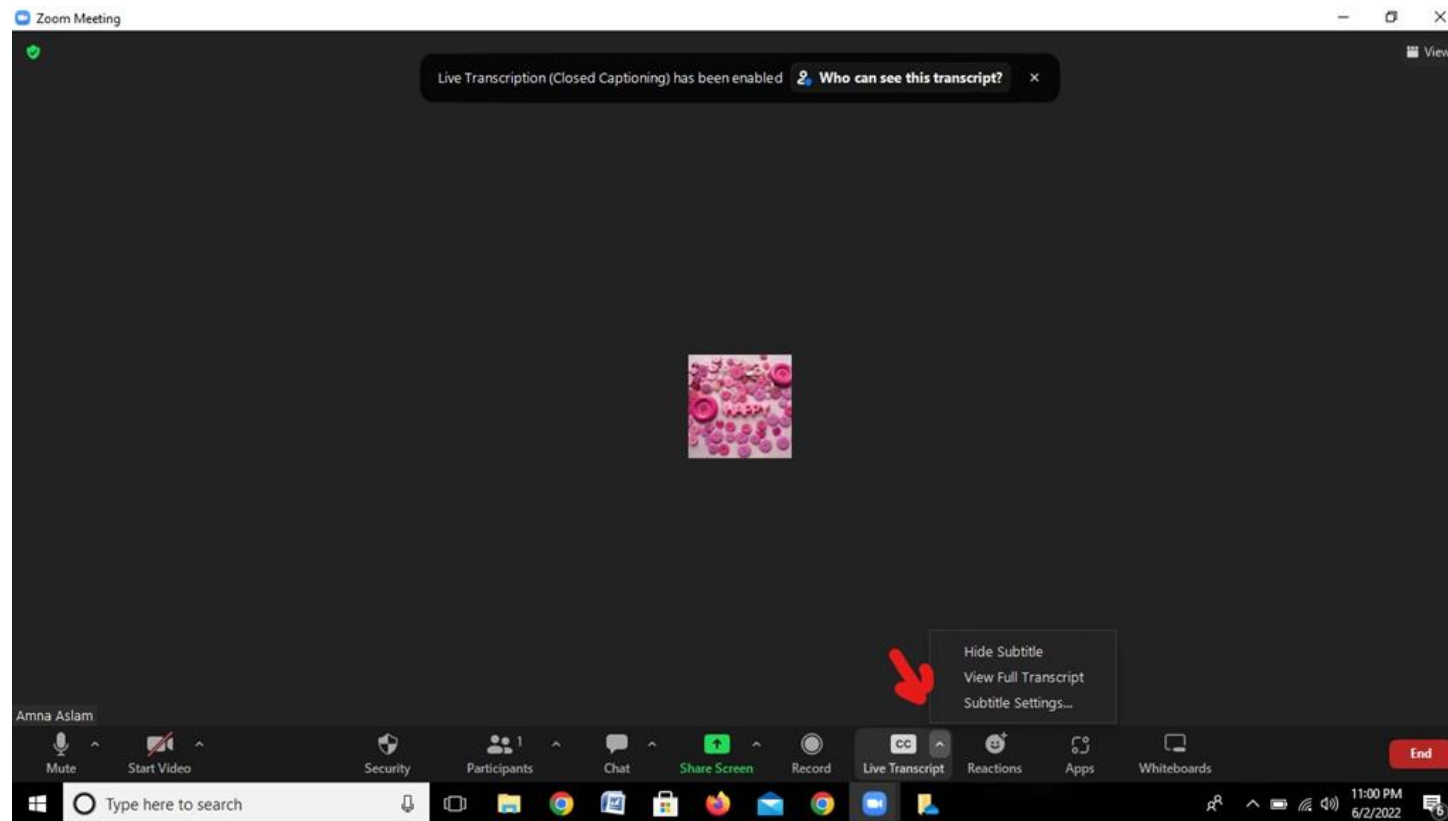
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Today's Presenter



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National Council for Mental
Wellbeing, MDI
Co-Chair



Learning Objectives

- Provide an overview of the performance measures for CCBHCs
 - Quality Measurement Basics
 - Descriptive Data for Caseload
 - Measures (Required and Optional)



Q&A Poll

- 1. What is your level of confidence on quality management as related to CCBHC performance measures?
 - Very confident
 - Somewhat confident
 - Not confident at all
 - Never thought about it yet



Quality Measurement Basics



Quality Measures

- **Quality Measures:** standards for measuring performance of healthcare providers to the populations and patients they serve
 - Aggregated organizationally
 - Types of measures:
 - Structural (i.e. adopting EHR)
 - Process (i.e. follow-up after ED visit)
 - Outcome (i.e. depression remission at 6 months)



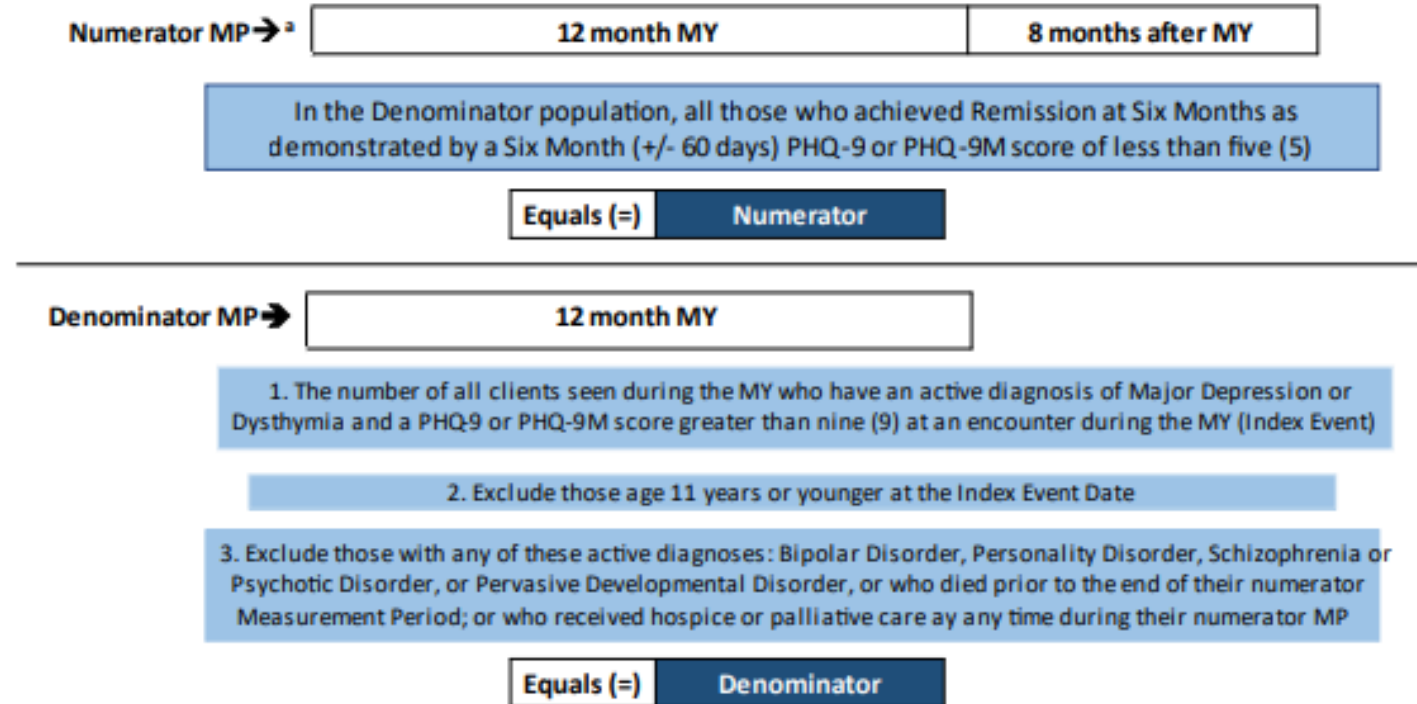
Quality Measures



- Measure specifications include:
 - **Numerator:** number meeting standard
 - **Denominator:** total population being measured
- Example: Depression Remission at 6 months
 - **Numerator:** # patients with measured improvement by measure definition
 - **Denominator:** total # patients with MDD Diagnosis (exclusions include Bipolar disorder, personality disorder, schizophrenia, etc.)

Depression Remission at Six Months (DEP-REM-6)

Figure 2. Visual of DEP-REM-6 Specification



Key: MP: Measurement Period; MY: Measurement Year.

^a The Numerator MP is the total potential time for which data must be available to compute the numerator. The reporter does not have 20 months to meet remission for Clients. Rather, this MP is for the entire group of Clients in the denominator, with the individual's remission measured depending on when the Index Event occurred in the 12 month MY.



Q&A Poll

- 1. Are you currently collecting the MDD Remission Measure?
 - We are doing it
 - We are working on it
 - We know about it but not yet
 - This is the first time I'm hearing about this



CCBHC Performance Measures: SAMHSA Updated Criteria

- SAMHSA: March 2023 Certification Criteria
 - Includes Performance Measures for CCBHCs:
<https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>
- Section 223 CCBHC Demonstration States
 - Demonstration Year being on or after July 1, 2024
- Quality Measure Templates and Specifications
 - **Manual:** <https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf>
 - **Data Reporting Template:** <https://www.samhsa.gov/sites/default/files/ccbhc-data-demonstration-templates.xlsx>



CCBHC Quality Measure Requirements

State-Collected Measures

- **Required: 13**
- **Optional: 2**

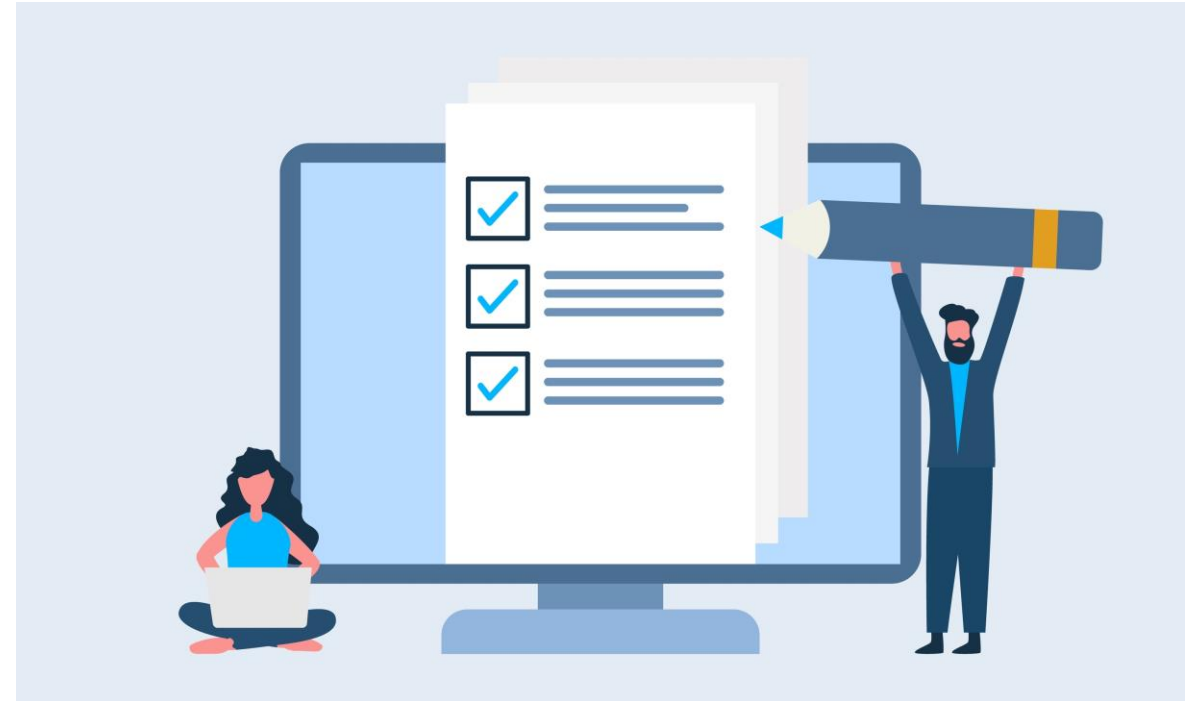
Clinic-Collected Measures

- **Required: 5**
- **Optional: 5**



State Collected Measures

- State-collected measures:
 - Based on administrative claims, encounter, and pharmacy data, surveys already being collected
 - Calculated by the state for each CCBHC
 - State sends both state-collected and clinic-collected results to SAMHSA, 12 months after Measurement Year



Descriptive Data: Caseload Characteristics

- Age
- Sex
- Gender Identity (optional)
- Ethnicity
- Race
- Insurance Status
- Veteran or Military Status
- Total Clinic Population



State-Collected Measures

Measure Name and Designated Abbreviation	Steward	CMS Medicaid Core Set (2023)	Notes
✓ Patient Experience of Care Survey	SAMHSA	n/a	n/a
✓ Youth/Family Experience of Care Survey	SAMHSA	n/a	n/a
✓ Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	CMS	Adult	n/a
✓ Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)	NCQA	Adult	n/a
✓ Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)	NCQA	Child	n/a
✓ Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)	NCQA	Adult	n/a

Color Key: ✓ = Required measures



Measure Name and Designated Abbreviation	Steward	CMS Medicaid Core Set (2023)	Notes
✓ Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)	NCQA	Adult & Child	Child was added to the Medicaid Child Core Measure Set
✓ Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)	NCQA	Adult & Child	Child was added to the Medicaid Child Core Measure Set
✓ Plan All-Cause Readmissions Rate (PCR-AD)	NCQA	Adult	n/a
✓ Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA	Child	n/a
✓ Antidepressant Medication Management (AMM-BH)	NCQA	Adult	n/a
✓ Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	CMS	Adult	n/a
✓ Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)	NCQA	Adult	n/a
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	NCQA	Child	n/a
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	NCQA	Child	n/a

Clinic-Collected Measures

Measure Name and Designated Abbreviation	Steward	CMS Medicaid Core Set (2023) ¹	Notes
✓ Time to Services (I-SERV)	SAMHSA	n/a	Will include sub-measures of average time to: Initial Evaluation, Initial Clinical Services, Crisis Services
✓ Depression Remission at Six Months (DEP-REM-6)	MN Community Measurement	n/a	Changed from the Twelve-Month version of the measure
✓ Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	NCQA	n/a	n/a
✓ Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)	CMS	Adult and Child	Child was added to the Medicaid Child Core Measure Set
✓ Screening for Social Drivers of Health (SDOH)	CMS	n/a	Using the 2023 Merit-Based Incentive Payment System (MIPS) version
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	NCQA	n/a	n/a
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) (SRA-A)	Mathematica	n/a	n/a

Color Key: ✓ = Required measures



Measure Name and Designated Abbreviation	Steward	CMS Medicaid Core Set (2023) ¹	Notes
Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) (SRA-C)	Mathematica	n/a	n/a
Weight Assessment and Counseling for Nutrition and Physical Activity for children/Adolescents (WCC-CH)	NCQA	Child	Measure modified to coincide with change in Medicaid Child Core Measure Set
Controlling High Blood Pressure (CBP-AD)	NCQA	Adult	n/a

¹ The CMS Medicaid Core Set describes two separate core sets (the 2023 Child Core Set and the 2023 Adult Core Set). The table specifies if a measure is in only one or both of the core sets.

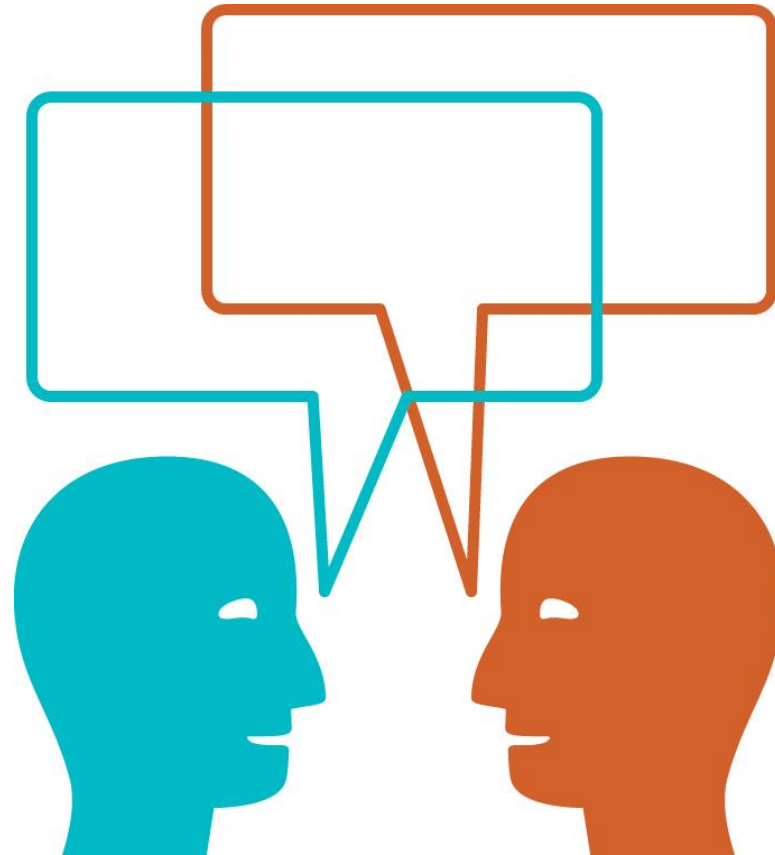
Q&A Poll



- 1. Which required five clinic-based measures are you currently collecting?
 - We are collecting these measures
 - We are not collecting these measures
 - I don't know
- 2. Which required state-based measures have your state been collecting? (That you're aware of?)
 - The state **is** requesting data for these measures
 - The state **is not** requesting data for these measures
 - I don't know

Discussion/Follow-up

- What are next steps or other information/topics that would be helpful?



Bonus: Medical Director Role in Performance Management and Quality Measurement



Learning Objectives

Part II: Discuss how the Medical Director can set the stage to create an environment that yields positive performance measure outcomes

- Governance/Oversight
- Levers of influence
 - CQI Plan
 - Change Management



Conceptual Framework

Organizational Size	Medical Director Role	Quality Team Supports	Medical <-> Quality Interface
\$1-10M	0.1-0.2 FTE, primarily clinical	Limited, Executive team members may be wearing multiple hats, including quality	Medical leader with limited capacity/resources and training to participate in quality efforts, tasked to support clinical decision-making
\$11-100M	0.3-0.5 FTE, combination administrative/clinical	Moderate, Some dedicated quality staff	Medical leader with more flexibility to get involved in CQI Planning, Committee Development, Measurement and QI Projects
\$101+M	0.6-1 FTE, primarily administrative	Most robust, Dedicated quality/IT teams	Medical lead with significant oversight responsibilities for quality/safety, reporting functions; may have quality teams reporting as downline management responsibilities



Q&A Poll

- 1. How much protected/dedicate time do you have for the medical director role?
 - <10% time
 - 10-20% time
 - 21-40% time
 - 41-60% time
 - 61-80% time
 - 81-100% time



Governance/Oversight & Levers of Influence

- CQI Plan
- Change Management



Questions & Comments

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Thank You!

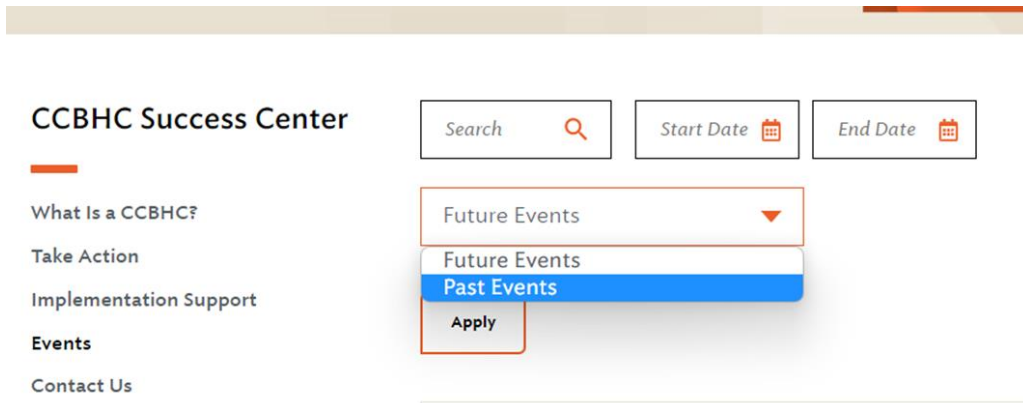
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