

Quality Measures for Mental Health and Substance Use: Gaps, Opportunities, and Challenges

Take Away Points

- Behavioral health disorders profoundly impact population health and health care costs, yet the quality of behavioral health care has not changed significantly since the 2006 IOM report “Improving the Quality of Health Care for Mental and Substance Use Disorders.”
- Ongoing health care and payment reforms place increasing pressure on the behavioral health field to engage in quality measurement and improvement.
- To improve quality measurement in behavioral health the authors recommend:
 - a coordinated plan for development, evaluation, and implementation of behavioral health quality measures;
 - research to develop evidence for more robust measures;
 - linking data sources to improvement efforts; and
 - building clinical work force capacity in partnership with consumers.

The Issue

Since the Institute of Medicine (IOM) report on mental illnesses and substance use disorders (combined to refer to behavioral health), important legislation has become law. This includes the Affordable Care Act (ACA) and the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, which contain provisions to improve the quality of behavioral health care. In addition, some of the legislation links quality of care to provider payment such as the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 which offer incentives for participation in alternative payment models. These legislative reforms bring expanded resources and requirements for assessing quality. This article provides an overview of the current state of quality measurement for behavioral health conditions, along with opportunities, challenges, and recommendations for addressing quality of care in behavioral health.

Source

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Current State of Quality Measurement

Although there are many measures that address behavioral health, only a limited number are used by reporting programs due to:

- Extensive duplication – numerous measures are utilized for one aspect of care
- Lack of applicability in the field – many measures originate from research work
- Insufficient evidence to establish usefulness in improving outcomes

As a result, the Centers for Medicare and Medicaid Services (CMS) has only 5% of the items in its Measures Inventory focused on behavioral health, leading to a lack of quality mental health

measurement across CMS programs. Many of the most widely used behavioral health quality measures derive from sets maintained by accrediting bodies. In particular, when HEDIS (Healthcare Effectiveness Data and Information Set) measures were examined, people with behavioral health needs only received the recommended care half the time in 2014, compared to 72% for diabetes and cardiovascular measures. Patterns were similar for Medicaid and Medicare. Additionally, quality measures show improvement over time for measures of medical care, but not behavioral health.

Key Priorities for Measure Development

High-value targets for quality measurement and improvement include:

- Expansion of Outcomes Measurement: This includes an emphasis on engaging patients and families in evaluating their health care outcomes, identifying patient-identified goals, and prioritizing the development of quality measures.
- Structural Approaches: Recently enacted payment programs or accreditation efforts focus on enhancing the capacity of organizations and providers to provide effective care likely to achieve favorable outcomes. It should be noted that there are few accreditation or recognition programs specifically developed for behavioral health organizations, with the exception of the new Medicare demonstration program to establish Certified Community Behavioral Health Clinics.
- Integrated Care: The consequences of fragmented care are well-documented. Behavioral health and clinical care should be comprehensive and integrated.
- Psychosocial Interventions: Although a wide variety of evidence-based psychosocial interventions exists for treating behavioral health conditions, few measures are used to evaluate their quality and delivery. Engaging patients could provide valuable information in developing these quality measures.
- Substance Use Disorders: In the area of substance abuse, there is a scarcity of valid and reliable measures to assess quality of care despite ACA's expanding coverage and access to care. This is particularly concerning with the recent rapid increase in opioid abuse.

Moving from Measurement to Improvement – Recommendations

To strengthen QI infrastructure for behavioral health, four priorities are recommended:

- 1) Investment, Leadership, and Coordination: Investment and funding are needed to conduct research on quality measures development and improvement strategies. Leadership, potentially through a consortium, is required to bring together and coordinate multiple disciplines as well as consumers to lead in the development of core measures.
- 2) Develop the Necessary Evidence: Systematically assess gaps in evidence and the specificity of clinical guidelines across a broad spectrum of behavioral health treatments.
- 3) Improve and Link Data Sources: Currently available data sources often do not have the capacity to capture data related to the delivery of specific behavioral health treatments. Enhancing the capacity of EHRs to incorporate specific elements of behavioral health treatment, as well as building clinical registries, is a promising strategy.
- 4) Build the Capacity of the Clinical Workforce: A well-prepared workforce that is trained in evidence-based care and held accountable for improving quality and outcomes for individuals with behavioral health conditions is critical.

Final Thoughts

- Quality measurement and improvement in behavioral health is imperative to assure recommended, evidence-based care is being provided to consumers.