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OF HEALTH SERVICE PSYCHOLOGISTS

# **Methods of Evaluating Clinical Outcomes in Integrated Behavioral Health**

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# **Methods of Evaluating Clinical Outcomes in Integrated Behavioral Health**

- **Why bother measuring?**
- **Methods**
- **Metrics/Measures**

# Methods

- **Electronic Health Records**
- **Practice Management Systems**

# Methods

- Paper and pencil
- **Team-based care** demands **team-based processes** for data collection
- **Electronic kiosks**
- **Software applications**

# Methods of Evaluating Clinical Outcomes in Integrated Behavioral Health

We have three different types of clinical metrics/measures:

- **Process**
- **Operational**
- **Outcome**

# Process

- **HEDIS (Healthcare Effectiveness Data and Information Set)**
  - **Psychiatric hospitalization** (e.g., 7 and 30-day follow-up)
  - **Antidepressant medication adherence** (e.g., 6 month treatment duration)
  - Others include: **treatment adherence** for ADHD in children and schizophrenia in adults, **treatment engagement** for chemical dependency

# Process

- **PQRS (Physician Quality Reporting System)**
  - [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html)



# Proposed New HEDIS Measures for 2016

## Relevant to Behavioral Health Providers

- Utilization of the **PHQ-9 to Monitor Depression Symptoms** for Adolescents and Adults
- **Depression Remission, Response or Treatment Adjustment** for Adolescents and Adults
- **Depression Screening** and **Follow-up** for Adolescents and Adults
- **Emergency Department Utilization**

# PQRS

## (Physician Quality Reporting System)

- Encourages individual eligible professionals (EPs) and group practices **to report information on the quality of care to Medicare**
- **As of 2015:**
  - The program applies a **negative payment adjustment** to individual EPs and group practices who did not satisfactorily report data on quality measures for **Medicare Part B Physician Fee Schedule (MPFS)** covered professional services in 2013.

# PQRS Criteria Used in Evaluation

- If you are a Medicare provider and do not currently monitor these quality data for reporting, you may already be losing money. A few examples relevant to IBH are listed below.
- **PQRS #9** – Anti-depressant Medication Management
- **PQRS #106** – Adult Major Depression Disorder
- **PQRS #173** – Unhealthy Alcohol use
- **PQRS #247** – Substance Abuse Disorders
- **PQRS #134 (NQF 0418)** – Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan (National Quality Strategy Domain: Community/Population Health)

# Under PQRS, an eligible professional (EP) is defined as one of the following types of professionals:

## 1. Medicare physicians

Doctor of Medicine  
Doctor of Osteopathy  
Doctor of Podiatric Medicine  
Doctor of Optometry  
Doctor of Oral Surgery  
Doctor of Dental Medicine  
Doctor of Chiropractic

## 2. Practitioners

Physician Assistant  
Nurse Practitioner\*  
Clinical Nurse Specialist\*  
Certified Registered Nurse  
Anesthetist\* (and  
Anesthesiologist Assistant)  
Certified Nurse Midwife\*  
**Clinical Social Worker**  
**Clinical Psychologist**  
Registered Dietician  
Nutrition Professional  
Audiologists

*\*Includes Advanced Practice  
Registered Nurse (APRN)*

## 3. Therapists

Physical Therapist  
Occupational Therapist  
Qualified Speech-Language  
Therapist

# Process and Operational Metrics

## (within the Triple Aim)

Triple Aim Goal	Metric
<b>Experience of Care</b>	<ul style="list-style-type: none"><li>• Percent of patients asked to sign a release of information consent to allow agencies to exchange information</li><li>• Percent of patients who sign a release of information consent</li><li>• Frequency of contacting patients' other providers to coordinate care</li><li>• Referral 'hit rate'—the number of PCP-referred patients who actually accept the referral or warm handoff</li><li>• Percent of patients who were asked to complete a healthcare satisfaction measure</li><li>• Percent of patients who completed a healthcare satisfaction measure</li><li>• Reasons patients did not complete satisfaction measure</li><li>• Amount of time (e.g., same day, 3 days out) to next available IBH appointment</li><li>• Patient educational materials are culturally appropriate and written in a language and at a level that best meets the patients' needs</li><li>• Availability of staff who speak the same language as the population being served</li></ul>

# Process and Operational Metrics

## (within the Triple Aim)

Triple Aim Goal	Metric
Population Health	<ul style="list-style-type: none"><li>• Number of patients seen by the BHP in a week/month/quarter</li><li>• Percent of patients seen in IBH who were screened for a given problem (e.g., depression)</li><li>• Percent of patients who screen positive for a problem</li><li>• Percent of patients who screened positive who were referred to the BHP for further assessment or intervention</li><li>• Reason patients who screen positive were not referred to BHP for further assessment or intervention</li><li>• Average number of clinic visits per patient per quarter (are those who need to be seen to ensure ongoing good health coming?)</li><li>• Reasons patients with a given problem (e.g. diabetes) are not attending clinic appointments per recommended guidelines</li><li>• Percent of PCP patients who have been referred for IBH (IBH service penetration rate)</li><li>• Percent of PCP patients who have been treated by BHP</li><li>• Percent of PCP patients—by diagnosis or panel—who <i>should have</i> been referred for IBH (are patients receiving appropriate evidence-based care?)</li><li>• Percent of patients with a clearly documented integrated treatment plan</li></ul>

# Process and Operational Metrics

## (within the Triple Aim)

Triple Aim Goal	Metric
Cost	<ul style="list-style-type: none"><li>• Percent of patients who were referred to the BHP who kept the appointment (patients with poor follow-up may have worse health, therefore demanding a higher overall treatment cost from the payer)</li><li>• Percent of patients who kept initial BHP appointment that were seen more than once</li><li>• Percent of patients who were referred for a BH appointment outside of the primary care clinic</li><li>• Percent of patients who were referred that kept the BH appointment outside of the primary care clinic</li><li>• Type and duration of IBH treatment</li><li>• Percent of patients newly prescribed psychotropic medication</li><li>• Is psychotropic medication prescription being filled by the patient?</li><li>• Number and type of diagnosis for patients who have high emergency room utilization</li><li>• Number and type of diagnosis for patients who have higher hospital readmissions</li></ul>

# Outcome Metrics (within the Triple Aim)

Triple Aim Goal	Metric
Experience of Care	<ul style="list-style-type: none"><li>• Level of patient satisfaction with access to general health services</li><li>• Level of patient satisfaction with accessibility to IBH services</li><li>• Level of patient satisfaction with effectiveness of physical health services</li><li>• Level of patient satisfaction with effectiveness of IBH services</li><li>• Level of PC provider satisfaction with delivery of IBH services</li><li>• Level of PC staff knowledge and comfort level in IBH service provision</li></ul>
Population Health	<ul style="list-style-type: none"><li>• Patient quality of life functioning (e.g., score on a quality of life measure)</li><li>• Patient mental health functioning (e.g., score on a mental health measure)</li><li>• Patient general health status</li><li>• Patient general health indicators (e.g. body mass index, waist girth, weight, blood pressure, blood glucose level, lipid levels, pain level, alcohol use, physical activity, tobacco use)</li><li>• Percent of improvement of number of enrollees in a given measure (e.g., body mass index or tobacco use) compared to previous year</li></ul>
Cost	<ul style="list-style-type: none"><li>• Annual percent increase in per-capita costs</li><li>• Emergency room visits per 100 enrollees per year for any reason</li><li>• Emergency room visits per 100 enrollees per year for mental health presentation alone</li><li>• Frequency of psychiatric hospital admissions</li><li>• Frequency of hospital admissions</li><li>• Number and severity of general health and BH relapses</li><li>• Rate of appropriate psychotropic prescription</li><li>• Decreased overall specialty healthcare use</li></ul>



# Outcome Metrics Instruments

Appropriate for Primary Care

Instrument	Clinical Focus
PHQ-9	Depression
GAD-7	Anxiety
SF-12	Medical symptoms and functioning
PAM	Motivation for health behavior change
BHM-20	Global mental health; overall functioning
WHOQOL	Quality of life measure
PEG	Measure of pain intensity and interference
Functional Outcomes of Sleep Questionnaire	Quality of life questionnaire to determine functional status due to sleep problems
Dallas Pain Questionnaire	Chronic pain and its impact on behavior
Columbia Suicide Severity Rating Scale (CSSRS)	Suicide
Duke Health Profile	Mental health symptoms



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