

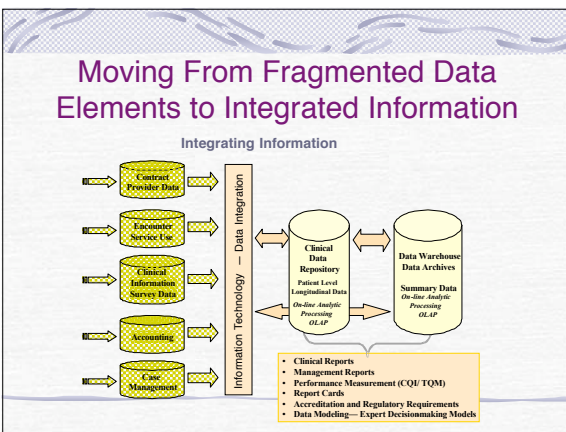
Monitoring Service System Quality and Improvement: Addressing the Need for a Common Approach

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The Need For Comparability

- ☞ Despite the recognition of the importance of outcome monitoring and accountability for quality improvement
 - There is no comparability that allows comparison across systems
 - A national inventory of measures used in the mental health field revealed the use of more than 300 different measures with varying levels of scientific soundness and evidence related to service system improvement



Core Principles of Federal Initiatives Requiring Performance Measurement

- ☞ The Office of the Assistant Secretary for Planning and Evaluation, is working with several agencies within the Department of Health and Human Services to help develop performance measurement approaches which build the following core principles:
 - Meaningful consultation with stakeholders is critical
 - Effective performance measurement efforts are based on a partnership with stakeholders

Core Principles of Federal Initiatives Requiring Performance Measurement

- ☞ Measurement must be based on sound data
 - Existing data systems are often insufficient to reliably measure public health or human service outcomes
- ☞ Given weaknesses in data, performance can not look at outcomes alone but must also consider process and intermediate outcome measures
- ☞ Health and human services performance measures are most appropriately used to help determine technical assistance needs

Selected Federal Government Performance Measurement Initiatives

- ☞ Government Performance Results Act (GRPA, 1993)
- ☞ Performance Partnership Grants (PPG – block grants)
- ☞ Performance Assessment Rating Tool, PART
- ☞ Mental Health Statistical Improvement Program (MHSIP)
- ☞ **Forum On Performance Measurement**

Monitoring Quality and Service System Performance: Health Plans

Examples:

- ☞ Accreditation and Standards
 - NCQA – National Committee for Quality Assurance
 - HEDIS – Health Plan Employer Data and Information Set
 - JCAHO – Joint Commission on Accreditation of Healthcare Organizations
 - NQF – National Quality Forum
 - FACCT – Foundation for Accountability

Methods For Assessing System Performance

- ☞ MIS – administrative datasets
 - Already available
 - Claims, encounter, etc.
 - Some degree of common data elements
 - DSM-IV, ICD9, ICD-10, CPT-4 codes
- ☞ Self report questionnaires/surveys
 - The need for primary data collection
 - Sampling adequacy – do respondents represent the service system population?
 - Respondent burden
 - Cost

Criteria For Developing Performance Measures

- ☞ Administrative and survey data must meet the following criteria:
 - Relevance
 - Feasibility
 - Scientific soundness

Relevance – Meaningfulness

- ☞ Meaningful to purchasers or consumers for making treatment choices
- ☞ Stimulates internal efforts at quality improvement
- ☞ Assist decision-makers in understanding the clinical and economic significance that is assessed using the measure
- ☞ Encourage activities that use resources most efficiently to maximize behavioral health
- ☞ Assess at least one process that can be controlled that has important effects on the outcome.
 - If the measure is a process measure, there should be a strong link between the process and desired outcomes
- ☞ Adequately assess improved performance

Feasibility – Practicability

- ☞ Measures have clear specifications for data sources and methods for data collection and reporting
- ☞ Reasonable cost – measures should not impose an inappropriate burden on health care systems
- ☞ Confidentiality – the collection of data for the measures should not violate any accepted standards of consumer confidentiality
- ☞ Logistical feasibility – the data required for the measure should be available (administrative or consumer survey)
- ☞ Auditability – measures should not be susceptible to manipulation or “gaming” that would be undetectable in an audit.

Scientific Soundness

- ☞ Measures have documented links between the clinical processes and the outcomes addressed by the measure
- ☞ Measures produce the same results when repeated in the same population and settings
- ☞ Measures make sense logically, clinically, and financially
 - Measure correlate well with other measures of the same aspects of care and capture meaningful aspects of this care.
 - Measure are not affected if different systems have to use different data sources for the measure.
- ☞ Measures accurately assess what is actually happening
- ☞ Measure not affected by variables that are beyond the health care system's control
 - Risk stratification or a validated model for calculating an adjusted result can be used for measures with confounding variables.

Administrative Data

Building on the Work of the Washington Circle

- ☞ 1998 – Washington Circle established by CSAT
- ☞ Focused on adult substance abuse treatment
- ☞ 2002 – established subcommittee focused on treatment of adolescents with substance use disorders

Washington Circle Adolescent Subcommittee Goals

- ☞ Develop and pilot test a core set of performance measures for substance abuse treatment for public and private sector health plans and related systems
- ☞ Collaborate with a broad group of stakeholders to ensure widespread adoption of measures by employers, public payers and accrediting organizations and system leaders

Washington Circle Fundamental Values

- ☞ Care is a *process*, from prevention to the maintenance of favorable treatment effects
- ☞ Treatment is essential
- ☞ Recognition is the key first step
- ☞ Comprehensive treatment is essential to recovery
- ☞ Support services for family members are crucial

Why Assess The Process Of Care?

- ☞ Basic Premise
 - Important to identify individuals in need of treatment/intervention
 - Once identified, receiving services/intervention sooner than later is optimal
 - Timely intervention will
 - ☞ Interrupt adverse trajectories
 - ☞ Reduce the need for more intensive intervention or lengthen the need for more intensive intervention
 - ☞ Improve individual outcomes
 - ☞ Be less costly

Process of Care Continuum

- ☞ **Education/Prevention/Screening:** awareness, assessing and reducing risk
- ☞ **Recognition/Identification:** case finding, assessment, referral for treatment
- ☞ **Treatment:** broad array of services (psychiatric/psychological, medical, counseling, social services, non-traditional and wraparound services, peer-support, etc.)
- ☞ **Maintenance:** services needed to sustain treatment effects and to reduce the needs for more intensive service episodes

Issues To Consider

- ☞ Assumption: no measure is perfect – error is expected
- ☞ Is the 90 day “service free” period sufficient
 - Mental health: Average “active service use” length of stay for mental health is less than 6 months
 - ☞ Most systems do not formally discharge – most systems use inactivity as an informal criterion (typically 90 days)
 - Substance abuse: Average length of service active service for substance abuse brief treatment models (MET/CBT 5) is approximately 90 days
 - ☞ Follow-up visit might be expected after the 90 day period
- ☞ Resolution: pilot test 60, 90 and 120 day intervals

Issues To Consider: Using Administrative Data Measures

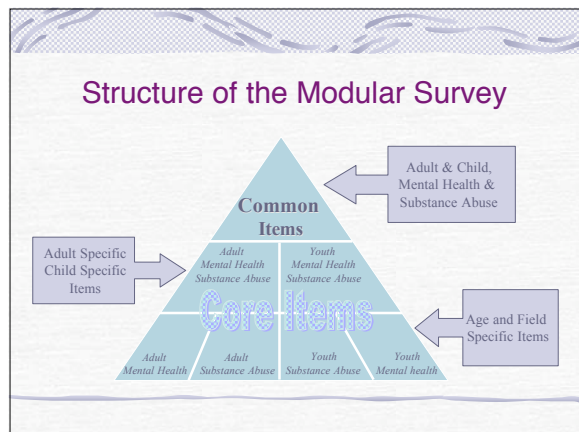
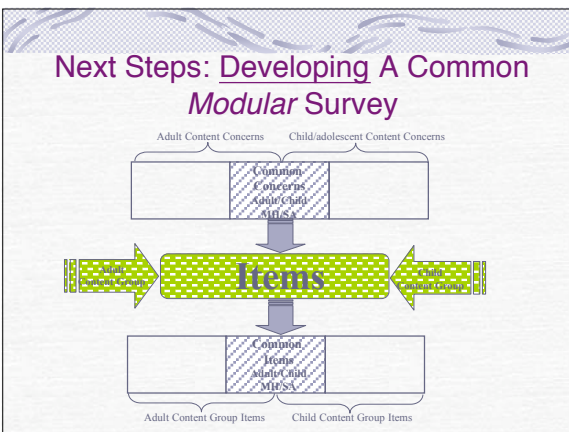
- ☞ Can measurement specification be common across
 - Child/adolescent mental health and substance abuse
 - Adult mental health and substance abuse
- ☞ What are the effects of changing treatment models, e.g., brief treatment episodes on specifications?
 - MET/CBT 5 versus 20 sessions of parent management training
- ☞ What are the effects of management utilization strategies on specifications?
 - Service authorization procedures that allow limited services, e.g., 2 outpatient therapy services within a 30 day period


Consumer/Caregiver/Youth Survey

Increasing Our Understanding:
Adding Context and Consumer Perception

Common Survey Data Measures: Child/Adult Mental Health/Substance Abuse

- ☞ Self-report Survey Measures: Selected Common Areas of Concern
 - Access:
 - ☞ Location
 - ☞ Availability
 - Quality:
 - ☞ Active consumer participation in services and treatment planning
 - ☞ Quality of the interaction/relationships with providers/clinicians – therapeutic alliance/working relationship
 - ☞ Provider/clinician responsiveness
 - Outcomes
 - ☞ Perceived improvement in ability to function effectively
 - ☞ Perceived reduction in symptomatology/psychological distress





Next Steps: Pilot Testing A Common *Modular* Survey

- ☞ Identifying appropriate items to address “*common*” concerns – consumer perceptions of care and outcome
- ☞ Pilot test items
 - Pilot test proposed survey items
 - Cognitive testing for understanding of item and response categories across potential respondent groups (age, gender, race/ethnicity, SES, urban versus rural, etc.)
- ☞ Mid-course revisions if needed
- ☞ Implementation and adoption
 - As a stand-alone instrument
 - Added to existing measures used by systems

