Assessing Quality
Adolescent Substance Use Services

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Assessing Service System Performance: Addressing The Process Of Care

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Performance Measurement

- Defining quality and tracking outcomes has become a focal point in determining the performance in healthcare (physical and behavioral) .
- Private and public insurance funders, federal, state and local governments are implementing quality monitoring
- Health plans, direct service organizations and agencies are attempting to become more accountable by using system/provider network performance and client outcomes as evidence of service efficiency and effectiveness
- Health plans are moving toward performance based (pay for performance) provider contracts.
- Need objective measures to implement performance measurement

Measuring performance: Data trade-offs

- Many types of data
  - Case records
  - Survey data
  - Management reports
  - Accreditation/regulatory requirements
  - Administrative data (billing/encounter data)
- Administrative data has common elements (UB-92, CMS 1500 etc) for commercial and Medicaid/SCHIP plans
.
- This presentation addresses the advantages and challenges of using administrative data to assess the quality of behavioral healthcare services for youth.

Advantages of Administrative Data Measures

- Administrative data may be process of care focused
- Versatility - Administrative data measures may be used at the system, group or individual provider levels
- At the system-level
  - Ability to identify differential performance among service system components (e.g., preferred provider organizations (PPO) versus health maintenance organizations (HMO), integrated vs carve-out arrangements, etc.

Advantages of Administrative Data Measures

- At the group level –
  - May identify differential performance across clinics, group practices
- At the individual provider level
  - May inform practice profiling

Advantages of Administrative Data Measures

- Measures may map how consumers move through the service system
- Measures have the potential to follow consumers through medical and behavioral health treatment as well as prescription drug use

Using Administrative Data: Challenges

Data accuracy

- Coding may be influenced by:
  - Missing codes
    - No behavioral health screening codes until recently
  - Setting
    - Behavioral health dx may not be identified in primary care
    - Substance abuse clinic may not screen for MH and vice-versa

Using Administrative Data: Challenges

Data accuracy

- Coding may be influenced by:
  - Diagnostic issues
    - Individuals with milder impairment may not be formally diagnosed with a DSM-IV or ICD-9/ICD-10 code
    - No SU experimentation codes
    - Individuals with to mild/moderate impairment would not be expected to use services in the same way as individuals with serious emotional and behavioral impairment.
      - Diagnostic variability in mental health adds to the difficulty

Using Administrative Data: Challenges

Data accuracy

- Coding may be influenced by:
  - Co-occurring disorders
    - Only one DX usually required
    - New codes may be needed for integrated treatment
  - Stigma
    - Providers may still be reluctant to use substance use disorder or serious mental health disorder codes for youth

Using Administrative Data: Challenges

Data accuracy

- Coding may be influenced by:
- Parity
  - Public policy may influence provider behavior)
- Service authorization
  - Influence of contract language)
- Reimbursement
  - Typically lower reimbursement rates for substance use (SU) influences the use of mental health (MH) coding in co-occurring MHSU disorders
  - Multiple diagnoses are not required and do not result in higher reimbursements rates

Using Administrative Data: Challenges

- Difficult to obtain information across fragmented health care systems
  - Primary care
  - Specialty care
  - Pharmacy data
- Linking across service systems
  - Youth receive treatment in a variety of settings
    - School clinics
    - Child welfare systems
    - Juvenile justice

The Bottom Line

- Need objective measures to implement performance measurement
- Need to follow process of care
- Must know and address data limitations
- Measures using administrative data can contribute to performance monitoring and quality improvement

Promising Initiatives

- Washington Circle
  - Measures for adult substance use disorder treatment
  - Apply to MH/SA treatment for children and adolescents
- Forum on Performance Measurement in Behavioral Healthcare and Related Service Systems
  - Adult mental health/substance use disorders
  - Child/adolescent mental health/substance use disorders
  - Substance use disorder prevention/mental health promotion
  - Methodology

Assessing The Process of Care Adolescent Mental Health and/or Substance Abuse Disorders

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Performance Measurement: What We Have and What We Need

- Accurate estimates of system level performance:
  - Identifying treatment opportunities (Identification)
  - Prompt treatment response (Initiation)
  - Sufficient exposure to treatment to render favorable outcomes (Engagement)
- Sensitive, *real time* estimates of meaningful clinical change over time
- Informative characterization of process indicators (therapeutic alliance, treatment modality, readiness to change, etc.)
- Meaningful feedback to consumers (youth and families), clinicians/providers, and system administrators

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

- **Prevention/Screening**: awareness, assessing and reducing risk
- Education: self-management
- **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
  - Step-down care

Washington Circle Process of Care Measures

- Conceptualized, Specified, and Piloted
  - Identification of substance use disorder
  - Initiation of substance abuse treatment
  - Engagement in substance abuse treatment
- Conceptualized
  - Screening
  - Maintenance of treatment effects
  - Family involvement in treatment

Defining the Client Population

- Diagnostic Groups
  - Substance Use Disorders
  - All serious emotional/mental health disorders
  - Co-occurring
- Age groups
- Gender
- Race/ethnicity
- Voluntary status

Process Of Care – *Separating New and Continuing Clients*

- New claim episode of care: specification allows for a service-free period prior to the identification claim so that the beginning of a new episode of services can be measured.
  - A **60-day** period has been specified for **adult substance abuse** service systems
  - A **90-day** period has been tested for **adolescent substance abuse and mental health**
    - The 90-day period captures most follow-up and medication monitoring check-ups
    - Other time intervals will be tested to determine which time interval is most relevant across behavioral healthcare service sectors

Defining the Data File: Inclusion – Exclusion Criteria

Note: If data from previous years are available, service-free period can be estimated using prior calendar years.

Specification for Adolescents*

Identification:

% of adolescents with a SA/MH diagnosis or use of an indicated service
per 1000 health plan members (full and part time year)

Initiation:

Adolescent members with SA admission or a SA outpatient index service and an additional SA or MH service within 14 days
Adolescent members with index SA claim

Engagement:

Adolescent members with two or more SA or MH services within 30 days after initiation
Adolescent members with index SA claim

* Specification are different for adults treated for substance abuse. See www.washingtoncircle.org

Issues In Treatment: What's Counted As Quality Care?

- Should mental health services count as indication of the quality of care for youth with substance use disorders?
  - Youth with co-occurring disorders have poorer outcomes when either the SUD or the mental health disorder(s) go untreated
  - Integrated interventions have been shown to increase engagement and retention in treatment for many youth
  - Many service researchers feel that integrated treatment of the co-occurring problems is essential

Adolescent Pilot Study: Identification

Age	Mental Health Diagnosis	Co-Occurring Substance Abuse Mental Health	Substance Abuse Only Diagnosis
Birth through 5 years (N=180,108)	.1%	N/A	N/A
6 through 11 years (N=213,034)	5.0%	N/A	N/A
12 through 15 years (N=157,895)	6.0%	.1%	.08%
16 through 18 years (N=127,037)	6.0%	.4%	.2%

Adolescent Pilot Study: Initiation and Engagement Rates

	Initiation	Engagement	Initiation	Engagement
Age	Mental Health Diagnosis	Mental Health Diagnosis	Co-Occurring Substance Abuse Mental Health	Co-Occurring Substance Abuse Mental Health
12 through 15 years	30%	16%	55%	35%
16 through 18 years	36%	20%	47%	27%

Next Steps: Additional Questions To Address

- Association between meeting the *Initiation* and *Engagement* criteria and
  - Treatment outcomes
  - Subsequent treatment episodes
    - Time interval between episodes of care
    - Impairment level of subsequent episodes
    - Empirically-supported treatment models
    - Integrated care models