



Quality Measurement in Peer Support: Meaningful Measures for Consumers (and Payers)

Nathaniel Counts, JD,
& Kelly Davis

MHIA
Mental Health America
B4Stage4

Presenters



Nathaniel Counts, JD
Associate Vice President of Policy
Mental Health America



Kelly Davis
Director of Peer Advocacy, Supports, & Services
Mental Health America

Overview

- The current focuses of cost and quality improvement in health care and peer support
- Different measurement frameworks that match the lived experience of consumers
- How we can tie improvements that matter to the individual to reimbursement

History of Measurement

- FFS world looking at volume only
- Incentivized units without short- and long-term coordination
- New shift toward use and quality– eventually moving toward flexibility and outcomes

What is Quality Measurement?

According to CMS, “Quality measures are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. These goals include: effective, safe, efficient, patient-centered, equitable, and timely care.”

Why focus on measurement?

- See what we're doing
- See what we're doing right
- Get paid more for what we're doing right
- See where we are missing the mark
- (Hopefully) prioritize what improves people's lives

Where are we in behavioral health?

- Not far— focused on medication adherence, intensive service usage, and clinical scales
 - HEDIS (National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set): most commonly used, lets consumers compare plans
 - Medicaid Core Set: monitors state performance for adults and CHIP
 - Medicare Advantage Star Ratings: Compare plans

Follow up after inpatient psychiatric hospitalization

FOLLOW-UP WITHIN 7 DAYS POST-DISCHARGE

Year	Commercial		Medicaid	Medicare	
	HMO	PPO	HMO	HMO	PPO
2017	48.2	44.9	37.0	32.2	32.4
2016	52.9	50.4	45.5	35.1	35.4
2015	52.2	48.6	43.6	33.8	33.4

FOLLOW-UP WITHIN 30 DAYS POST-DISCHARGE

Year	Commercial		Medicaid	Medicare	
	HMO	PPO	HMO	HMO	PPO
2017	69.7	67.3	58.0	52.7	55.1
2016	72.0	70.0	63.8	53.8	58.9
2015	70.7	68.7	61.2	52.1	53.6

Follow up after emergency department visit (mental health)

FOLLOW-UP WITHIN 7 DAYS OF ED VISIT

	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	45.9	44.9	40	32	29

FOLLOW-UP WITHING 30 DAYS OF ED VISIT

	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	60.2	60.1	54.7	48	45.8

Follow up after emergency department visit (substance abuse)

FOLLOW-UP WITHIN 7 DAYS OF ED VISIT (TOTAL)

	Commercial		Medicaid		Medicare
Year	HMO	PPO	HMO	HMO	PPO
2017	10.9	10.1	12.2	8.4	8.3

FOLLOW-UP WITHIN 30 DAYS OF ED VISIT (TOTAL)

	Commercial		Medicaid		Medicare
Year	HMO	PPO	HMO	HMO	PPO
2017	15.0	13.8	-	12.2	11.8

Antidepressant medication adherence

EFFECTIVE ACUTE PHASE TREATMENT					
	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	67.8	68.1	53.9	70.0	73.9
2016	67.2	67.9	53.1	69.4	73.2
2015	66.4	66.6	54.5	69.8	70.9

Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks).

EFFECTIVE CONTINUATION PHASE TREATMENT					
	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	51.8	52.9	38.6	55.2	59.0
2016	50.9	52.6	38.0	54.4	59.4
2015	50.3	51.1	39.5	55.8	57.6

Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months).

Measurement in behavioral health

- Shows us we're doing a **really** bad job at the payer/plan level

Where does peer support fit

- Implicitly– not much conversation around peers and quality measurement
- Often peers have focused on other measures than those used in HEDIS
- Still, peer support has been shown to impact HEDIS measures
 - Improved engagement and follow up, reductions in depression and substance misuse

Where does peer support fit?

- Peer support works because it is more comprehensive and complete than traditional focuses
- While questions about PHQ-9 score, follow up with providers, and medications are important, they don't show the entire story

The quality impact of peer support

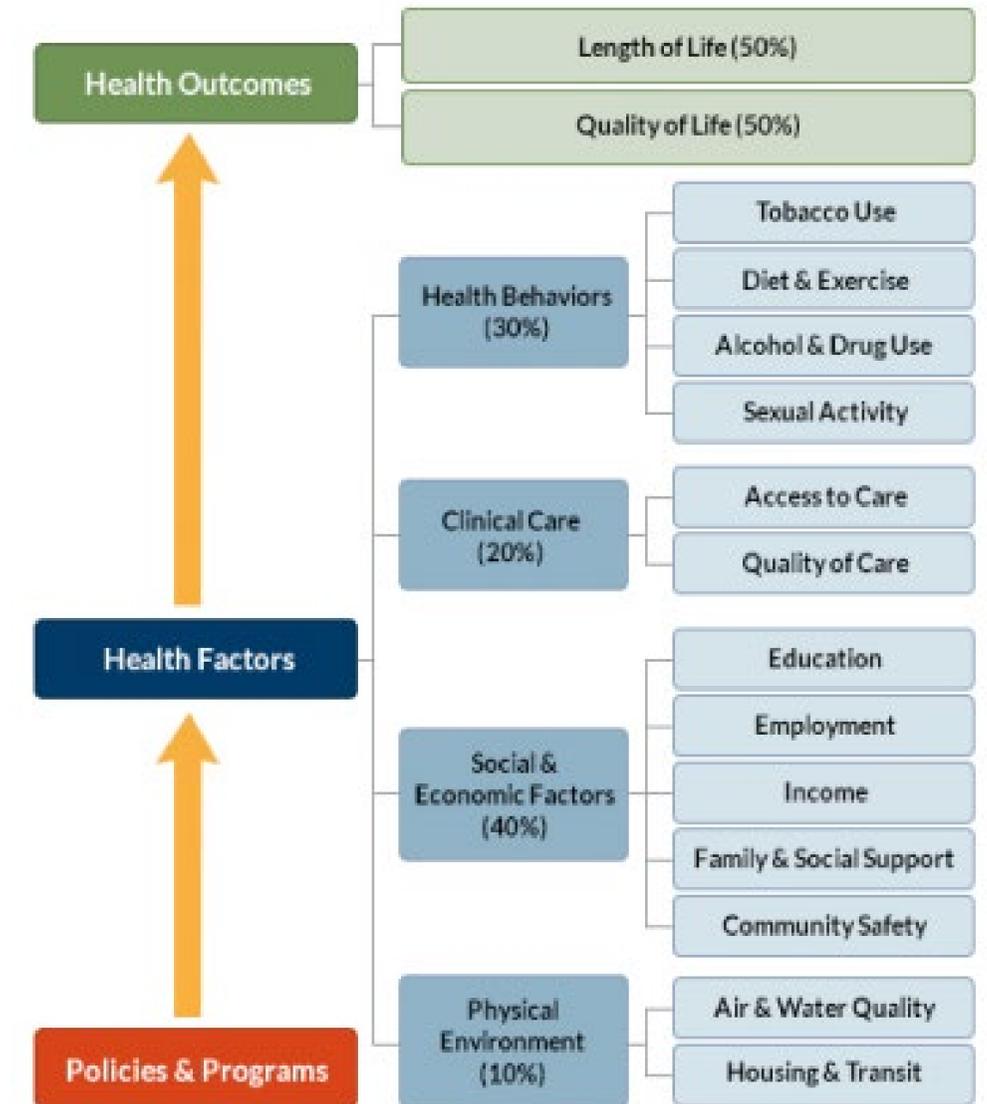
- Addresses traditional measures but scope of quality measurement is expanding
 - Looking to social factors that impact health and wellbeing
 - Looking toward PROs that capture what is important to people
 - The peer support movement has anticipated much of what we are currently learning

What should we measure?

- Different examples of where we could go and push things
 - Social Determinants of Health
 - Patient-Reported Outcomes
 - Goal Attainment Scaling
 - PROMIS

Social Determinants of Health

- Health is more than health care— broader conditions in people's lives impact their health
- If we don't invest in these, we can't have significant large-scale and long-term impact



County Health Rankings model © 2014 UWPHI

Social Determinants of Health

- Examples:
 - Justice-involvement rates
 - Food insecurity
 - Housing security
 - Financial security
- Discussions around who is responsible for SDH outcomes

Social Determinants of Health

UnitedHealthcare Invests Over \$400M in Social Determinants of Health

The payer has donated to more than 80 affordable-housing communities across the US to address the social determinants of health.

Kaiser Permanente Launches Full-Network Social Determinants Program

Kaiser Permanente is planning to equip all of its providers with technology tools to help address the social determinants of health.

ANALYSIS

UNITEDHEALTHCARE, AMA PUSH NEW ICD-10 CODES FOR SOCIAL DETERMINANTS OF HEALTH

Blue Cross Plans Back Solera Health's Social Determinants Venture

- Health plans increasingly focused on reimbursing for SDH
- Measures increasingly available
 - PREPARE tools from National Association of Community Health Centers

Social Determinants of Health

- Information and referrals not enough
- CommunityRx is the most sophisticated , large-scale pilot addressing SDH through health care
 - At 3 months:
 - Confidence in finding resources doubled
 - About half even shared resources with others
 - No change in mental health physical HR-QoL
- Peers and community health workers can fill gaps, activation, engagement

Patient-Reported Outcomes

- Are people improving in the ways that matter to them?
- Core of peer support philosophy is empowering people to improve in the ways that matter to them
- It's important to peers because it's important to people— health care is increasingly catching on that they should pay for what's valuable to people

Patient-Reported Outcomes

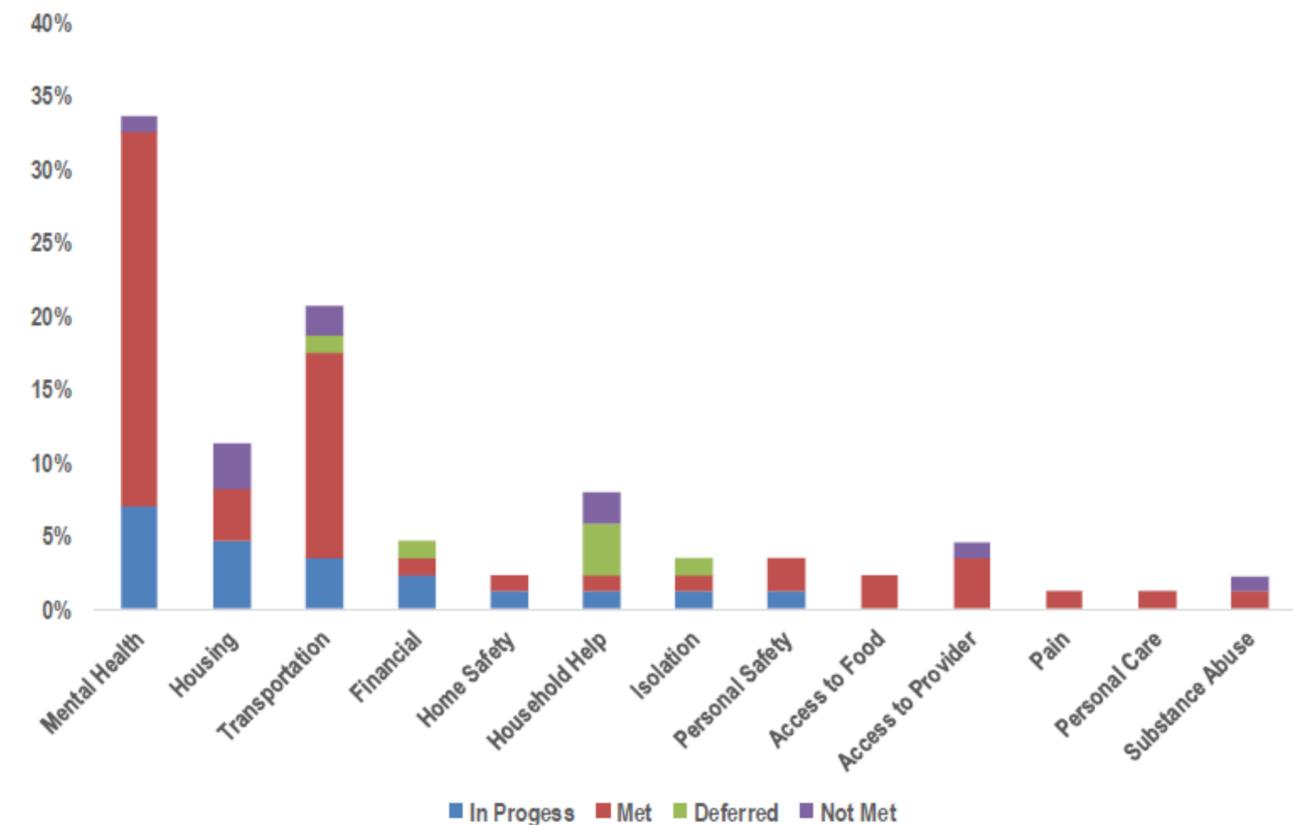
- Ultimate goals of healthcare likely to be organized around PROs
- Examples
 - Goal attainment scaling
 - PROMIS measures

Goal Setting

- Common part of peer support
- Helping people move toward their wants not just away from their challenges

Peer Support Pilot Stats: Jul – Sep 15, 2015

Goal Attainment



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Goal Attainment Scaling

- Take into account the wide variety of what people want in their lives
- Process
 - Identify SMART goals
 - Weight the goals on importance (0-3) and difficulty (0-3)
 - 5-point scale
 - +2 (much better than expected goal)
 - +1 (somewhat better than expected goal)
 - 0 (achieved goal)
 - -1 (somewhat worse)
 - -2 (much worse)

PROMIS Measures

- Patient-Reported Outcomes Measurement Information System
- Rigorously researched and developed by NIH
- Reliable, precise measures from physical, mental, and social wellbeing
- Not used in clinical care today– the most sophisticated measurement system we have
- Likely this or something very similar will be used

PROMIS Measures

- Social Isolation
 - I find that friends or relatives have difficulty talking with me about my health;
 - I feel isolated even when I am not alone
 - I feel that I am no longer close to anyone

PROMIS Measures

- Appeal of Substance Use
 - I used drugs to feel more confidence
 - I used drugs to make it easier to talk to people
 - While using drugs, I liked myself better
 - I used drugs to relax

PROMIS Measures

- Meaning and Purpose
 - I have a reason for living;
 - I can make sense of my existence;
 - the things I do in my life are of significance;
 - I have lots of reasons for living

PROMIS Measures

- Emotional Support
 - I have someone who will listen to me when I need to talk;
 - I have someone I trust to talk about my feelings;
 - I get love and affection

What are the stakes?

- “What gets measured gets treasured”
- Shift in tying reimbursement to impact
- Peers should be included because they improve what matters to people, anticipated current trends
- Early in the process— need engaged leaders and advocates to make sure these things happen

Contact Us



-  Mental Health America
500 Montgomery Street
Suite 820
Alexandria, VA 22314
-  [Facebook.com/mentalhealthamerica](https://www.facebook.com/mentalhealthamerica)
-  [Twitter.com/mentalhealtham](https://twitter.com/mentalhealtham)
-  [Youtube.com/mentalhealthamerica](https://www.youtube.com/mentalhealthamerica)
-  Nathaniel Count,
ncounts@mentalhealthamerica.net
Kelly Davis
kdavis@mentalhealthamerica.net



THANKS FOR COMING

Nathaniel Counts, JD &
Kelly Davis



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