

PMAC Behavioral Health Subcommittee Meeting #5

March 15, 2018

Meeting Summary

Meeting Attendees

Attendance	Name	Title	Organization
V	Sarah Moyer (chair)	Director	Louisville Metro Department of Public Health and Wellness
V	Marydale Coleman	Nurse Consultant Inspector	Kentucky Dept for Medicaid Services, Quality and Outcomes
IP	Stephanie Clouser	Data Scientist	Kentuckiana Health Collaborative
IP	Randa Deaton	Corporate Director	UAW Ford Healthcare Initiative
V	Dave Hanna	Behavioral Health Program Manager	Passport Health Plan
V	Megan Marsac	Assistant Professor of Pediatrics/Pediatric Psychologist	UK Healthcare/Kentucky Children's Hospital
V	Kimberly McClanahan	CEO	Pathways, Inc.
V	Stephen O'Connor	Licensed Psychologist and Asst. Professor, Dept. of Psychiatry and Behavioral Sciences	University of Louisville
V	Carrie Regnier	Director, Quality and Clinical Effectiveness	Norton Healthcare
V	Andrew Renda	Director, Bold Goals	Humana

* Attendance: In-Person (IP) or Virtual (V)

Meeting Items

Measures Review

The subcommittee first looked at Unhealthy Alcohol Use Screening and Follow-up, a HEDIS measure new for 2018 and not previously included on the list for consideration. The team went through and scored the measure as a group, with the total score coming out at 12.6. The measure was added to the 10 already up for consideration.

Subcommittee members went through the list of 11 measures up for consideration for the core measures set. The measures were ordered by highest group score to lowest group score. The group determined there was a natural break at the 12 point mark, and discarded any measures below that score (with no objections from any subcommittee members). The group then looked at the remaining six measures.

Ultimately, the group chose four measures for the core measures set and chose one measure for the future considerations list. They then made a few more blanket statements for the future considerations list around measures that they would like to see developed or improved.

Below is a summary of those decisions.

Behavioral Health Measures

Name	NQF #
Preventive Care and Screening: Screening for Clinical Depression and Follow Up plan	418
<ul style="list-style-type: none"> Primary care providers have a large role in depression diagnosis and prescribing, and identifying depression is critical for a wide range of health outcomes More complex to track The group's highest regarded measure 	High Priority
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	28
<ul style="list-style-type: none"> Tobacco use is a very important health issue in Kentucky, as it affects many functions of the body Screening part of the measure is straightforward, and while the intervention aspect of the measure is slightly more complicated, it's still a valuable measure 	High Priority
Antidepressant Medication Management	105
<ul style="list-style-type: none"> Most antidepressants are prescribed by primary care providers, so it's important that their patients are adhering to length of treatment guidelines 	High Priority
Depression Response at Twelve Months- Progress Towards Remission	1885
<ul style="list-style-type: none"> This measure is preferable to the Depression Remission Measure at Twelve Months that was also considered, because clinically, this measure is more realistic 	High Priority

Measures for Future Consideration/Areas of Development

Name	NQF #
Unhealthy Alcohol Use Screening and Follow-up	NA
<ul style="list-style-type: none"> This is an important measure, but because it is new to 2018 HEDIS, it needs more time to be implemented into EHRs, tested, etc. 	
The group recommends the development or selection of an opioid prescribing-related measure that will help to measure inappropriate prescribing patterns, at the physician level.	
Although this initial list is meant to be a starting point for measuring behavioral health care in the primary care setting, the group would like to see measures applying to the care of patients with serious mental illnesses in future core sets.	
The group recognizes that there is additional need for behavioral health measures designed for the pediatric setting, beyond "Screening for Clinical Depression and Follow Up Plan," for preventive reasons.	
One of the measures the group reviewed was:	
Children at risk: percentage of children in the eligible population who turned age 1, 2 or 3 years who were screened for risk for developmental, behavioral and social delays using a standardized screening tool in the last 12 months.	
<ul style="list-style-type: none"> We don't yet have the right screening tool to capture this measure, although it's an important area of focus After additional conversation, we might want to re-evaluate clinical guidelines and health impact based on questions around valid screening tools 	
The group would like to see the development of a measure similar to this that looks at developmental, behavioral, and social delays.	

Measures NOT Selected

Name	NQF #
Alcohol Screening and Follow-up for People with Serious Mental Illness	2599
<ul style="list-style-type: none"> • Reaches a low volume of patients 	
Depression Remission at 12 Months	710
<ul style="list-style-type: none"> • Less preferred to the progress towards remission, given the extremely high difficulty of achieving remission thresholds 	
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing	2603
<ul style="list-style-type: none"> • Reaches a low volume of patients 	
Follow-up after Hospitalization for Mental Illness	576
Improving or Maintaining Mental Health	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	4
<ul style="list-style-type: none"> • Successful intervention for alcohol or other drug dependence can have a large impact on cost, but they often aren't successful or patients relapse • This measure only looks at attending two sessions, not completing a program 	