Overview

• NCQA’s role
• Measurement and transparency
• New York initiatives
• The measurement toolkit
• Behavioral healthcare
• Q&A
About NCQA

Our mission
To improve the quality of health care

Our method

• **Measurement**
  We can’t improve what we don’t measure

• **Transparency**
  We show how we measure so measurement will be accepted

• **Accountability**
  Once we measure, we can expect and track progress
Goal: High-value health care

Measurement, transparency and accountability move health care toward greater value.

20% of people generate 80% of costs.
Let's keep things in perspective

- Obesity: 300,000 deaths per year
- Tobacco: 450,000 deaths per year
- Alcohol: 88,000 deaths per year

EBOLA!!!
New York Initiatives
New York is home to **many** initiatives

- Streamlining care for people with both Medicare and Medicaid: Fully Integrated Duals Advantage ("FIDA") program
- Launch of New York Health Benefit Exchange
- Patient-Centered Medical Homes:
  - More NCQA-Recognized PCMHs than any other state
  - 6429 providers in 1191 practices as of 10/31/2014
  - Almost half of Medicaid managed care enrollees get care from recognized PCMH practices
New York’s Medicaid initiatives

- Behavioral health
  - Carving in behavioral health benefits, creating special plans for persons with significant needs (HARP)

- Delivery System Reform Incentive Program (DSRIP)
  - Solidifying safety net, promoting integration and system transformation
  - Builds on previous PCMH work

- Health Homes
  - Care management and care coordination for complex patients
Not all strategies will be winners...

...and that’s probably inevitable
Health plans are in a tough position

Continuum of Provider Readiness

Little organization, no shared risk or accountability

Well organized, shared risk and accountability for triple aim outcomes

Plans support patient directly via care coordination & management

Direct partnership with providers, share data to support outcomes

Plans required to support providers at all stages of transformation
Keys to success

• Ensure delivery system is organized
• Improve relationships among plans and providers (collaboration is critical)
• Measure baselines and results, coordinate activities across pilots (don’t overdo it!)
• Accountability needs to track with ability influence results
The measurement toolkit
Measures have proliferated
# Gap analysis

<table>
<thead>
<tr>
<th>What we have</th>
<th>What we want</th>
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<tbody>
<tr>
<td>Many structure and process measures, some</td>
<td>Outcome measures and performance reporting across systems</td>
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<td>intermediate outcomes</td>
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<tr>
<td>Uneven knowledge about specialty care</td>
<td>Measurement that comes naturally from workflow, rather than being imposed on workflow</td>
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Structure, process & outcome measures all have their place
Use outcome measurement for procedures

• Hips
• Knees
• Backs
• Cataracts
• Heart surgery, stents

Make sure to get patient-reported outcomes
Make sure procedures are appropriate
Patient-reported outcomes in quality framework

**STRUCTURE** → **PROCESS** → **OUTCOME**

**HEALTH SYSTEM CHARACTERISTICS**
- Provision of treatment
- Availability of care
- Knowledge and beliefs of providers
- Provider communication

**ENVIRONMENT CHARACTERISTICS**

**OUTCOME**
- Biology
- Symptoms
- Function
- General health perception
- Overall quality of life

**PATIENT FACTORS**
- Behaviors
- Use of care
- Knowledge and beliefs
- Expectations
- Adherence to treatment

- Demographics
  - Age, Gender, SES

- Health characteristics
  - Severity of condition
  - Co-morbid factors
Behavioral Health: Poor Results. A better future?
Worries about behavioral healthcare

- Patients are heavy users of all care ($$$)
- High need among new Medicaid enrollees
- Slow or stalled progress
Idealists and realists both see merits of better behavioral healthcare.
Follow-Up Care for Children Prescribed ADHD Medication: Continuation
Poor Performance, but Progress and Parity
Follow-Up Care for Children Prescribed ADHD Medication: Continuation
Declining and Disparate Follow-Up After Hospitalization for Mental Illness: Within 30 Days Post-Discharge
Declining and Disparate Follow-Up After Hospitalization for Mental Illness: Within 30 Days Post-Discharge
National vs. New York
Follow-Up After Hospitalization for Mental Illness: Within 30 Days Post-Discharge
Coming in 2015
New Behavioral Health Measures

• Use of Multiple Concurrent Antipsychotics in Children and Adolescents

• Metabolic Monitoring for Children and Adolescents on Antipsychotics

• Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
IMPACT is a system of care

Primary Care Practice with Mental Health Care Manager

Outcome Measures  Treatment Protocols  Population Registry  Psychiatric Consultation
IMPACT doubles effectiveness of care for depression

50% or greater improvement in depression at 12 months

Participating Organizations

Unützer et al., JAMA 2002; Psych Clin NA 2004
IMPACT improves physical function

SF-12 Physical Function Component Summary Score (PCS-12)

Callahan et al., JAGS 2005; 53:367-373
Another Vital Need
Quality care for special populations

• Integrate: Medical, functional, social and mental health

• Measure: Is care person-centered and reaching best possible outcomes?

New York’s Fully Integrated Duals Advantage (FIDA) plans start coverage January 1, 2015
In conclusion
If you remember only a few things...

- New York must act – funding will not be available in the future
- Rapid change will cause bumps in the road as models shake out, not all will be successful
- Behavioral health important area of focus
- Plans critical to success, play key leadership role
Thank you