NEW YORK STATE | Department of Health | Medicaid Redesign Team

# Behavioral Health
# (HARP, Depression, Bipolar Disorder)

## Clinical Advisory Group

Meeting Date: October 6

October 2015

# Content

Introductions & Tentative Meeting Schedule and Agenda

A. Bundles – Understanding the Approach
B. Depression Bundle – Current State
C. Bipolar Disorder Bundle
D. Bipolar Disorder Outcome Measures

# Tentative Meeting Schedule & Agenda

Depending on the number of issues address during each meeting, the meeting agenda for each CAG meeting will consist of the following:

**Meeting 1**

- Clinical Advisory Group- Roles and Responsibilities
- Introduction to Value Based Payment
- HARP Population Definition and Analysis
- Introduction to Outcome Measures

**Meeting 2**

- Recap First Meeting
- HARP Population Quality Measures

**Meeting 3**

- Bundles - Understanding the Approach
  - Depression Bundle
  - Bipolar Disorder Bundle
- Introduction to Bipolar Disorder Outcome Measures

**Meeting 4**

- Depression Outcome Measures
- Trauma and Stressor Bundle
- Wrap-up of open questions

If necessary, a fifth meeting can be planned

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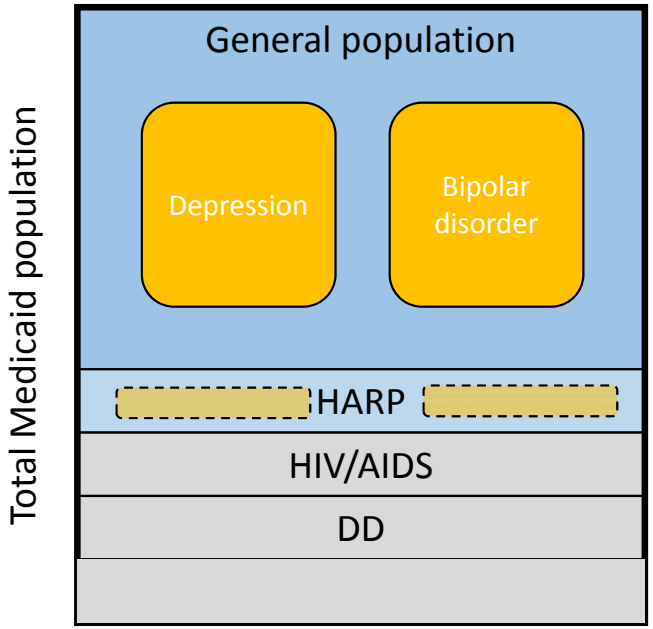
# Any Questions, Comments or Suggestions from the Second Meeting?

**Content of Behavioral Health CAG Meeting 2**

- HARP Population Quality Measures

# Today we look at the bipolar and depression episode for the general population




- For the general population those episodes can be used for contracting.
- Patients in a subpopulation can have one or more episodes.
- However, for subpopulation contracts episodes are only used for analytical purposes. They can be used to help inform analysis on what is happening within the subpopulation.
- But they do not form the basis of any financial, contractual care arrangement. Subpopulation arrangements are inclusive of *total* cost of care and outcomes are measured at the level of the whole subpopulation.

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# A. Understanding the Approach

## Bundles

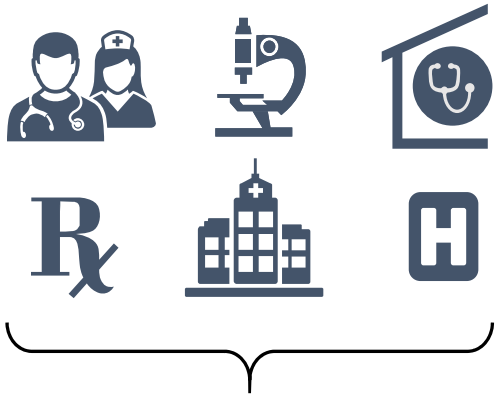
# Why HCI3?

- One of two nationally used bundled payment programs
- Specifically built for use in value based payment
- Not-for-profit and independent
- Open source
- Clinically validated
- National standard which evolves based on new guidelines as well as lessons learned

# Evidence Informed Case Rates (ECRs)

Evidence Informed Case Rates (ECRs) are the HCI3 episode definitions

- ECRs are patient centered, time-limited, episodes of treatment
- Include all covered services related to the specific condition
  - E.g.: surgery, procedures, management, ancillary, lab, pharmacy services
- Distinguish between “typical” services from “potentially avoidable” complications
- Are based on clinical logic: Clinically vetted and developed based on evidence-informed practice guidelines or expert opinions

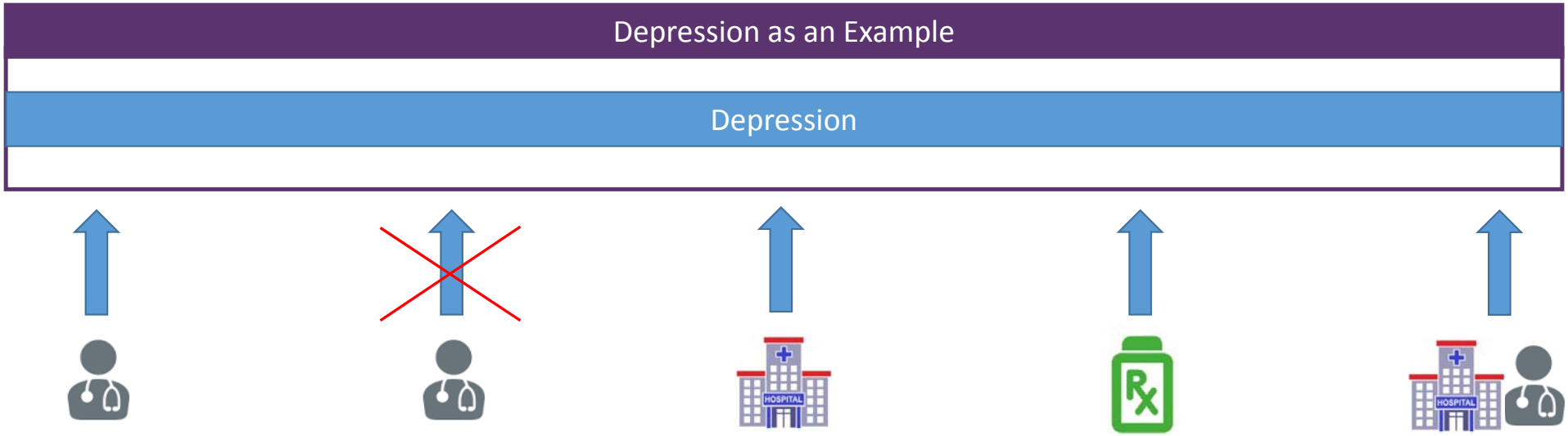


All patient services related to a single condition

Sum of services (based on encounter data the State receives from MCOs).

Source: HCI3 Presentation: http://216.70.89.98/onlinecourses/Module201prt1.htm

# Clinical Logic




Initial psychologist visit, during which a diagnosis of depression is given.

Doctor visit for a fractured leg (e.g. a sports injury).

ER Visits and inpatient admissions related to depression episode conditions.

Prescription medicine to treat depression condition.

Inpatient admission caused by acute exacerbation.

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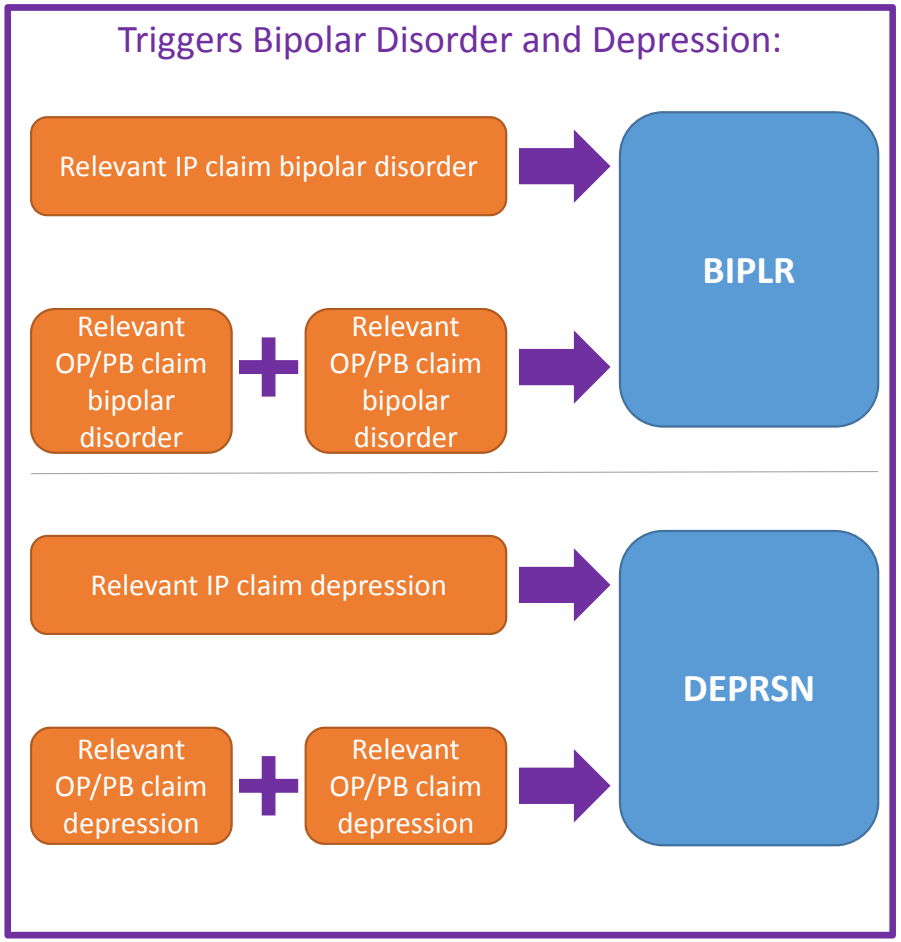
# Episode Component: Triggers

- A trigger signals the opening of an episode, e.g.:
  - Inpatient Facility Claim
  - Outpatient Facility Claim
  - Professional Claim
- More than one trigger can be used for an episode
  - Often a confirming claim is used to reduce false positives
- Trigger codes are unique to each episode—no overlaps

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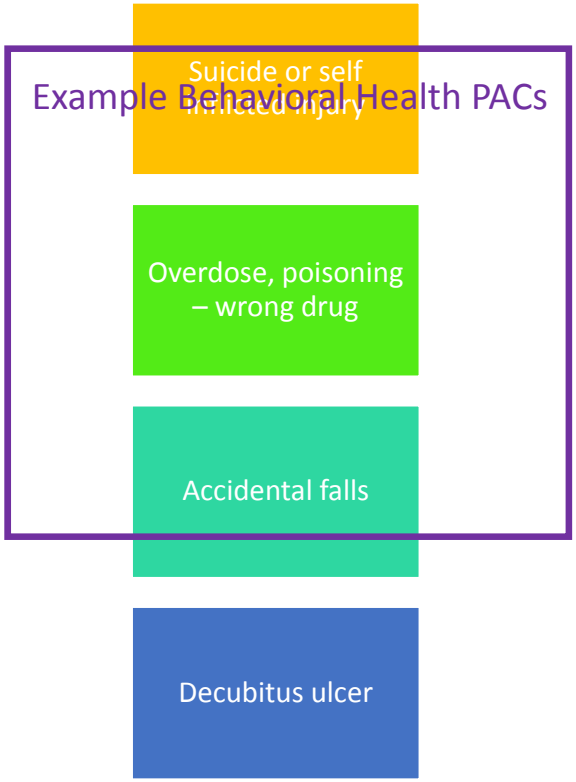
# Episode Components: PACs

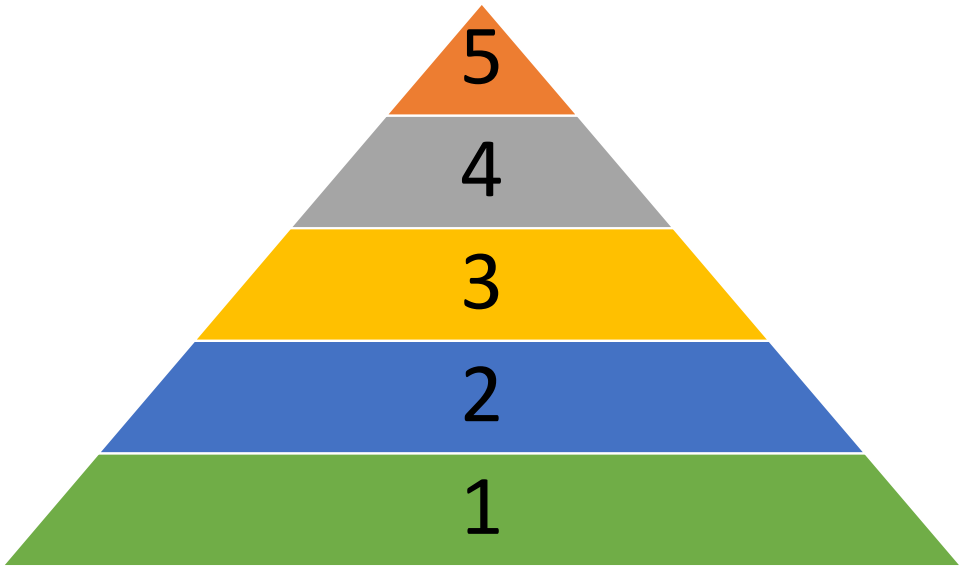
- Costs are separated for “typical” care, from costs associated with care for Potentially Avoidable Complications (PACs)
- PACs can stem from poor coordination, failure to implement evidence-based practices or from medical error
- PACs for chronic conditions and some acute conditions have been endorsed by the NQF as comprehensive outcome measures1
- Expected costs of PACs are built in as an incentive towards a shared savings
- Only events that are generally considered to be (potentially) avoidable by the caregivers that manage and co-manage the patient are labeled as ‘PACs’
- Examples of PACs: exacerbations, ambulatory-care sensitive admissions, and inpatient-based patient safety features




1 http://www.hci3.org/content/hci3s-measures-improve-quality-and-outcome-care-patients-endorsed-nqf

# Episode Components: Leveling

The grouper uses the concept of leveling (1-5), in which individual associated episodes may get grouped together into a “bundles” as you move higher in the levels.




As you move higher up in levels, associated episodes get grouped together into a bundle, in our example, depression rolls up under bipolar

In Level 1, claims are grouped into defined episodes, for example depression and bipolar disorders exist as separate episodes at level 1.

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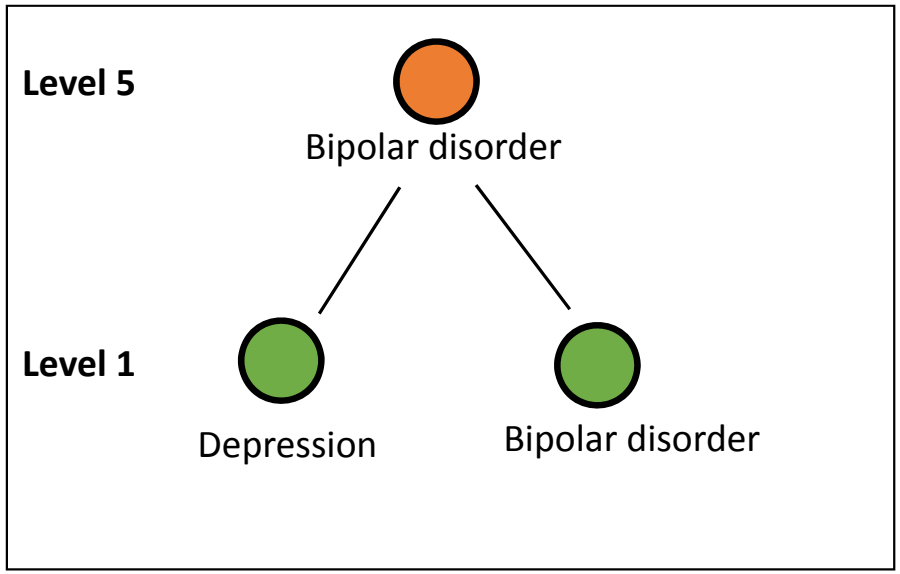
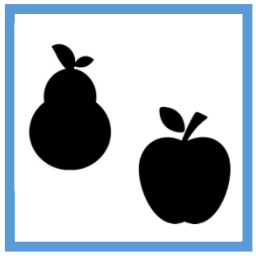
# Leveling for Depression and Bipolar Disorder

- At level 1 both depression and bipolar disorder are separate episodes
- At level 5 depression rolls up under bipolar disorder as typical cost, if the bipolar episode started earlier

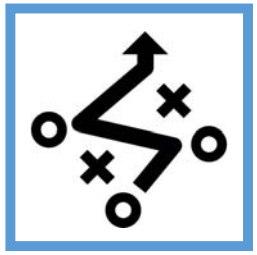


# Risk Adjustment for Episodes



Make “apples-to-apples” comparisons between providers by accounting for differences in their patient populations

Takes the patient factors (co-morbidity, severity of condition at outset, etc.) out of the equation



Separate risk adjustment models are created for ‘typical’ services and for ‘potentially avoidable complications’

More information can be found at http://www.hci3.org/sites/default/files/files/Reliability%20of%20Prometheus%20Measures_0.pdf

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# Inclusion and Identification of Risk Factors

**Risk Factors**

- Patient demographics – Age, gender, etc.
- Risk factors - Co-morbidities

Patient related risk factors

- Subtypes - Markers of clinical severity within an episode

Episode related risk factors

**Examples of Sub Types**

**Bipolar Disorder Subtypes:** Severe Bipolar Disorder, Depressive Personality, Homicidal ideation

**Depression Subtypes:** Severe depression, Suicidal ideation, Depressive Personality

**Identification Risk Factors**

- Risk factors come from historic claims (prior to start of an episode) and same list is applied across all episode types
- Subtypes identified from claims at start of the episode and specific to episode type

# Four Important Costs Drivers for Episodes are Price, Volume, PACs and Service Mix

**Cost Drivers**

**Price**

The price of a service can vary based on providers' own costs (e.g. wages).
In NYS, we will in the beginning only use price-standardized data.

**Volume**

The volume of services rendered (e.g. doing 1 psychiatric evaluation vs. 3 in the first 2 months).

**PACs**

Potentially avoidable complications (e.g. acute situation).

**Service Mix**

The mix of services and intensity of care received during the episode (e.g. inpatient vs. outpatient point of care).

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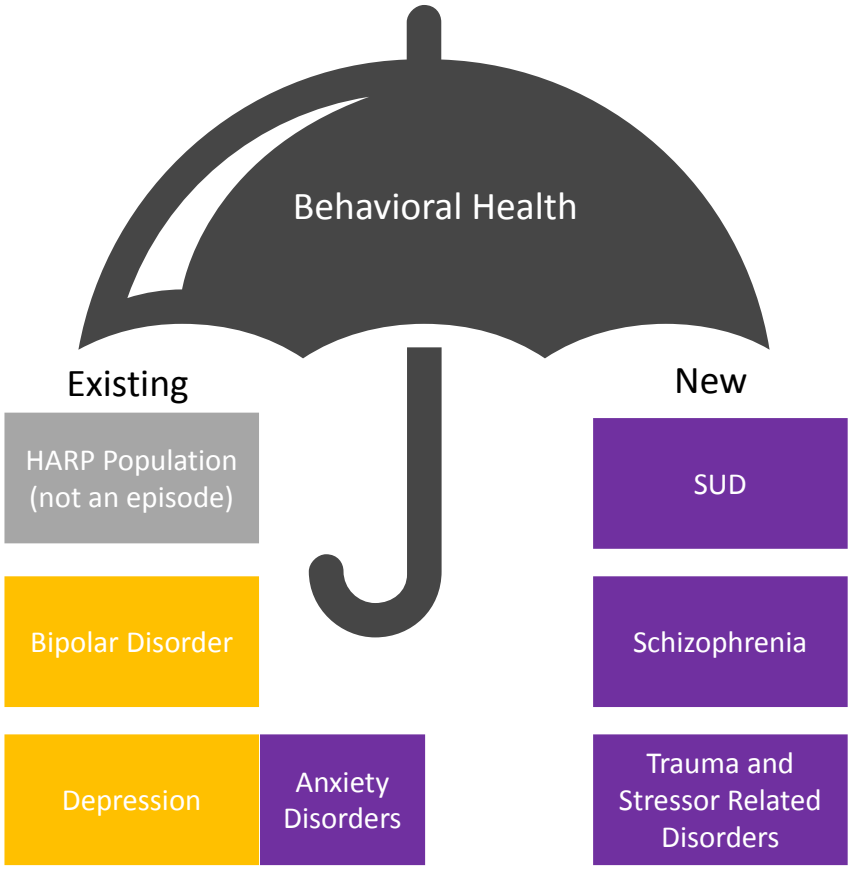
# B. Bundles

## Depression

# Upcoming Enhancements to BH Episodes




- The BH Clinical Validation Group (CVG) is working to adjust current episodes and also to create new BH episodes.
  - SUDs – being enhanced to include tobacco and alcohol abuse subtypes.
  - Schizophrenia – bundle is being created.
  - Depression – being changed to Depression & Anxiety.
  - Trauma and Stressor Related Disorders – bundle is being created and will include PTSD and stress, adjustment, and mood disorders.
- These bundles all fall under the BH umbrella.

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# Depression Bundle


**Trigger**
- Inpatient claim with depression as principal diagnosis

OR
- Outpatient or professional billing claim with E&M (evaluation and management) service and depression as diagnosis

**Confirming trigger**
- Another trigger as stated above at least 30 days after the first trigger

**Included in bundle:**
- All typical and complication costs for depression during the duration of the bundle

- Complication includes, but are not limited to:
  - Suicide or self inflicted injury
  - overdose, poisoning - wrong drug
  - accidental falls
  - decubitus ulcer

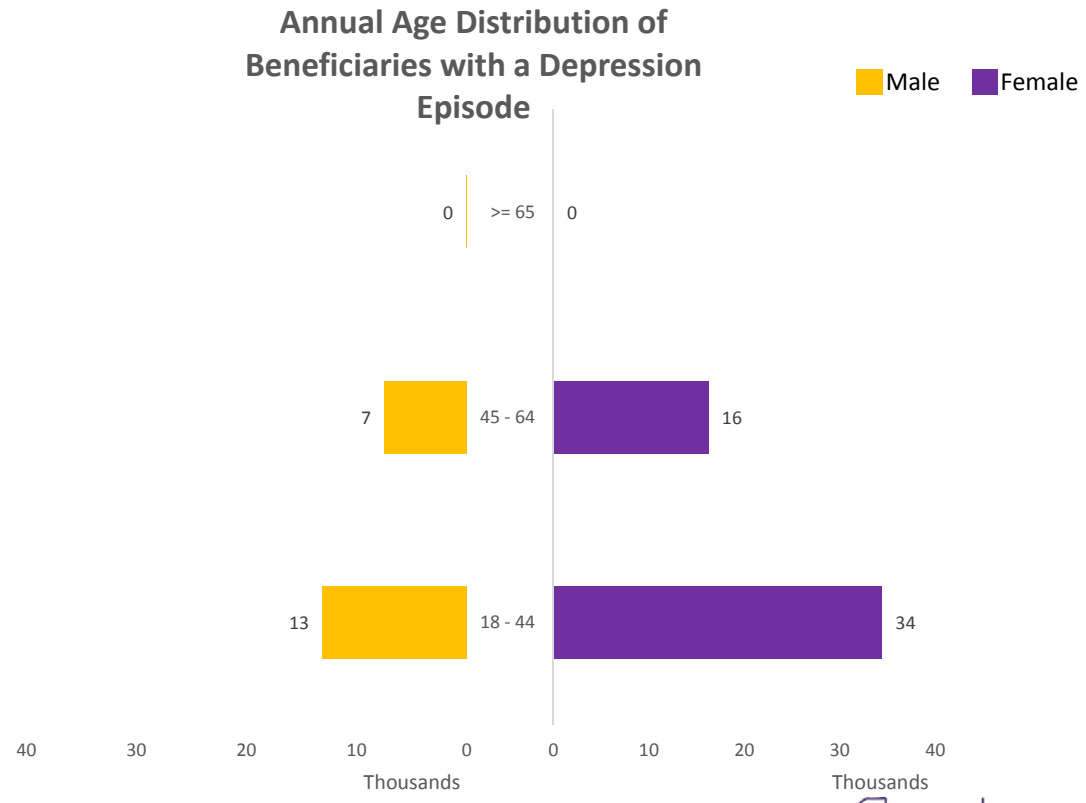
# Depression episodes account for nearly $154M in Annual Medicaid Spend

Total Annual Cost of Depression (to the State)

**$154M**

Average Costs per Episode for Beneficiaries with a Depression Episode

**$1,100**




**Costs Included:**

- Fee-for-service and MCO payments (paid encounters);
- Caveat: add-on payments included in some cost data, not in others (GME/IME, HCRA, Capital). Data not yet standardized.

Source: 01/01/2012 – 12/31/2013 Medicaid claims, Level 5, General Population

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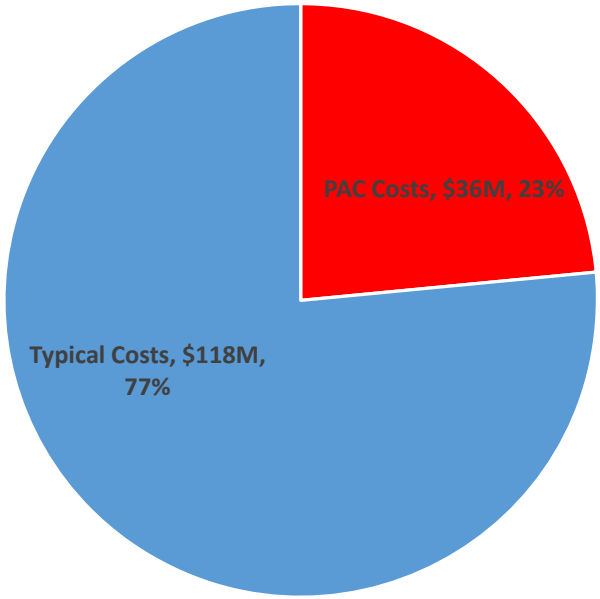
# PAC Costs Represent $36M of All Depression Annual Costs

**% Potentially Avoidable Complication Costs Relative to Total Costs of Depression Episodes**

Total Annual Depression Spend: $154M

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Source: 01/01/2012 – 12/31/2013 Medicaid claims, Level 5, General Population

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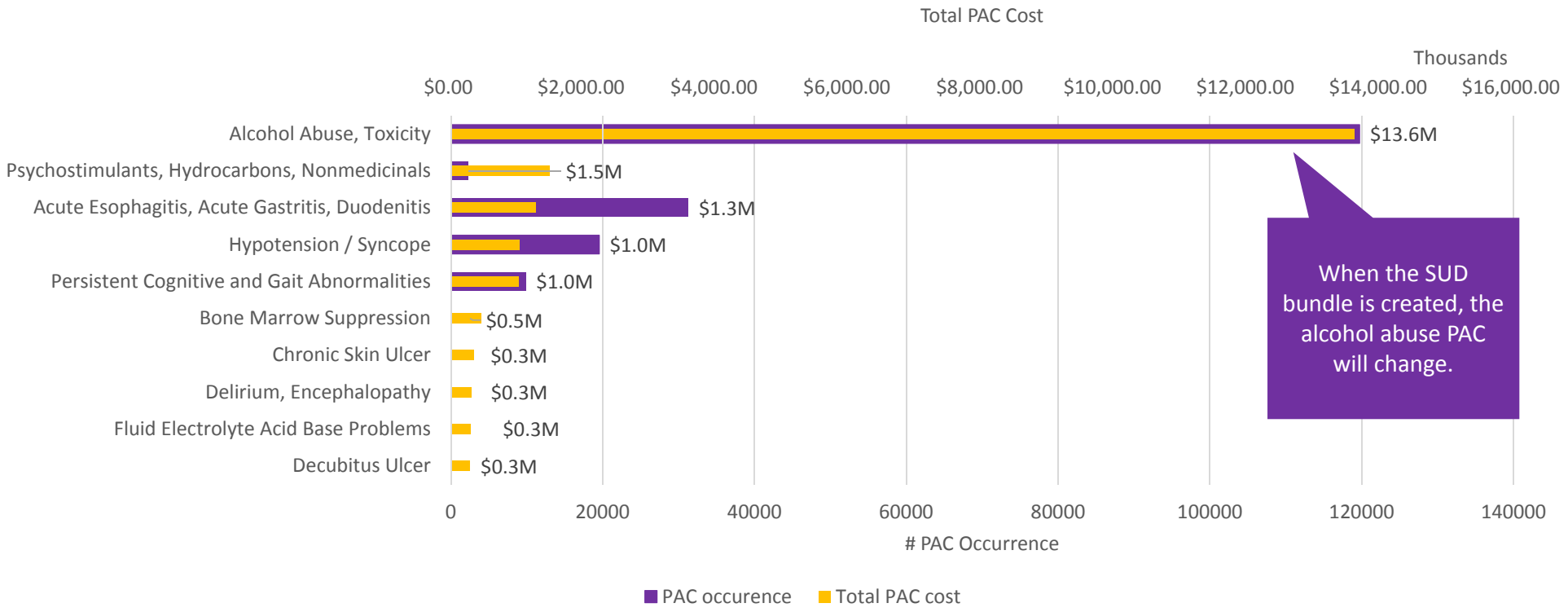
# Top 10 Depression PACs Represent 57% of the Total Cost of Depression PACs




Source: 01/01/2012 – 12/31/2013 Medicaid claims, Level 5, General Population

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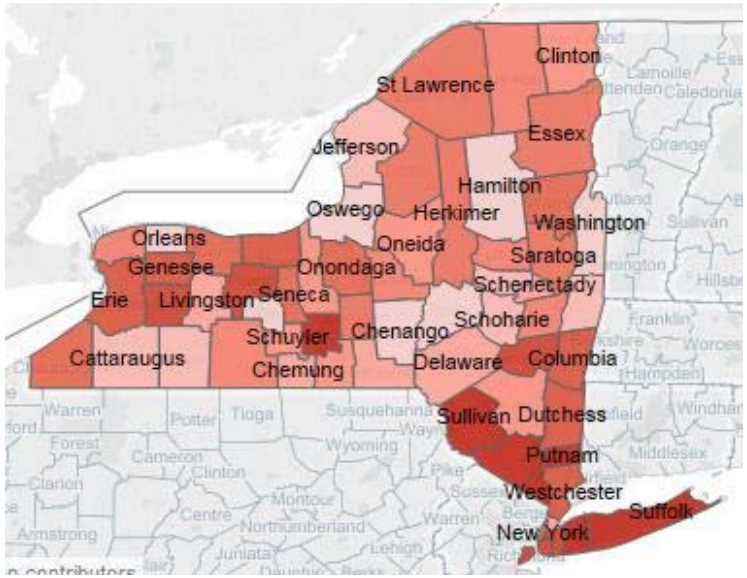
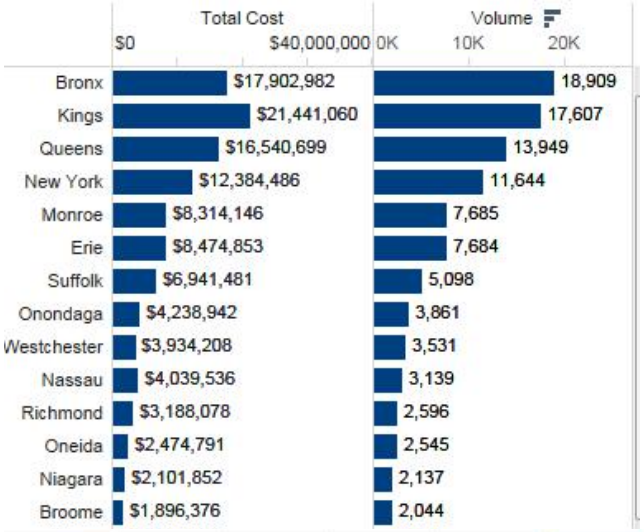
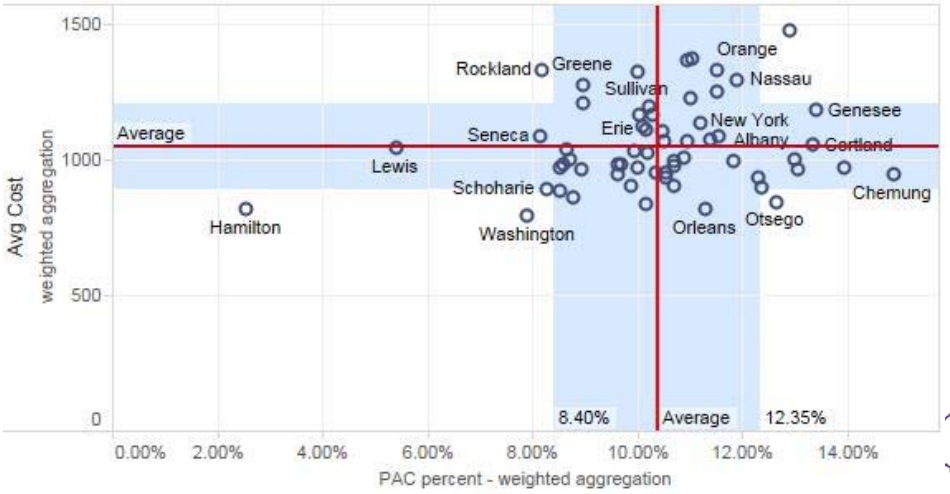
# The Average Cost per Depression Episode is Between $800 and $1,500





**Brighter red means higher costs**




Source: 01/01/2012 – 12/31/2013 Medicaid claims, Level 5, General Population

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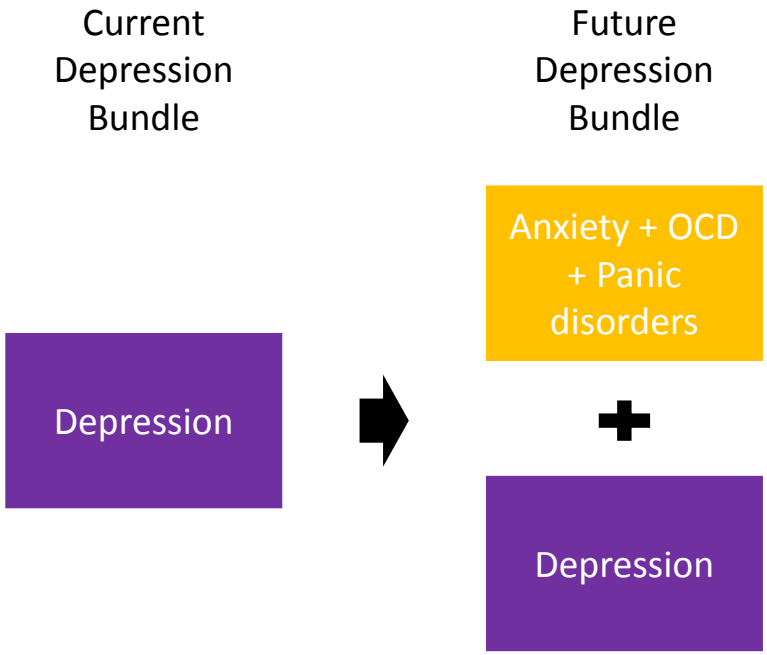
# Future Changes to the Depression Bundle

- The depression bundle is being enhanced by a Clinical Validation Group to include anxiety related disorders, including OCD and panic disorders.
  - Both should in principle be detected by primary care.
  - Combining anxiety and depression into a single bundle will incentivize testing for both.
  - SUDs will have its own episode, so this care is going to be removed as a PAC for Depression. The SUDs episode will get associated with Depression at level 5
- Since the depression is bundle is being modified, we will revisit depression outcomes when that modification process is complete.
- In addition, the discussion about these outcomes today can focus on this broader diagnostic cluster



# C. Bundles

## Bipolar Disorder

# Bipolar Disorder Bundle


**Trigger**
- Inpatient claim with bipolar disorder as principal diagnosis

OR
- Outpatient or professional billing claim with E&M (evaluation and management) service and bipolar disorder as diagnosis

**Confirming trigger**
- Another trigger as stated above at least 30 days after the first trigger

**Included in bundle:**
- All typical and complication costs for bipolar disorder during the duration of the bundle

- Complication includes, but are not limited to:
  - Suicide or self inflicted injury
  - overdose, poisoning - wrong drug
  - accidental falls
  - decubitus ulcer

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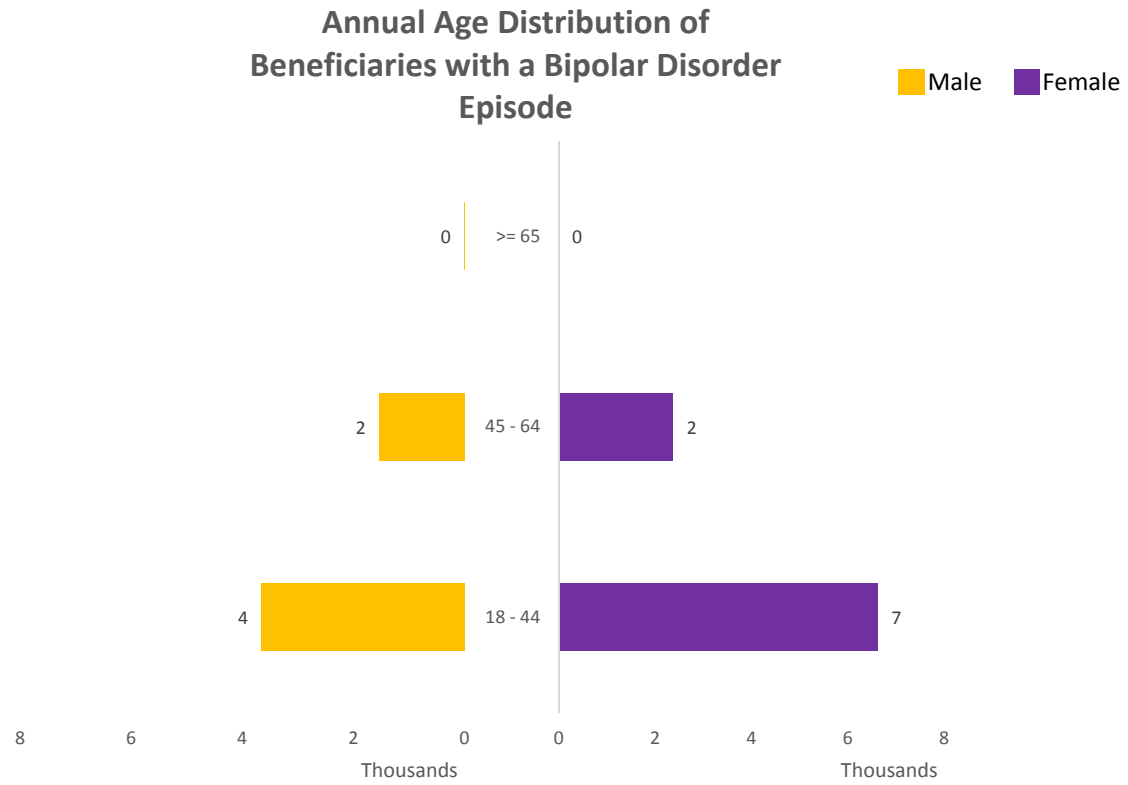
# Bipolar Disorder episodes account for nearly $96M in Annual Medicaid Spend

Total Annual Cost of Bipolar Disorder (to the State)

**$96M**

Average Costs per Episode for Beneficiaries with a Bipolar Disorder Episode

**$3,500**




**Costs Included:**

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- Caveat: add-on payments included in some cost data, not in others (GME/IME, HCRA, Capital). Data not yet standardized.

Source: 01/01/2012 – 12/31/2013 Medicaid claims, Level 5, General Population

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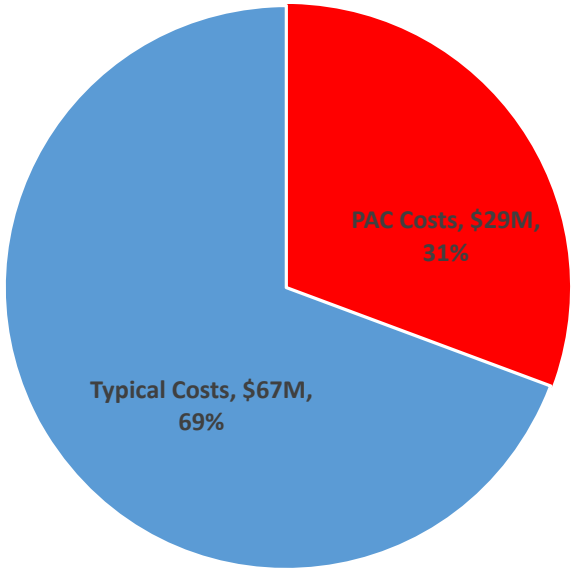
# PAC Costs Represent $29M of All Bipolar Disorder Costs

**% Potentially Avoidable Complication Costs Relative to Total Costs of Bipolar Disorder Episodes**

Total Annual Bipolar Disorder Spend: $96M

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Source: 01/01/2012 – 12/31/2013 Medicaid claims, Level 5, General Population

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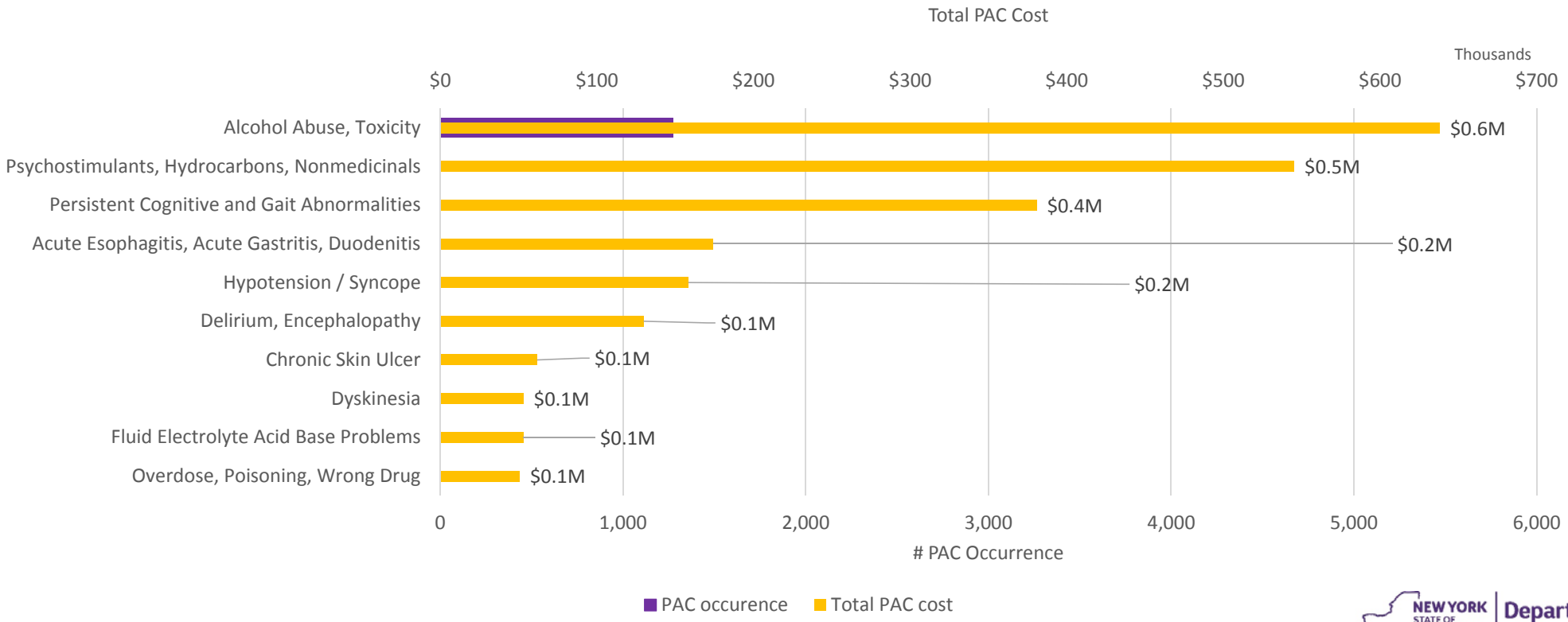
# Top 10 Bipolar Disorder PACs Represent 8% of the Total Cost of Bipolar Disorder PACs




Source: 01/01/2012 – 12/31/2013 Medicaid claims, Level 5, General Population

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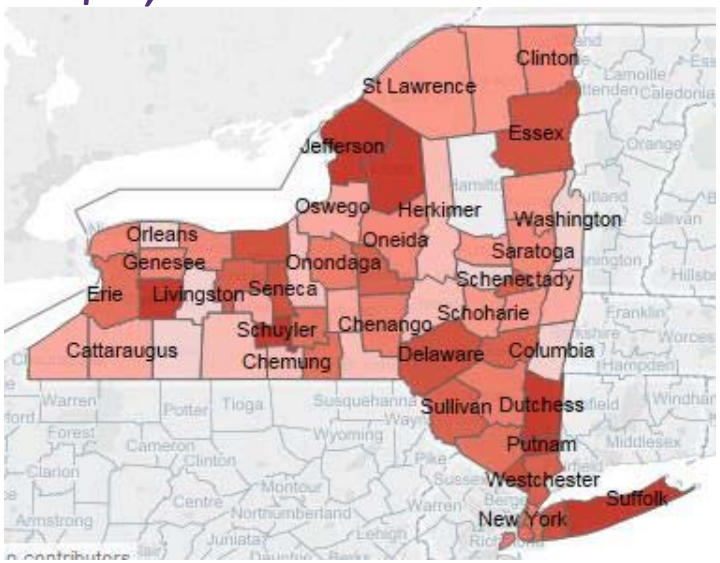
# The Average Cost per Bipolar Episode is Between $2,200 and $5,500

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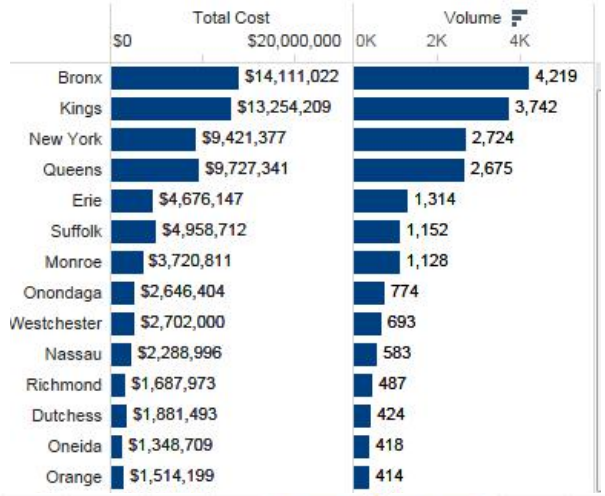


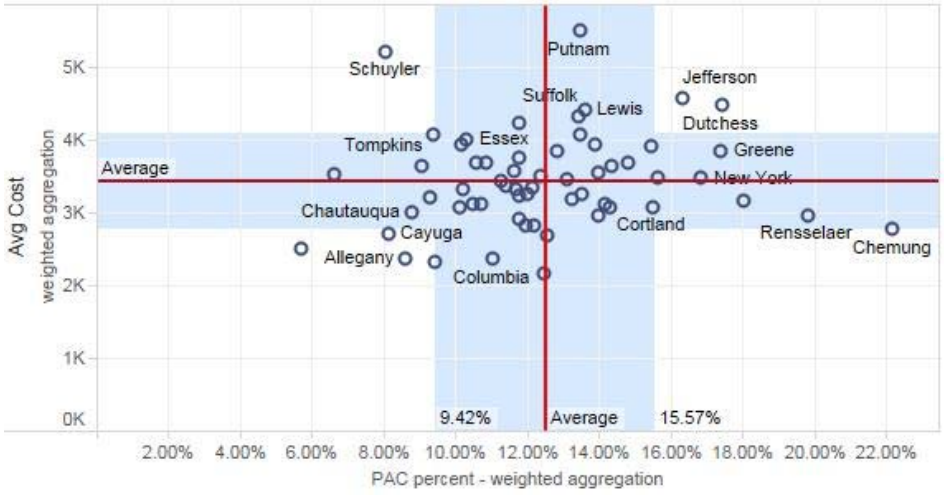


Source: 01/01/2012 – 12/31/2013 Medicaid claims, Level 5, General Population

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# D. Outcome Measures

## Bipolar Disorder

# Remember: Criteria for Selecting Quality Measures

**CLINICAL RELEVANCE**

- **Focused on key outcomes of integrated care process**

  *I.e. outcome measures are preferred over process measures; outcomes of the total care process are preferred over outcomes of a single component of the care process (i.e. the quality of one type of professional's care).*

- **For process measures: crucial evidence-based steps in integrated care process that may not be reflected in the patient outcome measures**
- **Existing variability in performance and/or possibility for improvement**

**RELIABILITY AND VALIDITY**

- **Measure is well established by reputable organization**

  *By focusing on established measures (owned by e.g. NYS Office of Quality and Patient Safety (OQPS), endorsed by the National Quality Forum (NQF), HEDIS measures and/or measures owned by organizations such as the Joint Commission, the validity and reliability of measures can be assumed to be acceptable.*

- **Outcome measures are adequately risk-adjusted**

  *Measures without adequate risk adjustment make it impossible to compare outcomes between providers.*

# Remember: Criteria for Selecting Quality Measures

## FEASIBILITY

- **Claims-based measures are preferred over non-claims based measures (clinical data, surveys)**
- **When clinical data or surveys are required, existing sources must be available**

  *I.e. the link between the Medicaid claims data and this clinical registry is already established.*

- **Preferably, data sources be patient-level data**

  *This allows drill-down to patient level and/or adequate risk-adjustment. The exception here is measures using samples from a patient panel or records. When such a measure is deemed crucial, and the infrastructure exists to gather the data, these measures could be accepted.*

- **Data sources must be available without significant delay**

  *I.e. data sources should not have a lag longer than the claims-based measures (which have a lag of six months).*

## KEY VALUES

- **Behavioral health transformation focus**

  *i.e., measures are person-centered, recovery-oriented, integrated, data-driven and evidence-based*

# Measure Review Process

Similar process as was used in that last meeting: decide on measures by theme.

- Assessment and Screening
- Monitoring and Education
- Medication and Treatment Management
- Outcomes of care

After reviewing the list, assign measures to a categorization “bucket.”

# Categorizing and Prioritizing Measures by Category (or 'Buckets')


**CATEGORY 1**
Approved quality measures that are felt to be both clinically relevant, reliable and valid, and feasible.


**CATEGORY 2**
Measures that are clinically relevant, valid and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2016 or 2017 pilot.


**CATEGORY 3**
Measures that are insufficiently relevant, valid, reliable and/or feasible.

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# Outcome Measures by Source

**DSRIP**

- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- Potentially preventable ED visits (PPV) (for persons with BH diagnosis)
- Potentially preventable readmissions (PPR) for SNF patients

**QARR**

- Readmission to mental health inpatient care within 30 days of discharge
- Admission to lower level care within 14 days if discharge from inpatient rehab or detox treatment

**NQF**

- Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
- Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year

**HEDIS/NCQA**

- Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

# Outcome Measures by Source

**Center for Quality Assessment and Improvement in Mental Health**

- Bipolar disorder: the percentage of patients with bipolar disorder who receive an initial assessment that considers alcohol and chemical substance use
- Bipolar disorder: the percentage of patients diagnosed with bipolar disorder who receive an initial assessment that considers the risk of suicide
- Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with an atypical antipsychotic agent who received at least one assessment for hyperlipidemia within the initial 16 week period of treatment
- Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with an antipsychotic agent who were assessed for the presence of extrapyramidal symptoms twice within the first 24 weeks of treatment
- Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with an atypical antipsychotic agent who receive at least one screening for hyperglycemia within the initial 16 weeks of treatment
- Bipolar disorder: the percentage of patients diagnosed and treated for bipolar disorder who are monitored for change in their symptom complex within 12 weeks of initiating treatment
- Bipolar disorder: the percentage of patients diagnosed and treated for bipolar disorder who are monitored for change in their level-of-functioning in response to treatment
- Bipolar disorder: the percentage of patients with bipolar disorder who were monitored for weight gain during initial 12 week period of treatment
- Bipolar disorder: the percentage of patients diagnosed and treated for bipolar disorder who are provided with education and information about their illness and treatment within 12 weeks of initiating treatment

# Outcome Measures by Source

**Center for Quality Assessment and Improvement in Mental Health (cont.)**

- Bipolar disorder: the percentage of patients with Bipolar I Disorder with mania/hypomania, mixed or cycling symptoms and behaviors who have evidence of use of pharmacotherapy agent with antimanic properties during the first 12 weeks of treatment
- Bipolar disorder: percentage of patients with Bipolar I Disorder with depressive symptoms and behaviors who have evidence of use of a mood stabilizing or antimanic agent during the first 12 weeks of pharmacotherapy treatment
- Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with lithium who have evidence of a lithium serum medication level with 12 weeks of beginning treatment
- Bipolar disorder: the percentage of patients with Bipolar I Disorder symptoms and behaviors who received monotherapy with an antidepressant agent during the first 12 weeks of treatment
- Bipolar disorder: the percentage of patients with bipolar disorder who receive a recommendation for an adjunctive psychosocial intervention, including evidence-based therapies, within 12 weeks of initiating treatment

**CMS**

- Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder

# Selection of Measures – Assessment and Screening

Bipolar disorder

| Topic | # | Quality Measure | Type of Measure | DSRIP | QARR | NQF | NCQA | HEDIS | Center for Quality Assessment and Improvement in Mental Health (CQAIMH) | CMS | Availability | | CAG categorization |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | Medicaid Claims Data | Clinical data | |
| Assessment and Screening | 1 | Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use | Process | | | X | | | | | Yes | No | |
| | 2 | Bipolar disorder: the percentage of patients with bipolar disorder who receive an initial assessment that considers alcohol and chemical substance use. | Process | | | | | | X | | No | Yes | |
| | 3 | Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications | Process | | | | X | X | | | Yes | Yes | |
| | 4 | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Process | X | | | X | X | | | Yes | No | |
| | 5 | Bipolar disorder: the percentage of patients diagnosed with bipolar disorder who receive an initial assessment that considers the risk of suicide. | Process | | | | | | X | | No | Yes | |
| | 6 | Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with an atypical antipsychotic agent who received at least one assessment for hyperlipidemia within the initial 16 week period of treatment. | Process | | | | | | X | | | Yes | |

# Selection of Measures – Assessment and Screening

Bipolar disorder

| Topic | # | Quality Measure | Type of Measure | DSRIP | QARR | NQF | NCQA | HEDIS | Center for Quality Assessment and Improvement in Mental Health (CQAIMH) | CMS | Availability | | CAG categorization |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | Medicaid Claims Data | Clinical data | |
| Assessment and Screening | 7 | Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with an antipsychotic agent who were assessed for the presence of extrapyramidal symptoms twice within the first 24 weeks of treatment. | Process | | | | | | X | | No | Yes | |
| | 8 | Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with an atypical antipsychotic agent who receive at least one screening for hyperglycemia within the initial 16 weeks of treatment. | Process | | | | | | X | | No | Yes | |

# Selection of Measures – Monitoring and Education

Bipolar disorder

| Topic | # | Quality Measure | Type of Measure | DSRIP | QARR | NQF | NCQA | HEDIS | CQAIMH | CMS | Availability | | CAG categorization |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | Medicaid Claims Data | Clinical data | |
| Monitoring and Education | 1 | Bipolar disorder: the percentage of patients diagnosed and treated for bipolar disorder who are monitored for change in their symptom complex within 12 weeks of initiating treatment. | Process | | | | | | X | | No | Yes | |
| | 2 | Bipolar disorder: the percentage of patients diagnosed and treated for bipolar disorder who are monitored for change in their level-of-functioning in response to treatment. | Process | | | | | | X | | No | Yes | |
| | 3 | Bipolar disorder: the percentage of patients with bipolar disorder who were monitored for weight gain during initial 12 week period of treatment. | Process | | | | | | X | | No | Yes | |
| | 4 | Bipolar disorder: the percentage of patients diagnosed and treated for bipolar disorder who are provided with education and information about their illness and treatment within 12 weeks of initiating treatment. | Process | | | | | | X | | No | Yes | |

Bipolar disorder

# Selection of Measures – Medication and Treatment Management

| Topic | # | Quality Measure | Type of Measure | DSRIP | QARR | NQF | NCQA | HEDIS | CQAIMH | CMS | Availability | | CAG categorization |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | Medicaid Claims Data | Clinical data | |
| Medication and Treatment Management | 1 | Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder | Process | | | | | | | X | Yes | Yes | |
| | 2 | Bipolar disorder: the percentage of patients with Bipolar I Disorder with mania/hypomania, mixed or cycling symptoms and behaviors who have evidence of use of pharmacotherapy agent with antimanic properties during the first 12 weeks of treatment.* | Process | | | | | | X | | No | Yes | |
| | 3 | Bipolar disorder: percentage of patients with Bipolar I Disorder with depressive symptoms and behaviors who have evidence of use of a mood stabilizing or antimanic agent during the first 12 weeks of pharmacotherapy treatment.* | Process | | | | | | X | | No | Yes | |
| | 4 | Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with lithium who have evidence of a lithium serum medication level with 12 weeks of beginning treatment.* | Process | | | | | | X | | No | Yes | |

* Though the description of the measure does not explicitly state, data for these measures could probably come from claims.

Bipolar disorder

# Selection of Measures – Medication and Treatment Management

| Topic | # | Quality Measure | Type of Measure | DSRIP | QARR | NQF | NCQA | HEDIS | CQAIMH | CMS | Availability | | CAG categorization |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | Medicaid Claims Data | Clinical data | |
| Medication and Treatment Management | 5 | Bipolar disorder: the percentage of patients with Bipolar I Disorder symptoms and behaviors who received monotherapy with an antidepressant agent during the first 12 weeks of treatment. | Process | | | | | | X | | No | Yes | |
| | 6 | Bipolar disorder: the percentage of patients with bipolar disorder who receive a recommendation for an adjunctive psychosocial intervention, including evidence-based therapies, within 12 weeks of initiating treatment. | Process | | | | | | X | | No | Yes | |

# Selection of Measures – Outcomes of Care

Bipolar disorder

| Topic | # | Quality Measure | Type of Measure | DSRIP | QARR | NQF | NCQA | HEDIS | CQAIMH | CMS | Availability | | CAG categorization |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | Medicaid Claims Data | Clinical data | |
| Outcomes of Care | 1 | Potentially preventable ED visits (PPV) (for persons with BH diagnosis) | Outcome | X | | | | | | | Yes | No | |
| | 2 | Potentially preventable readmissions (PPR) for SNF patients | Outcome | X | | | | | | | Yes | No | |
| | 3 | Readmission to mental health inpatient care within 30 days of discharge | Outcome | | X | | | | | | Yes | Yes | |
| | 4 | Admission to lower level care within 14 days if discharge from inpatient rehab or detox treatment | Outcome | | X | | | | | | Yes | Yes | |
| | 5 | Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year. | Outcome | | | X | | | | | Yes | No | |

# The 4th CAG Meeting will be on 10/28 in Albany

**Meeting 4**

- Depression Outcome Measures
- Trauma and Stressor Bundle
- Wrap-up of open questions

NEW YORK STATE | Department of Health | Medicaid Redesign Team

# Appendix

October 2015

# Assessment and Screening Quality Measures

| # | Source | Quality Measure | Measure Steward | Data Source | Description | Numerator | Denominator |
|---|---|---|---|---|---|---|---|
| 1 | SAMSHA | Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use | NQF | Claims | Percentage of patients 18 years of age or older with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use. | Patients in the denominator with evidence of an assessment for alcohol or other substance use following or concurrent with the new diagnosis, and prior to or concurrent with the initiation of treatment for that diagnosis. | Patients in the Initial Patient Population with a new diagnosis of unipolar depression or bipolar disorder during the first 323 days of the measurement period, and evidence of treatment for unipolar depression or bipolar disorder within 42 days of diagnosis. The existence of a 'new diagnosis' is established by the absence of diagnoses and treatments of unipolar depression or bipolar disorder during the 180 days prior to the diagnosis. |
| 2 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients with bipolar disorder who receive an initial assessment that considers alcohol and chemical substance use. | Center for Quality Assessmen t and Improvem ent in Mental Health | Clinical Data | This measure is used to assess the percentage of patients with bipolar disorder who receive an initial assessment that considers alcohol and chemical substance use. | Patients who receive an initial assessment for bipolar disorder that includes consideration of alcohol/chemical substance use | Patients diagnosed with bipolar disorder |
| 3 | NQF | Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications | National Committee for Quality Assurance | Claims/clinical data | The percentage of individuals 25 to 64 years of age with schizophrenia or bipolar disorder who were prescribed any antipsychotic medication and who received a cardiovascular health screening during the measurement year. | Individuals who had one or more LDL-C screenings performed during the measurement year. | Individuals ages 25 to 64 years of age by the end of the measurement year with a diagnosis of schizophrenia or bipolar disorder who were prescribed any antipsychotic medication during the measurement year. |

# Assessment and Screening Quality Measures

| # | Source | Quality Measure | Measure Steward | Data Source | Description | Numerator | Denominator |
|---|---|---|---|---|---|---|---|
| 4 | HEDIS/ DSRIP/NQF | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | HEDIS | Claims | This measure is used to assess the percentage of members 18 to 64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. | A glucose test or a hemoglobin A1c (HbA1c) test performed during the measurement year | Medicaid members age 18 to 64 years as of December 31 of the measurement year with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication |
| 5 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients diagnosed with bipolar disorder who receive an initial assessment that considers the risk of suicide | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients diagnosed with bipolar disorder who receive an initial assessment that considers the risk of suicide. | Patients who receive an initial assessment for bipolar disorder that includes an appraisal of the risk of suicide | Patients diagnosed with bipolar disorder |
| 6 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with an atypical antipsychotic agent who received at least one assessment for hyperlipidemia within the initial 16 week period of treatment. | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients diagnosed with bipolar disorder and treated with an atypical antipsychotic agent who received at least one assessment for hyperlipidemia within the initial 16 week period of treatment. | Patients who are assessed for hyperlipidemia within 16 weeks after initiating treatment with an atypical antipsychotic agent | Patients diagnosed with bipolar disorder and treated with an atypical antipsychotic agent |

# Assessment and Screening Quality Measures

| # | Source | Quality Measure | Measure Steward | Data Source | Description | Numerator | Denominator |
|---|---|---|---|---|---|---|---|
| 7 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with an antipsychotic agent who were assessed for the presence of extrapyramidal symptoms twice within the first 24 weeks of treatment. | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients diagnosed with bipolar disorder and treated with an antipsychotic agent who were assessed for the presence of extrapyramidal symptoms (EPS) twice within the first 24 weeks of treatment. | Patients assessed for extrapyramidal symptoms (EPS) twice during initial 24 weeks of treatment | Patients diagnosed and treated for bipolar disorder with an antipsychotic agent |
| 8 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with an atypical antipsychotic agent who receive at least one screening for hyperglycemia within the initial 16 weeks of treatment. | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients diagnosed with bipolar disorder and treated with an atypical antipsychotic agent who receive at least one screening for hyperglycemia within the initial 16 weeks of treatment. | Patients who are screened for evidence of hyperglycemia within 16 weeks after initiating treatment with an atypical antipsychotic agent | Patients diagnosed with bipolar disorder and treated with an atypical antipsychotic agent |

# Monitoring and Education Quality Measures

| # | Source | Quality Measure | Measure Steward | Data Source | Description | Numerator | Denominator |
|---|---|---|---|---|---|---|---|
| 1 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients diagnosed and treated for bipolar disorder who are monitored for change in their symptom complex within 12 weeks of initiating treatment.. | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients diagnosed and treated for bipolar disorder who are monitored for change in their symptom complex within 12 weeks of initiating treatment. | Patients who were assessed for change in their symptom complex, using a validated tool or a monitoring form, within 12 weeks of initiating treatment for bipolar disorder | Patients diagnosed and treated for bipolar disorder |
| 2 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients diagnosed and treated for bipolar disorder who are monitored for change in their level-of-functioning in response to treatment. | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients diagnosed and treated for bipolar disorder who are monitored for change in their level-of-functioning in response to treatment. | Patients whose level of functioning was evaluated during the initial assessment and again within 12 weeks of initiating treatment | Patients diagnosed and treated for bipolar disorder |
| 3 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients with bipolar disorder who were monitored for weight gain duri ng initial 12 week period of treatment. | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients with bipolar disorder who were monitored for weight gain during initial 12 week period of treatment. | Patients who have had actual weight documented twice within the initial 12 weeks of treatment | Patients diagnosed with bipolar disorder |

# Monitoring and Education Quality Measures

| # | Source | Quality Measure | Measure Steward | Data Source | Description | Numerator | Denominator |
|---|---|---|---|---|---|---|---|
| 4 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients diagnosed and treated for bipolar disorder who are provided with education and information about their illness and treatment within 12 weeks of initiating treatment. | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients diagnosed and treated for bipolar disorder who are provided with education and information about their illness and treatment within 12 weeks of initiating treatment. | Patients who receive education/information about bipolar disorder within 12 weeks of initiating treatment | Patients diagnosed and treated for bipolar disorder |

# Medication and Treatment Management Quality Measures

| # | Source | Quality Measure | Measure Steward | Data Source | Description | Numerator | Denominator |
|---|---|---|---|---|---|---|---|
| 1 | NQF | Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder | Centers for Medicare & Medicaid Services | Claims/clinical data | Percentage of individuals at least 18 years of age as of the beginning of the measurement period with bipolar I disorder who had at least two prescription drug claims for mood stabilizer medications and had a Proportion of Days Covered (PDC) of at least 0.8 for mood stabilizer medications during the measurement period (12 consecutive months). | Individuals with bipolar I disorder who had at least two prescription drug claims for mood stabilizer medications and have a PDC of at least 0.8 for mood stabilizer medications. | Individuals at least 18 years of age as of the beginning of the measurement period with bipolar I disorder and at least two prescription drug claims for mood stabilizer medications during the measurement period (12 consecutive months). |
| 2 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients with Bipolar I Disorder with mania/hypomania, mixed or cycling symptoms and behaviors who have evidence of use of pharmacotherapy agent with antimanic properties during the first 12 weeks of treatment | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients with Bipolar I Disorder with mania/hypomania, mixed or cycling symptoms and behaviors who have evidence of use of a pharmacotherapy agent with antimanic properties during the first 12 weeks of treatment. | Patients with evidence of use of an antimanic agent during the first 12 weeks of pharmacotherapy treatment | Patients with Bipolar I Disorder episodes with<br><br>-Manic/hypomanic symptoms or behaviors<br>-Mixed symptoms or behaviors<br>-Cycling symptoms or behaviors |
| 3 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: percentage of patients with Bipolar I Disorder with depressive symptoms and behaviors who have evidence of use of a mood stabilizing or antimanic agent during the first 12 weeks of pharmacotherapy treatment. | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients with Bipolar I Disorder with depressive symptoms and behaviors who have evidence of use of a mood stabilizing or antimanic agent during the first 12 weeks of pharmacotherapy treatment. | Patients with evidence of use of a mood stabilizing or antimanic agent during the first 12 weeks of pharmacotherapy treatment | Patients with Bipolar I Disorder with symptoms or episodes that involve depression |

# Medication and Treatment Management Quality Measures

| # | Source | Quality Measure | Measure Steward | Data Source | Description | Numerator | Denominator |
|---|---|---|---|---|---|---|---|
| 4 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with lithium who have evidence of a lithium serum medication level with 12 weeks of beginning treatment. | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients diagnosed with bipolar disorder and treated with lithium who have evidence of a lithium serum medication level within 12 weeks of beginning treatment. | Patients with a serum medication level within 12 weeks of beginning treatment with lithium | Patients diagnosed and treated for bipolar disorder with a lithium agent |
| 5 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients with Bipolar I Disorder symptoms and behaviors who received monotherapy with an antidepressant agent during the first 12 weeks of treatment. | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients with Bipolar I Disorder symptoms and behaviors who received monotherapy with an antidepressant agent during the first 12 weeks of treatment. | Patients who receive only antidepressant monotherapy during the first 12 weeks following initiation of pharmacotherapy treatment | Patients diagnosed with Bipolar I Disorder |
| 6 | Standards for Bipolar Ex cellence (STABLE) Performance Measures | Bipolar disorder: the percentage of patients with bipolar disorder who receive a recommendation for an adjunctive psychosocial intervention, including evidence-based therapies, within 12 weeks of initiating treatment. | Center for Quality Assessment and Improvement in Mental Health | Clinical Data | This measure is used to assess the percentage of patients with bipolar disorder who receive a recommendation for an adjunctive psychosocial intervention, including evidence-based therapies, within 12 weeks of initiating treatment. | Patients with a recommendation for psychosocial intervention within 12 weeks of initiating treatment | Patients diagnosed and treated for bipolar disorder |

# Outcomes of Care Quality Measures

| # | Source | Quality Measure | Measure Steward | Data Source | Description | Numerator | Denominator |
|---|---|---|---|---|---|---|---|
| 1 | DSRIP | Potentially preventable ED visits (for persons with BH diagnosis) | 3M | Claims | | | |
| 2 | DSRIP | Potential preventable readmission for SNF (skilled nursing facilities) patients | 3M | Claims | | | |
| 3 | QARR | Readmission to mental health inpatient care within 30 days of discharge | | Claims | | | |
| 4 | QARR | Admission to lower level of care within 14 days of discharge from inpatient rehab or detox treatment | | Claims | | | |
| 5 | NQF | Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year. | Bridges To Excellence | Claims | Percent of adult population aged 18 – 65 years who were identified as having at least one of the following chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Bipolar disorder (BPL) Chronic Obstructive Pulmonary Disease (COPD) or Asthma, were followed for one-year, and had one or more potentially avoidable complications (PACs). | Outcome: Potentially avoidable complications (PACs) in patients having one of six chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Bipolar disorder (BPL), Chronic Obstructive Pulmonary Disease (COPD) or Asthma, during the episode time window of one calendar year (or 12 consecutive months). | Adult patients aged 18 – 65 years who had a trigger code for one of the six chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Bipolar disorder (BPL), Chronic Obstructive Pulmonary Disease (COPD) or Asthma (with no exclusions), and were followed for one year from the trigger code. |