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NCQA's MISSION

To improve the quality of health care

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

IMPACT

191 million people

Covered in HEDIS-reporting health plans.

173 million people

Enrolled in NCQA-Accredited health plans.



NCQA: Creating an Ecosystem of Quality and Trust



Meet stakeholder needs



CARE DELIVERY

Improve care



REPORTING

Trust in the numbers



PERFORMANCE

Differentiate and transact

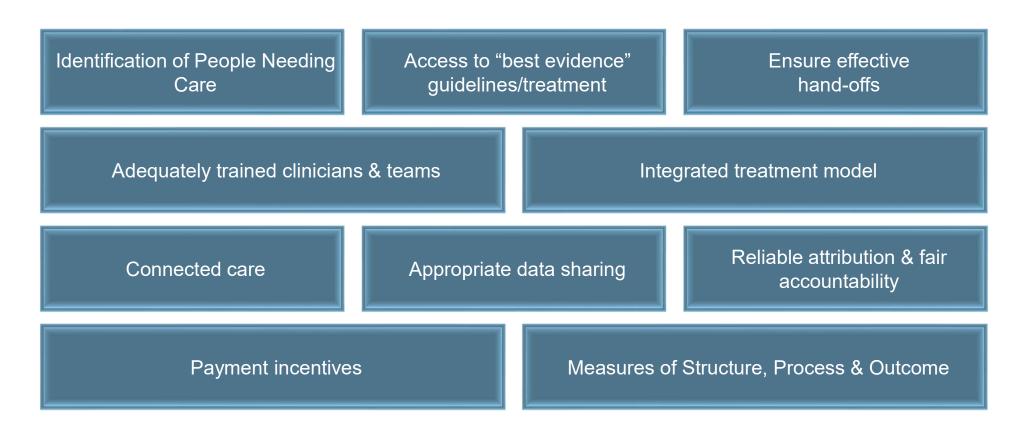
Program Examp

- Health Plan Accred.
- Health Equity Accred.
- LTSS Distinction
- Credentialing
- Utilization Management
- PCMH Recognition
- Distinction in
- Behavioral Health Integration
- PCSP Recognition
- Case Management
- Population Health

- HEDIS®
- HEDIS® Certification
- eCQM Certification
- Data Aggregator Validation
- Health Plan Ratings
- Quality Compass®
- Data Products
- Diabetes & Heart/Stroke Recognition



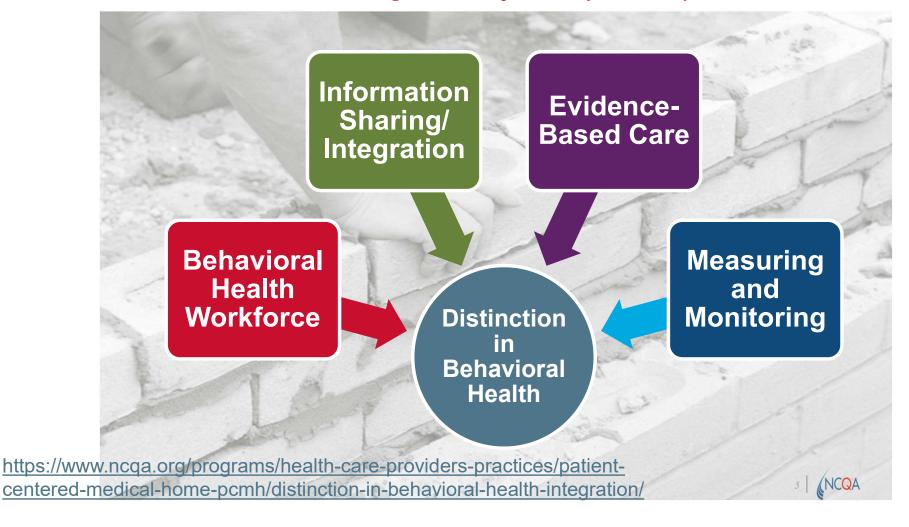
Opportunities to Improve Behavioral Healthcare





Structures Build the Foundation

PCMH Distinction in Behavioral Health Integration Competencies for Primary Care Practices





Behavioral Health Integration Distinction Module

Module Competencies

Behavioral Health Workforce

- Incorporates behavioral health expertise
- Utilizes external behavioral health specialists
- Trains the care team to address behavioral health and substance use needs of patients

Evidence-Based Care

- Demonstrate use of evidencebased protocols
- Utilize evidencebase protocols to address patient needs

Information Sharing

- Sharing patient information within and outside the practice
- Supports

 integrated/
 coordinated
 patient treatment
 plan

Measuring and Monitoring

- Utilize quality measurement
- Act to improve on current quality measurement performance



Distinction: Behavioral Health Integration (PCMH)

Competencies + Criteria Including Measuring & Monitoring

Table 1: Behavioral Health Integration Distinction Criteria Count

Competency	Number of Core Criteria	Number of Elective Criteria
Behavioral Health Workforce. The practice incorporates behavioral health providers at the site, utilizes behavioral health providers outside the practice and trains the care team to address the mental health and substance use concerns of patients.	4	2
Integrated Information Sharing. The practice shares patient information within and outside the practice to support an integrated/coordinated patient treatment plan.	1	3
Evidence Based Care. The practice uses evidence-based protocols to identify and address the behavioral health needs of patients.	4	0
Measuring and Monitoring. The practice utilizes quality measures to monitor the care of patients with behavioral health needs.	2	2
Total	11	7

BH 15 (Core): Monitors & assesses symptoms over time for people with MH **or** SU condition; adjusts treatment plan if no improvement.

BH 16 (Elective): Practice monitors and assesses for **both** a mental health condition and a substance use disorder.

BH 17 (Core): **Monitors** performance using at least two behavioral health clinical quality measures.

BH 18 (Elective): **Sets goals and acts** to improve upon at least two behavioral health clinical quality measures.

NCQA HEDIS Measures

Mental Health, Substance Use

Depression Screening and Follow-up for Adolescents and Adults (DSF)*

<u>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)*</u>

Depression Remission or Response for Adolescents and Adults (DRR)*

Antidepressant Medication Management (AMM)

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Follow-Up After Hospitalization for Mental Illness (FUH)

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

<u>Diabetes and Cardiovascular Disease Screening and Monitoring for People With Schizophrenia or Bipolar Disorder (SSD, SMD, SMC)</u>

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

*Voluntary reporting; reporting required by State Medicaid agencies (e.g., NY, PA)



Forging a path for new measures: HEDIS Depression

Promoting screening, management and follow-up

Measure	Concept	# Plans reporting 2019 data
Measure	Concept	— uata
Depression Screening and Follow-Up for Adolescents and Adults	Population screening and follow-up	138
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	Routine symptom monitoring	132
Depression Remission or Response for Adolescents and Adults	Improvement in symptoms over time (outcome)	23
Prenatal Depression Screening and Follow-Up	Screening and follow-up	203
Postpartum Depression Screening and Follow- Up	Screening and follow-up	206