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

NCQA’s MISSION
To improve the quality of health care

METHOD

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

### ALIGN
Meet stakeholder needs
- Health Plan Accred.
- Health Equity Accred.
- LTSS Distinction
- Credentialing
- Utilization Management

### CARE DELIVERY
Improve care
- PCMH Recognition
- Distinction in Behavioral Health Integration
- PCSP Recognition
- Case Management
- Population Health

### REPORTING
Trust in the numbers
- HEDIS®
- HEDIS® Certification
- eCQM Certification
- Data Aggregator Validation

### PERFORMANCE
Differentiate and transact
- Health Plan Ratings
- Quality Compass®
- Data Products
- Diabetes & Heart/Stroke Recognition

Program Examples
- [Image 712x90 to 766x120]
- [Image 345x414 to 381x453]
Opportunities to Improve Behavioral Healthcare

- Identification of People Needing Care
- Access to “best evidence” guidelines/treatment
- Ensure effective hand-offs
- Adequately trained clinicians & teams
- Integrated treatment model
- Connected care
- Appropriate data sharing
- Reliable attribution & fair accountability
- Payment incentives
- Measures of Structure, Process & Outcome
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 evidence-based protocols
- Utilize evidence-base 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

<table>
<thead>
<tr>
<th>Competency</th>
<th>Number of Core Criteria</th>
<th>Number of Elective Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Workforce</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Integrated Information Sharing</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Evidence Based Care</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Measuring and Monitoring</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

- 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)*
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)*
- 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)
- Diabetes and Cardiovascular Disease Screening and Monitoring for People With Schizophrenia or Bipolar Disorder (SSD, SMD, SMC)
- 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

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