PERFORMANCE AND OUTCOMES SYSTEM FOR MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH

STAKEHOLDER ADVISORY COMMITTEE MEETING

October 4, 2012

Department of Health Care Services (DHCS)
WELCOME

Vanessa M. Baird, Deputy Director

Mental Health and Substance Use Disorder Services
AGENDA

- Overview of the Law
- Roles and Responsibilities for this Project
- Performance and Outcomes System
- Next Steps
- Public Comment
- Adjourn
Purpose

- To develop a performance and outcomes system for Medi-Cal Specialty Mental Health Services for children and youth that will:
  - Improve outcomes at the individual and system levels; and
  - Inform fiscal decision making related to the purchase of services
OVERVIEW OF THE LAW (CONTINUED)

Objectives

- Achieve high quality and accessible mental health services for children and youth
- Provide information that improves practice at the individual, program, and system levels
- Minimize costs by building upon existing resources to the fullest extent possible
- Collect and analyze reliable data in a timely fashion
The process for developing the plan should be collaborative:

- California Health and Human Service Agency
- Mental Health Oversight and Accountability Commission
- Stakeholder Advisory Committee
The Stakeholder Advisory Committee is comprised of representatives of:

- Child and Youth Clients
- Family Members
- Providers
- Counties
- Legislature
The plan for a performance and outcomes system for mental health services shall consider:

- Evidence-based models such as the Child and Adolescent Needs and Strengths (CANS)
- Federal requirements, including the review by the External Quality Review Organization (EQRO)
- Timelines for implementation at the provider, county, and state levels
OVERVIEW OF THE LAW (CONTINUED)

Timeline and Deliverables:

- No later than October 1, 2013, DHCS will provide a plan for the performance and outcomes system, including milestones and timelines, to all fiscal committees and appropriate policy committees of the Legislature.

- No later than January 10, 2014, DHCS will propose how to implement the performance and outcomes system plan.
QUESTIONS?
**Roles and Responsibilities for this Project**

**DHCS: Develop the Plan**

- Coordinate the planning process and develop a project work plan with milestones and timelines
- Convene a Stakeholder Advisory Committee to inform development of a performance and outcomes system plan
- Provide background information, context and draft materials to inform the planning process
- Secure technical assistance where necessary
- Draft the performance and outcomes system plan
- Draft the proposal to implement the plan
Roles and Responsibilities for this Project (continued)

Stakeholder Advisory Committee: Advise DHCS

- Provide information and recommendations for the performance and outcomes system plan
- Participate in interim discussions or workgroups based on subject matter expertise and interest
- Recommend appropriate mental health performance and outcome indicators
- Review and/or provide feedback on documents and work products
- Act as resource and/or technical expert
ROLES AND RESPONSIBILITIES FOR THIS PROJECT (CONTINUED)

DHCS Activities To Date

- **Information Gathering**
  - **Surveys:** gathering information about existing performance and outcomes data collection efforts
    - National Medicaid Directors
    - California counties

- **Consultation**
  - Mental Health Services Oversight and Accountability Commission (MHSOAC)
  - APS Healthcare Midwest
QUESTIONS?
STATE RESPONSIBILITY AND THE ROLE OF THE EXTERNAL QUALITY REVIEW ORGANIZATION (EQRO)

- Section 1915(b) Freedom of Choice Waiver for Specialty Mental Health Services

- Federal Medicaid laws and regulations require states that operate a managed care program to provide for an external, independent review of their managed care organizations

- States may contract with an independent entity called an External Quality Review Organization (EQRO) to conduct the review
STATE RESPONSIBILITY AND THE ROLE OF THE EQRO (CONTINUED)

- DHCS contracts with APS Healthcare Midwest to serve as the EQRO and conduct external quality reviews of the 56 Mental Health Plans (MHPs).

- The EQRO analyzes and evaluates the information on access, quality, and timeliness of Medi-Cal Specialty Mental Health Services that a MHP or their contractors provide to Medi-Cal beneficiaries.
IV. PERFORMANCE AND OUTCOMES SYSTEM

The Requirements and Activities of the EQRO in California

Possible Components of a Performance Outcomes System

Presenters – APS Healthcare, CAEQRO

Michael Reiter, Pharm.D
Executive Director

Saumitra SenGupta, Ph.D.
Director of Information Systems

Sandra Sinz, LCSW, CPHQ
Operations Director
CAEQRO Review and Report Methodology: Underlying Concepts, Priorities and Activities

CAEQRO Activities:
- Key Informant interviews
- Performance Measurement
- Performance Improvement Projects
- Consumer and Family Member Focus Groups
- Technical Assistance and Training
- Analysis of Eligibility and Claims Data
- Information Systems Capabilities Assessment

Priorities:
- Quality
- Access
- Timeliness
- Outcomes

CAEQRO Reviews & Reports
CAEQRO MENTAL HEALTH EXPERIENCE

- In existence since July 2004
- Review all 56 MHPs each year
- Includes site visits, document review, focus groups, data analysis and reporting, Information System review, and review of Performance Improvement Projects (PIPs)
- Produce MHP reports each year
- Produce a Statewide Annual Report
- Reports and data are available at www.caeqro.com
CMS PRIORITIES FOR EQRO

- Quality
- Access
- Timeliness
- Outcomes
**Key Component Review Protocol Activities**

**Quality**
- Commitment to quality
- Use of data in quality management
- Inclusion of key stakeholders in various processes and program
- Information technology issues, including claims integrity

**Access**
- Evidence of cultural competence principles
- Managing the workforce and system capacity to meet the needs of the MHP’s diverse communities
# Key Component Review Protocol Activities

## Timeliness
- Setting goals for timely service access
- Monitoring toward meeting those goals
- Initiating improvement activities when goals are not being met

## Outcomes
- Monitoring and improvement of consumer outcomes
- Performance Improvement Projects
- Consumer satisfaction
CAEQRO Validates and Provides Technical Assistance for Performance Improvement Projects

- Consumer-outcome oriented data used as baseline
- Reviewed by involved stakeholders to understand the causes and barriers, and identify areas for improvement
- Interventions identified to address the causes
- Indicators to measure improvement – measure frequently
- Adjust interventions as needed for improvement
- Spread and sustain change
CAEQRO Data Analysis

Data Sources
- Eligibility Files
- Medi-Cal Approved Claims
- Provider Files

Basic Performance Indicators
- Penetration Rate – an indicator of access to services
- Approved Claims per Beneficiary – an indicator of amount and type of services received by consumers

Other Uses
- Demographic Disparities
- High-Cost Beneficiaries
- Service Distribution
- Inpatient Follow-up
- Retention or Service Intensity
PERFORMANCE AND OUTCOMES
DEFINITIONS

- Indicator: a performance measure used to monitor the outcomes of a process

- Performance measure: outputs by which to assess the quality of the organization and its work units

- Outcome Measure: the end results of services in terms of the consumer’s expectations, needs, and quality of life

DEFINITIONS (CONTINUED)

- Performance Measurement System - An interrelated set of process measures and outcome measures that facilitates internal measurement data on performance over time and external comparisons of an organization’s performance.

The distinguishing characteristics of performance and outcome measures are different.

The two are often used interchangeably; however, the purposes of performance measurement and outcome measurement are quite different.

There may be some overlaps and in some instances one particular indicator can be used for both performance and outcomes measurement purposes.
**Performance Measures vs. Outcomes**

- Logic models became common in the 1990s
- It is a way to articulate and depict program theory
- **Typical components:**

  - Input
  - Implementation/Process
  - Output
  - Outcome
Performance Measures

- Performance measures mostly address the process and output domains.
- Performance measures are typically used at the Treatment or Program Level.

Outcome Measures

- Outcome domains and measures are more typically exemplified by outcomes instruments or tools.
- Outcome measures are typically used at the Individual Consumer Level.
PERFORMANCE MEASURES

Examples of Performance Measures in process/implementation:

- Access to Mental Health Services
- Timely Access to Mental Health Services
- Treatment Retention
- Treatment Completion
Examples of Performance Measures in output (typically counts, percentages, ratios)

- Count of Medi-Cal children served by MHP
- Penetration Rate, Cost per Beneficiary (measures used extensively by CAEQRO)
- Outpatient or medication follow-up time or percentage after inpatient discharge
In some instances, a measure can be used for both purposes

- Disparities measures, such as ratio of Hispanic and Overall penetration rates
- Comparison of this ratio at the MHP level with that Statewide is a Performance Measure
- If an MHP has undertaken a strategic initiative to reduce this disparity, the same ratio can be used as an Outcome
OUTCOME MEASURES

Various types of Outcome measures used in the Mental Health setting

- Diagnostic purposes
- Tracking symptoms severity levels
- Level of care assessments
- Functioning levels
- Solely for outcomes purposes
**CURRENTLY USED CHILDREN’S MEASURES**

- **Level of Care or Level of Functioning Measures**
  - **CANS** (Child and Adolescent Needs and Strengths)
  - **CALOCUS** (Child and Adolescent Level of Care Utilization System)
  - **CAFAS** (Child and Adolescent Functional Assessment Scale) *
  - **40 Developmental Assets**
  - **CBCS** (Child Behavior Checklist) *
  - **YSS** (Youth Services Survey) *

- Each of the above has been used in one or more counties

* Has been used as part of the SAMHSA Block Grant outcomes in CA
ALTERNATIVES TO USING A SINGLE STATEWIDE INSTRUMENT

It is possible that common domains or constructs across these leading measures can be identified for a core set of domains or indicators that all MHPs can report on regardless of which particular measure each MHP may be using.
Emerging Issues

- Provider administered vs. consumer reported
  (There can be large variations in scoring depending on the responder/scorer)
- Need for multipurpose tools that have utility in practice settings in addition to being an evaluation or reporting tool
  (CANS is an example of such a tool)
**Past and Present Efforts**

- **Federal Initiatives**
  - Government Performance and Results Modernization Act (GPRAMA)
  - Title 42 CFR 438 Subpart D – QA and PI
  - Children’s Health Insurance Program Reauthorization Act (CHIPRA) – Core set of 24 children’s health care quality measures
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS) Consumer Survey
  - Pediatric Quality Measures Program (PQMP)
PAST AND PRESENT EFFORTS (CONTINUED)

- Other National Efforts
  - ACMHA (Santa Fe Summit) Performance Indicators – grouped into 4 domains – Access, Appropriateness, Quality and Outcomes
    - Virginia’s performance outcomes system utilized this approach
  - Institute of Medicine (IOM) – National Quality Forum
  - Cochrane Collaboration – Evidence-based healthcare (100 countries)
QUESTIONS?
V. Next Steps

- **Next Meeting:** Early December 2012
PUBLIC COMMENT
Thank You For Your Participation!

Please send comments or questions to the Children’s Mental Health Performance and Outcomes System mailbox at cmhpos@dhcs.ca.gov

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