



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Using Benchmarking to Drive the Successful Behavioral & Primary Care Integration

August 25, 2015



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

**Moderator:**





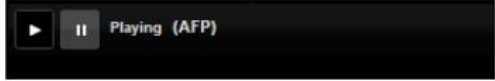

Madhana Pandian, Associate, CIHS



# Before We Begin

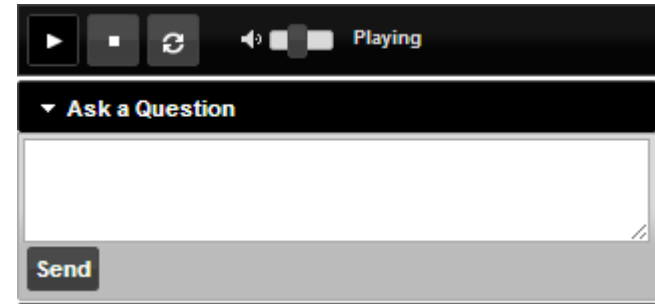
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Operating System	 <b>Passed</b>	<b>Windows 7</b> Your operating system is ready to go!
Browser	 <b>Passed</b>	<b>Google Chrome 33</b> Your browser is ready to go!
Bandwidth	 <b>Passed</b>	<b>Your connection speed is approximately: 4,513 Kbps</b> Your current bandwidth connection is ready to go!
Media Playback Test	 <b>Passed</b>	
Slide Display Test	 <b>Passed</b>	Your system is ready to go!
Advanced Info	<p>User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36</p> <p>Tech info: Windows 7   Google Chrome 33   BW: 4,513 Kbps   AFP v.12.0.0   WMP v.Not installed or disabled   IP: 98.141.87.70   RSA: 173.228.128.167   Screen Res: 1920 x 1080   Compatibility Mode Enabled: NA   Cookies Enabled: Yes   <a href="#">Click here for the advanced system test</a></p> <p>Time: Thu Feb 27 16:23:17 GMT+00:00 2014</p>	

# Before We Begin

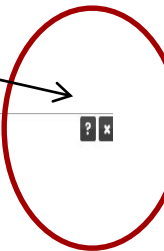
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# Learning Objectives

Participants will be:

1. Able to define quality benchmarking.
2. Able to explain what healthcare marketplace conditions are driving the need for quality benchmarking.
3. Able to understand how quality benchmarking can be used to prioritize quality improvement efforts specific to the integration of behavioral and primary care.
4. Able to explain how benchmarking can be used to define and describe value.
5. Able to identify available tools to help you benchmark.

# Today's Speakers

**Jeff Capobianco, PhD, LLP**

Director of Practice Improvement  
The National Council for Behavioral  
Health



**Virna Little, PsyD, LCSW-R, SAP, CCM**

Senior Vice President of Psychosocial  
Services and Community Affairs  
The Institute for Family Health



**Elizabeth Lever, LMSW**

Director of Process Improvement and  
Analytics  
The Institute for Family Health



# What do we mean by “Quality Benchmarking”?

- The Agency for Healthcare Research and Quality (AHRQ) defines benchmarking as, “the process of comparing a practice’s performance with an external standard.”
- Benchmarking is an important quality improvement tool to help healthcare providers understand how their performance compares to others – both externally and internally.

Knox, L. Brach, C. Practice Facilitation Handbook: [Module 7. Measuring and Benchmarking Clinical Performance](http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/index.html). June 2013. Agency for Healthcare Research and Quality. Rockville, MD.  
<http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/index.html> 4/29/2016.

# What do we mean by “Quality Benchmarking”?

**Benchmarking metrics are always quantitative and can address the efficiency and/or effectiveness of processes such as:**

- Productivity
- Quality
- Time
- Cost



# What is Driving Renewed Focus on Benchmarking?

- Integration of Primary Care & Behavioral Healthcare (IH)
- Value-based Reimbursement (VBR)

# Why Do We Need to Benchmark?

- To get staff input and ownership of practice
- To be sure we are reaching or identifying the full denominator of our practice...not just who comes through the door.

# Internal Versus External Benchmarking

**Internal benchmarking** compares the base rate performance of a team or clinician on a specific metric(s) to another team or clinician within the same organization.

**External benchmarking** compares an organization's process or outcome metrics to another provider or standard established by an accrediting body or funder.

Lovaglio, P.G. Benchmarking Strategies for Measuring the Quality of Healthcare: Problems and Prospects. The Scientific World Journal. Volume 2012 (2012).  
<http://www.hindawi.com/journals/tswj/2012/606154>.

# Internal Benchmarking for Integrated Health Examples & Sources

## Clinical Measures:

- Depression Rating Scale (e.g., PHQ-9)
- Substance Use (e.g., AUDIT-C)

## Administrative Measures:

- Staff Capacity
- Use of Concurrent/Collaborative Documentation
- No-shows/Referral Completion/Admission/Discharge/Transfer (ADT)
- Efficient/Effective Billing

## Sources:

- Provider Electronic Health Record Registry
- Spreadsheet or Databases
- Managed Care Portals and/or State Claims Data

# External Benchmarking for Integrated Health Examples & Sources

## Regional Sources:

- Be sure to start by engaging local providers to see if they will be willing to share/compare data
- State level collaborative or healthcare associations often have datasets that can be mined for benchmarking
- Managed care and State funders are also good sources of data for comparison (e.g., NY State Statistics & Reports Portal)

# External Benchmarking for Integrated Health Examples & Sources

## National Sources:

### Health Resources Services Administration (HRSA)

- Nationwide Individual clinic level data
- Data comparison feature

### AHRQ National Quality & Healthcare Disparities Reports

- Comprehensive Guide to Benchmarking; Access to Care; Disease; Priority Populations; Health Ins; Type & Setting of Care

### The Center for Quality Assessment & Improvement in Mental Health (CQAIMH)

- For choosing BH process measures
- Over 300 source databases

*(See Resources Section for Links to these sites)*

# External Benchmarking for Integrated Health Examples & Sources

## National Sources:

### Dartmouth Atlas of Healthcare

- State & Region Medicare Data

### Center for Medicaid/Medicare Services Hospital Compare

- State & Regional Hospital Medicare Quality Data

### NASMHPD Research Institute, Inc. (NRI)

- Comprehensive Nationwide inpt. & outpt. data warehouse

*(See Resources Section for Links to these sites)*

# Four Steps to Quality Benchmarking

1. **Define** why you need to benchmark and what will the benchmark be?
2. **Describe** the steps your organization will take to achieve the benchmark target.
3. **Develop** new organizational processes to achieve the benchmark(s) target.
4. **(with) Diligence** maintain the benchmark through dashboard monitoring and Continuous QI.

***Define*** → ***Describe*** → ***Develop*** → ***with Diligence***











# **Defining & Describing:** **Examples from Institute for Family Health Depression Care**

- Defining the population (new, age)
- Defining the purpose (why?)
- Describing the flow (how?)

# Defining the Benchmarks

- % of patients who were screened for depression over age 12
- % of patients who were positive at screen who received a PHQ9
- % of patients positive for PHQ9
- % of Patients with follow up
- % of patients with CSSRS, Safety Plans
- % of patients who got better !!

# Depression Collaborative Care Measures

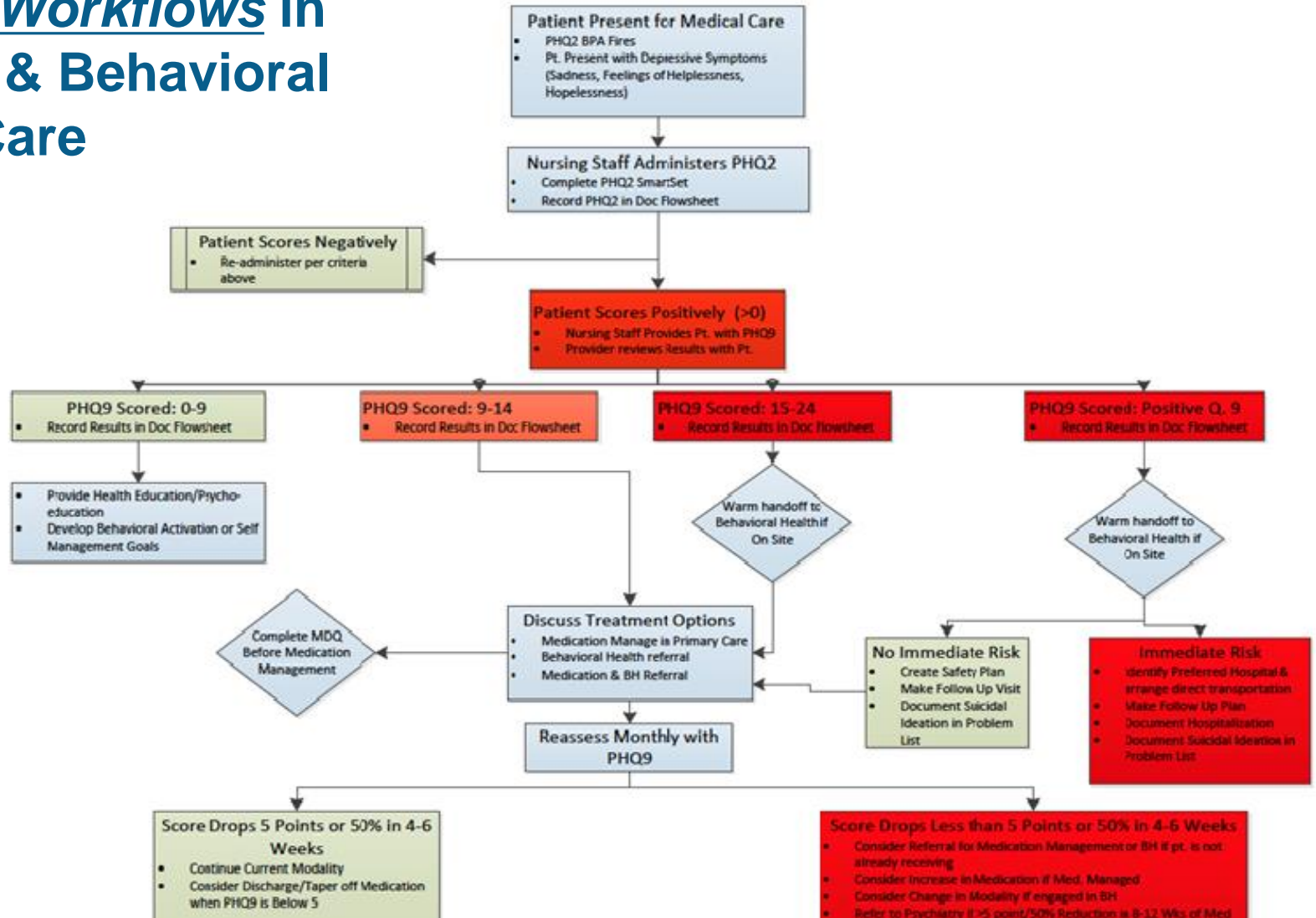
Metric	Target	Acceptable
<p><b>Three Contacts (Active Pts):</b>            Denominator: Total quarterly enrollment in CC (see Quarterly Enrollment metric).            Numerator: Number (#) of those patients that were “active” during the reporting period. “Active” defined by having had at least 3 clinical contacts during the quarter.</p>	 95%	 75%
<p><b>Improvement Rate:</b>            Number (#) and proportion (%) of patients in treatment for 70 days (10 w weeks) or greater w ho demonstrated clinically significant improvement either by: a 50% reduction from baseline PHQ-9 or a drop from baseline PHQ-9 of at least 5 points and to less than 10.</p>	 50%	 35%
<p><b>Consultation Rate:</b>            Among those in treatment for 70 days (10 w weeks) or greater w ho did not improve, number (#) and proportion (%) w ho received a Psychiatric Consultation note. A psychiatric consultation is a patient case review between the Care Manager and the Psychiatric Consultant.</p>	 75%	 60%
<p><b>Change in Treatment Rate:</b>            Among those in treatment for 70 days (10 w weeks) or greater w ho did not improve, number (#) and proportion (%) w ho had a change in treatment.</p>	 75%	 60%

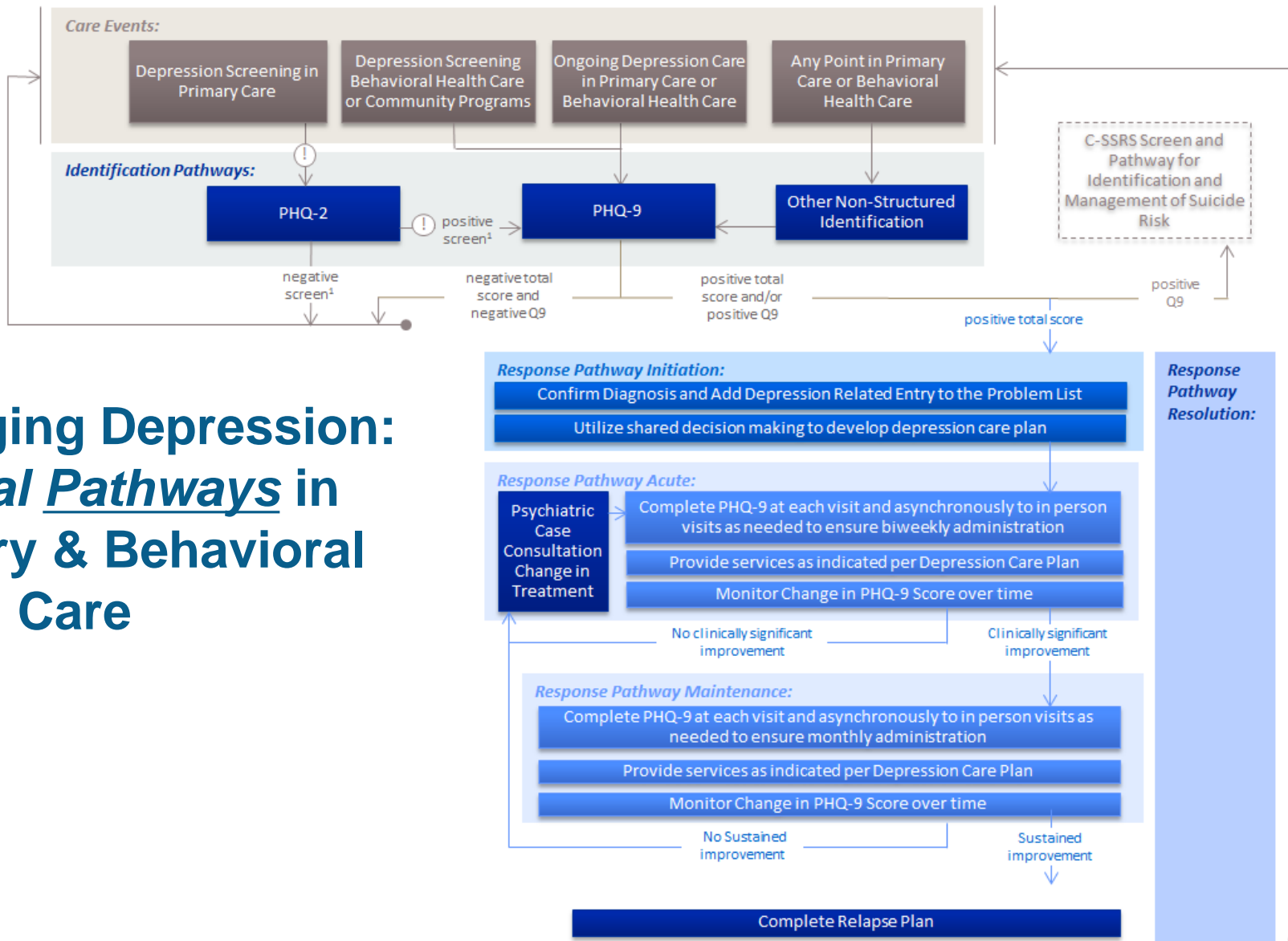
# **Develop** the Process!

*Think about pathways!*

Different from flows!

# Managing Depression: *Clinical Workflows* in Primary & Behavioral Health Care





# Managing Depression: Clinical Pathways in Primary & Behavioral Health Care

# Monitoring Your Benchmarks with **Diligence**

**Think about all of the data you might want such as:**

- Patients
- Visits
- Services
- Scripts

**Think about summary levels of interest:**

- Individual providers – Everyone on the Care team?
- Types of Providers
- Locations
- System wide

# Monitoring: Point of Care Reports with Diligence

## Features

Event as unit of analysis  
Focus on expected procedure;  
individual steps (the how)  
leading to intended  
outcome

Evaluate action/behavior

### **Point of Care Depression Screening**

1. Identified best practice – consider depression screening a vital sign
2. Single step process achievable in single visit
3. Engage members of the care team according to role

## Benefits

High degree of accountability  
Highly reactive – each new  
instance of an event is a  
clean slate

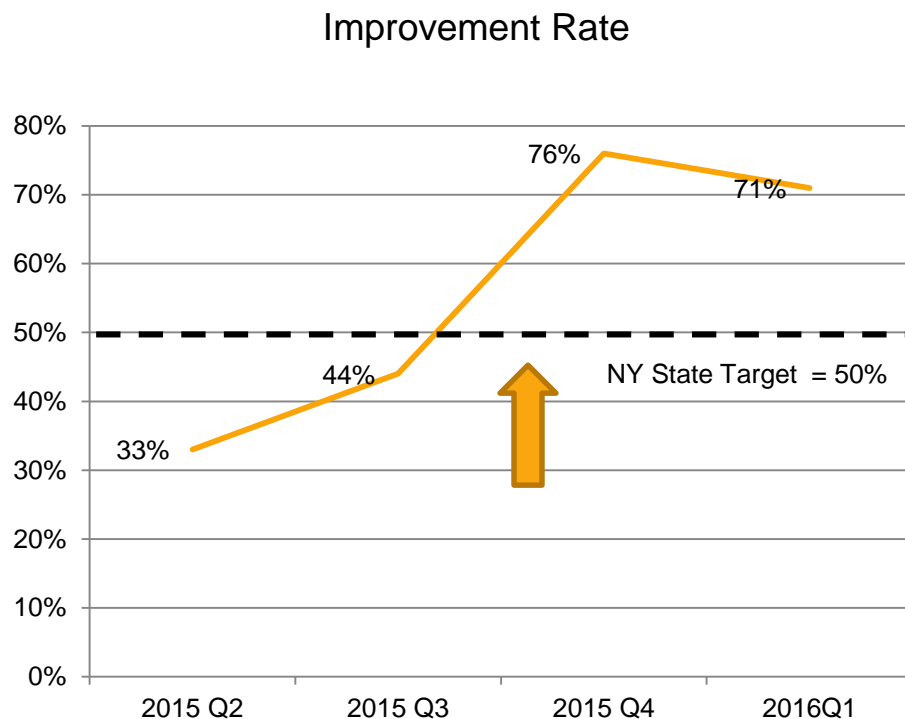
- “Starting tomorrow...”



# Monitoring: Depression Care Population Outcomes

Metric	Definition
<b>Improvement Rate:</b>	Number (#) and proportion (%) of patients in treatment for 70 days (10 weeks) or greater who demonstrated clinically significant improvement either by: a 50% reduction from baseline PHQ-9 or a drop from baseline PHQ-9 of at least 5 points and to less than 10.

Year	Quarter	Improvement Rate
2015	Q2	33%
2015	Q3	44%
2015	Q4	76%
2016	Q1	71%



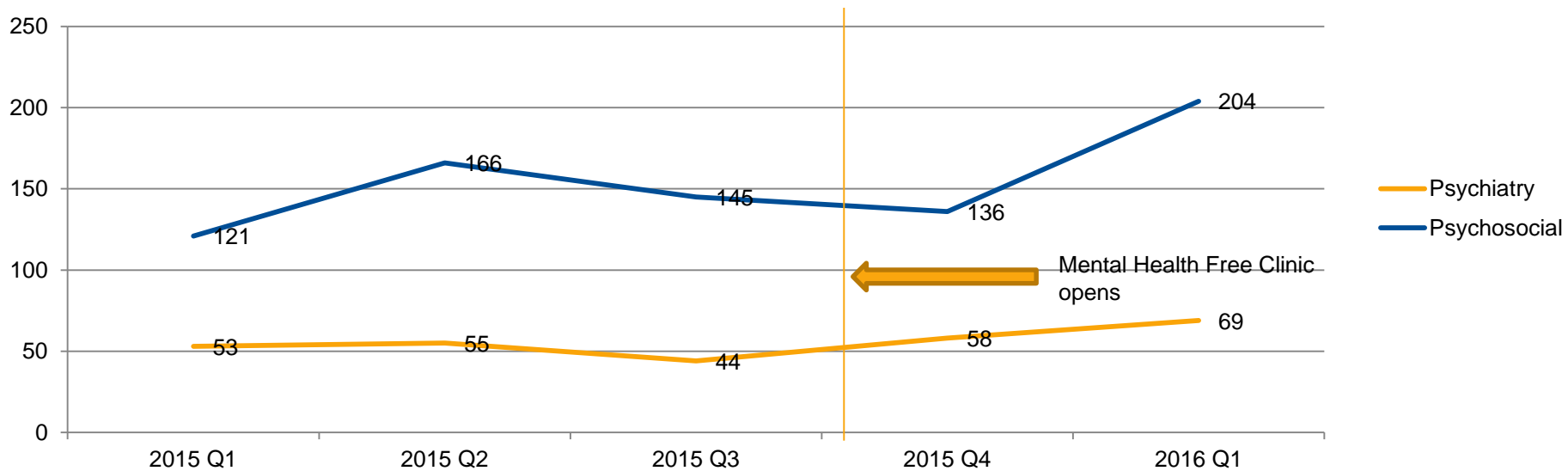
# Variables & Monitoring with **Diligence**

- Any organizational changes that might affect your flows or pathways ?
- Any system changes (external) that might impact your processes, volume or flows ?
- Staffing or program changes ?
- Account for them beforehand or note when they occur in order to track impact on your data

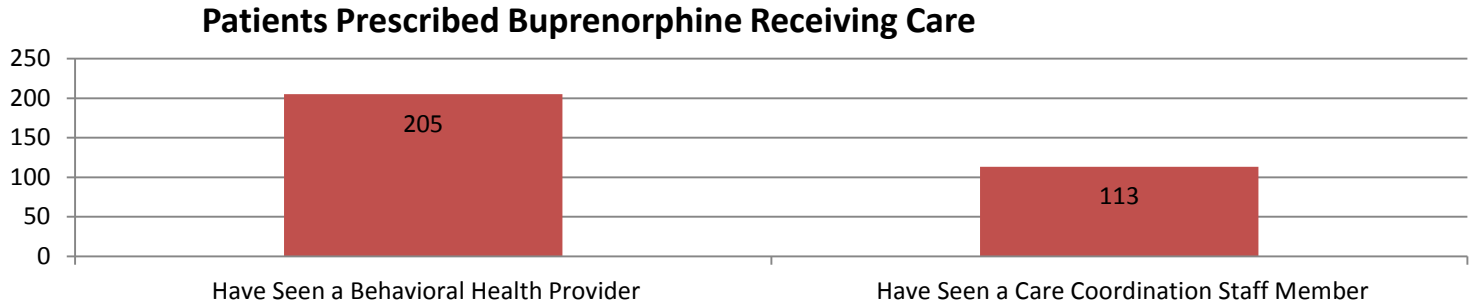
# Ulster County Uninsured Mental Health Patients 1/1/2015 -4/1/2016

Uninsured Mental Health Visits	
Psychosocial	772
Psychiatry	279

## Mental Health Visits by Quarter

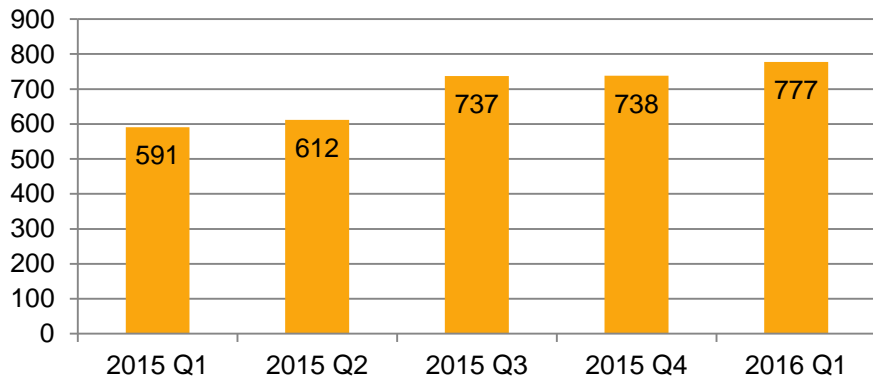


# Opioid Care & Treatment Data

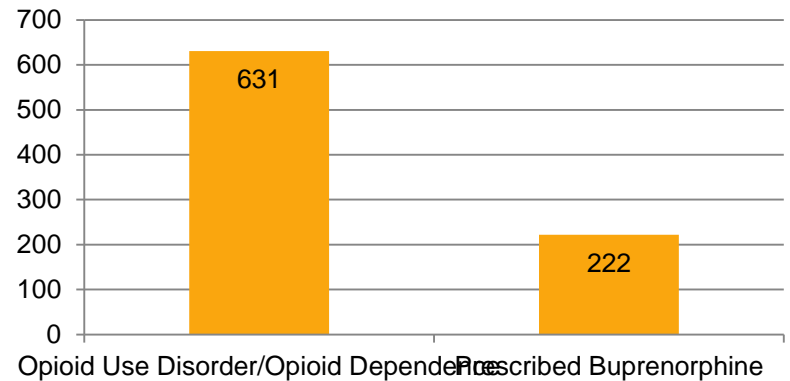


The Institute is committed to treating patients with Opioid use and dependence and has paid particular attention to this patient population in Ulster County, where opioid abuse is on the rise.

### Buprenorphine Prescriptions



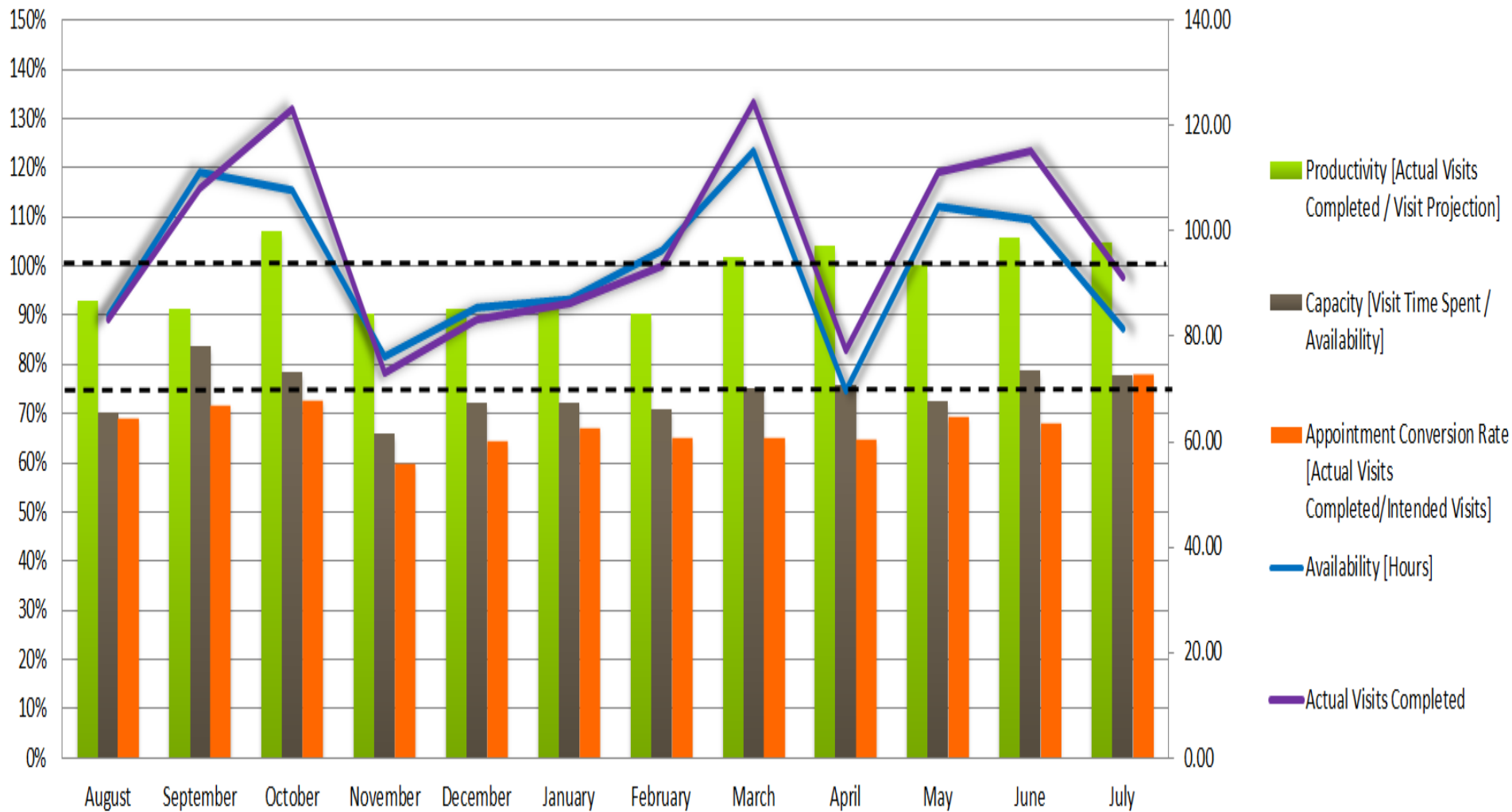
### Number of Patients



# Benchmarking-All Areas of Business

- Clinical services and outcomes
- Program services
- Staffing- productivity and capacity
- Revenue

# Staffing- productivity & capacity



# Wrap-up!

- As you can see Benchmarking is a powerful tool for improving the efficiency and effectiveness of your organization.
- It is a tool that in many ways describes the shift from Fee-for-Service/Volume-based Care to Value-based Care where marketplace comparisons between providers on a variety of measures is becoming the norm.







# Questions ?



# Benchmarking Resources

## Dartmouth Atlas of Healthcare

<http://www.dartmouthatlas.org/tools/benchmarking.aspx>

## CMS Hospital Compare

<https://www.medicare.gov/hospitalcompare/search.html>

## AHRQ

<http://www.qualitymeasures.ahrq.gov/hhs/index.aspx>

## HRSA

<http://bphc.hrsa.gov/datareporting/>

# Benchmarking Resources

## The Center for Quality Assessment and Improvement in Mental Health (CQAIMH)

<http://cqaimh.org/benchmarks%20for%20quality%20measures%20samhsa.pdf>

<http://www.cqaimh.org/>

## NASMHPD Research Institute, Inc. (NRI)

<http://www.nri-inc.org/#!data-sets/czyr>

# CIHS Tools and Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or  
e-mail [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, there is a search bar with the text "Making Integrated Care Work" and the phone number "202.684.7457". Below the search bar is the organization's name, "SAMHSA-HRSA Center for Integrated Health Solutions", and a link to the "eSolutions newsletter". A navigation menu includes "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Social media icons for Facebook, Twitter, and LinkedIn are also present, along with links for "Ask a Question" and "Email".

The main content area features a large image of a group of professionals in a meeting. Below this image is a section titled "Core Competencies for Integrated Behavioral Health and Primary Care", which includes a sub-headline "An essential foundation for preparing and further developing an integrated workforce." and a set of five numbered icons (1-5) with navigation arrows.

To the right of the meeting image is a section titled "ABOUT CIHS" with the heading "SAMHSA-HRSA Center for Integrated Health Solutions". The text below states: "CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings." Below this text is a "LEARN MORE" button.

Below the "ABOUT CIHS" section is a "TOP RESOURCES" section. It includes a "View Our RSS Feed" link. Two resource items are listed:

- FEBRUARY 24, 2014**  
Integrating Physical and Behavioral Health Care: Promising Medicaid Models
- FEBRUARY 21, 2014**  
February Is American Heart Month!

Each resource item has a corresponding image: a person climbing a ladder to reach a tree for the first item, and hands holding a red heart for the second item. Below the images are short descriptions of the resources.

At the bottom left of the page is a "CALENDAR OF EVENTS" section with two entries:

- FEB 26** Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment  
FEBRUARY 26-26, 2014
- FEB 27** Integrating Peer Support in Primary Care  
FEBRUARY 27-27, 2014



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

**Thank you for joining us today.**

**Please take a moment to provide your  
feedback by completing the survey at the  
end of today's webinar.**