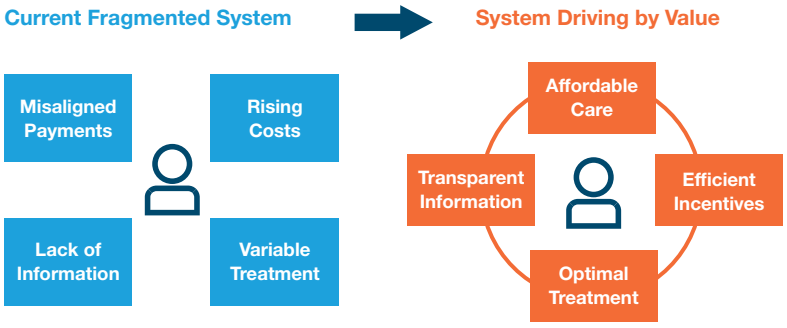
August 2016

Schizophrenia Quality: Current and Future Status

WHY IS QUALITY IMPORTANT?

- The U.S. healthcare system has been evolving toward a value-based model. Value in healthcare is commonly defined as the health outcomes achieved per dollar spent.[1]
- This ongoing shift has led payers to use quality measures to assess health outcomes and incentivize high-value care



BEHAVIORAL HEALTH IS RECOGNIZED AS A NATIONAL PRIORITY FOR QUALITY IMPROVEMENT

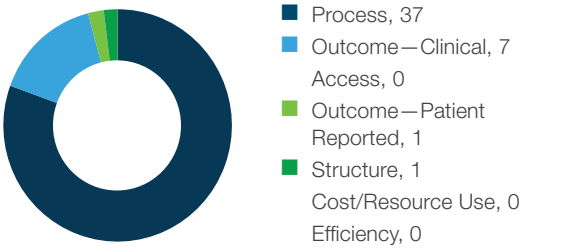
- Schizophrenia is a behavioral health disorder with substantial healthcare costs and patient quality of life burdens.

Examples of Stakeholders Involved in Addressing Quality of Schizophrenia Care	
Centers for Medicare & Medicaid Services (CMS)	• CMS has established the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program[2] to monitor inpatient care for individuals with psychiatric disorders • CMS identified a core set of health care quality measures for voluntary state Medicaid reporting,[3] including measures for schizophrenia
Department of Health and Human Services (HHS)	• Healthy People 2020 contains 12 objectives related to Mental Health and Mental Disorders[4] including "increasing the proportion of individuals with serious mental illness such as schizophrenia who receive treatment or who are employed"
Substance Abuse and Mental Health Services Administration (SAMSHA)	• SAMSHA is currently conducting a demonstration program with 24 states to establish a prospective-payment-system for Certified Community Behavioral Health clinics[5] that will include value-based payments for performance on quality measures, including measures for schizophrenia care
National Council for Behavioral Health (NCBH)	• NCBH is composed of over 2,500 member organizations and works to disseminate best practices in behavioral health while also working to advocate for federal mental health policies that ensures the highest quality of care[6]

SCHIZOPHRENIA MEASURES HAVE GAINED TRACTION IN DEVELOPMENT AND USE IN THE LAST FEW YEARS

- Avalere identified 46 schizophrenia quality measures through the Avalere Quality Measures Navigator®*
- 80 percent (37/46) address processes of care including antipsychotic use, follow-up after hospitalization, metabolic monitoring, and education. Eight measures address clinical outcomes of care including medication adherence and diabetes control. One measure addresses structural aspects of care. One patient-reported outcome measure addresses vocational rehabilitation.
- 32 percent (15/46) have received endorsement from the National Quality Forum (NQF)
- 18 measures address medication use directly

Distribution of Measures by Measure Type** (n=46***)



*__Quality Measures Navigator__ is a repository of quality measures obtained from publicly available sources, including: Quality measure databases such as the NQF Quality Positioning System; U.S. professional societies, including the American Medical Association's Physician Consortium for Performance Improvement; CMS quality programs, including the Physician Quality Reporting System; and Provider-level quality recognition and accreditation programs sponsored by organizations such as URAC, the Joint Commission and the National Committee for Quality Assurance (NCQA)

**Process measure example: Antipsychotic Drug Dosing for Inpatients with Schizophrenia; Outcome—Clinical measure example: Adherence to Antipsychotic Medications for Individuals with Schizophrenia.

***Current as of August 2016

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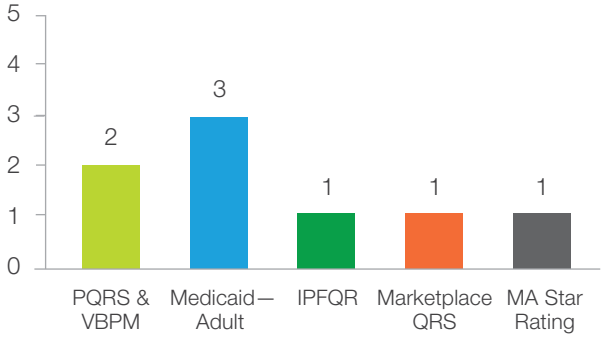
SCHIZOPHRENIA MEASURES ARE IN 5 CMS PROGRAMS

- Only three measures are used in a CMS program: (1) *Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*, (2) *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*, and (3) *Follow-Up After Hospitalization for Mental Illness* are used in a CMS program (this measures is the most commonly used, in 6 programs)
- CMS has proposed the two schizophrenia measures currently in the PQRS and VBPM programs for the Merit-Based Incentive Payment System (MIPS), which will replace these programs starting in 2019 (2017 reporting)

Number of Schizophrenia Quality Measures Included in CMS Programs



GAPS IN SCHIZOPHRENIA MEASUREMENT EXIST ACROSS ALL PHASES OF TREATMENT AND MANAGEMENT

- Additional schizophrenia quality measures are needed to:
  - Reduce time to treatment initiation following diagnosis;
  - Improve provider care coordination following discharge from acute care or emergency settings;
  - Monitor patient response to treatment such as side-effects or poor dosage response and relapse;
  - Increase use of psychosocial care and community based support
- Patient-centered measures for shared decision-making, social-isolation, and employment status are needed
- NCQA has recently developed and implemented quality measures assessing care for co-morbid conditions (e.g., diabetes and cardiovascular disease) and substance abuse (e.g., alcohol, tobacco, drugs) for its health plan accreditation programs, but these measures have yet to be adopted into CMS quality programs

FUTURE OF SCHIZOPHRENIA QUALITY MEASURES

- Federal and state Medicaid agencies will continue to advance schizophrenia and behavioral health quality through programs such as the IPF Quality Reporting program and the core set of Medicaid measures for adults
- NCQA proposed a new measure, *Follow-Up After Emergency Department Visit for Mental Illness*, for its 2017 Healthcare Effectiveness Data and Information Set[7] (HEDIS).
- To address gaps in care, measure developers as well as behavioral health medical specialty societies may implement measures using the qualified clinical data registries (QCDRs) that will allow for uptake of these measures into pay-for-performance programs established by CMS (e.g. within the MIPS program)
- Behavioral health measures for schizophrenia were not included in the recently released CMS/America's Health Insurance Plans (AHIP) Core Quality Measure Collaborative Sets, however, this is an areas of focus for quality improvement by private health plans

REFERENCES

1 Porter ME. What is value in healthcare? NEJM 2010; 363:2477-2481.

2 QualityNet. Inpatient psychiatric facility quality reporting (IPFQR) program overview. Available at: http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772250192. Accessed August 9, 2016.

3 Medicaid.gov. Adult health care quality measures. Available at: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/adult-health-care-quality-measures.html. Accessed August 9, 2016.

4 Office of Disease Prevention and Health Promotion. 2020 topics & objectives: mental health and mental disorders. Available at: https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders. Accessed August 9, 2016.

5 Substance Abuse and Mental Health Services Administration. Section 223 demonstration program for certified community behavioral health clinics. Available at: http://www.samhsa.gov/section-223. Accessed August 9, 2016.

6 National Council for Behavioral Health. About the national council. Available at: http://www.thenationalcouncil.org/about/. Accessed August 9, 2016.

7 NCQA. HEDIS 2017 Public Comment. Available at: http://www.ncqa.org/homepage/ncqa-public-comments/hedis-2017-public-comment. Accessed August 9, 2016.

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MEASURE TYPE DEFINITIONS: Access: Measures that focus on barriers to care, such as lack of insurance, financial barriers to care experienced by the population with health insurance, and usual source of care; **Clinical Outcome:** Physiologic or biochemical values that precede and may lead to clinical outcomes, those that represent an end result, and those that are proxies used to indicate an outcome; **Cost/Resource Use:** Broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (broadly defined to include diagnoses, procedures, or encounters); **Efficiency:** The cost of care associated with a specified level of health; **Patient-Reported Outcome:** Measures that provide information into the impact of illness and disease directly from the patient and without interpretation by clinicians or others; **Process:** A healthcare service provided to, or on behalf of, a patient. This may include, but is not limited to, measures that may address adherence to evidence based recommendations for clinical practice; **Structure:** Features of a healthcare organization or clinician relevant to the capacity to provide healthcare such as measures that address health IT infrastructure, provider capacity, systems, and other healthcare infrastructure supports

CMS PROGRAM DESCRIPTIONS: Marketplace QRS (Quality Rating System): public reporting program for Qualified Health Plans in the Insurance Marketplace; **MA (Medicare Advantage) Star Rating Program:** pay-for-performance program for health plans; **Medicaid—Adult Core Set**: voluntary reporting program focusing on state Medicaid programs; **MSSP (Medicare Shared Savings Program):** shared savings program for accountable care organizations; **PQRS (Physician Quality Reporting System):** pay-for-reporting program targeted to physicians; **VBPM (Value-Based Payment Modifier):** pay-for-performance program targeted to physicians.

Note: A pay-for-reporting program refers to a program which ties some portion of payment to reporting on quality measures, whereas a pay-for-performance program considers performance on quality measures when determining payment