

## IBHAO Recommended Measures: Primary Care Behavioral Health Integration-November 2016



The Integrated Behavioral Health Alliance of Oregon (IBHAO) is a workgroup of CCO Oregon. CCO Oregon is a non-profit member organization that aims to be shaped and to serve all stakeholders that touch coordinated care in Oregon.

IBHAO promotes the full integration of behavioral and physical health services in primary care settings. In 2015, IBHAO developed [recommended standards for primary care practices providing integrated behavioral health](#). Those recommendations have been incorporated into the 2017 PCPCH standards to define what efficacious integrated care looks like.

In 2016, IBHAO focused its efforts around identifying a recommended set of measures to assess integrated care outcomes. It is important to note that measuring integrated care is a new and challenging area, and there is a dearth of existing measures that fully capture the impact of integrated behavioral health care. Nonetheless, innovative organizations in Oregon are moving forward with developing measures to assess integrated care outcomes.

The table below contains a consensus list of recommended measures; please note that IBHAO encourages organizations to begin with process measures, building capacity over time to measure more complex intermediate and outcome measures.

### **Health Systems, Health Plans, Accountable Care Organizations, CCOs**

IBHAO recommends that health systems, insurance plans, and others looking to measure progress toward integrating behavioral health and primary care use the 2017 PCPCH Standard 3.C.3 as the integration metric of choice. At the system level, IBHAO concurs that measuring practice-level progress toward adopting efficacious integrated care delivery models is more meaningful than any current clinical measures.

#### **Numerator: # of PCPCHs that have attested to meeting 2017 PCPCH measure 3.C.3**

#### **Denominator: # of PCPCHs in a specified network (System, Plan, or CCO)**

To meet Standard 3.C.3 under the 2017 PCPCH standards, practices must provide integrated behavioral health services, including population-based, same-day consultations by behavioral health providers. Further specifications include best practices such as: Behavioral health providers having ample capacity to accommodate same-day access for patients, using the same medical record system as their primary care colleagues, and being active participants in team-based primary care population health strategies and quality improvement activities. IBHAO recommends that primary care homes adopt an integration model that works best for their staff and patient population, and the IBHAO standards provide a framework for practices looking to move beyond simply co-located behavioral health services.

There will be a technical specifications document supplementing this work produced in 2017.

IBHAO will continue to work toward advancing behavioral health integration in Patient-Centered Primary Care Homes across Oregon.

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| Integration Concept                | Process Measures →   | Intermediate Outcome Measures →  | Outcome Measures   |
|------------------------------------|--|--|--|
| <b>Access and Quality of Care</b>  | Behavioral health screening rates (e.g., SBIRT, PHQ-9, etc.)   | 1. Depression screening and follow-up plan (e.g. NQF-0418) including integrated care plan involving interdisciplinary team members<br><br>2. Identification & Intervention With Target Sub-Populations: Percentage of a sub-population of patients who could benefit from BHC involvement that received a BHC intervention during the reporting period. (e.g., patients with positive PHQ-9 or CRAFFT, or patients with new ADHD or Functional Abdominal Pain diagnoses) | 1. Treat to target scores, such as decrease in PHQ-9 scores (Percentage of patients with 50% decrease in scores or PHQ 9 ≤ 10)<br><br>2. Aggregated comparison of shift in scores for those who received behavioral health interventions with those who did not receive integrated behavioral health interventions on health measures such as:<br>- Patient-Reported Outcomes (e.g., quality of life surveys <u>CDC HRQOL- 4</u> ) |
|                                    | Percent of completed referrals to outside specialty behavioral health services   | Access to Integrated Behavioral Health Services: Percentage of unique patients with a direct patient contact by BHC during the reporting period  | Access to Integrated Behavioral Health Services: Sustained evidence of reaching a benchmark population penetration   |
|                                    | Progress toward meeting <u>IBHAO recommended minimum standards for PCPCHs providing integrated care</u> or 2017 PCPCH Standard 3.C.3 | Identified Process with goal of meeting the <u>IBHAO recommended minimum standards for PCPCHs providing integrated care</u> or 2017 PCPCH Standard 3.C.3   | Verified documentation of meeting the <u>IBHAO recommended minimum standards for PCPCHs providing integrated care</u> or 2017 PCPCH Standard 3.C.3   |
| <b>Utilization &amp; Cost</b>      | Fiscal sustainability measures have been identified  | Documentation of meeting or exceeding the standards for current behavioral health metrics recognized by Oregon e.g.:<br>- Follow up after hospitalization for mental illness<br>- Avoidable emergency department visits  | Established analytics to track the total cost of care prior to behavioral health integration and with behavioral health integrated services  |
| <b>Patient Experience of Care</b>  | Patient and family experience receiving integrated care (e.g. <u>CAHPS PCMH item set 3.0</u> )                                       | Patient and family experience receiving integrated care (survey data) Percentage sent and returned   | Patient and family experience receiving integrated care (survey data) Comparison of aggregated survey results between those who received integrated behavioral health care with those that did not receive integrated behavioral health care   |
| <b>PCP Retention/ Satisfaction</b> |  | Systematic evaluation of PCP satisfaction with integrated behavioral health care at practice   | Systematic and standardized comparison of PCP retention rates in integrated PCPCHs vs those without BHC  |