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Behavioral Healthcare Quality & Outcome Measures for Consideration in MassHealth Systems Transformation

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This document follows previous documents the Association for Behavioral Healthcare (ABH) has submitted to MassHealth in July 2015, November 2015 and February 2016 about serving adult and child MassHealth members with a range of behavioral health needs. ABH thanks MassHealth for the commitment it has demonstrated to identifying strategies to ensure that MassHealth members have access to care coordination and treatment services delivered by community-based behavioral healthcare organizations.

There are few validated measures that focus on behavioral health and those that exist often are appropriate to primary care settings. ABH has previously recommend that MassHealth convene a workgroup with providers and health quality content experts to develop short- and long-term approaches to measuring quality in behavioral health as well as approaches to evaluating the connection between behavioral health service utilization and total cost of care.

ABH continues to recommend that MassHealth work with behavioral health providers and quality experts to develop a robust set of measures for accountable care organizations (ACOs), community partners (CPs) and for entities that receive DSRIP funding. Quality and outcome measurement is an evolving field as it pertains to mental health and addiction treatment. ABH also recommends the following considerations based on the experiences of community-based mental health and addiction treatment providers.

Community Partner Program Measurement

MassHealth should consider the current care coordination performance measures used in the One Care program when developing the Community Partner (CP) program. A subset of community behavioral health providers have contracted with Commonwealth Care Alliance to serve as health home like organizations for a specific segment of the One Care population.

Performance measures include the timely completion of initial assessments and ongoing reassessments, post discharge follow-up within 48 hours and post hospitalization follow up within 7 days and 30 days per HEDIS specifications. In addition to specific measures, there are other requirements around process, such as completion of a Care Plan, option for member to engage with an LTS coordinator, specific documentation and staffing ratios.

Community providers receive bonus payments if they reach specific targets. MassHealth should examine the results in the One Care program when considering the benchmarks providers would have to meet in order to obtain bonuses.

ABH also recommends MassHealth consider the use the Mental Health Statistics Improvement Program (MHSIP), a valid and reliable data set used by many public state and community mental health agencies across the country to measure consumer satisfaction. The MHSIP survey

assesses access to treatment and aspects of appropriateness and quality, as well as treatment outcomes.

Measurement for Entities that receive DSRIP Funding

Outcomes measurement for entities that receive DRSIP funding should be directly related to the projects funded by MassHealth and be heavily process based. ABH has previously suggested MassHealth use DSRIP funding to support projects such as implementation of needed HIT infrastructure, care management registry development and training, staff training for needed competencies and/or recruitment of multidisciplinary staff. MassHealth should measure the success of these projects in a way that directly relates to the chosen project category.

ACO Measurement and Social Determinants of Health

ABH strongly supports MassHealth's commitment to using social determinants of health in risk adjustment and measuring and reporting social needs and complexities of MassHealth members. ABH agrees that ACOs must create the right program structure, requirements and incentives to leverage community-based organizations with expertise in managing socially complex populations as partners in the ACO care model. Requiring ACOs to consider a host of increased risk factors is an important way to ensure individuals with behavioral health needs have access to the care and support that that need.

MassHealth continues to point to homelessness as the most prominent risk factor in developing these social determinants of health. ABH agrees homelessness should be considered and measured. ABH provider members also believe it is essential that MassHealth consider other factors like encounters with the criminal justice system.

ABH also strongly recommends MassHealth consider adverse childhood events and trauma history as important risk factors. The Adverse Childhood Event (ACE) Study is one of the largest scientific research studies of its kind, with over 17,000 mostly middle income Americans participating. The focus was to analyze the relationship between childhood trauma and the risk for physical and mental illness in adulthood. Over the course of a decade, the results demonstrated a strong, graded relationship between the level of traumatic stress in childhood and poor physical, mental and behavioral outcomes later in life. The study shows that there is a "strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults." ¹

Conclusion

ABH reiterates its appreciation for the continued transparency of MassHealth's redesign process and genuine desire to engage stakeholders, and we look forward to a continued dialogue as the system transformation process continues to unfold.

¹ Felitti, V. J., & Anda, R. F. (1998) "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults". The Adverse Childhood Experiences (ACE) Study. Centers for Disease Control and Prevention. Retrieved from [http://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/abstract](http://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract)