



# A Practical Approach to Performance Measurement and Quality Improvement for Children's Services

## *Bridging the Gap Between Research and Practice*

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# Performance Measurement: *From the Ground Up*

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# Forum Related Websites

- ☛ Washington Circle – substance abuse  
<http://www.washingtoncircle.org/>
- ☛ Outcomes Roundtable for Children and Families - mental health  
<http://orcf-forum.org/>
- ☛ Forum Adult Workgroup – mental health  
<http://www.mhindicators.org/>
- ☛ Mental Health Statistics Improvement Program (MHSIP)  
<http://www.mhsip.org/>

# Goals of Session

## *Consider/Understand*

- ☛ Issues - moving research into real world
- ☛ Importance of data based decisions
- ☛ Importance of sound methodology
- ☛ Why use similar measures across systems
- ☛ Issues - administrative vs. survey measures
- ☛ Importance of cross system approach
- ☛ How to apply information in own agency

# Different Organizations/ Different Roles/Responsibilities Pertaining to Data

- Some organizations

  - Create** data base & **use** resulting data

- Other organizations

  - Use** data for quality management obtained from organizations that create data

*Both groups and ultimately clients benefit from performance measurement*

# Specific Focus On Performance Measurement *Consider How To:*

- Design scientifically sound, relevant, feasible, cost effective systems
- Determine if administrative data or survey methods are more effective
- Clearly specify performance measures (data collection, sources, programming, analysis)
- Interpret data/ use for quality improvement

# The Forum on Performance Measurement in Behavioral Health Care and Related Systems

## Mission:

- Develop ***common performance measures*** across systems - public and private
  - To improve the quality of services
  - To influence practice and policy

# The Forum on Performance Measurement in Behavioral Health: *Past, Present, and Future*

- Background
  - History-sponsors-goals-structure-members
- Present status/accomplishments/future plans
- Child/family treatment focused groups
  - Washington Circle Adolescent Group
  - Outcomes Roundtable for Children & Families

# Performance Measurement: Bridging the Gap Across Systems

- ✓ **Goal:** Establish common measures
- ✓ **Requirement:** *Reasonable* scientific soundness in methodology
- ✓ **Constraints:** Feasibility/practicality
- ✓ **Consequences:** Impact on practice and policy (positive/negative)

# Requirement for Comparisons Across Systems: *Uniformity*

- ☞ **What** to measure
- ☞ **Who** to measure
- ☞ **When** to measure
- ☞ **How** to measure
  - **Collect** data
  - **Analyze** data
  - **Present** data
  - **Interpret** data
  - **Use** data

# Administrative & Survey Data

## *Issues to Consider*

### Survey Data

- Not routinely collected
- Require survey instruments
- Additional cost
- Response rates variable
- Methodological problems

### Administrative Data

- Routinely collected
- Objective
- May be incomplete

# Survey Data: *An Example*

- MHSIP Survey- 67,000 estimated for completion, 5040 actually completed = 8 % compliance

(Table MHSIP Survey Compliance Rates by Service Area)

- Eight Service Areas in study - completion rate varied from 2-19 % compliance





# Performance Measurement Initiatives In Healthcare:

The Role of the Federal  
Government



# Selected Federal Government Performance Measurement Initiatives

- Government Performance Results Act (GRPA, 1993)
- Performance Partnership Grants (PPG – block grants)
- Performance Assessment Rating Tool, PART
- Mental Health Statistical Improvement Program (MHSIP)
- **Forum On Performance Measurement**

# Core Principles of Federal Initiatives Requiring Performance Measurement

- The Office of the Assistant Secretary for Planning and Evaluation, is working with several agencies within the Department of Health and Human Services to help develop performance measurement approaches which build the following core principles:
  - Meaningful consultation with stakeholders is critical
  - Effective performance measurement efforts are based on a partnership with stakeholders

# Core Principles of Federal Initiatives Requiring Performance Measurement

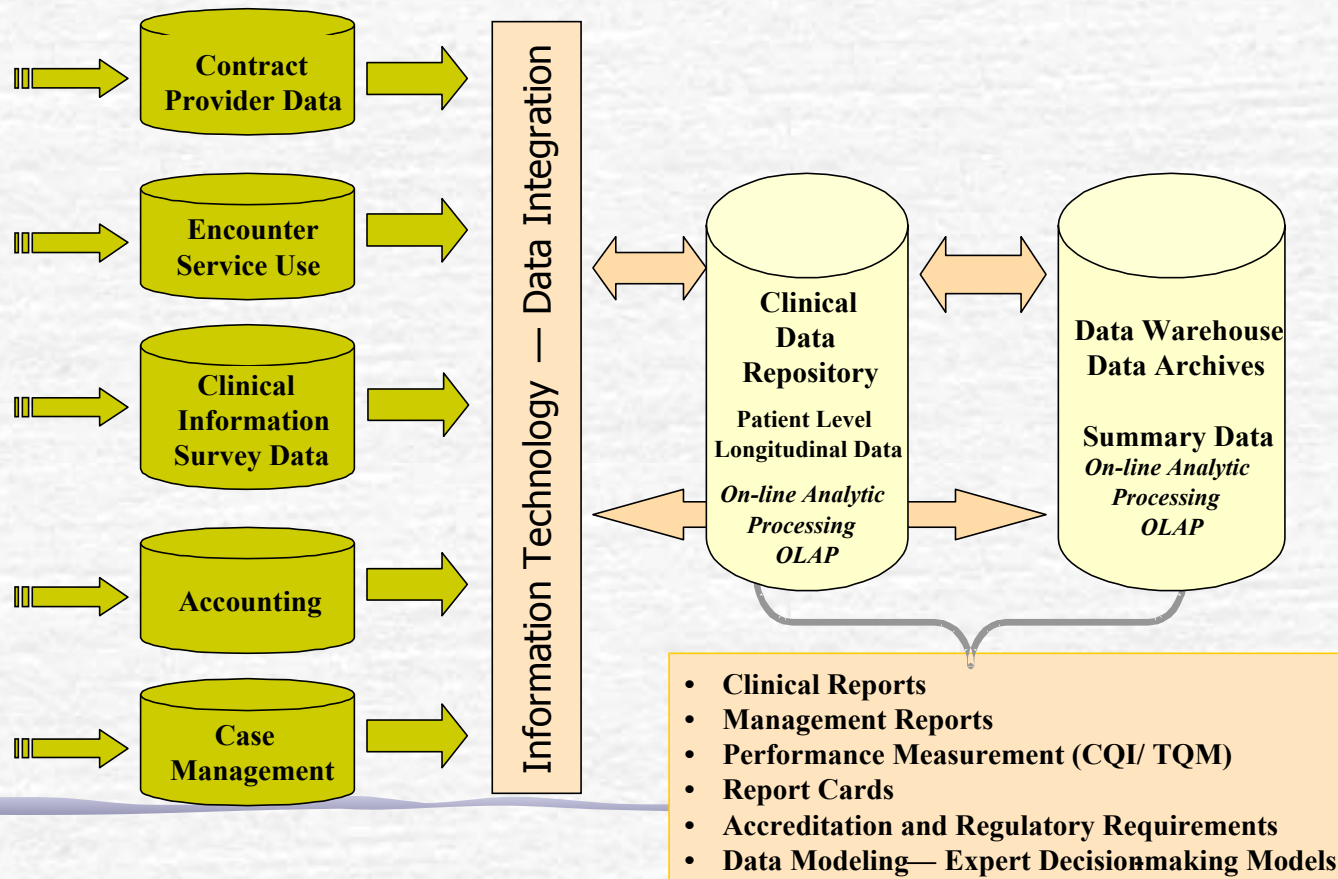
- ☞ Measurement must be based on sound data
  - Existing data systems are often insufficient to reliably measure public health or human service outcomes
- ☞ Given weaknesses in data, performance can not look at outcomes alone but must also consider process and intermediate outcome measures
- ☞ Health and human services performance measures are most appropriately used to help determine technical assistance needs

# Changing the System – The Need For Performance Measurement

- ☞ Identifying the goals and objectives for improvement
- ☞ Changing treatment and care
  - Practice guidelines
  - Evidence-based treatment
  - Outcomes
- ☞ Changing the systems and organizations that deliver treatment/services
- ☞ Changing the environment that affects organizational and professional behavior
- ☞ Identifying exemplar systems through
  - Comparisons
  - Benchmarking

# Moving From Fragmented Data Elements to Integrated Information

## Integrating Information



# Addressing Fragmentation: The Forum On Performance Measures

- To identify a small set of performance measures that are common across behavioral healthcare sectors
  - Mental health
    - Adult
    - Child/adolescent
  - Substance abuse treatment
    - Adult
    - Child/adolescent
  - Substance abuse prevention

# Washington Circle Measuring The Process of Care

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Chairperson, Washington Circle  
Adolescent Subcommittee

*Supported by the  
Center for Substance  
Abuse Treatment  
SAMHSA*

# Background Washington Circle

- 1998 – Washington Circle established by CSAT
- Focused on adult substance abuse treatment
- 2002 – established subcommittee focused on treatment of adolescents with substance use disorders

# Washington Circle Adolescent Subcommittee Goals

- Develop and pilot test a core set of performance measures for substance abuse treatment for public and private sector health plans and related systems
- Collaborate with a broad group of stakeholders to ensure widespread adoption of measures by employers, public payers and accrediting organizations and system leaders

# Washington Circle Fundamental Values

- ☛ Treatment is essential
- ☛ Recognition is the key first step
- ☛ Comprehensive treatment is essential to recovery
- ☛ Support services for family members are crucial

# Washington Circle Fundamental Values

- ✔ Quality AOD care yields multiple benefits
- ✔ Performance measurement should be tied to continuous quality improvement practices.
- ✔ Recovery management and continuing care are essential to sustaining benefits.

# Washington Circle Fundamental Values

- ☛ Performance measurement must be culturally sensitive.
- ☛ Performance measurement must address co-occurring disorders
- ☛ Service system collaboration is essential.

# Criteria for Selecting and Developing Performance Measures

- Relevance
- Scientific soundness
- Feasibility

# Relevance

- ☛ Measure is meaningful in terms of stimulating quality improvement – measuring service system features that support improvement
- ☛ Measure focuses on service system features that can be modified
- ☛ Measure indicates whether improvement has occurred

# Scientific Soundness

- ☛ Measure is valid, logical, makes sense
- ☛ Measure accurately assess a system process or outcome
  - Process: service access, service engagement, etc.
  - Outcome: reduced symptomatology, increased function, etc.
- ☛ Measure is reliable – results are reproducible over time and across systems

# Feasibility

- ✔ Measure is achievable
  - Benefit and value outweigh the burden and cost
  - Can be accomplished using reasonable service system resources – cost effective
  - Data collection and analysis plans are clearly defined
- ✔ Measure respects consumers
- ✔ Measure does not compromise consumer confidentiality

# Washington Circle Priorities

- Feasibility
- Available data
- Focus on process
- Link to accreditation process

# Washington Circle Process of Care Measures\*

## Conceptualized and Specified\*\*

- Identification of substance use disorder
- Initiation of substance abuse treatment
- Engagement in substance abuse treatment

## Conceptualized

- Retention in substance abuse treatment
- Stepdown to lower level of care
- Follow-up after treatment
- Family involvement in treatment

\*First generation

\*\* For health plans

# Measures Specification

- **Identification** – The percent of adolescent enrollees with an AOD claim, defined as containing a diagnosis of AOD abuse or dependence or a specific AOD-related service, on an annual basis. That is, the number of adolescent members with an AOD claim divided by the total number of adolescent enrollees (unweighted total adolescent members or weighted in person years).

# Measures Specification

- **Timely Initiation** – The percent of adolescent enrollees with an inpatient AOD admission or with an outpatient claim for AOD abuse or dependence **and** any additional AOD-related services (including mental health) within 14 days. That is, adolescent members with an AOD admission or with an outpatient index claim and any additional AOD-related service claim within 14 days divided by full-year members with index AOD claims.

# Measures Specification

- **Engagement with timely initiation** – The percent of adolescent enrollees with an inpatient AOD admission or with an outpatient claim for AOD abuse or dependence **and** any additional AOD-related services (including mental health) within 14 days **and** two additional AOD-related services (including mental health) within 30 days after initiation. That is, adolescent members with two or more AOD/mental health-related services within 30 days after initiation divided by full-year adolescent members with index AOD claims.

# Pilot Testing the Measures

- In health plans
- In other settings
  - Block grant
  - Systems of care

# Special Issues for Treatment of Adolescents with Substance Use Disorders

- Identification of substance use
  - Screening in primary care
    - Screening tools, training
    - Diagnostic rigor
- Benefit structure

# Special Issues for Treatment of Adolescents with Substance Use Disorders

- Reimbursement structure
  - One dx required
  - Differential reimbursement rates
- What counts?
  - Strict vs. broad interpretation


# Special Issues for Treatment of Adolescents with Substance Use Disorders

## Developmental Measures


- Retention in treatment
  - Minimalist or optimal
  - Influence of the insurance benefit structure
- Follow-up after treatment
  - Timeframe
  - In person vs. telephone
  - Youth, caregiver, both

# Special Issues for Treatment of Adolescents with Substance Use Disorders

- Applying the measures to non-health plan based service delivery (Federal Block Grants, demonstration grants, etc.)



# Adapting Measures For Other Populations

- Mental Health
  - Co-occurring
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# Outcomes Roundtable for Children and Families

Ann Doucette, Ph.D.  
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*Supported by the  
Center for Substance  
Abuse Treatment  
SAMHSA*

# Mission: Outcome Roundtable for Children and Families (ORCF)

To bring together multiple perspectives and expertise to provide leadership that stimulates culturally competent and data driven improvements in policy, practice, and research for children and adolescents with emotional and behavioral health needs and their families.

Adopted June 2001

# Performance Measurement Role: Outcome Roundtable for Children and Families

- ✔ Contribute to the development of common and core indicator/performance measures for child behavioral health for use by multiple child serving systems
  - Common: measure that are appropriate for use across multiple child service sectors
  - Core: measures that are essential for child mental health, but may not be appropriate for other child service systems
- ✔ Contribute to the activities of other groups working on child outcomes and service system improvement
- ✔ Develop a cadre of family member representatives knowledgeable about children's behavioral health outcomes to take leadership positions in the field

# Proposed Performance Measures

- Indicator/measures built on existing work (MHSIP, ECHO, NCQA, etc.)
- Initial set of indicator/measures include
  - 25 indicators and performance measures
  - 3 *developmental* measures that address
    - Treatment of co-occurring disorders
    - Tracking integrated care across child-serving systems
    - Use of seclusion and restraints
- Data for the initial set of indicator/measures uses
  - Administrative and claims datasets
  - Primary data collection -- consumer surveys

# Performance Measures Identified by the Outcomes Roundtable

- ✔ Proximity of service providers
- ✔ Identification rates
- ✔ Successful initiation of services
- ✔ Treatment engagement
- ✔ Utilization rates
- ✔ Continuity of care
- ✔ Medication management
- ✔ Psychiatric certification
- ✔ Inpatient readmission rates within 30 days
- ✔ Cultural sensitivity (language need awareness)
- ✔ Implementation of evidence-based treatment/practices
- ✔ Implementation of practice guidelines
- ✔ Utilization of non-traditional service settings
- ✔ Change in school attendance
- ✔ Change in legal encounters/arrests
- ✔ Adverse outcomes
- ✔ Perception of access to services
- ✔ Perception of appropriateness of services
- ✔ Linkage to primary services
- ✔ Family involvement in organizational policy development
- ✔ Caregiver/child/adolescent involvement in treatment
- ✔ Client satisfaction with quality of care
- ✔ Change in the use of alcohol/other drugs
- ✔ Change in symptomatology
- ✔ Change in functional level
- ✔ Change in quality of life
- ✔ Seclusion and restraint requirements (*developmental measure*)
- ✔ Integrated care (*developmental measure*)
- ✔ Co-occurring disorders (*developmental measure*)

# Performance Measurement

## Administrative Data – Survey Data

### Administrative data

- Readily available – less burden
- Aggregate patterns – characterizing the process of care for individuals included in the health plan, service catchment area, etc.

### Self-report survey data

- Primary data collection
- Burden on the consumer/client and service system (data collection, sampling, data entry, analysis, etc.)
- Focus: contextual understanding of consumer perceptions of care

# Common Administrative Data Measures: Child/Adult Mental Health/Substance Abuse

## Administrative Measures

- Identification: Who is in the service system?
- Initiation: How quickly do identified individuals receive a first service?
- Engagement: Are individuals sufficiently “engaged” in the system so that intervention has an opportunity to be effective?


# Issues To Consider: Using Administrative Data Measures

- Can measurement specification be common across
  - Child/adolescent mental health and substance abuse
  - Adult mental health and substance abuse
- What are the effects of changing treatment models, e.g., brief treatment episodes on specifications?
  - MET/CBT 5 versus 20 sessions of parent management training
- What are the effects of management utilization strategies on specifications?
  - Service authorization procedures that allow limited services, e.g., 2 outpatient therapy services within a 30 day period



# Pilot Results: Administrative Data Measures

Medstat MarketScan<sup>®</sup> Commercial  
Health Plan Database\* (1997)



# Percent Children With Mental Health and/or Substance Abuse Diagnosis

Pilot results using the Medstat MarketScan<sup>®</sup> Commercial Health Plan Database\* (1997)

## Identification

Birth through 5 years	.1%
6 through 11 years	5.0%
12 through 15 years	6.0%
16 through 18 years	6.0%

\* Database contained 678,074 records for children 18 years of age and younger.

# Treatment Initiation and Engagement Rates

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Age Group	Initiation	Engagement
Birth through 5 years	N/A	N/A
6 through 11 years	24%	13%
12 through 15 years	30% (2.6%)	16% (1%)
16 through 18 years	36% (4.4%)	20% (2%)

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(%) = those meeting criteria through inpatient services

# Common Survey Data Measures: Child/Adult Mental Health/Substance Abuse

## Self-report Survey Measures

### ● Quality:

- Active consumer participation in services and treatment planning
- Quality of the interaction/relationships with providers/clinicians – therapeutic alliance/working relationship
- Provider/clinician responsiveness

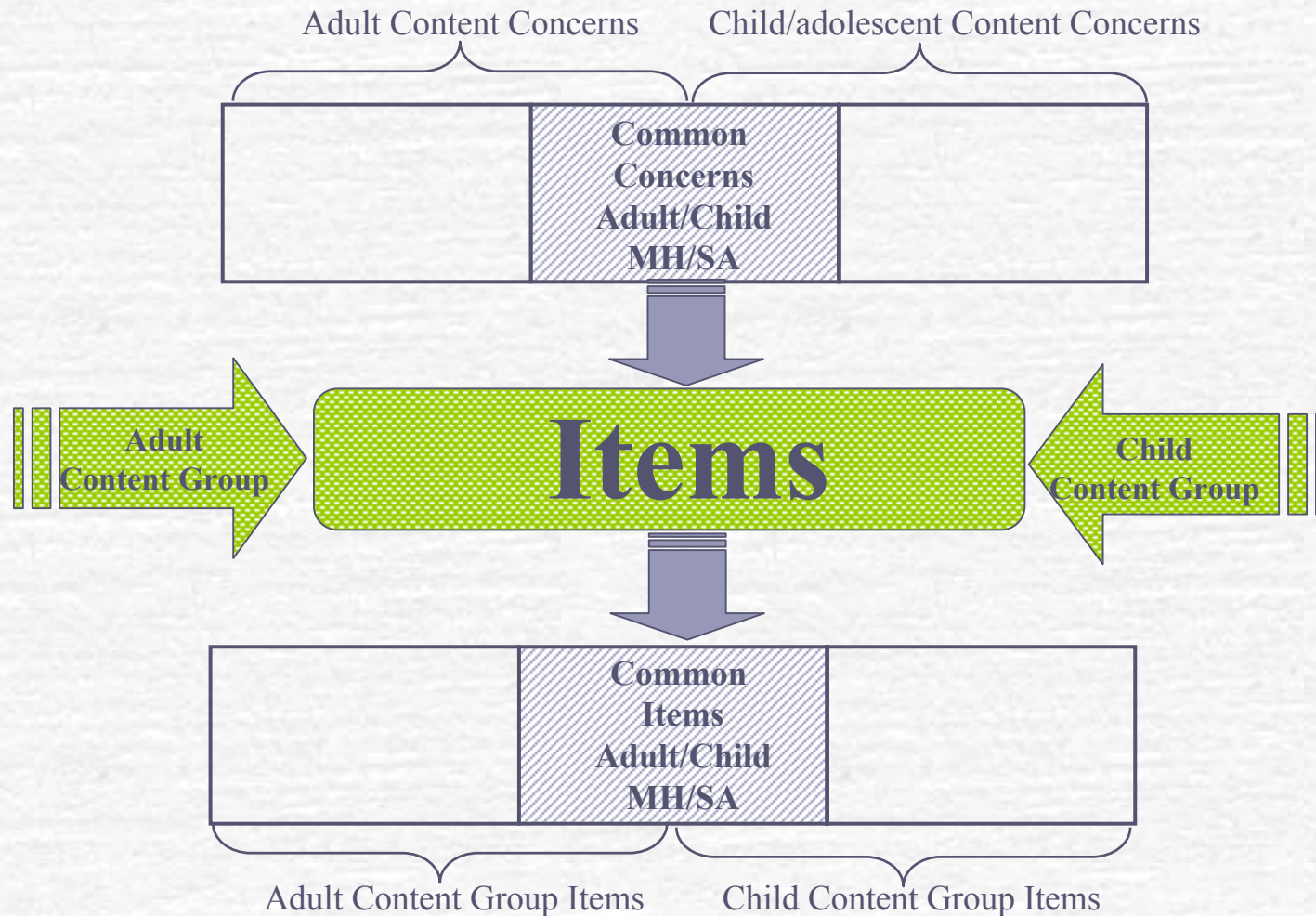
### ● Outcomes

- Perceived improvement in ability to function effectively
- Perceived reduction in symptomatology/psychological distress

### ● Recovery

- Extent to which consumer perceives improvement in the general quality of life, hopefulness, empowerment, etc.

# Next Steps: Developing A Common *Modular Survey*



# Next Steps: Pilot Testing A Common *Modular* Survey

- Identifying appropriate items to address “*common*” concerns – consumer perceptions of care and outcome
- Pilot test items
  - Pilot test proposed survey items
  - Cognitive testing for understanding of item and response categories across potential respondent groups (age, gender, race/ethnicity, SES, urban versus rural, etc.)
- Mid-course revisions if needed
- Implementation and adoption
  - As a stand-alone instrument
  - Added to existing measures used by systems

# Relevance to Child Welfare

- ☛ To inform the selection of health plan partners
- ☛ To monitor client patterns of treatment
  - Tracking whether clients are ***initiated*** into services
  - Tracking whether clients are ***engaged*** in services
- ☛ To improve State results on the well-being measure in the Child and Family Service reviews