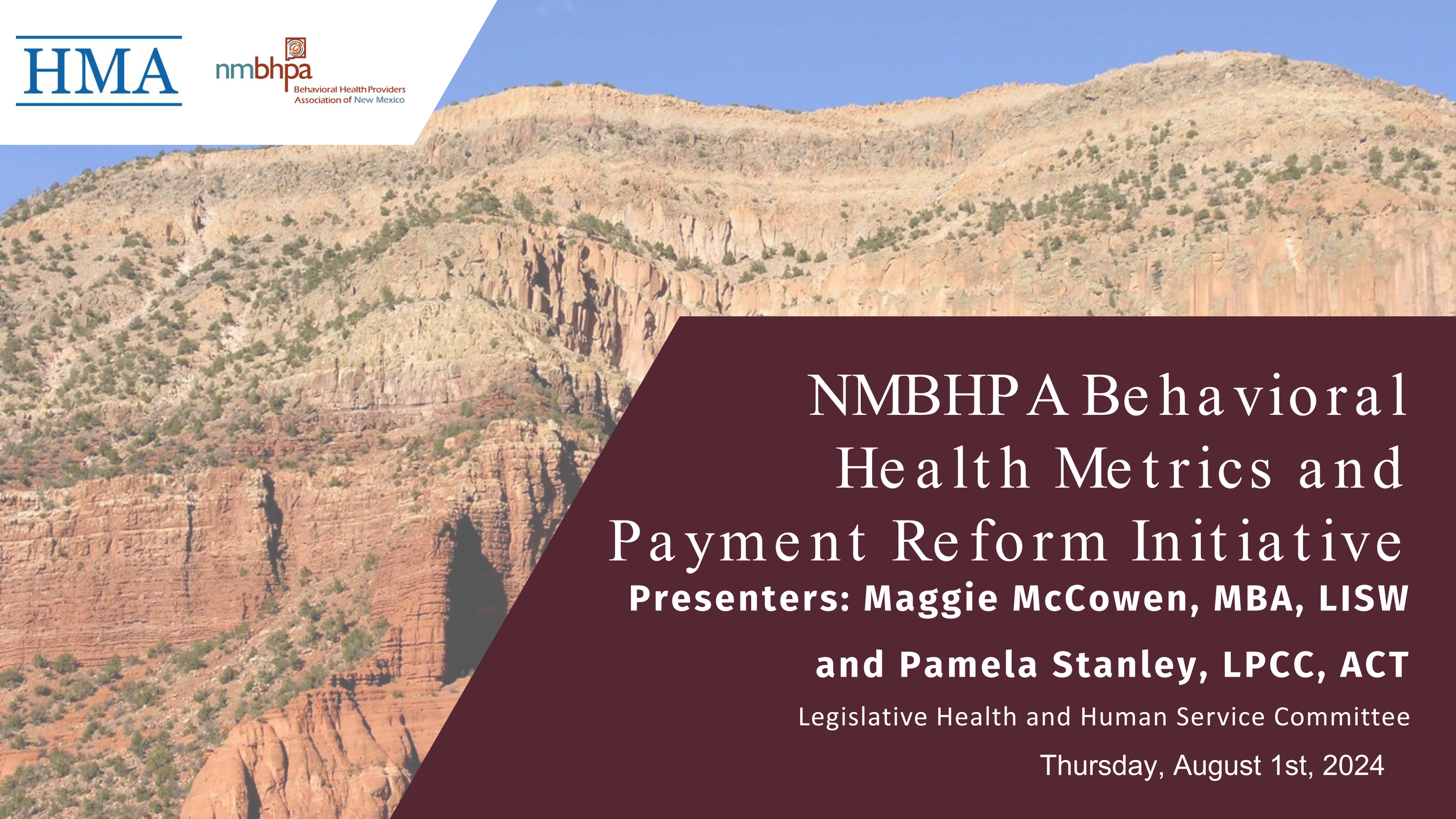

NMBHPA Behavioral Health Metrics and Payment Reform Initiative

Presenters: Maggie McCowen, MBA, LISW

and Pamela Stanley, LPCC, ACT

Legislative Health and Human Service Committee

Thursday, August 1st, 2024

Agenda

- Project Purpose and Benefits to New Mexico
- Year 1 and 2 : Project Development and Implementation
- Year 3: Payment Reform Initiative Development and Growing the Data Ecosystem
- Future Project Years

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Project Description

The Data Collection Project started as a two-year project to identify and evaluate BH-specific quality metrics instead of measures often used in BH value-based payment that are adopted from HEDIS or physical health.

Ten pilot provider teams successfully defined BH quality metrics that form the basis for a payment reform initiative. The project has expanded into 5 years and 20 pilot teams.

This presentation details how provider-driven metrics were developed, the identified metrics, the model developed for reporting and analyzing data, and the next step in transforming quality reporting into a meaningful BH alternative payment model. The project has been fully funded to date by the Behavioral Health Services Division, NM Health Care Authority.

Project Timeline

SFY23

Project Start – Developed provider-driven metrics

SFY24

Started data collection of metrics with original 10 pilot organizations, established reporting platform, statewide APM provider readiness assessment

SFY25

Grow the data ecosystem with the new organizations, start practice transformation activities, and develop payment reform initiative

SFY26

Continuation of data collection, preparation for model implementation and model socialization/provider supports

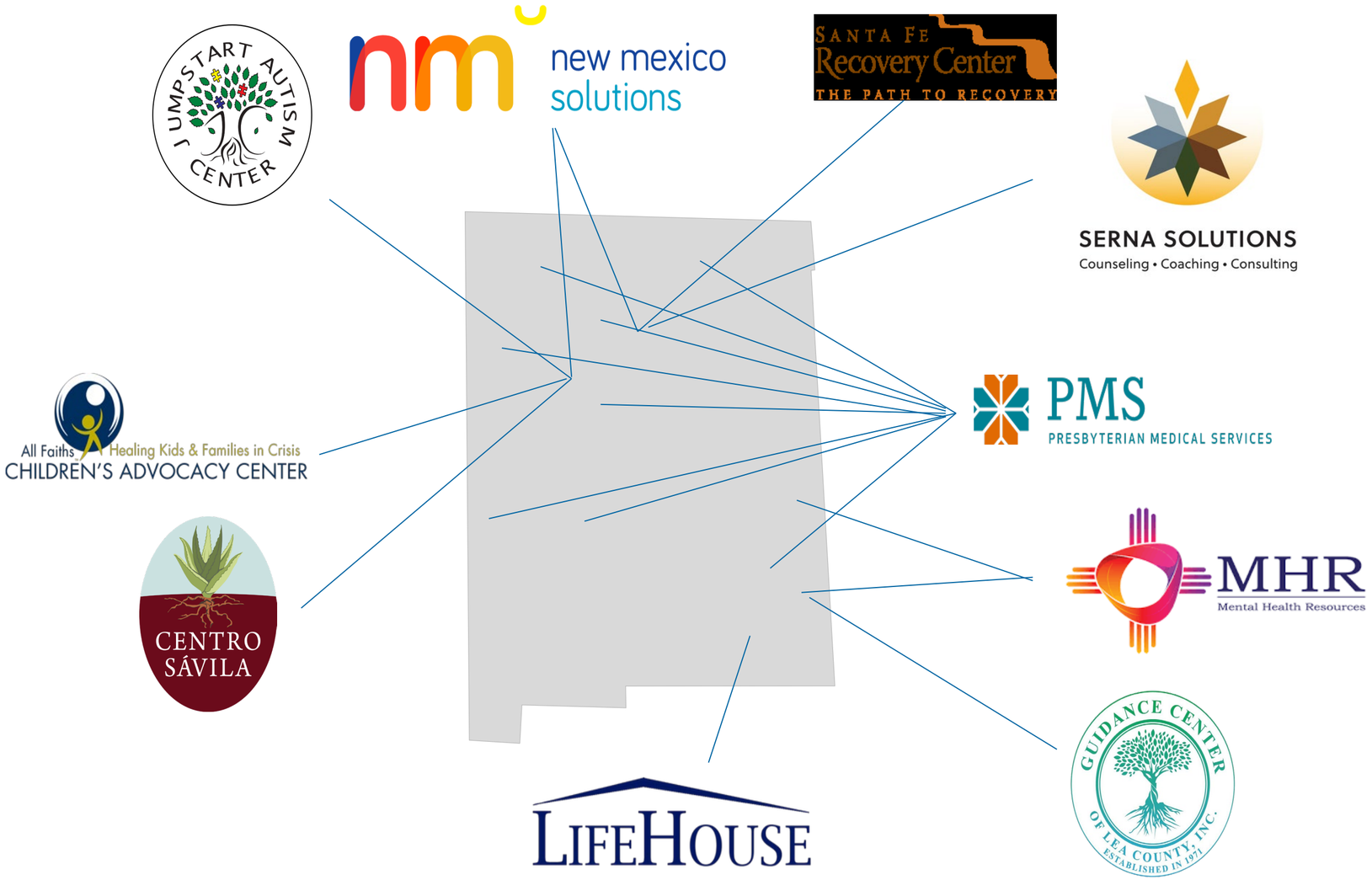
SFY27

Entry-level payment reform model launches. Support state, MCOs, and providers with implementation, socialization, and trainings

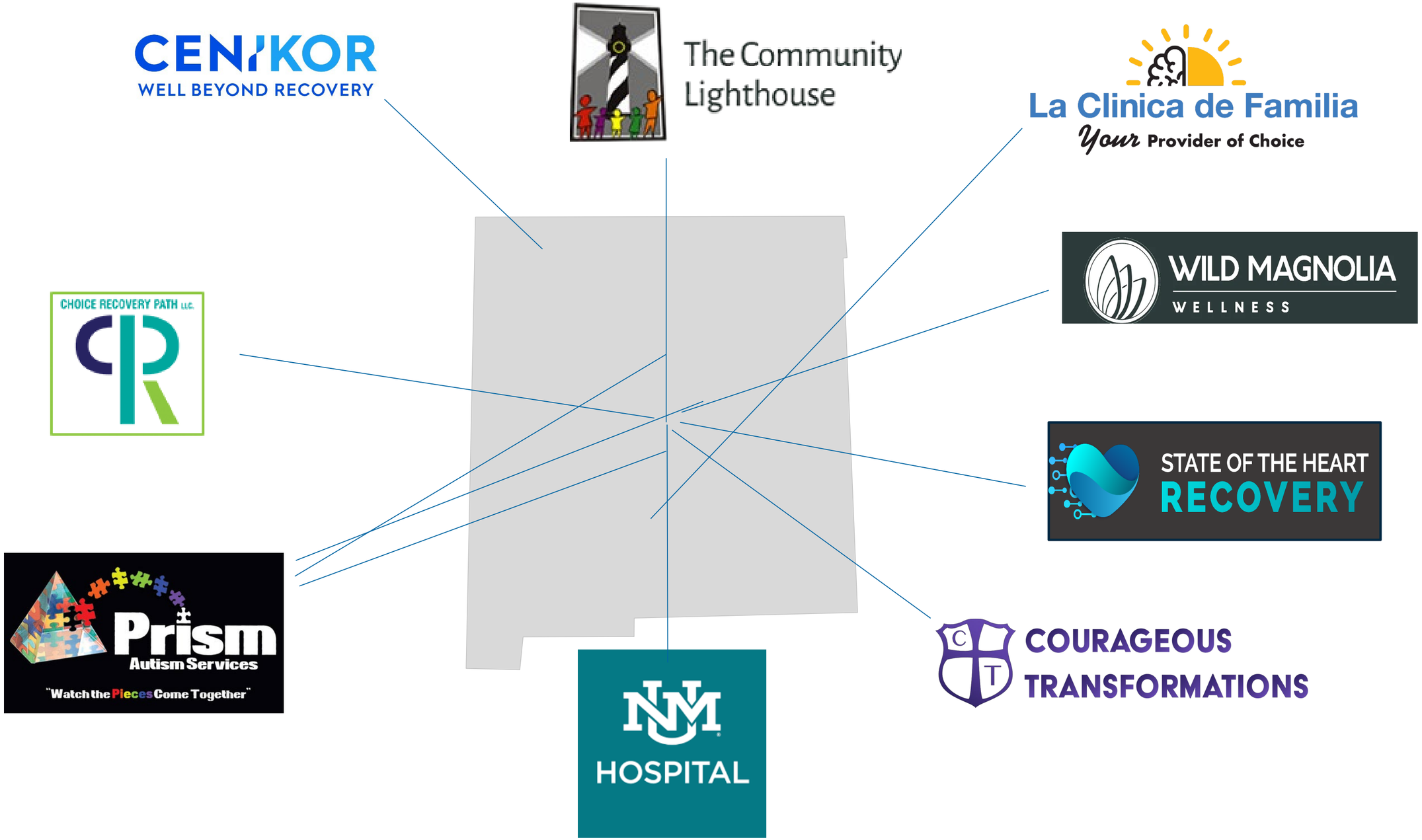
SFY28

Enhanced BHPR tiers, integration with primary care, and practice transformations

Pilot Organizations



SFY25 Additional Pilot Organizations



Project Purpose

Built on a common set of meaningful, provider-driven behavioral health metrics.

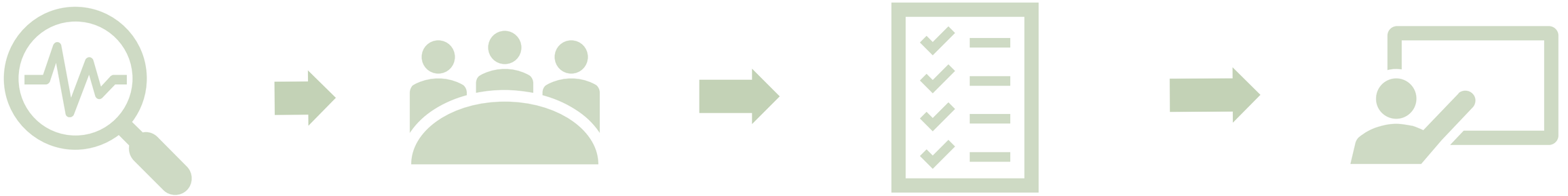
Support behavioral health organizations in developing infrastructure and capabilities to submit reliable quality data.

Develop activities necessary to transition from fee-for-service to value-based reimbursement in alignment with New Mexico's Primary Care Payment Reform Initiative.

Support New Mexico's vision for integrated behavioral health/primary care and transforming practice delivery.

HEALTH MANAGEMENT ASSOCIATES

Pilot Metric Development Was Provider-Driven



Conducted national scan to inform development of metrics specific to behavioral health

Collaborated with pilot organization representatives to gather input on what metrics are meaningful and feasible to collect

Worked with pilot organizations to identify a menu of behavioral health metrics

- Can be tailored to different provider organization types
- Metrics suitable for integration with primary care

Conducted a provider readiness assessment to identify organizational strengths and gaps in value-based payment readiness; providing trainings to increase readiness

Examples of Traditional Behavioral Health Metrics

Follow-up after Hospitalization for Mental Illness – 7 days, 30 days

Follow-up after Emergency Department Visit for Mental Illness – 7 days, 30 days

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medication

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

Use of Opioids at High Dosage

Call for Reform in Traditional Behavioral Health Measures:

- Adopted from physical health measures
  - Too large of a focus on physical health
  - Default to HEDIS measures
- Behavioral Health Providers have limited ability to influence outcomes
- Largely process measures

Metric Menu for Pilot Year

Mandatory Metrics
All must report

1. Measurement Based Care – PHQ-9 (APA)
2. Social Needs Assessment (Org-specific)
3. Patient Experience of Care Survey (SAMHSA)
4. % of Patients with Regular Engagement in Services (Org-specific)
5. Time to Initial Appointment for Diagnostic & Treatment Planning/Evaluation (SAMHSA)
6. Readmissions within 30 Days (NCQA)

Level I Metrics (Outcomes)
Choose 2

- ❑ % of Patients with Successful Discharges (treatment goals achieved) (Org-specific)
- ❑ Deaths by Suicide (SAMHSA)
- ❑ Depression Remission at 12 Months (MNCM)
- ❑ Emergency Department Utilization (Org-specific)

Level II Metrics (Process)
Choose 2

- ❑ Improving Language Access (Org-specific)
- ❑ Measure of Financial Burden to Patient (Org-specific)
- ❑ Emergency Department Utilization (Health Plan/State/Org)
- ❑ Net Promoter Score (Bain & Co)
- ❑ ASD Set of Patient-Centered Outcome Measure (ICHOM)
- ❑ Measurement Based Care – Other (Anxiety, SUD, etc.) (APA)

Data Collection, Reporting Platform, and Interoperability

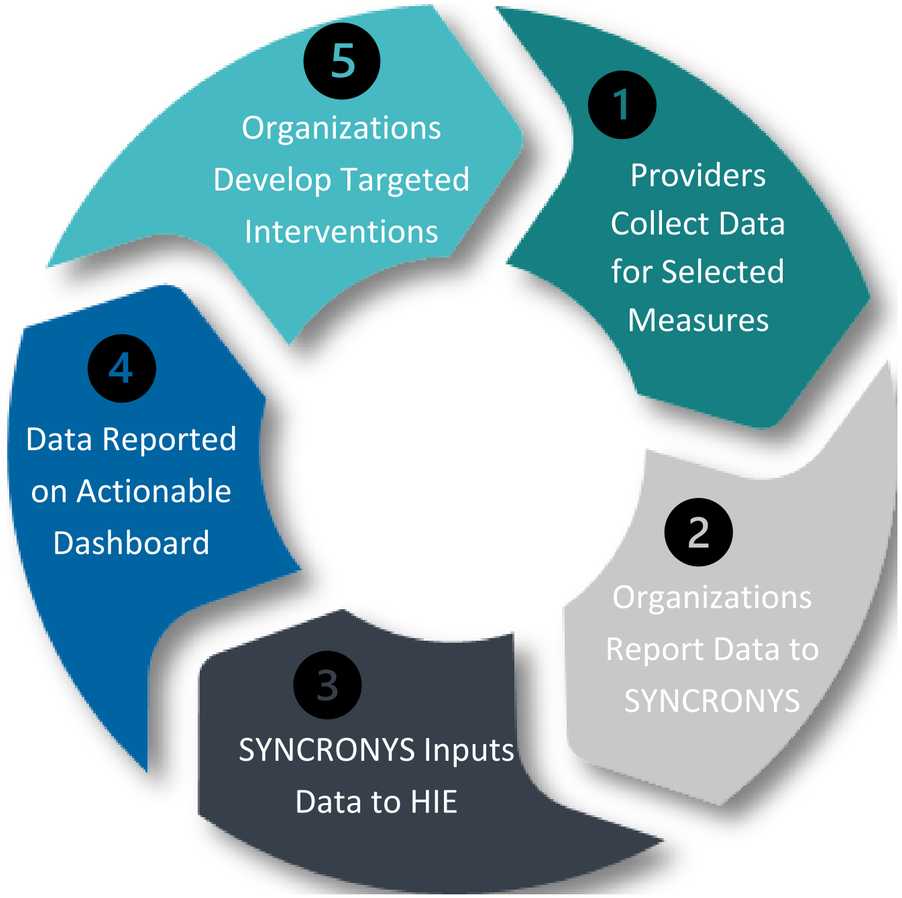
EHR's working with SYNCRONYS for integrating data elements within each measure to be collected, integrated into clinical workflow, and reported on a monthly basis

SYNCRONYS is New Mexico's health information exchange working as the central body for data collection, aggregation, and creating actionable dashboards for the measures for each organization

Interoperability - Focus of project team was to continue to work on interoperability of behavioral health organization's EHRs to improve interoperability to streamline data collection and reporting

Data Collection, Reporting Platform, and Practice Transformation

July 1st, 2023-June 30th



Data Collection and Reporting

Provider organizations collect data on the 10 selected measures throughout the month. Provider organizations report the data within first 5 business days of the month using CSV template.

SYNCRONYS HIE and Actionable Dashboard

SYNCRONYS uploads the data to the HIE which is then uploaded in a monthly dashboard refresh. Providers have access to the measure outcomes and population risk management.

Practice Transformation

Based on the outcomes in the dashboard, providers can make targeted interventions to improve patient outcomes.

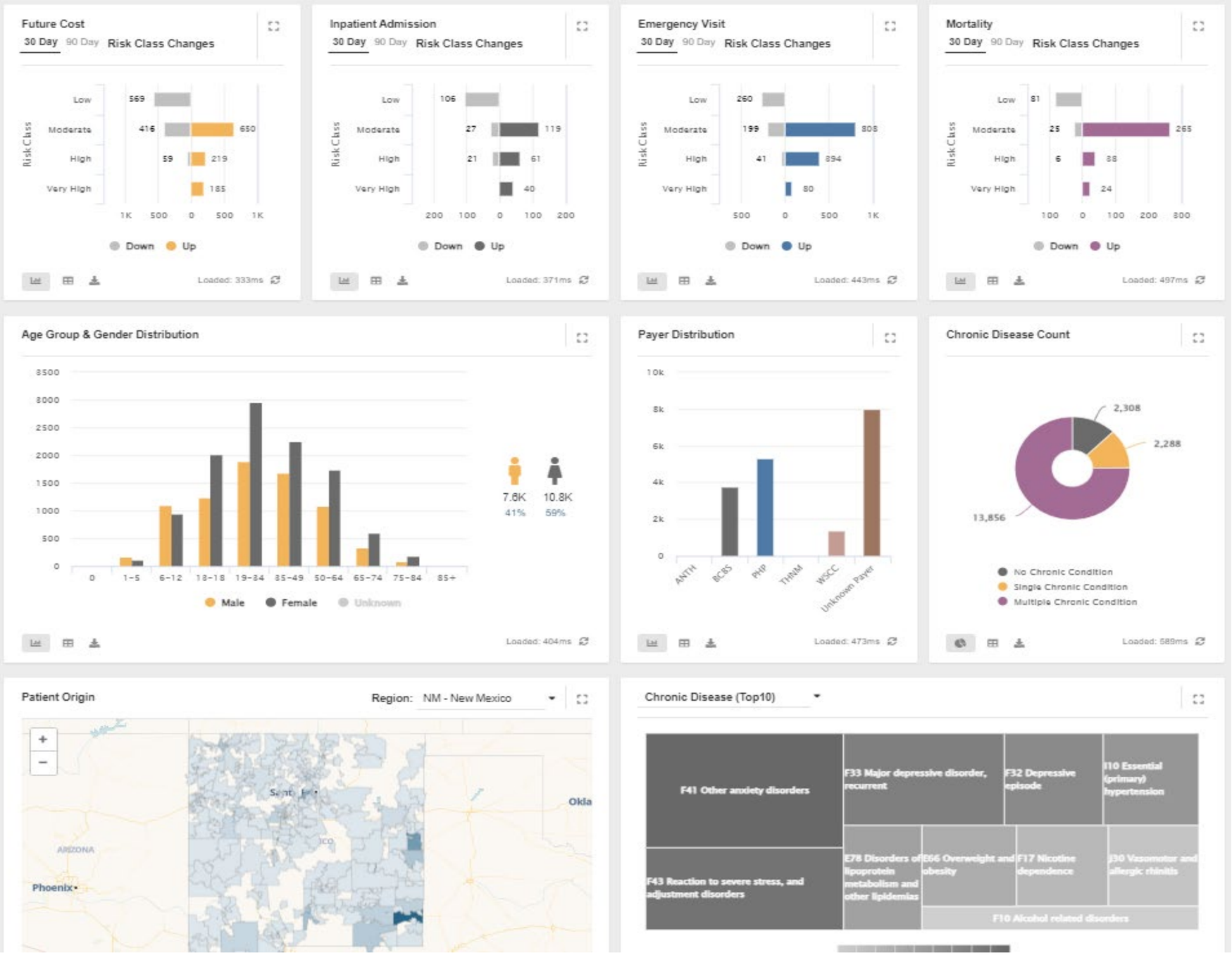
Implementation: Data Collection, Provider Supports and Data Monitoring

Assist pilot organizations in achieving compliance with technical specifications and offer corrective support

- Monthly office hours for structured, learning collaborative style setting for problem solving and discussing best practices
- Monthly Leadership Team Meeting
- Individualized technical assistance sessions with pilot organizations for troubleshooting individual issues

Refine quality measures based on data collection & limitations, input from NMBHPA, pilot organizations, and other stakeholders

Refine baseline performance and benchmarks for use in measuring the progress and success of the payment reform initiative



Data Monitoring: Population Risk Management

Dashboard Snapshot

Sample Data Report Outs

First Year Progress for New Mexico Behavioral Health Providers Association (NMBHPA), July 2023-June 2024

	Mandatory Measures	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Trend	Measure Desired Direction	% Change 6-month Baseline to 12 Months	Movement Level from Baseline	Calculation Output
1	PHQ-9 Screening	0.0	0.0	0.0	1.2	1.3	4.0	7.7	10.4	13.0	18.8	19.2	20.6		Up	416.2		%
2	Social Needs Assessment	3.7	6.1	7.6	9.6	10.9	10.2	17.6	17.8	18.6	20.6	20.9	21.0		Up	105.2		%
3	Time of Initial Contact to First Billable Service	39.8	17.0	12.6	8.8	7.0	6.6	6.6	5.8	5.4	5.1	5.1	5.7		Down	-14.2		Average Days
4	All-Cause Readmissions	7.6	12.4	13.4	13.9	11.7	13.9	13.3	12.6	13.0	12.5	12.3	12.2		Down	-12.2		%
5	Patient Experience of Care	0.0	1.0	1.9	2.1	3.9	3.9	4.1	4.1	4.2	4.4	4.3	4.2		Up	6.8		%
6	Regular Engagement of Care-Member Month	80.5	75.9	72.1	64.3	55.5	56.6	56.5	55.8	54.5	53.5	52.1	50.4		Up	-11.0		%

Source: Behavioral Health Organizations' Patient Health Records. SYNCRONYS Health Information Exchange (HIE). New Mexico Behavioral Health Quality Metrics Project.

Legend:

- Little or no detectable change
- Improved
- Got worse

Based on +/- 10%

Sample Data Report Outs

First Year Progress for New Mexico Behavioral Health Providers Association (NMBHPA), July 2023-June 2024

	Process Measures	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Trend	Measure Desired Direction	% Change 6-month Baseline to 12 Months	Movement Level from Baseline	Calculation Output
1	Vineland Behavioral Score Assessment	0.0	0.0	0.0	0.0	4.4	3.8	6.8	23.0	32.4	39.5	46.9	52.4		Up	1262.4		%
2	Measurement Based Care: GAD-7	0.0	0.0	0.0	1.1	1.1	4.9	8.9	11.6	17.5	21.0	21.5	23.0		Up	369.4		%
3	Measure of Financial Burden to Patient	6.4	10.4	15.5	22.5	34.3	31.5	39.6	41.1	41.7	40.3	42.7	43.0		Up	36.3		%
4	Improving Language Access	3.6	6.7	7.9	9.3	12.0	11.6	11.5	11.7	12.0	12.0	12.2	12.3		Up	6.1		%
5	Net Promoter Score	0.87	0.87	0.87	0.87	0.87	0.87	0.89	0.89	0.89	0.89	0.89	0.89		Up	2.3		%

Source: Behavioral Health Organizations' Patient Health Records. SYNCRONYS Health Information Exchange (HIE). New Mexico Behavioral Health Quality Metrics Project.

Legend:

- Little or no detectable change
- Improved
- Got worse

Based on +/- 10%

Sample Data Report Outs

First Year Progress for New Mexico Behavioral Health Providers Association (NMBHPA), July 2023-June 2024

	Outcome Measures	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Trend	Measure Desired Direction	% Change 6-month Baseline to 12 Months	Movement Level from Baseline	Calculation Output
1	Depression Remission	0.0	0.0	0.0	0.0	0.0	0.4	1.2	1.9	2.3	3.9	4.2	4.6		Up	1020.3		%
2	Successful Discharges	59.6	39.7	34.7	33.3	32.2	32.2	32.6	32.1	32.9	32.8	32.2	31.7		Up	-1.6		%
3	ED Visits per 1,000 - Monthly	30.0	31.3	32.5	31.5	25.5	63.3	87.3	83.7	83.1	77.7	85.4	81.6		Down	29.0		Rate per 1,000
4	Deaths by Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	Down	-		Rate per 1,000

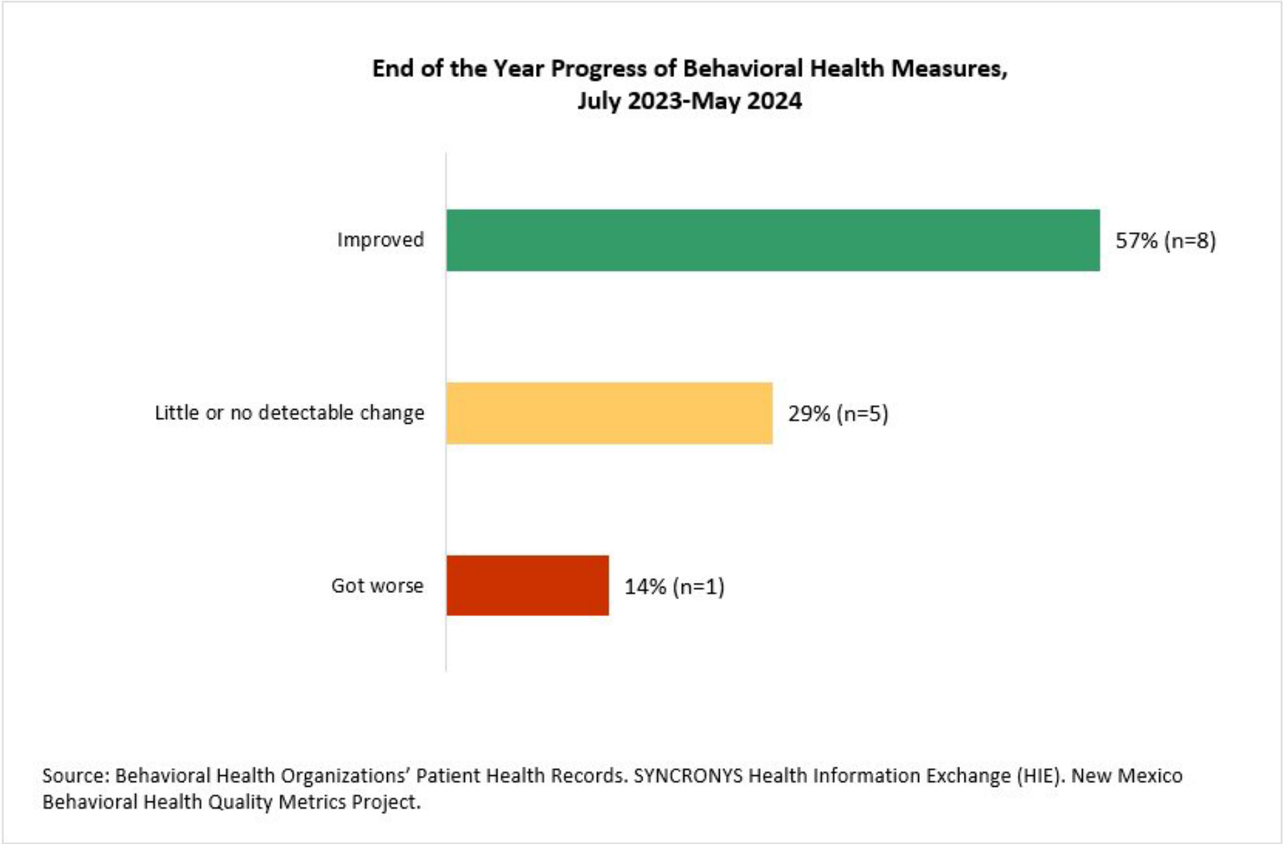
Source: Behavioral Health Organizations' Patient Health Records. SYNCRONYS Health Information Exchange (HIE). New Mexico Behavioral Health Quality Metrics Project.

Legend:

- Little or no detectable change
- Improved
- Got worse

Based on +/- 10%

Sample Data Report Outs



Practice Transformation Opportunities from Data Monitoring

Informs the behavioral health payment reform model

Baseline generation, performance rate stabilization, baseline confirmation, benchmarking, and target setting to develop and adjust the APM design

Understand the organization's patient population

Allows insight into specific behavioral health measures

Data from measurement-based care can be used to improve patient outcomes, access to care, and faster treatment times

Used for diagnostic accuracy, care coordination, and stronger communication between clients and clinicians

Improve treatment protocol based on results

Implement improved clinical workflows

SFY25: Project Year Three *(7/1/24-6/30/25)*

Grow the Data Ecosystem

- 10 new pilot organizations begin submitting quality measures
- 10 continuing pilot organizations become key champions as payment reform expands

Collaboratively Design and Refine a Behavioral Health Payment Reform Model (BHPR) for New Mexico

- Providers, State representatives (BHSD and Medicaid), and MCOs provide input to finalize the BHPR
- BHPR tested and evaluated for efficacy
- BHPR broadly socialized with behavioral health providers statewide

Payment Reform Updates

- Program implementation will be on July 1, 2026, leaving a sufficient runway for further development, refinement and socialization of the draft model
- A Behavioral Health (BH) Primary *workgroup* will be responsible for the creation and finalization the definition of BH Primary
- The NMBHPA project team will work with HCA and the state actuary to determine the funding amount of the Quality Pool
- Provider socialization of the Payment Reform model will be developed and will be as inclusive as possible

Benefits to New Mexico Behavioral Health

Provider Benefits

- Unique opportunity to contribute to developing meaningful *behavioral health* metrics (not adapted physical health measures)
- Opportunity to be meaningfully incentivized for quality, health equity, improved client experience, and improved outcomes

Patient Benefits

- Thoughtfully designed measures can improve diagnostic accuracy, create stronger communication between clients and clinicians, and help clients maintain positive effects of treatment for longer periods
- Value-based care allows providers to spend more time focusing on clients' unique needs

State/System Benefits

- Learning, supporting, guiding, and promulgating meaningful systems change for behavioral health providers and clients, including meaningful measures, provider readiness supports, infrastructure, and data capture and analysis
- The system benefits from quantifying the quintuple aim, which supports better outcomes, improved patient experience, lower costs, clinician well-being, and health equity

Estimated Project Cost

Project Year	Costs
SFY25 (current year)	$2,480,000
SFY26	$2,250,000
Model launches July 1st, 2026	
SFY27	$1,875,000
SFY28	$2,050,000

Questions?

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HEALTH MANAGEMENT ASSOCIATES