



Addiction, MH Providers Must Weigh In as Quality Measures Emerge

Dr. Kenneth Kizer, president of the National Quality Forum and former head of the Veterans Health System, predicts that in 10 years, not only will public reporting of performance data be the norm across the entire healthcare system,

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State Associations of Addiction Services

but payments will routinely be tied to performance. If this is correct, now is the time for the provider community to make sure that new requirements are not imposed “from above,” but rather reflect a consensus on reasonable and meaningful measures that are developed with the assistance of providers — who hold, after all, the ultimate responsibility to improve the quality of care.

Consider: Delaware’s Division of Substance Abuse and Mental Health has instituted a payment system that rewards three components of outpatient treatment for substance abuse: engagement/utilization, active participation, and program completion. Through its contracts with providers, the state:

- Pays 100 percent of the payment amount contracted if 90 percent of clients are admitted and have at least one face-to-face contact within a month. It reduces payments for levels below 90 percent.
- Makes additional payments up to 5 percent if clients attend a minimum number of treatment sessions within the month.
- Provides incentive payments to programs whose clients achieve treatment plan goals. (A similar approach to Delaware’s was endorsed by a national policy panel convened by Join Together; see www.jointogether.org/quality.)

If systems like Delaware’s are the future, it will be important for substance use and mental health prevention and treatment providers to get on board and help control the direction and speed of several trains leaving the station.

One train is the National Quality Forum (www.qualityforum.org), a private, nonprofit organization working to promote national standards for performance measurement. With more than 200 members — including major corporations, payers, providers, consumers and others — the NQF has established an inclusive process for development and adoption of voluntary consensus standards. After initiating standards development for settings such as hospitals, nursing homes and doctors’ offices and for management of

diseases such as diabetes and cancer, the NQF is beginning to consider its role in healthcare for mental health and substance use disorders. Prevention and treatment providers should become involved in the NQF process.

A second train is a committee of the prestigious Institute of Medicine (IOM), which for several years has issued reports designed to improve the quality of healthcare under the general rubric “Crossing the Quality Chasm” (see www.iom.edu/report.asp?id=5432). The charge to the new committee is to adapt IOM’s quality-improvement recommendations to mental health and addictive disorders. It will be important for representatives of community-based providers to make sure that the IOM committee fully understands the practical realities facing prevention and treatment programs.

A third train is the Forum on Performance Measures in Behavioral Health and Related Service Systems. With support from the Substance Abuse and Mental Health Services Administration (SAMHSA), this effort aims to develop a small number of valid performance measures that can be used by providers for quality improvement. The thinking is to track performance, use the data to raise questions, and implement changes that address identified weaknesses.

The goal of the Forum is simple to state, harder to achieve: Get started with a small number of measures that can be applied across substance use and mental health services. Evaluate the experience and build from there.

Two sets of measures have been identified in the initial effort. The first set, originating in the work of a group supported by SAMHSA’s Center for Substance Abuse Treatment (CSAT) and dubbed the Washington Circle, utilizes measures of performance in the treatment of substance use disorders that have been found applicable to the mental health world: the identification of a patient with a disorder and the initiation of, and engagement in, treatment (see www.washingtoncircle.org). The approach is grounded in the knowledge that outcomes positively reflect duration in treatment.

Using administrative data provided by several managed care organizations in a pilot test, researchers found:

- Of their enrolled populations, less than 1.5 percent were identified for a substance use disorder.
- Of those patients identified, 26 to 56 percent received

an initial service within 14 days.

- Of the patients identified, 14 to 29 percent received two or more services within 30 days of the initiation of service. (*Journal of Substance Abuse Treatment*, 23:375-385, Dec. 2003)

Using their own data similar to these, program managers could raise questions about their performance — why the rates are so low, where and why people are dropping out of treatment, how rates may differ among genders or ethnic groups — and what changes can be made to improve.

The second measure under development by the Forum is grounded in the well-developed consumer movement in mental health. It is a customer satisfaction survey that has common elements across mental health and substance use treatment, both adult and youth, and further elements specific to the two age groups.

The Forum has the support of SAMHSA's centers for substance use prevention, treatment and mental health, not only financially but in their commitment to develop and utilize a small set of agreed-upon measures. To date, treatment providers have not played a major role in the Forum and similar efforts. That has to change, because only the providers can utilize performance data to manage

change in their organizations. Further testing and development of the measures must involve providers of all sizes, approaches and settings — so that common measures reflect the realities of the many demands and constraints facing providers.

A start has been made in that direction through the Network for the Improvement of Addiction Treatment (NIATx). In this collaborative effort supported by CSAT and the Robert Wood Johnson Foundation (RWJF), providers are using performance data to improve the management of clinical and administrative processes that affect access, engagement and continuation in care.

Providers must become enthusiastic proponents of quality improvement grounded in reasonable and meaningful performance measurement. Besides the need to survive in the approaching pay-for-performance world, the documented motivation that drives professionals in the mental health and substance use world — the desire to help people — demands a serious, ongoing commitment to improve the quality of care. @

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