National Framework for Quality Improvement in Behavioral Health Care

(DRAFT)

Substance Abuse and Mental Health Services Administration (SAMHSA)

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Overview

“SAMHSA can take advantage of a revitalized national interest in data activities and new technologies to establish a more robust behavioral health information and quality infrastructure for the Nation. Taking these steps now is critical to assure that those who are most vulnerable have access to high quality prevention, treatment and recovery services.” (SAMHSA, 2011)

As noted in SAMHSA’s most recent strategic plan, the agency has an opportunity to capitalize on current energies, and harness resources and commitments, in developing and implementing a comprehensive yet practical behavioral health quality framework to guide the collection, analysis and reporting of key information to promote improvements in the accessibility, quality, and outcomes of prevention, treatment, and recovery services for those with – or at risk for – mental and substance use disorders.

While a number of factors have converged to create this opportunity, the most significant of these may be the passage of national health reform. Efforts to successfully implement the various provisions of the Affordable Care Act will require an understanding of the current behavioral health status and needs of both populations and delivery systems, as well as the ability to anticipate the data and informational requirements necessary to adequately assess and monitor the law’s effects on these same populations and delivery systems over time.

Notably, the Affordable Care Act calls for the establishment of a National Strategy for Quality Improvement in Health Care to include national priorities and a strategic plan for improving the delivery of health care services, achieving better patient outcomes, and improving the health of the U.S. population. In much the same vein, SAMHSA is now advancing a National Framework for Quality Improvement in Behavioral Health Care (referred to henceforth as the National Behavioral Health Quality Framework), aimed at establishing national priorities – and goals and opportunities – for improving the delivery of behavioral health services, achieving better behavioral health outcomes, and improving the behavioral health of the U.S. population, especially those with mental illnesses and substance abuse.

By “behavioral health,” SAMHSA refers to a state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders. This includes a range of problems from unhealthy stress to diagnosable and treatable diseases like serious mental illnesses and substance use disorders, which are often chronic in nature but from which people can and do recover. The term is also used to describe the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders, substance use, and related problems, treatments and services for mental and substance use disorders, and recovery support.
The Federal government generally – and SAMHSA specifically – plays an important role in supporting and paying for the delivery of safe, high quality behavioral health care, monitoring quality and disparities, providing technical assistance, supporting research, and, in limited instances, directly providing care. However, achieving safe, high quality, affordable behavioral health care for all Americans will be the product of millions of local actions in local communities — actions taken by doctors and nurses, patients and family members, and systems put in place by health and behavioral care organizations, providers, payers, and care managers to ensure high quality, effective and reliable care.

**Purpose of the National Behavioral Health Quality Framework**

The creation of a National Behavioral Health Quality Framework represents an important step in achieving the overarching purpose of SAMHSA’s Strategic Initiative for Data, Outcomes and Quality; namely, “realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.” (SAMHSA, 2011) By outlining national behavioral health quality priorities, goals - and recommended measures for assessing progress toward identified priorities and goals - SAMHSA will provide both leadership and coordination to myriad efforts to improve the quality of services aimed at improving the lives of those with – or at risk for - behavioral health disorders. The first step of this process is seeking public input into the structure and content of this Framework, with particular emphasis on identifying recommended measures for assessing both SAMHSA’s – and the nation’s - progress in improving the quality of behavioral health services.

**National Aims and Priorities**

Similar to the National Quality Strategy, the National Behavioral Health Quality Framework will pursue three broad aims. These aims will be used to guide and assess national, State, local, Territorial and Tribal efforts to improve the quality of behavioral health care.

- **Better Care:** Improve the overall quality, by making behavioral health care more patient-centered, reliable, accessible, and safe.
- **Healthy People/Healthy Communities:** Improve the behavioral health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of positive behavioral health in addition to delivering higher-quality behavioral health care.
- **Affordable Care:** Increase the value (cost-effectiveness) of behavioral health care for individuals, families, employers, and government.
To advance these aims, SAMHSA will initially focus on six priorities that generally parallel those of the National Quality Strategy. They are:

- Promote the most effective prevention, treatment and recovery practices for behavioral health disorders
- Assure behavioral health care is person- and family-centered
- Encourage effective coordination within behavioral health care, and between behavioral health care and other health care and social support services
- Assist communities to utilize best practices to enable healthy living
- Make behavioral health care safer by reducing harm caused in the delivery of care
- Foster affordable high quality behavioral health care for individuals, families, employers, and governments by developing and advancing new delivery models

While SAMHSA has proposed specific quantitative goals and measures for each of these priorities, as the National Behavioral Health Quality Framework is implemented, SAMHSA will work with stakeholders and partners to both advance and refine these efforts. Importantly, these priorities can only be achieved with the active engagement of clinicians, patients, provider organizations, and many others in local communities across the country, something the National Behavioral Health Quality Framework supports. Since different communities have different assets and different needs, they will likely take different paths to achieving the six priorities. This Framework will help to assure that these local efforts remain consistent with shared national aims and priorities. It is SAMHSA’s hope that this National Behavioral Health Quality Framework creates a new level of cooperation among stakeholders seeking to improve behavioral health and behavioral health care for all Americans.

**SAMHSA’s Role**

Guided by both the National Behavioral Health Quality Framework, and SAMHSA’s Strategic Initiative for Data, Outcomes and Quality, SAMHSA will be positioned to pursue a systematic and comprehensive approach aimed at collecting and analyzing existing data on behavioral health status, care delivery and outcomes throughout the United States with the explicit goals of improving SAMHSA’s ability to inform and guide policy-making and programmatic decisions regarding behavioral health by all entities that pay for or affect access to behavioral health care. This proposed approach would expand the breadth of SAMHSA’s data collection and quality measurement activities beyond assessing the impact of its own grants and programs. The objectives of this expanded approach to measurement can be summarized as follows:

- To identify the nation’s most pressing behavioral health issues;
- To track whether and how behavioral health care in the U.S. is responding to the behavioral health needs of the American people;
- To assess whether behavioral health care processes and outcomes prioritized by SAMHSA and the Department are improving; and
• To track the impact of SAMHSA’s own programs and whether these and other federal policies and programs are responding to the identified trends in behavioral health status and needs.

The data collection, analysis and reporting approach highlighted here is admittedly ambitious, and will require further discussions with – and refinement by - relevant stakeholders and partners. Nevertheless, the limited and often piecemeal information and data generated by existing approaches does not provide the comprehensive array of information on behavioral health needed to adequately inform federal, state and local budget development, policy-making, and program operation and management. An initial step to address this challenge will be the release of a Behavioral Health Barometer later this year that will highlight key behavioral health indicators of national significance. Both the Barometer and the Framework will underscore SAMHSA’s leadership and actions to advance behavioral health, and – in coordination and conjunction with other federal agencies, States, Territories, Tribes and the private sector - will improve the Nation’s ability to adequately care for the health and behavioral health needs of many of its most vulnerable citizens.

**The Path Forward**

The National Behavioral Health Quality Framework is designed to be a living and evolving guide for the Nation as it continues its progress toward measuring and improving behavioral health and behavioral health care quality. The Framework explicitly recognizes that in the end, all behavioral health care is local. What local communities can expect is that the efforts of the Federal government, State governments, Territorial and Tribal governments, and the private sector are responsive to their circumstances and support them in efforts to deliver high quality behavioral health care and foster healthy communities. The National Behavioral Health Framework will be refined and updated on an ongoing basis - with progress toward meeting the aims and priorities, including both long-term and short-term goals- and will be reported periodically to the public.

**Organization of National Behavioral Health Quality Framework**

Similar to the National Quality Strategy for Health, the intent and design of the National Behavioral Health Quality Framework will spur common focus at the national and local levels to help all those interested in promoting better behavioral health and behavioral health care delivery reach high aspirations for improvement and foster collaboration and innovation.

The National Behavioral Health Quality Framework sets forth broad aims and initial priorities and goals. Reaching those goals, however, will be the product of the actions of many individuals and groups across the Nation. Many activities are already taking place in the public and private sectors that promote the quality improvement goals of the
Framework. In addition, SAMHSA will work with those within HHS responsible for the National Quality Strategy for Health to assure key measures are included in that plan.

The remainder of this document outlines how the Framework priorities are advanced through specific goals and opportunities for success. Currently, each priority area contains illustrative measures that can be used to assess progress in achieving identified goals and priorities. Important to note is that the measures currently identified are for illustrative purposes, with final measures to be developed with input from payers, providers, federal and non-federal partners, and other key stakeholders.

In order to enhance the utility of the Framework, progress in achieving goals and priorities – as reflected through the illustrative measures - can be assessed at three separate but related domains: 1) among SAMHSA-funded programs and activities; 2) among behavioral health systems (e.g., States and counties) and providers (e.g., networks, managed care vendors); and 3) among the general population, or subpopulations reflecting specific demographic and/or clinical characteristics.

Consistent with its philosophy regarding initiatives of this nature, SAMHSA welcomes the opportunity to engage with relevant federal (e.g., CMS, AHRQ, VA, DOD) and non-federal (e.g., NQF, States, advocates) entities and organizations as SAMHSA seeks to refine, assess, and finalize a core set of measures for each of the three domains within each of the six priority areas.

Reference

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<th>Priority Statement</th>
<th>Goal Statements and Illustrative Measures</th>
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| **#1 – Promote the most effective prevention, treatment and recovery practices for BH disorders** | **Goal:** Prevent and reduce the harm caused by mental illness and addictions  
**Opportunities for success:**  
- Reduce suicides  
- Reduce underage and problem drinking  
- Reduce binge drinking  
- Reduce illicit drug use  
- Reduce tobacco use  
- Improve functioning  
- Increase the number of individuals who achieve recovery goals of health, home, purpose, and community  
**Illustrative Measure:**  
**SAMHSA**  
Percentage of clients receiving services who report: improved functioning; improved living conditions; improved social supports  
**System/Provider**  
Use of recovery measures  
**Population**  
Percentage of youth/adults reporting binge drinking in the past 30 days |
| **#2 – Assure BH care is person- and family-centered** | **Goal:** Structuring services in ways that meet individual and family needs and making patients centrally involved in decision-making about their care. Includes enhancing capacity to capture and act on patient-reported information, including preferences, desired outcomes, and experiences with behavioral health care  
**Opportunities for success:**  
- Integrate behavioral health consumer feedback on preferences and experiences of care into all care settings  
- Increase use of electronic health records (EHRs) that capture the voice of the behavioral health consumer  
**Illustrative Measure:**  
**SAMHSA**  
Number of States adopting shared decision-making paradigms  
**System/Provider**  
Percentage of facilities with functioning EHRs  
**Population**  
Percentage of individuals receiving information to make informed decisions about treatment options |
| **#3 – Encourage effective coordination within BH care, and between** | **Goal:** Create a less fragmented and more coordinated behavioral health care system, and improve coordination of this system with other health care and social support systems  
**Opportunities for success:** |
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| BH care and other health care and social support services                         | • Reduce preventable behavioral health hospital admissions and readmissions  
• Prevent and manage chronic illness and disability among behavioral health consumers  
• Ensure secure information exchange to promote efficient behavioral health care delivery |
| **Illustrative Measure:**  
SAMHSA                                                                 | **Illustrative Measure:**  
System/Provider                                                                 | **Illustrative Measure:**  
Population                                                                 |
| Percentage of grantees that provide screening and/or assessments that are coordinated among or shared across agencies | Percentage of individuals with MH/SUD with an inpatient readmission within 30-, 60-, and 90-days of a previous admission for the same condition, as measured by diagnostic codes | Percentage of individuals with severe mental illness who report social supports/social connectedness |
| #4 – Assist communities to utilize best practices to enable healthy living       | **Goals:**  
Support every U.S. community as it pursues local behavioral health priorities and support individuals in achieving recovery                                                                                                              |
| **Opportunities for success:**  
• Increase the provision of preventive behavioral health services for children and adults  
• Increase the adoption of evidence-based behavioral health interventions to improve public health | **Illustrative Measure:**  
SAMHSA                                                                 | **Illustrative Measure:**  
System/Provider                                                                 | **Illustrative Measure:**  
Population                                                                 |
| Percentage of service population receiving any evidence based practice          | Percentage of adults screened for depression and receiving a documented follow-up plan, or screened for risky alcohol use and if positive, receiving brief counseling                       | Percentage of adults with a behavioral health disorder who report stable housing |
| #5 – Make BH care safer by reducing harm caused in the delivery of care          | **Goal:**  
Eliminate preventable and/or adverse behavioral health care induced consequences                                                                                                                                                             |
| **Opportunities for success:**  
• Reduce adverse medication events  
• Eliminate abuse and neglect in psychiatric facilities                           | **Illustrative Measure:**  
SAMHSA                                                                 | **Illustrative Measure:**  
System/Provider                                                                 | **Illustrative Measure:**  
Population                                                                 |
<p>|                                                                                                                                  | Percentage of service population receiving any evidence based practice                                                                                                                                   | Percentage of adults with a behavioral health disorder who report stable housing |</p>
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<tbody>
<tr>
<td><strong>Illustrative Measure: SAMHSA</strong></td>
<td>Percentage of complaints of alleged abuse, neglect, and rights violations substantiated and not withdrawn by the client that resulted in positive change as a result of PAIMI involvement</td>
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<td><strong>Goal:</strong></td>
<td>Reduce behavioral health costs while improving service quality and efficiency for individuals, families, employers and government</td>
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<td>#6 – Foster affordable high quality BH care for individuals, families, employers and governments by developing and advancing new delivery models</td>
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