

## Behavioral Health Clinics

### Clarifications to Guidance about Quality Measures and Reporting – Questions Related to Webinars 2 and 3—State-Lead Measures (July 19, 2016 –July 26, 2016)

*SAMHSA, CMS, and ASPE have provided the following clarifications to questions from states and clinics regarding the 32 quality measures published by HHS.*

Question 1.a: Regarding the two Patient Experience of Care consumer surveys, is the sample size of 300 the TOTAL of youth and adult, or 300 each: youth and adult?

Clarification: The sample size of 300 is for youth and adult separately, unless there are fewer than those numbers of individuals in the population of the BHC.

Question 1.b: Regarding the two Patient Experience of Care consumer surveys, does the survey need to cover all populations served?

Clarification: The goal of the survey is to be representative of the population served but the measure is written to allow the states to continue to collect as they do now, with the exception of oversampling (300) and requiring that the results be reported separately for the BHCs.

Question 1.c: Regarding the two Patient Experience of Care consumer surveys, how should populations be reflected in survey sample?

Clarification: There is no requirement that the BHC sample be stratified at reporting, except to the extent that your current reporting may do so.

Question 1.d: Regarding the two Patient Experience of Care consumer surveys, do the sample sizes need to be representative of the relative size of the populations?

Clarification: There is no requirement that the states change what they are doing now, other than oversampling (300) and reporting the results separately by BHCs. The goal is that it be as representative as possible, given that caveat.

Question 2: For patient experience of care surveys, are there any stratification requirements?

Clarification: There are no explicit stratification requirements in the two existing surveys referenced in the BHC measures. Some states do incorporate more stratification than do others in part to get a more representative sample. These BHC measures incorporating the two patient experience of care measures were very deliberately created to allow states to continue to conduct the surveys just as they are doing presently. So there is nothing specific here related to stratification. The only change for these surveys is that you must report at the BHC level and reach out to 300 consumers per BHC per survey for reporting within the BHC quality measures.

Question 3: Regarding the patient experience of care surveys, we don't collect URS info on substance use clients; we collect TEDS information and use those categories. How will that be handled?

Clarification: The measure calls for specific housing status categories to be used and it was designed to include both the mental health and substance use populations that are served. For that reason, you should use the same housing status categories for everybody, even if it means expanding the categories of housing used for those on whom TEDS data are now collected.

Question 4: Regarding the patient experience of care surveys, we do not use mixed surveys for substance use clients. Is there an appropriate survey to use on substance use clients?

Clarification: The way the measures are written, they're designed to apply to everybody served by the BHC. The CCBHC demonstration program is designed to integrate care and to break down artificial distinctions within behavioral health. The same surveys should, for the CCBHC demonstration program, be used for all CCBHC consumers. For non-CCBHC states or BHCs that are not CCBHCs or comparison sites, the state has the option of using another survey if they wish.

Question 5 (comment): Regarding the patient experience of care surveys, the state currently selects a blind sample across the entire system with no provider-specific identifiers. The departmental IRB exercises oversight of the process. Surveying within the particular agency will be a significant departure from the current practice.

Clarification: Yes. It may be a departure for some states and should be raised with state departmental internal review boards.

Question 6: Regarding the measure of Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), does the assessment have to be completed by PCP or OB/GYN?

Clarification: The measure states that the assessment should be completed by a PCP or OB/GYN. We realize this will make it difficult in many cases to obtain data and assure that the BMI screening occurs. For this reason, the BMI screening may be conducted by medical personnel at either the CCBHC or a DCO without regard to whether they are a PCP or OB/GYN for the consumer. Because this is a deviation from the measure specification, however, it should be so indicated in the section of the data reporting template where adherence or nonadherence to the specification is reported.

Question 7: Regarding the measure of Tobacco Use: Screening & Cessation Intervention (TSC), if the screening is positive, who should provide the counseling or intervention?

Clarification: The measure does not specify which staff should do the counseling or intervention. The center should follow any state or other requirements for licensure and training that would otherwise apply.

Question 8.a: Regarding the measure of Unhealthy Alcohol Use: Screening and Brief Counseling (ASC), do all BHCs in a state have to use the same screening approach?

Clarification: No, all BHCs do not have to use the same screening approach. They should, however, all use an approach that is "systematic" as that is defined in the measure (AUDIT, AUDIT-C, single question screening).

Question 8.b: Regarding the measure of Unhealthy Alcohol Use: Screening and Brief Counseling (ASC), which staff is required to screen?

Clarification: The measure does not specify which staff should do the screening. The BHCs should follow any state or other requirements for licensure and training that would otherwise apply.

Question 9: Measures assume that BHCs will monitor customer use of EDs and follow up as needed. Does SAMHSA have examples of formal agreements that BHCs enter into with EDs about shared data for care coordination purposes, for example, client ID and diagnosis related to ED client visits?

Clarification: SAMHSA does not have examples of such agreements. BHCs will need to enter into such agreements with facilities most likely to be their care coordination partners. Such agreements related to ED use might call for some or all of: 1) designation of individuals on both sides who will be responsible for alerting and receiving information related to ED use; 2) provision for inquiry of individuals seen in EDs for psychiatric or substance use purposes if they

are BHC consumers; 3) provision for releases of information that allow information sharing regarding the ED visit; and 4) provision for care coordination meetings to advance the processes and systems of care coordination. Other provisions might be included as well. Many hospitals will already be in a position of needing to better coordinate after-care and overtures and agreements such as this may actually be welcomed by hospitals as a way to facilitate that.

Question 10: With regard to follow-up after discharge from the ED for alcohol or other drug dependence treatment (FUA), does the diagnosis at follow-up need to be a perfect match? I can see issues of one entity giving a diagnosis of severe and another diagnosis of mild or emphasizing different substances, which are sometimes different codes.

Clarification: No, the diagnosis does not need be a perfect match. The measure does require a substance use diagnosis in the primary diagnosis position for it to count in the numerator as follow-up. For example, if a person has an ED visit and is given a primary diagnosis of opioid dependence, and then there is follow-up at the BHC and a primary diagnosis of opioid misuse (or even some non-opioid-related substance use diagnosis is listed as the primary follow-up diagnosis), it still would count as long as it is a substance use code and it is in the primary position.