NCQA Behavioral Health Measurement Efforts

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ABSTRACT

OBJECTIVE: To review the role of the National Committee for Quality Assurance (NCQA) in ensuring the quality of care in the managed care setting and identify novel strategies to improve performance rates for Health Plan Employer Data and Information Set (HEDIS) measures, particularly in the area of depression.

SUMMARY: NCQA, by regulating HEDIS measures, sets the standards by which managed care organizations evaluate their performance in providing care for their enrollees. The medication management measure for depression evaluates practitioner contacts and acute and continuation phase treatments for persons treated with an antidepressant. Despite increased detection and management of patients with depression, there is still room for improvement in HEDIS performance rates for this chronic disease.

CONCLUSION: NCQA hopes to improve collaboration among managed care organizations and managed behavioral health organizations In addition, NCQA regularly reevaluates the HEDIS measures using input from panels of experts. Incentive programs for providers who deliver quality care may also help to improve HEDIS performance rates for depression. Research is under way to evaluate the feasibility and return on investment for pay-for-performance programs in depression.

KEYWORDS: NCQA, HEDIS, Depression, Antidepressant, Quality improvement

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Organizations such as the National Committee on Quality Assurance (NCQA) and Leapfrog are setting the standards on how to measure quality. For managed care organizations, NCQA sets the standards by which health care deliveryis evaluated through its accreditation programs. NCQA is a private, nonprofit organization that strives to improve the quality of health care through measurement, transparency, and accountability. The set of measurement standards, Health Plan Employer Data and Information Set (HEDIS), is developed with input from various groups including stakeholders and experts. The Committee on Performance Measurement includes national experts who determine the measures that are appropriate for HEDIS. The Measurement Advisory Panels are composed of experts for each disease state, and they decide on the specific measures based on relevance, scientific evidence, and feasibility.

HEDIS Measures for Depression

One of the HEDIS measures that evaluates the effectiveness of care is the antidepressant medication management measure (Table 1).[1] This measure is designed to evaluate the optimal number of practitioner contacts and the duration of acute phase and continuation phase treatment for persons with new episodes of depression treated with antidepressant medications. According to the recent 2004 HEDIS performance report for the commercial health plans, the average performance on acute phase treatment measure is around 60% (Table 2).[2] Performance for the continuation

TABLE 1 Effectiveness of Care: Antidepressant Medication Management

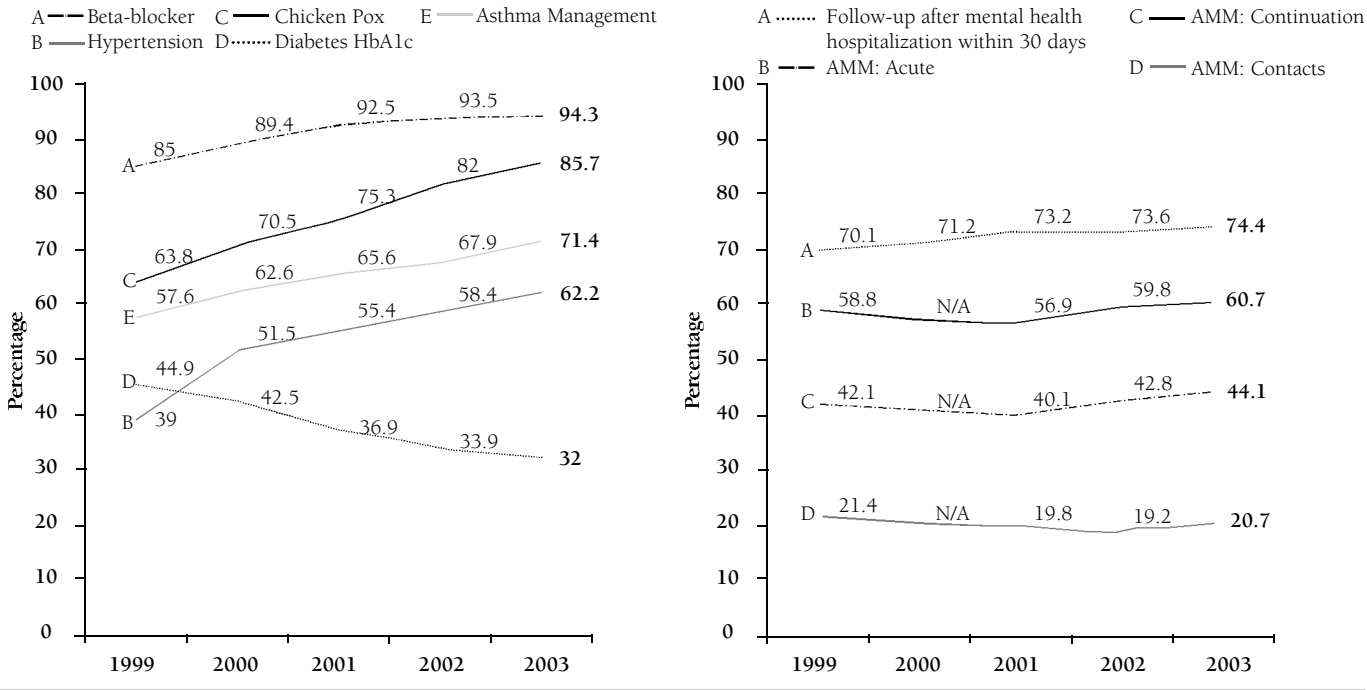
Optimal practitioner contacts	
At least 3 follow-up contacts with primary care physician or mental health coded with mental health diagnosis during 12-week acute phase	
Effective acute phase treatment	
12 weeks of filled prescriptions for antidepressant drug	
Effective continuation phase treatment	
6 months of filled prescriptions for antidepressant drug	

TABLE 2 Behavioral Health Performance, HEDIS 2004[1]*

	Commercial	Medicaid	Medicare
Antidepressant medication management			
Acute phase	60.7	46.2	53.3
Continuation phase	44.1	29.3	39.2
Physician contacts	20.3	18.0	10.5
Follow-up after mental health hospitalization			
Within 7 days	54.4	37.7	38.8
Within 30 days	74.4	56.4	60.3

**Percent performance by health plans.*
HEDIS = Health Plan Employer Data and Information Set.

FIGURE 1 Comparing Trends in Behavioral and Nonbehavioral HEDIS Measures



AMM = antidepressant medication management; HEDIS = Health Plan Employer Data and Information Set.

phase and provider contacts measures is not as high as the acute phase treatment, and commercial plans do tend to perform better than the Medicaid and Medicare plans on all 3 of the measures. A similar pattern is seen for follow-up rate after mental health hospitalization. If we compare these performance measures to those for non-mental health conditions, we can see that there is still room for improvement (Figure 1). In 2003, the average proportion of patients who received beta-blockers after a heart attack was high, with a rate of more than 94%.[2] Performance rates for other chronic conditions such as asthma and diabetes management are also high compared with those for mental health measures. There has been little improvement over the past 5 years in any of the antidepressant medication management or follow-up measures. The question remains as to how we can improve our performance for mental health disorders as we have for non-mental health conditions.

Although the measures for antidepressant medication management are not perfect, there are some advantages and good rationale for using them to measure the quality of care for patients with depression. These measures ensure that we identify patients with a new episode of depression who should be treated for a specific length of time.[3] One of the aims for NCQA is to encourage collaboration among the managed care organizations and managed behavioral health organizations for the purposes of sharing data.

There are several criticisms to using these measures, including the concern that the denominator, or the number of patients identified with new episodes of depression, is too low and does not reflect actual incidence rates in the population.[4,5] A recent improvement was the inclusion of telephone contacts into the optimal provider contacts measure. Of course, plans must be able to track telephone contacts in order to incorporate this number. Other problems that plans still face are the use of samples in primary care practice and delays in diagnosis, mainly attributable to stigmatization of the illness in the community. NCQA performs regular reviews of the depression measures in conjunction with its Behavioral Health Measurement Advisory Panel.

Measuring and Encouraging Accountability and Quality of Care

A new direction of NCQA is to incorporate measurement and accountability into provider measurement and reward programs. Programs such as Bridges to Excellence on the East coast and pay-for-performance programs in California aim to measure the quality of care given by providers and to reward them (either the providers or medical groups) for good performance.

There are 2 ways in which provider quality is being measured in pay-for-performance programs. In the first approach, NCQA integrates administrative data received from the health plans.[6] The health plans receive a performance report, and the health plans reward those groups based upon high performance rates. Another approach is to use NCQA's recognition programs where physi-

cians ask to be recognized for the quality of their care.[7] NCQA currently sponsors 3 recognition programs in diabetes, cardiovascular disease/stroke, and practice systems.

In the content area of practice systems, physicians conduct medical record reviews or provide information about their practice setting. NCQA conducts surveys and random audits to determine whether the physician or the practice group merits recognition. Again, HEDIS measures are utilized, and the recognition programs are conducted in partnership with national organizations such as the American Heart Association and the American Diabetes Association. Of course, these programs are strictly voluntary and only those physicians or practice groups who meet the recognition thresholds are publicly reported.

There are a growing number of organizations that are using these recognition programs to recognize physicians. For example, an employer consortium, the Bridges to Excellence program, pays rewards to providers based on NCQA's recognition programs.[8] Recently, NCQA received a grant from the Robert Wood Johnson Foundation to identify and test the feasibility of performance measures for depression that would be suitable for pay for performance programs.[9]

Conclusion

The identification and treatment of depression has improved with education, care management programs, and better utilization of antidepressant medications. Future directions for NCQA with these projects include identifying potential indicators for depression that assess the structure and process of depression care. We plan to incorporate outcome measures in order to determine whether patients improve clinically. We hope to meet the goals of NCQA in developing measures to improve quality of care and increase accountability at all levels of health care.

DISCLOSURES

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