

March 10, 2017

Teresa Hursey
Acting Administrator, Division of Medical Programs
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
Springfield, Illinois 62763-0001

Dear Ms. Hursey:

Thank you for creating a mechanism to provide initial feedback on proposed quality measures for Integrated Health Homes (IHHs) in Illinois. Ongoing feedback from stakeholders participating in the Illinois Health and Human Services Medicaid Waiver Advisory Committee is critical to the successful implementation of IHHs and to improve the coordination, delivery and payment of behavioral healthcare under the Medicaid program.

The Illinois Health and Hospital Association's (IHA) Behavioral Health Advisory Forum has developed the following feedback and guidance in order to effectively implement IHH quality measures. The forum is comprised of expert administrative and clinical professionals across the state. Overall, 93 IHA members offer behavioral health services through hospital-based inpatient and outpatient services, nine of which are freestanding psychiatric hospitals.

General Measure Concerns & Barriers

In order to provide informed feedback on the identified measures, further detail is required. The following measure characteristics should be translated into a table to ensure transparency of measure development and accuracy of stakeholder feedback:

- ✓ Description
- ✓ Numerator/Denominator
- ✓ Specification of Age Range for Each Measure
- ✓ Stakeholder Responsible for Collection (e.g., HFS, IHH primary provider, Medicaid Managed Care Organization)
- ✓ Specification Source (e.g., the Center for Mental Health Services, Healthcare Effectiveness Data and Information Set)
- ✓ Data Source (e.g., claims, Electronic Health Record, patient registry, survey)
- ✓ Method of Submission

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- ✓ Description of Pay for Performance
- ✓ Measure Justification (e.g., cost and benefit for the provider, consideration of duplicating other reporting requirements)
- ✓ Date of Data Sharing (i.e., the planned timeline of sharing aggregated data with IHH providers, such as one week or one month)

The role of Medicaid MCOs is not clear in data collection and organization for IHHs. Like most states, Illinois requires MCOs to report data on HEDIS, Consumer Assessment of Healthcare Providers and Systems (CAHPS), and other performance and compliance measures. However, in order to achieve a fully-integrated care coordination program, real-time data sharing from the MCOs to the IHHs will be required.

Recommended Medicaid MCO Measures for Integrated Health Homes

Data Shared with MCO	Timeline of Required MCO Notification to IHH
Emergency Department Visits	24 hours upon presentation
Urgent Care Visits	24 hours upon presentation
Recent Provider Contact	1 month of presentation
Recent Service Contact*	1 month of presentation

*E.g., Hospital, pharmacy, Federally Qualified Health Center, etc.

In addition, there is a concern over the sheer number of measures proposed for IHH year one that reach beyond core measures identified by the Centers for Medicare and Medicaid Services (CMS). The 37 identified measures should be prioritized and consolidated to prevent an unnecessary administrative burden to IHH providers. HFS should consider the method of data collection and possible administrative burden prior to IHH inclusion of any measure. Hospitals and health systems are often asked to complete assessments, or track and submit data, which can be very labor-intensive, potentially creating an additional cost burden and taking time away from patients. In addition, very rarely are aggregated results provided back to these providers in order to assess how they could improve care or compare their services to other providers. The initial cost of Electronic Medical Record (EMR) modifications and interoperability issues for any new program measurements were both highlighted by IHA members, underlining further the need to consolidate IHH measures.

Initial Cost of EMR Modifications:

- ✓ There is concern for initial funding needed to reimburse the cost of screen builds. These EMR modifications require necessary expertise in order to accurately track and analyze measures, in addition to meeting deadlines for submission.

EMR Interoperability:

- ✓ This can be especially difficult when an IHH is not part of any health system.

Finally, additional detail is required around how the core set of measures will be adjusted for age parameters prior to additional provider input and feedback. In the sections that follow, more detailed feedback is given on information provided thus far pertaining to individual measures, including:

- ✓ CMS health home core measures;
- ✓ Additional proposed core measures for year one; and,
- ✓ Potential measures for future years.

CMS Health Home Core Measures

Measures Targeting Behavioral Health

Measure	IHA Feedback
Follow-up After Hospitalization for Mental Illness	<ul style="list-style-type: none"> • Dependent on timely notification from MCOs • More efficient to collect measure from MCOs
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	<ul style="list-style-type: none"> • Dependent on timely notification from MCOs • More efficient to collect measure from MCOs • Availability of training or initial funding of training for staff on motivational interviewing and the states of change will be important for successful IHHs

Measures Targeting Physical Health & Other Priorities

Measure	IHA Feedback
Inpatient Admits per 1000	<ul style="list-style-type: none"> • Is HFS focusing on primary diagnosis for all-cause inpatient admissions, or primary <u>and</u> secondary diagnosis?
30-day readmissions per 1000	<ul style="list-style-type: none"> • Is HFS focusing on primary diagnosis for all-cause 30-day readmissions, or primary <u>and</u> secondary diagnosis?
Emergency Room Visits per 1000	<ul style="list-style-type: none"> • Is HFS focusing on primary diagnosis for all-cause emergency room visits, or primary and secondary diagnosis?

Potential Measures for Future Years

The 14 proposed measures for future years are suggested in addition to the 11 CMS core measures and the 12 additional Illinois-specific proposed measures for the first year of IHHs. These potential measures for future years should be prioritized, consolidated and described in greater detail following an analysis of the first year of data collection to prevent the unnecessary administrative burden to IHH providers. In addition, greater detail should be provided around when efficiency measures for the “near term” would potentially go into effect. If behavioral health-related inpatient admissions per 1000 is used as one of the efficiency measures for the near term, our recommendation would be to measure mental health and substance use disorder admissions and readmissions separately.

Measures Targeting Behavioral Health

Efficiency Measures for “Near Term”	IHA Feedback
Behavioral Health Related Inpatient Admits per 1000	<ul style="list-style-type: none"> • Measure mental health and substance use disorder-related admissions separately • What is identified as “related”? Primary diagnosis; or primary and secondary diagnosis?
Behavioral Health Related Emergency Department Visits per 1000	<ul style="list-style-type: none"> • Measure mental health and substance use disorder-related emergency department visits separately • What is identified as “related”? Primary diagnosis; or primary and secondary diagnosis?

“To Be Developed” Measures	IHA Feedback
Usage Measure for Screening, Brief Intervention, and Referral to Treatment (SBIRT)	<ul style="list-style-type: none"> • How would this measure be collected? • Consider the method of data collection and possible administrative burden prior to IHH inclusion.

Measures Targeting Physical Health & Other Priorities

“To Be Developed” Measures	IHA Feedback
Well-being Measure (Potentially Reflecting Assessment Data)	<ul style="list-style-type: none"> • Do not include an additional well-being measure, which would likely include a group of additional measures. • Focus on primary CMS core measures.

Additional Efficiency Measures for “Near Term”	IHA Feedback
GDR Rate	<ul style="list-style-type: none"> • Is this the Generic Dispensing Rate?

Again, we appreciate the opportunity to be involved in the Illinois Health and Human Services Medicaid Waiver Advisory Committee and comment on these proposed IHH quality measures. Please contact me if you have any questions or comments.

Sincerely,

Patrick Gallagher
 Senior Vice President, Health Policy and Finance
 Illinois Health and Hospital Association