



**ADVOCACY UNLIMITED, INC.** 399 Franklin Avenue Hartford, CT 06114

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August 8, 2016

RE: SIM Quality Measures

To The State Innovation Model Management Office,

This letter is in response to the Connecticut State Innovation Model (SIM) Report of the Quality Council on A Multi-Payer Quality Measure Set for Improving Connecticut's Healthcare Quality report, dated June 21, 2016. Most important to our work are the behavioral health measures recommended for value-based contracts across Medicaid and commercial payers, along with the proposed care experience survey methods identified in the report.

Advocacy Unlimited, Inc. is a statewide peer-run organization that works to promote individual growth and systems transformation through advocacy, education, and support. As a peer-run organization, our staff is comprised of individuals who identify as having received mental health and/or addiction services. As individuals with direct lived experience, we apply our educational and professional training, to ensure that the interests of those who receive services are represented in the planning, implementation, and evaluation of services. We are grateful for your attention to behavioral health as a core priority area identified within the recommended quality measures and we recognize that your attention to the issue of quality is critical for positive outcomes to be achieved as a result of behavioral healthcare within our state.

Throughout the planning process, it was apparent that the voice of those with direct lived experience as recipients of behavioral health services was prioritized as a stakeholder group within the Behavioral Health Design Group. Our Director of Policy & Research, and member of the SIM Consumer Advisory Board, was a member of this design group and reported exceptional attention to issues related to patient choice, care experience, and quality of life. This was clearly demonstrated by comments made during the Quality Report Webinar held on Thursday, July 21, 2016. Both Arlene Murphy, Co-Chair of the Consumer Advisory Board and Daniela Giordano, member of the SIM Quality Council Behavioral Health Design Group, spoke to the need to identify measures that assess individual health outcomes from the perspective of those receiving services.

The rising cost of healthcare has placed a heavy burden on our society, and on individuals across the communities of Connecticut. We are encouraged by the inclusion of quality measures to establish expectations, evaluate performance, and reward attainment that will not only reduce the total cost of care, but will also lead to improved health outcomes. With the increasing number of individuals who seek behavioral health services there is a need for the quality of care to be a driving factor for reimbursement to ensure that individuals are successfully healing and finding their individual path to wellness.

There are two area of interest within the report which we wish to comment on. These are the recommended core behavioral health measures and the care experience survey.

Understandably, the reporting method used for measure sets is a limitation that was unavoidable given that our current payment design relies on EHR and claims data. Incentivizing quality by linking payment to claims and EHR data is only one method, while the self-reported outcomes, which come directly from the

patient's experience, is often overlooked when assessing quality of care yet is critical to improving healthcare outcomes.

The behavioral health measures recommended for inclusion in the core measure set are reflective of the standardized data collected through EHR and Claims reporting, while there is a heavy focus on services rendered, as reflected in 28, 31, and 31 on page 47. The inclusion of measures 29 and 30 reflect a shift from the traditional fee-for-service payment design to a value-based design. Meaning that there is focus on the effectiveness of services as indicated by the remission of depressive symptoms. It will be important to explore the treatment provided that result in the remission of symptoms, as there is a growing awareness that dependence on medication leads to poor health outcomes. This finding is disproportionately associated most strongly within the Medicaid/Medicare population.

In addition, we encourage SIM to continue to pursue the Reporting Measure Set, found on page 50, as it moves forward with the implementation of the planned innovations. Specifically, 10) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment and 11) Follow up after hospitalization for mental illness, 7 & 30 days. Although we recognize that referrals and follow up for treatment and community based support are aspects of care that were presented as standards of practice, we are encouraged by the inclusion of measures 10 and 11 within the Reporting Measure Set. Through monitoring, it is hoped that payment will be tied to referrals and follow-up in the future as an indicator of quality.

Aligned with the inclusion of additional measures that fall outside of the core measurement set, we ask that SIM also consider including the PROMIS® (Patient Reported Outcomes Measurement Information System) as a tool for measuring physical, mental, and social well-being. Specifically, as included by the Behavioral Health Design Group in an initial draft dated January 30, 2015, the 10-item Global Health Short Form. This would encourage providers to begin to include a more wellness oriented, and whole-person perspective when delivering care.

Finally, it is an important step for SIM to propose that individuals who receive behavioral health services, either within a primary care setting or through a behavioral health provider, have the opportunity to participate in the care experience survey, referenced beginning on page 57, and proposed to begin this year for baseline data collection. While, it is noteworthy the care experience will only be captured for individuals with private health plans. This is concerning because it is widely recognized that this is an area where individuals often report dissatisfaction that disrupts their overall engagement in care. It will be important that SIM continues to attend to this component of the proposed quality measures to ensure that payers factor the results of the care experience surveys into the payments calculations for future payment distribution cycles.

Thank you for providing the public an opportunity to comment on the recommended quality measures and the overall report. We look forward to continuing to follow the SIM process and remain involved in discussion around the quality of behavioral healthcare within the state of Connecticut.

Respectfully,



Deron Drumm  
Executive Director