



NATIONAL  
QUALITY FORUM

# Performance Measurement in Behavioral Health in an Era of Health Reform

**Helen Burstin, MD, MPH**  
**Senior Vice President, Performance Measurement**

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# National Quality Strategy

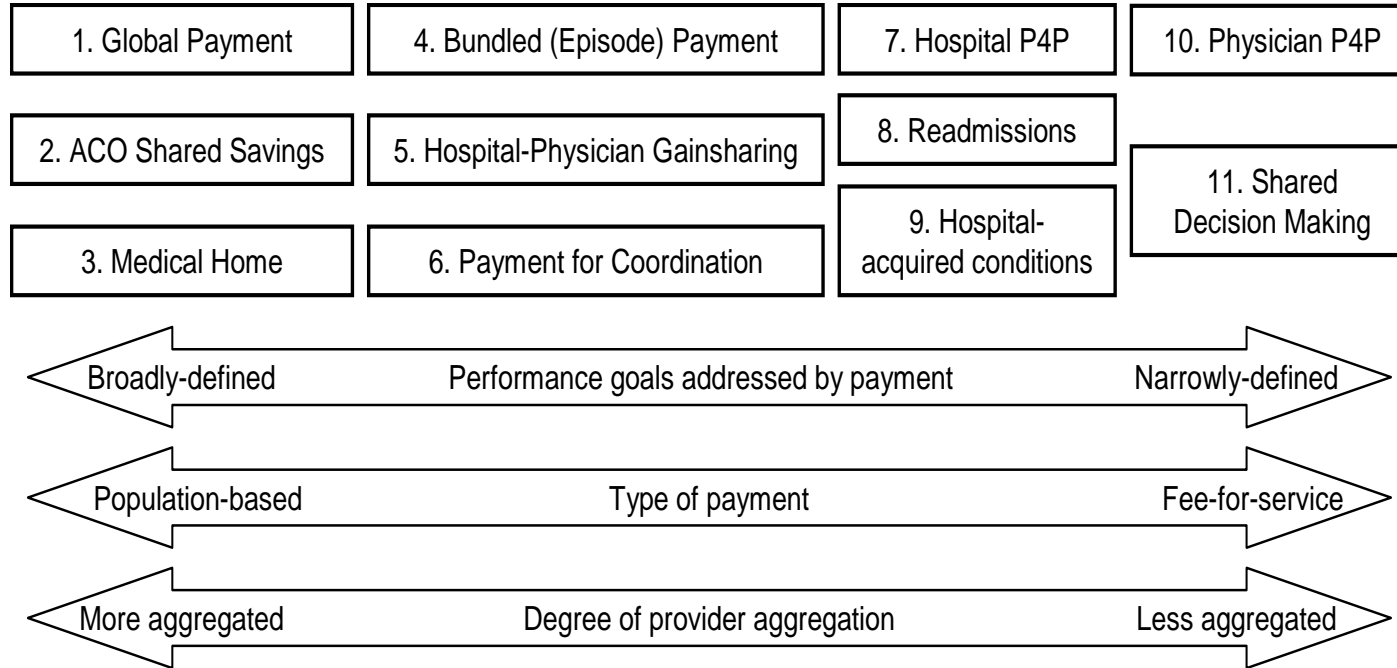
## Better Care



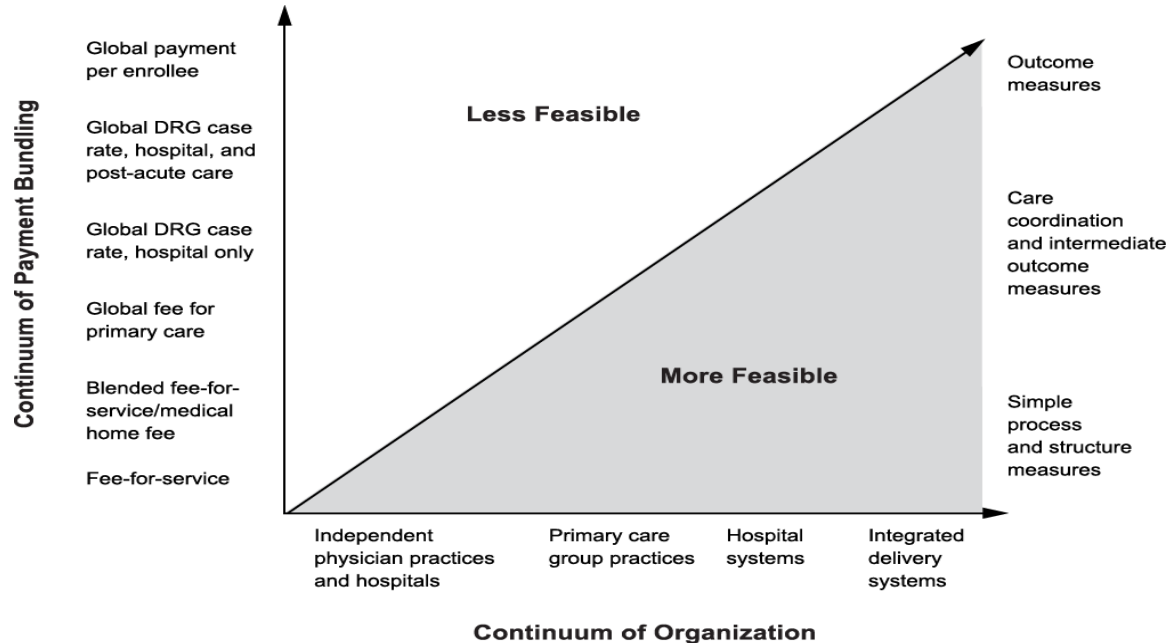
Healthy People/  
Healthy Communities

Affordable Care

# Payment Reform Models



# Organization of Delivery and Payment: Selection of Performance Measures



Source: Reprinted with permission from the Commonwealth Fund, 2009

# Performance Measurement in Evolution

- Reflect higher performance and composite measures
- Harmonize and align across providers and settings
- Measure disparities in all we do
- Reflect shared accountability (e.g., readmissions, costs)
- Assess across patient-focused episodes of care:
  - Outcome measures (including patient reported outcomes)
  - Appropriateness measures
  - Cost/resource use measures coupled with quality measures

- **Hierarchical preference for:**

- Outcomes linked to evidence-based processes/structures
- Outcomes of substantial importance with plausible process/structure relationships
- Intermediate outcomes
- Processes/structures (most closely linked to outcomes)

# Patient Reported Outcomes (PROs)

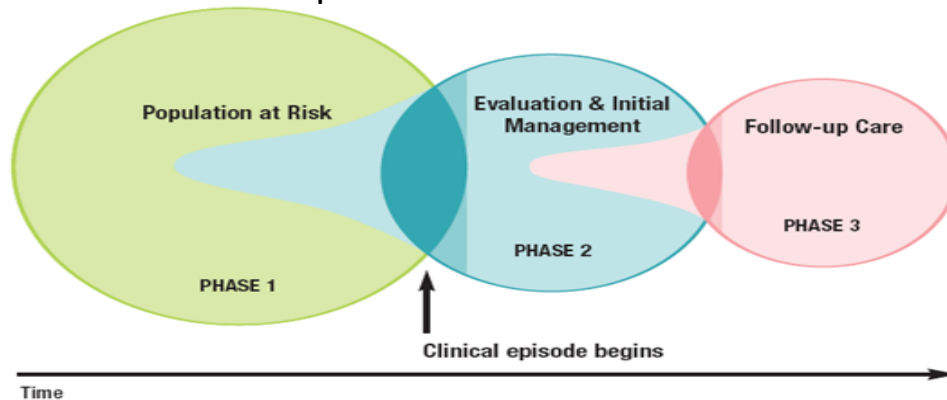
- Any report of the status of a patient's health condition that comes directly from the patient without interpretation of the patient's response by a clinician or anyone else.
- Growing number of well-validated patient-level instruments (e.g., PHQ-9, PROMIS, Oxford)
- Growing number of PRO-based performance measures in use or under development (e.g., depression remission at 6-months)
- Need more guidance on how to aggregate patient reported information for performance assessment

# Framing PROs Within Existing Conceptual Models

## Determinants of Health Model



## Patient-Focused Episode of Care Model

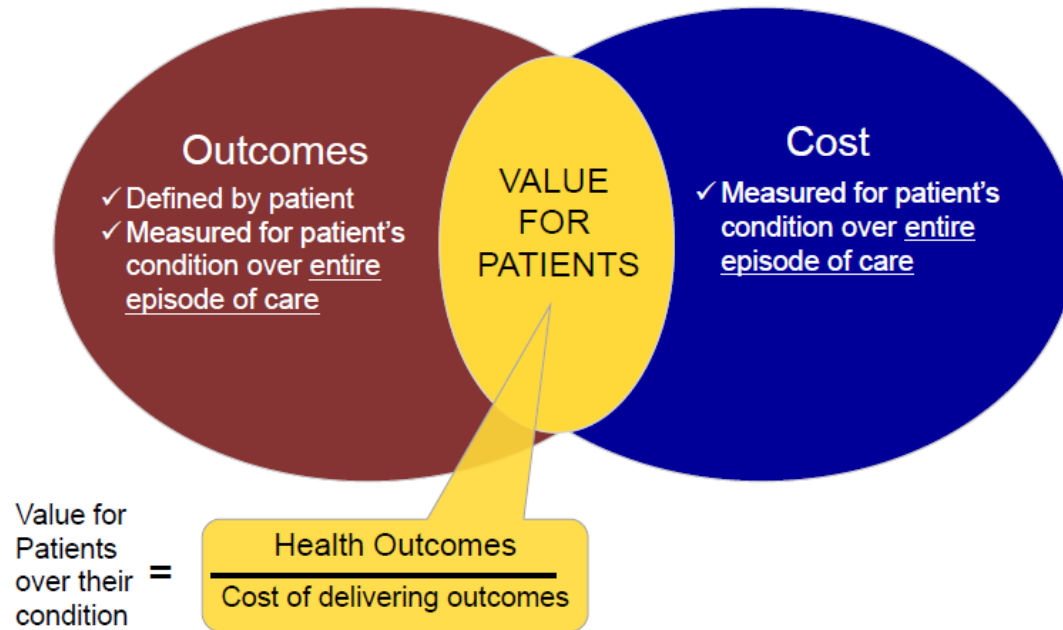


### PRO Categories Across the Episode

- HRQOL/Functional Status
- Health-related Behaviors
- Symptom/Symptom Burden
- Experience with care



# Scope of Future Measurement

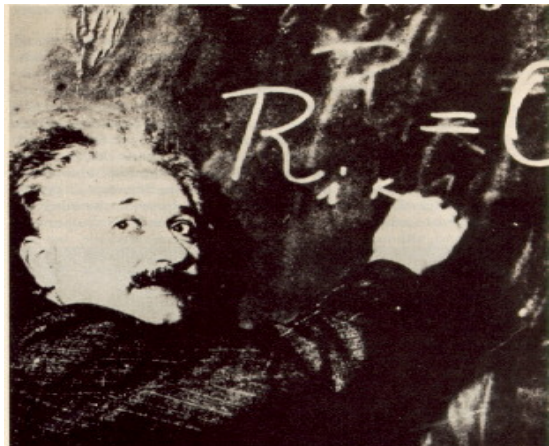


# Transition to eMeasures

- Need measure development that takes advantage of clinical data in EHRs, registries, and patient portals.
- Need interoperable systems to track quality and efficiency across settings and populations (e.g., primary care and mental health)
- Need better interfaces to other data, including patient demographics and costs
- Current EHRs present additional challenges: lack of comparability across vendor products; data elements needed for advanced measures currently may not be feasible to capture in EHRs.

# The Measurement Imperative

**Not everything that counts can be counted,  
and not everything that can be counted counts**



*~Albert Einstein*

**But.....**

**You can't improve what you don't measure**

*~ W. Edwards Deming*

# Discussion

Helen Burstin, MD, MPH

Senior Vice President, Performance Measurement

[hburstin@qualityforum.org](mailto:hburstin@qualityforum.org)