
# Integration of Mental Health in Quality-Assurance Policies

This is one of a series of issue briefs by the Bazelon Center on the integration of mental health in healthcare reform. They offer policy recommendations for:
♦integration of mental health in primary care;
♦medical homes;
♦chronic care management;
♦integration of mental health in the public health system;
♦the role of public insurance programs (Medicaid, SCHIP and Medicare); and
♦improving the quality of care.
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The Institute of Medicine has reported that the American healthcare delivery system is in need of fundamental change. Healthcare today, too frequently and routinely, fails to deliver its potential benefits.[1] The IOM has indicated six areas where changes could improve quality: patient-centeredness, safety, effectiveness, timeliness, efficiency and equity.

Healthcare reform can be a vehicle for improvement in all of these areas. Improvements in mental health quality will be especially critical for integrated care to yield good outcomes. It is unlikely that mental health will be fully integrated into the healthcare system unless its quality systems are at least generally parallel with those of the wider system.

## Background

There have been enormous changes in understanding what works in mental health care. While this is a very positive development, it also means that many of the providers serving today were trained in outdated practices. The Surgeon General (1999) and many others have seen a widespread shortage of trained mental health providers who are able to provide evidence-based services.

A gamut of quality-of-care problems must be addressed in order to improve health outcomes and contain costs. And the need to improve outcomes for individuals with mental illnesses, particularly those with serious mental disorders, is clear. For example:

- Readmission rates for individuals who have needed a state psychiatric hospital stay are 14.6% within 30 days of discharge and 20.4 % within 180 days of discharge.
- The unemployment rate for people with serious mental illnesses is 78%, significantly higher than for other individuals with disabilities.
- People with serious mental illnesses receive little or substandard care for their physical illnesses, with the result that their life expectancy is about 25 years less than the general population.

## Expand Evidence-Based Practices

In a reformed healthcare system, providers must know how to utilize the most effective interventions and should be compensated when they do. In addition, continued research into improved services for people with mental illnesses is needed, and payment methods should be refined to encourage payers to promote evidence-based practices. Providers must be held accountable for delivering evidence-based care; for this to occur, the instruments used to measure progress and outcomes of individuals in care must be improved.

Pre- and post-service training should focus on the use of evidence-based practices and providers should be supported in adopting evidence-based practices through models that

have demonstrated success in creating such change—such as cognitive and experiential learning about specific practices, systems issues, implementation strategies, performance measurement and continuous quality improvement, along with mentoring and ongoing support. Incentives, such as enhanced payment rates for practitioners that consistently meet high standards, as well as disincentives to using outmoded practices, should be part of the strategy for accelerating the adoption of evidence-based care.

## Putting Consumers in the Center

Healthcare reform should promote patient-centered holistic care that educates and supports patients and families so they better understand health status, health conditions and healthy habits, including mental health status and mental illness. Individuals with mental illnesses should be offered a choice of effective options for treatment and provided the information necessary to make an informed choice.

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While the concept of shared-decisionmaking is increasingly accepted in healthcare, the mental health field has been slow to recognize its applicability. However, models of shared-decisionmaking and consumer-direction now exist.

In addition to shared decisionmaking, changes to the service delivery system can make care more consumer friendly. One example is NIATx (developed by a private organization with some public funding), which helps behavioral health providers improve access and treatment participation by teaching process-improvement methods. NIATx has had good results in reducing waiting times for services and no-shows, and increasing continuation in treatment.[2]

Consumers and families should be significantly and meaningfully involved in all aspects of healthcare reform, and particularly in strategies to improve quality. There needs to be improved consumer knowledge and involvement in national and state-focused initiatives that promote better quality of care. A core activity of many of these initiatives is the review, interpretation and dissemination of information about scientific research. Consumers, providers and policymakers can all use this information to make decisions about healthcare delivery and coverage.

## Improvement Outcome and Performance Measurement

Health plans and the federal government should more fully address the need for ongoing measurement of the results of mental health interventions. Performance and outcomes measures for mental health services should be more widely used and more work should be done to further refine these measures.

For individuals with severe mental illnesses, so many factors come into play in their recovery that it is difficult to hold providers accountable for overall outcomes at this date. There is also a danger in basing payments on results, as it creates an incentive for creaming (avoiding consumers with the most serious, and expensive, needs). Nonetheless, the ultimate measure of services is how individuals are doing in their lives; we need to measure outcomes. Providers must focus on improving the functioning and wellness of the individual, including a focus on the independence and community integration of individuals with severe mental illnesses.

Another determinant of quality is the effectiveness of the interface between primary care and specialty mental health care. An example is Massachusetts Medicaid (in a managed care system), which requires measurement and reporting on this and certain other aspects of care, and provides incentives for best care. Other states are also working on systematic contracting, incorporating outcome and performance metrics into their written policies (for example, Vermont).

Improving measurement of the impact of mental health interventions on people with other chronic illnesses could improve overall health systems. It is important to refine our understanding of the value of mental health interventions for specific populations with chronic illnesses and determine for whom mental health treatment is most cost-effective.

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## Expanding the Use of Technology

Technology has dramatically changed our understanding and practice in healthcare—from data collection and analysis to clinicians' use of PDAs. Expansion of electronic medical records is critical for the 21st century and can form the basis for aggregation of data by health plans so as to monitor and then improve quality and efficiency.

Integrating with health systems will require mental health providers, particularly public mental health providers and solo practitioners, to improve their ability to collect and use data. This can be an expensive undertaking. Health reform initiatives should recognize the difficulties and costs involved in shifting to an electronic system and provide not only incentives, but support for the purchase and installation of such systems by small practices. Federal and state mental health authorities should prioritize bringing all public-sector providers, including the very smallest, up to standard.

Larger health plans (public and private) can more readily collect and make use of the data that assesses performance and outcomes across providers addressing the needs of similar populations. These plans should be actively encouraged to increase their data measurement and analysis, to provide practitioners and provider agencies with feedback if they are outliers and to assess the value of services that can inform both the plan itself and the field.

Records, treatment plans and data systems are different in primary care and behavioral health settings, and excessive concern about privacy issues often becomes a barrier to good collaborative care, even when individuals wish for it. Information technology and policy should be updated to foster interdisciplinary communication and integration.

## Recommendations

On evidence-based practice:

- Define evidence-based services that support individualized care so that each consumer is treated individually based on needs, health status, history and other individual factors.
- Include a focus on mental health services in any process developed for reviewing scientific evidence and translating those findings for decisionmakers.

- Offer providers support for shifting to evidence-based practices through continuing education (using models that have demonstrated success in changing practice).
- Direct the Agency for Healthcare Research and Quality (AHRQ), with input from SAMHSA, HRSA and others, to develop recommendations on payment methodologies for evidence-based mental health services.
- Provide enhanced payment rates for care that consistently meets high standards.

To engage consumers:

- Incorporate initiatives to promote greater consumer awareness of how health and illness affect mental health.
- Offer coaching and education to individuals and their families (as appropriate) regarding illness and health and how to manage them.
- Provide support for individuals to make the necessary behavioral changes that could improve their health status, such as stopping smoking, addressing obesity, etc.
- Promote and fund wellness programs, including self-management programs and recovery/life planning models (for example, Wellness, Recovery Action Planning—WRAP).
- Adopt models of care that include shared-decisionmaking and personal health records so that consumers can participate meaningfully in decisions about their care.

***Processes for reviewing and promoting scientific evidence for services should be transparent and ensure input from patient/consumer viewpoints.***

Measuring and encouraging improved performance and outcomes:

- Health plans should collect, analyze and aggregate data on provider practices and feed this information back to providers so that they can understand how well they meet standards of care. It is particularly important for plans to use the data to identify and intervene with those whose practices represent outliers in terms of quality (for example, if they prescribe sub-therapeutic doses of psychiatric medications) or to identify individuals at risk of adverse health outcomes and higher utilization of services because of substandard care.
- Health plans should use HEDIS (Health Effectiveness Data and Information Set) mental health measures, and expand their measurement of performance beyond HEDIS to incorporate other relevant mental health measures.
- The Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare and Medicaid Services (CMS), with input from other federal agencies[3] and private-sector experts, should collaborate on developing a set of performance and outcome measures that can be used consistently across health plans, including public programs.

To focus quality assurance on concerns valued by consumers:

- Processes for reviewing and promoting scientific evidence for services should be transparent and ensure input from patient/consumer viewpoints.

- Include diverse patient/consumer representatives in groups promoting new policy concerning quality of care.
- Ensure that any new entities authorized to address quality-of-care issues at the federal level, (such as an institute for prioritizing and funding comparative-effectiveness research), also focus on mental health issues and include consumer representation, including consumers of mental health services.
- Support consumer participants with specific staff to ensure that their role is not merely a token one.
- Public and private health plans and purchasers and professional training programs should promote health and mental health self-management, shared-decisionmaking and behavior coaching so that individuals can obtain the best outcomes.

***Improve electronic record systems for mental health care and ensure that mental health and physical healthcare records are compatible.***

With respect to information technology:

- Improve electronic record systems for mental health care and ensure that mental health and physical healthcare records are compatible.
- Adopt strategies to help providers acquire this new technology and receive the requisite training and technical assistance for effective utilization.
- Develop and institute privacy practices that protect essential mental health and other sensitive information from being widely disseminated while ensuring that information that needs to be shared among treating providers can be shared and that consumers, not providers, can authorize release of mental health information.
- Use videoconferencing and other electronic technologies to support primary care providers and consumers when ready access to specialty mental health expertise is not available.

1 National Acadamy of Medicine, Institute of Medicine, Committee on Quality of Health Care in America (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press.

2 NIATx is an improvement collaborative, part of the Center for Health Enhancement System Studies at the University of Wisconsin-Madison, that helps behavioral health providers improve access to and retention in treatment for all of their clients. It works by helping treatment providers use process improvement methods to achieve the four aims: reduce waiting times; reduce no-shows; increase admissions; increase continuation in treatment.

3 Including agencies such as: The Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute of Mental Health (NIMH) and Health Resources and Services Administration (HRSA).