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OVERVIEW

COLLABORATIVE PERFORMANCE MEASUREMENT PROJECT

BACKGROUND

Both NASMHPD and NAPHS have a significant history of working with their members in the area of performance measurement. In October 2001, representatives of NASMHPD, NRI, and NAPHS met to **explore ways the organizations might collaborate to further their respective performance measurement goals**. A joint task force was appointed to identify key measures that would be valuable to both the NASMHPD and NAPHS members, discuss core measures, and explore common measure definitions. Results of this discussion were presented to the presidents and executive directors of each of the organizations in December 2001. **Leaders agreed on the following points:**

- that the potential benefits of collaboration among NASMHPD, NAPHS, and NRI are far-reaching, with great potential for creative synergy;
- the combined best thinking of the public and private sectors is a powerful product;
- there is ever-increasing overlap in the public and private delivery systems;
- both sectors of the behavioral health delivery system face many of the same challenges with our external customers and reimbursement sources—be they private payers, state legislatures, or the federal government;
- the public expects behavioral health to speak with a common voice and to translate our knowledge into meaningful indicators; and
- it serves the interests of both the public and private sectors if we each improve in quality and if we support each other in developing the resources necessary to do so.

ACTIONS

Joint Task Force Formed

In February 2002 a joint task force met to formalize the shared values, potential outcomes, and specific goals of the collaborative effort as directed by the leaders of the organizations. The goals included the intention to work together to: demonstrate leadership within the behavioral health field; move toward standardization; explore the interface of care systems; and focus on quality of care. A draft proposal for a pilot project was developed. **A technical workgroup was appointed to identify specific measures that held the greatest potential for collaborative work and to develop the technical specifications required to make it possible for these measures to be piloted by both public and private providers.**

In June 2002 this technical workgroup met and reviewed select measures currently in use with the NRI Behavioral Healthcare Performance Measurement System. The group recommended minor technical revisions on a **set of measures that include: readmission rates, client injury, staff injury, restraint, and seclusion.** This work was distributed as an Implementation Guide. The workgroup also developed a proposal for pilot testing the measures.

Teaming Agreement Signed

In October 2002 the three organizations signed a Teaming Agreement, formalizing the relationship and expressing intent to “develop performance measures for public and private mental health system services.” A project plan was developed and included the action to, “design and implement a pilot project to determine the feasibility of data collection. This pilot will include participants from both the public and private sectors.”

The formal signing of the Teaming Agreement was announced to the public via a news release dated October 16, 2002. The release stated that, “Given the intense interest in moving forward to provide benchmarking information to the field and to be in a position to help shape the development of core measures, the Boards of NASMHPD, NRI, and NAPHS have endorsed the cooperative project.” There was favorable coverage of this announcement in the press with *Mental Health Weekly* saying, “This declaration represents something of an evolution in the field’s thinking on efforts to benchmark provider organization’s performance.”

Pilot Project Underway

Beginning in October, the collaborating organizations solicited volunteers from among their members to participate in the pilot project. The goal was to identify at least 6 public and 6 private providers that will collect data relevant to the agreed-upon indicators and transmit this data to NRI (through its contract with the University of Kentucky) for analysis. A number of providers from both the public and private sectors agreed to be potential pilot sites. **A goal will be to partner a public and a private participant in the pilot project for the purpose of mutual support, sharing of experience, and identifying the challenges each site is having relative to the pilot.** Information about this partnering relationship will be gathered and used as a part of the overall project analysis.

A phone conference was held on November 7, 2002, to share technical and operational information to assist organizations in their decision-making. Participants in the call included

public and private providers, leadership from the participating organizations, and technical experts from NRI. **The technical experts agreed to make themselves available for consultation to any potential pilot site on an individual basis to address any site-specific questions.**

Web Site Launched

A web site was developed (www.rdmc.org/naphs) for the purpose of communicating information about the project, including a “frequently asked questions” section. These questions and answers are based on the issues that have surfaced during the provision of technical assistance to potential pilot sites.

Participation Agreement Developed

In December 2002 representatives of all collaborating organizations met with legal counsel to develop the “Performance Measurement Initiative Pilot Testing Participation Agreement.” This agreement is the formal contract guiding the exchange of data, confidentiality expectations, and issues of HIPAA compliance for participating sites. The agreement was finalized by the participating organizations in March 2003 and reviewed by the NAPHS Performance Measurement Committee on April 8, 2003.

Data Collection Phase Planned

NAPHS Performance Measurement Committee members, potential pilot site representatives, and representatives of NRI met on April 8, 2003. The group set an agenda and time frame for the data collection phase of the project. Copies of the “Performance Measurement Initiative Pilot Testing Participation Agreement” were sent to all potential pilot sites for review and signature. **The signed agreement serves as the formal acknowledgement that an organization will participate in the pilot project.**

Pilot Project Data Submission

Completed copies of the “Performance Measurement Initiative Pilot Testing Participation Agreement” were submitted by all public and private participants in the pilot project. A conference call of all participants was held in August and served as the official “kick-off” of the data collection phase. **The pilot data-collection period was from August 2003 through February 2004.** This was the six-month “window” out of which each participating facility selected three consecutive months for which to submit data. The initial submission of each monthly file to NRI was made no later than the last working day of the following month. Facilities were provided an additional two months in which to resubmit data files as many times as necessary to resolve any data discrepancies or omissions. Facilities received technical support from NRI and conference calls with collaborating organizations as necessary.

During the data-collection phase, nine NAPHS organizations (with a total of 17 sites) and six states (with a total of approximately 10 sites) submitted data to NRI. The data was reviewed for completeness and feedback was given to submitting organizations. Further data analysis will be done and a report will be made to the NAPHS Board of Trustees and the Performance Measurement committee at its meeting in March.

Public-Private Partners

In order to explore the value of public-private performance measurement partnerships in a more qualitative way, **four public and four private organizations that have participated in the**

pilot project will be paired and invited to meet face-to-face to discuss their experience with the project and with performance measurement in general. Participants from the states of Oklahoma, Pennsylvania, Illinois, and South Carolina have agreed to hold such meetings. In addition to modeling the importance of public-private discussion at the local level, the results of these meetings will be used in analyzing the overall project. A meeting of all pilot project participants will be held June 17, 2004 for the purpose of reviewing preliminary data and identifying next steps.

Core Measurement Development

In a letter sent to JCAHO President Dennis O'Leary, M.D. on September 3, 2003, the public/private partnership collaborators (NASMHPD, NRI, Inc., and NAPHS) requested a meeting to discuss a potential partnership between the JCAHO and our associations to develop core performance measures for inpatient psychiatric services surveyed under the hospital accreditation standards. The communication was triggered, in part, by the JCAHO decision to raise the non-core measure-reporting requirement from six to nine measures because there are no core measures available for behavioral health. We stated that we believed there was a better alternative to the expansion of non-core measures and asked for a moratorium on the expansion until we had the opportunity to discuss other solutions. The moratorium was denied, but JCAHO agreed to initiate discussion with the collaborating organizations (NASMHPD, NRI, Inc., NAPHS) regarding core measurement development. The American Psychiatric Association joined as a consulting partner on the initiative and has been included in all efforts.

Regular phone conferences have been held since December 2003 between JCAHO and the collaborating organizations. **The groups agreed to work as partners in the development of core measures for hospital-based, inpatient psychiatric services and have developed a draft work plan.**

A meeting of stakeholders was convened on March 30, 2004. Stakeholder groups included consumers; associations representing the professional disciplines of psychiatry, psychology, nursing, and social work; organizations representing hospital-based providers; representatives of research institutions; payer representatives; national quality initiative representatives; and representatives of the federal government. The Joint Commission was represented by high-level executive staff. Participants were asked to address a series of questions such as: what is the optimal approach for measurement set(s) identification for hospital-based inpatient psychiatric services; how should the framework for measurement be defined; are evidence-based, tested, and valid measures already available for the identified areas of care; what is the scope of use for the data generated by the identified measures set?

Proceedings from the stakeholders meetings were analyzed and a direction was set for the establishment of an initial set of core measures. Domains of potential interest included the following: a) transitions of care; b) processes of care; c) outcomes of care; and d) safety.

A steering committee made up of representatives of the collaborating organizations (NASMHPD, NRI, Inc., NAPHS, APA, and JCAHO) was appointed to oversee the project, including selecting a technical advisory panel (TEP). JCAHO will develop the measurement specifications through its established procedures. The advisory panel sought outside funding for the project. The only funding source to date is through Eli Lilly who agreed to divert to

this project an unrestricted grant it had previously offered for another purpose to the JCAHO. JCAHO will be the primary sub-contractor and manager of the project with funds administered by NRI, Inc. Additional funding must be secured in order for the project to continue. In February 2005, JCAHO hired a dedicated staff person for the project.

A work plan was developed to guide the steering committee's efforts. A timeline was set for the accomplishment of essential activities. Examples of these activities include the following: select and convene the technical expert panel; support JCAHO's call for and evaluation of candidate performance measures; encourage public review and comment on proposed measures; and act as resource to volunteer pilot sites. The steering committee will continue to support the efforts of JCAHO in refinement of the initial core measure as well as the development of future core measures for hospital-based inpatient psychiatric core measures.

The first meeting of the Technical Expert Panel was held on May 13, 2005. Members of the technical advisory panel represent relevant stakeholders and bring specific expertise in the measurement areas under consideration. The TEP will define the measurement framework with the charge to select measures that enhance the quality of patient care, ensure patient safety, are evidence-based and scientifically sound and are within the scope of control of the hospital-based provider.

Opportunities for using the guidance provided by the stakeholders to further the overall goals of performance measurement (beyond the development of JCAHO-required core measures) for hospital-based inpatient psychiatric services will be explored by the partners.

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