

QIP-NJ Chart-Based Measure Specification Guidance Transcript BH8: Substance Use Screening and Intervention Composite

Updated July 2021

Introduction (Slide 1):

Hello, and welcome to the measure specification webinar for Behavioral Health (BH) Measure 8— Substance Use Screening and Intervention Composite given by the New Jersey Department of Health, DOH, to support hospitals participating in the Quality Improvement Program – New Jersey, or QIP-NJ. The purpose of this webinar is to define the components of Behavioral Health Measure 8, as well as describe the workflow for determining a hospital’s performance on this measure. The full specification for this measure can be found on pages 56 through 60 of version 1.1 of the QIP-NJ Measure Specifications and Submission Guidelines document, also referred to as the Databook. This Databook is available for download on the QIP-NJ website.

BH8 is a chart-based measure, meaning participating hospitals will be submitting data on attributed individuals via a flat file or via the excel-based standard reporting template as described on the Participants and Stakeholders page of the QIP-NJ website. Hospitals will run a query of their EHR system for records of attributed individuals after receiving attribution lists. The query will look for measure-specific denominator eligibility criteria as outlined in the measure specification.

All data components will be reviewed for completeness and the Department will independently determine if they qualify. Further, hospitals may estimate their performance, however this will be independently calculated and ultimately determined by the Department. Hospitals should note that incentive payments will be contingent on fully executing all QIP-NJ submission guidelines. For more information on data submission procedures of non-claims-based measures, please refer to the “Non-Claims-Based Measures” section on page 7 of v1.1 of the Databook.

Agenda (Slide 2):

The agenda for this presentation is as follows: First, the Department will discuss the learning objectives of this presentation and provide viewers with links to the resource materials that inform this content in section one, “Presentation Information”. Then, in “BH8 Overview” and “BH8 Flowchart” the Department will provide viewers with a description of the measure taking a look at the workflow developed to codify measure criteria. In the “Standard Reporting Template” and “Understanding Measure Criteria” sections, the Department will explain how to report each of the measure components by examining the required data elements for the numerator, denominator, and exclusions. Next, in “Examples with Sample Data” the Department will provide examples of how a hospital might perform on this measure with individual-level sample data. Finally, in the last section of this presentation, “Understanding BH8 Performance Calculation” the Department will discuss the intricacies of performance calculation taking into account any special considerations of this measure.

Presentation Information (Slide 3):

By the end of this presentation, hospital viewers should be able to define the numerator, denominator and exclusion criteria for BH8 and calculate performance for this measure. This presentation aims to prepare hospitals for data submission activities by familiarizing them with the measure specifications and the corresponding value sets for BH8, as well as the variables within the standard reporting template that will be used to identify BH8 measure criteria.

Viewers are advised to review and frequently reference the Databook and the QIP-NJ Databook Value Set Compendium (also called the VSC) while listening to this presentation. Both of these documents may be found on the QIP-NJ website on the Documents & Resources page. Active links to these materials are also available in this presentation.

Acronyms Used in This Presentation (Slide 4):

The Department will use the following acronyms in this presentation. Please take a moment to familiarize yourself with these acronyms.

BH8 Overview (Slide 5):

BH8 has been adapted from National Quality Forum (or NQF) measure 2597. BH8 will measure the percentage of attributed individuals aged 18 to 64 years of age who received a substance use screening at least once within the last 12 months and who received an intervention for all positive screening results. The statewide target and measure steward can be found in the Databook. The statewide target for this measure is 80%. Sampling is allowed for measure BH8. Please refer to the Databook for Sampling Methodology for this measure. Please note that the baseline period runs from July 1, 2020 through December 31, 2020. The measurement period for year 1 runs from July 1, 2021, to December 31, 2021. For additional information, please also refer to the Databook.

BH8 Flowchart (Slide 6):

Now, the Department will discuss the flowchart on this slide for Behavioral Health Measure 8—Substance Use Screening and Intervention Composite.

BH8 Flowchart (Slide 7):

The Department has created a flowchart for the denominator criteria and the numerator criteria. When calculated, the denominator will reflect the eligible population and the numerator will reflect the measure compliant population. The flowcharts have been developed to codify the measure criteria and assist in identifying the necessary data elements to calculate performance.

BH8 Flowchart Part 1 - Denominator (Slide 8):

Part 1 of the BH8 Flowchart displays a decision point for each criterion that determines if an individual from the attributed population should be included or excluded from the denominator.

First, a hospital must determine if the attributed individual's Medicaid enrollment meets the continuous eligibility criteria for this measure. For BH8, the attributed individual must be continuously enrolled in Medicaid for at least 30 days. If this is true, a hospital should then assess whether the individual's age is greater than or equal to 18 and less than 65 at the beginning of the measurement period. If the individual is in the eligible age range, a hospital should also then check to see if they had an eligible encounter by referring to the revenue codes listed in the BH8_Nondx value set within the VSC. Finally, a

hospital should check if the individual has any exclusionary conditions, such as a medical reason for not screening, use of opioids for chronic pain management, receiving hospice care or if they had an emergency department visit resulting in an observation stay. Exclusion codes can be found in VSC Table BH8_01.

BH8 Flowchart Part 2: Numerator (Slide 9):

Part 2 of the BH8 Flowchart displays a decision point for each criterion that determines if an individual should be included in the numerator. The first orange diamond at the top indicates an individual who screened negative for substance abuse and thus required no intervention plan to be documented in their patient record. The second orange diamond indicates an individual who screened positive for substance abuse and had at least one follow-up intervention documented during the measurement year. These are both scenarios in which the numerator criteria are met.

The bottom three orange diamonds are scenarios in which the numerator criteria for the measure are not met. The third orange diamond indicates that the individual was not screened for substance abuse with a valid code. The fourth orange diamond indicates that the individual screened positive for substance abuse, but no intervention was documented. Finally, the fifth orange diamond indicates that the individual screened positive for substance abuse with a valid code, but that the intervention was either inappropriate or documented outside the measurement year.

Standard Reporting Template (Slide 10):

The Standard Reporting Template, as described in the materials posted on the QIP-NJ website, will be used to submit data for chart-based measures. Please refer to the Standard Reporting Template materials on the QIP-NJ website for information on how to use the template to report results for the baseline period, also known as MY0.

BH8 Key Variables (Slide 11):

The following is a list of some of the key variables within the standard reporting template that pertain to BH8. Hospitals must report member data elements to identify the attributed individual. Additional descriptions of these variables can be found in the standard reporting template materials on the QIP-NJ website. To review a few examples, The M_ELEMMT variable refers to the data element component addressed by each row of data for an individual. In other words, does the row of data contain a code or value that represents a numerator criterion, denominator criterion or an exclusion criterion?

The RES_VAL and CODE_VAL variables will be used to report the appropriate code, for example, Revenue Codes for eligible encounters, ICD-10 or CPT codes for exclusionary diagnoses or LOINC codes for screening tools used.

Using these variables, a hospital can document the measure specific-data elements for this measure including the screening tool name, the raw score, the results on the SUD screen (whether it was positive or negative), and the presence of an acceptable follow-up plan.

Understanding Measure Criteria (Slide 12):

Now that the Department has reviewed the measure Flowchart and the key variables in the Standard Reporting Template, let's further examine what individual data elements are required to meet each criterion for BH8.

BH8: Continuous Eligibility Criteria (Slide 13):

Continuous Eligibility is not part of the denominator criteria but must be assessed to determine denominator inclusion. For BH8, the individual must be continuously enrolled in Medicaid from the date of discharge through 30 days after discharge without a gap in coverage.

Hospitals will need to refer to their attribution rosters to confirm Medicaid enrollment. The Department would advise for each hospital to look at Column O on their attribution rosters, which is the “MCO End Date.” This will be the date through which the member is enrolled in the current MCO. There is no value set for continuous eligibility.

BH8: Denominator Criteria (Slide 14):

There are two criteria that qualify an individual for the denominator of this measure. First, an individual must be 18 or older and younger than 65 on the first day of the measurement year. The data element required to verify an individual’s age will be their Date of Birth. The column/variable in the standard reporting template used to report a member’s date of birth is M_DOB.

Second, an individual must have had at least one eligible ED or Hospital outpatient encounter during the measurement year. To meet this criterion, hospitals must provide the date of encounter and an encounter code that corresponds with one of the revenue codes listed in Table BH8_Nondx of the VSC. To report this information using the standard reporting template, hospitals will use the M_ELEMT, SVC_DT, RES_VAL, and CODE_VAL columns.

BH8 Exclusion Criteria (Slide 15):

There are three exclusionary criteria for this measure. First, individuals are excluded if they have medical reasons for not screening. The list of diagnosis codes that would constitute an exclusion for BH8 are available in Table BH8_01 of the Value Set Compendium. Individuals are also excluded if they have a medical notation of use of opioids for chronic pain management, if they are in hospice, or if they have emergency department visits that result in observation stays during the measurement year.

To report exclusions on the standard reporting template, hospitals will need to use the M_ELEMT, RES_VAL, and CODE_VAL columns and possibly the RES_VALP column if there are applicable procedure modifiers.

BH8 Numerator Criteria (Slide 16):

There are two criteria that qualify an individual for the numerator of this measure. First, an individual must be screened at least once within the last 12 months in the emergency department or in an outpatient setting for substance abuse. Second, an individual must have received at least one intervention for all positive screening results.

The data elements required to prove that an individual in the eligible population meets the numerator criteria include the screening date, screening tool used, screening tool score, and intervention if the screen was positive.

This information will be reported on the standard reporting template using columns M_ELEMT, RES_VAL, CODE_VAL, SVC_DT, as well as the additional variables listed here pertaining to tobacco, alcohol, illicit drug use, and inclusive screening tools. The TOBA_T, ALCS_T, DRUG_T, and INCL_T

variables identify the substance use screening tool name with a unique two-digit code that are listed in the standard reporting template in the Data Dictionary tab. Some substance use screening tools have associated LOINC codes and others do not, however it is expected that the hospital will provide as much information as is available to identify the substance use screening tool used.

Examples with Sample Data (Slide 17):

Now, the Department will walk through a few examples with sample patient data. This data has been randomly generated and does not reflect any real patient information.

Sample Individual #1 (Slide 18):

Sample individual number 1.

Sample Individual #1: Profile (Slide 19):

Take a moment to review the profile for sample individual 1. The image on this slide shows an example of how this data might be recorded using the standard reporting template. Individual number 1 is a 29-year-old female with an encounter date on September 1st, 2020, as shown by the M_DOB variable and the SVC_DT variable columns. Please note that some of the columns from the standard reporting template have been omitted from view here for brevity.

In the first row of data for sample individual 1, the RES_VAL variable is equal to "I" which denotes an ICD-10 code was used in the individual's chart. The CODE_VAL variable is equal to C50 which relates to breast cancer. In addition, the RES_VALP variable is equal to OPIOID as a procedure modifier. Notice how the M_ELEMENT variable value is "E" which indicates that this row of data should provide information about how an exclusion would apply to this individual. This individual *will* be excluded from the denominator of this measure. Take a minute and see if you can explain why this individual will be excluded from the eligible population for this measure.

Sample Individual #1: Denominator (Slide 20):

Let us walk through the steps to determine denominator eligibility. First, for this example, the Department assumes this is an individual attributed to your hospital, meets the continuous enrollment criteria, meets the age criteria and has had an appropriate encounter.

Next, a hospital should check if the individual has documentation of medical reason(s) for not screening, use of opioids for chronic pain management, limited life expectancy or hospice, or ED visits that resulted in an observation stay during the measurement year (see Table BH8_01 for all corresponding codes). This individual has an exclusionary diagnosis, ICD-10 code C50. She has metastatic breast cancer and is taking opioids for pain management; thus, she will be excluded from the denominator.

Sample Individual #2 (Slide 21):

Sample individual number 2.

Sample Individual #2: Profile (Slide 22):

Take a moment to review the profile for sample individual 2. Individual 2 is a 55-year-old male with encounter dates on October 2nd and October 9th, 2020, as shown by the M_DOB variable and the SVC_DT variable. The first row of data in the sample standard reporting template shown here with the service date October 2nd, 2020, shows this individual was seen in Outpatient Group Therapy. The type of

encounter is defined using CODE_VAL “U” designating the use of an UBREV code and a CODE_VAL of 915 which is the actual revenue code. The following three rows of data show data elements associated with the October 9, 2020 service date. The second row shows another Outpatient Group Therapy encounter. In the third row, there is a LOINC code indicating the individual was screened using the Fagerstrom Test for Nicotine Dependence. This tobacco screening tool is further identified in the TOBA_T variable column with a value of 01. The fourth row of data shows a HCPCS code that indicates he received a Medicaid Alcohol and/or drug screening. The ALCS_T variable is how this hospital further clarifies which tool was used to screen him. In this case, the ALCS_T variable is listed as 01 which identifies that the CAGE Questionnaire for Detecting Alcoholism was the screening tool used. The identifier codes used to label the screening tool are unique to QIP and found in the standard reporting template materials, not in the Value Set Compendium.

Sample Individual#2: Denominator (Slide 23):

Let’s walk through the steps to assess denominator eligibility. This example begins with an assumption that this individual is a member of the attributed population, meets the continuous eligibility criteria and meets the age criteria. A hospital should then check if the individual’s index encounter was in an emergency department or outpatient hospital clinic. Sample Individual 2 has an eligible encounter as shown by revenue code 915 for an outpatient group therapy session, which is an acceptable code included in Table BH8_Nondx in the value set compendium. Next, a hospital should check if this individual has any exclusionary codes associated with his record. This individual’s chart does not have any of the exclusion codes listed in Table BH8_01.

Thus, this individual will be included in the denominator.

Sample Individual#2: Numerator (Slide 24):

Now a hospital must determine if sample Individual 2 will be counted in the numerator. First, a hospital should see if the individual was screened for substance abuse. Sample Individual 2 was screened using the Fagerstrom Test for Nicotine Dependence (also known as the FND) and the CAGE Questionnaire for Detecting Alcoholism. The CAGE is indicated in sample Individual 2’s standard reporting template using the ALCS_T variable and the FND is indicated using the TOBA_T variable.

Next we will look at the results of the screens. Sample individual 2 scored a 6 on the FND which indicates this person is positive for nicotine dependence. Note the score entered in variable TOBA_S as “06.” Next, Sample individual 2’s score is listed as 00 in variable ALCS_S which is a negative result for alcohol misuse for the CAGE tool. Now we will look at the information pertaining to interventions. This individual had an acceptable intervention in his record for nicotine dependence denoted by the “01” result in the TOBA_I field. The score of the CAGE test was negative for alcohol, so no intervention was necessary as demonstrated by the double zero entered in the ALCS_I variable. The two-digit codes for the substance use screening tools, scores, and interventions are unique to QIP-NJ and are defined in the standard reporting template in the Data Dictionary tab.

In summary, performance has been met for this individual because he was screened correctly and received an appropriate intervention in the case of his positive screen for nicotine dependence.

Sample Individual#3 (Slide 25):

Sample individual number 3.

Sample Individual#3: Profile (Slide 26):

Take a moment to review the profile for sample individual 3, the last example profile we will review for BH8. Individual 3 is a 23-year-old male with an encounter and screening date on July 3rd, 2020, as shown by the M_DOB variable and the SVC_DT variable. He had an eligible encounter for outpatient individual therapy shown by revenue code 914 and was subsequently screened for substance use with the NIDA Drug Use Screening Tool (NMASSIST) represented in the individual's chart by the HCPCS code H0049 for a Medicaid Alcohol and/or drug screening and further identified as the NMASSIST with the additional value of "02" recorded in the inclusive tool variable INCL_T in the snapshot image of this individual's standard reporting template entry shown here. This individual does not meet numerator criteria for this measure. From reviewing this profile information, can you explain why performance was not met?

Sample Individual#3: Denominator (Slide 27):

To understand why individual 3 does not meet numerator criteria, let's first walk through the steps to assess denominator eligibility. This example assumes this individual is attributed to your hospital, meets continuous eligibility criteria and meets the age criteria. Individual 3 has an eligible encounter in Outpatient Individual Therapy, as shown by revenue code 914, which is an acceptable code listed in Table BH8_Nondx of the VSC. Finally, a hospital should check if this individual has any exclusionary codes associated with his record related to medical reason(s) for not screening, use of opioids for chronic pain management, limited life expectancy or hospice, or emergency department visits that resulted in an observation stay during the measurement year. This individual does not have any of the exclusion codes listed in Table BH8_01, thus, he is included in the denominator.

Sample Individual#3: Numerator (Slide 28):

Now a hospital must determine if Sample Individual 3 will be counted in the numerator. First, a hospital should see if the individual was screened for substance use. The individual was screened using the NMASSIST. Then, the score of the validated screening tool will determine if the individual has screened positive for substance use. The individual's score was positive indicated by a high-risk score of 27 in the INCL_S variable. Lastly, the INCL_I variable is blank, which is where hospitals would document an intervention. A blank value here indicates that no intervention was documented in this individual's chart in relation to his positive screen. Therefore, performance was not met and this individual will not be included in the numerator.

How to Calculate Performance (Slide 29):

The Department hopes the previous sample patient profiles have helped increase understanding in the data elements necessary to determine whether an individual meets the measure criteria. Now, the Department will calculate the hospital's overall performance based on a cohort of 30 individuals who fall into the eligible population and numerator compliant population. This calculation example is not connected to the patient profiles presented on previous slides.

Calculating Performance: Subgroups (Slide 30):

Here is a sample population of individuals divided into subgroups. There are 30 individuals in the hospital's attributed Behavioral Health population, which is the starting population. There are 5

individuals within this population with known exclusions. There are 9 individuals who had a positive substance use screen with at least one intervention, 8 individuals with a negative substance use screen, 6 individuals with no documented substance use screen, 2 individuals with substance use screens with no intervention, and zero individuals with substance use screenings that had interventions documented outside of the measurement year or with inappropriate interventions.

Calculating Performance: Denominator (Slide 31):

The eligible population for BH8 is the Denominator. To find the value of the denominator, a hospital should subtract the individuals with exclusions from the starting attributed population. So, in the sample population, 30 individuals minus 5 individuals with exclusionary codes is 25 individuals in the eligible population.

Calculating Performance: Numerator (Slide 32):

Next, a hospital must then calculate the numerator compliant population from the eligible (or denominator) population. The numerator compliant population for BH8 becomes the numerator. To find the value of the numerator, a hospital should add the individuals with a positive substance use screen that also had an appropriate intervention to the individuals with a negative substance use screen. These subgroups appear here in the green cells. So, in the sample population, 8 individuals plus 9 individuals result in 17 individuals in the numerator compliant population.

Calculating Performance: Percentage (Slide 33):

After a hospital has identified the eligible population and the numerator compliant population, performance for BH8 can be calculated as a percentage. 17 individuals who are numerator compliant divided by 25 individuals who are in our eligible population multiplied by 100 equals a performance of 68%.

Conclusion (Slide 34):

This concludes the Department's measure specification webinar for Measure BH8.

More Information (Slide 35):

Thank you for listening. For more information about data submission, please review the standard reporting templates and associated guides available on the Participants and Stakeholders section of the QIP-NJ website.

For more information about the measures, please reference the QIP-NJ Databook FAQ document in the Resources section of the QIP website.

With any additional questions or concerns, please contact QIP-NJ@PCGUS.com.

