

American Psychiatric Association Platform and Strategy on Performance Measurement (2017)

The American Psychiatric Association (APA), with its leadership in synthesizing psychiatric research evidence into practice guidelines, is well poised to improve the quality of care in the areas of mental health and patient engagement. Measuring and monitoring treatment and outcomes are essential components of quality improvement, and thus performance measurement is a high priority for APA and our national health care needs.

In summary, APA Board of Trustees approved (May, 2015) "strategic findings" of the Ad Hoc Work Group on APA Health Care Reform include, among others, recommendations to prioritize psychiatric leadership in defining the quality measurement of psychiatric services in US healthcare, establish a specific plan of action to ensure representation of the APA on the boards or advisory councils of the national stakeholders that are involved with nationally significant quality measures, and create a standing committee within the Council on Quality Care that includes members with expertise in both: 1) care systems, services, and settings; and 2) quality and performance measurement.

The APA Committee on Performance Measurement drafted the following Platform and Strategy to reflect the Committee's Board of Trustees's approved (July, 2015) charge. Performance Measurement Committee members and authors include:

Karen Pierce, MD (Chair)
Matthew Iles-Shih MD, MPH
John (Jack) McIntyre, MD
James Nininger, MD
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The APA is committed to engage in the following activities:

1. **Upstream Guidance:** Provide leadership and influence to develop quality measures with input and guidance based upon our members' specialized clinical expertise. The APA as a national physicianled organization is dedicated to improving patient health and safety, identifying, and developing evidence-based practices, promoting the use of clinical guidelines, and advancing the science of patient care. Measuring quality requires substantial resources and many stakeholders. Due to the high cost of measure development, the APA agrees that in-house development of measures by the Association will not be the prime focus of the APA's resources. Rather, the APA will typically collaborate with other organizations, societies, and entities wherein the requisite resources for such development already exist.

The APA will also take into consideration the need for electronically specified performance measures. It is valuable to maintain a level of awareness with the various information technology (IT) applications (e.g. EHRs, smart device applications, etc.) through synergizing efforts between the APA Performance Measurement Committee and the APA Committee on Mental Health and Information Technology. Currently, there is limited integration of IT within mental health and

substance use disorder performance measures. Though these technological advancements have been shown to have significant potential to facilitate the delivery of safe, high-quality, and cost-effective care within general health care, its application into mental health care has been slow. These efforts will aim to increase the likelihood of utilization by clinicians in practice without great resistance and with decreased burden.

2. **Partner:** Our goal is to become involved in development efforts through partnering with others in the *National Quality Enterprise*. By partnering with multidisciplinary groups involving patients, other physician groups, and other stakeholders, the APA will seek to lend its psychiatric clinical expertise to facilitate the development of measures and guidelines that are concise, evidence-based, and easy to implement. A recent review (3) suggested that Safe Harbors for Improving Performance (SHIP) recommends future development and maintenance of measures will require such partnerships. The APA Committee on Performance Measurement has identified a list of potential partners which include, but are not limited to:
 - [National Quality Forum \(NQF\)](#)
 - [The Physician Consortium for Performance Improvement® \(PCPI\)](#)
 - NQF convened [National Priorities Partnership \(NPP\)](#) and [Measure Applications Partnership \(MAP\)](#)
 - [Health Information and Management Systems Society \(HIMSS\)](#)
 - [HIMSS Electronic Health Record \(EHR\) Association](#)
 - [National Committee for Quality Assurance \(NCQA\)](#)
 - [Institute for Healthcare Improvement \(IHI\)](#)
3. Continue to **monitor** and **maintain** current measures that have been assigned to the APA from PCPI. In 2014/2015 the APA became measure stewards and joint copyright holders of several measure sets comprised of several individual measures including Adult Major Depressive Disorder, Substance Use Disorder, Dementia, and Child and Adolescent Major Depressive Disorder. In taking on these measures, we have agreed to manage their utilization (by submitting these measures for potential use in measure reporting programs and then working with the reporting program managers should the submitted measure be instituted within the measure reporting program), NQF endorsement, and any necessary scientific updates.
4. **Identify** and **advise** on measurement priorities by providing an environmental scan of the gaps in psychiatric care as a means of guiding future projects. In coordination with the APA's Council on Quality Care and Committee on Practice Guidelines, the Performance Measurement Committee will identify and recommend measures for development that are relevant and reflective of gaps in care, are practical, and user-friendly. In addition, a member of the Performance Measurement Committee will be assigned to each Practice Guideline Writing Group and will participate in the group's drafting of guidelines to ensure recommendations within the guidelines are written in a measurable fashion. We will continue to include a measurement/quality improvement section within each APA clinical practice guideline that discusses the guideline's recommendation statements. This measurement/quality improvement section and collaboration between the members of the Performance Measurement Committee and Practice Guideline Writing Group

(appointed by the Committee on Practice Guidelines) will aid in development and appropriate use of quality measures.

5. **Respond** to white papers, measure development reports, regulations, etc. that are developed by other stakeholders when the psychiatric clinical perspective is needed, as well as to better advocate for psychiatric clinicians who will be affected by such documents (rules or regulations). The APA will review measures and quality improvement papers from other stakeholders and provides a rapid turn-around with both our clinical subject matter expertise and measurement expertise.
6. The APA, through its Performance Measurement Committee, will look to **develop** new performance measures for integration into the APA-led PsychPro Registry and possible integration into the MeritBased Incentive Payment System's (MIPS) Quality Performance Category. This is an effort that will require collaboration with the Registry Oversight Workgroup and its sub-workgroup on measures implementation, as well as additional member participation and leadership. This will evolve as the registry is further integrated into member practices.

References:

1. Goldman, M, Spaeth-Rublee, B, Pincus, H, Quality Indicators for Physical and Behavioral Health Care Integration, *JAMA*. 2015;314(8):769-770.
2. Glied, S, Stein, B, et al, Measuring Performance in Psychiatry: A Call to Action, *Psychiatric Services*. 2015; 66;8:872-878.
3. McGlynn, E, and Kerr, E, Creating Safe Harbors for Quality Measurement Innovation and Improvement, *JAMA*. 2016;315(2):129-130.
4. Pincus HA, Scholle SH, Spaeth-Rublee B, Hepner KA, Brown J. Quality Measures For Mental Health And Substance Use: Gaps, Opportunities, And Challenges, *Health Affairs (Millwood)*. 2016 Jun 1;35(6):1000-1008.
5. Ranallo PA, Kilbourne AM, Whatley AS, Pincus HA. Behavioral Health Information Technology: From Chaos To Clarity, *Health Affairs (Millwood)*. 2016 Jun 1;35(6):1106-1113.