

# Advisory Committee for Measurement-based Care (MBC) and the Mental and Behavioral Health Registry (MBHR) 2020 Annual Report

## Purpose

The Advisory Committee oversees the MBC and MBHR initiatives and collaborates with governance and staff to (1) inform and influence the field more broadly about measurement-based care and quality; (2) make recommendations regarding the dissemination and implementation of measurement-based care; (3) define, develop, and revise the quality measures that are included in the registry; and (4) identify additional resources for registry users, mental and behavioral health providers, and consumers.

At the end of this report are two appendices. Appendix 1 is a list of committee members and key APA staff that supported the committee in 2020. Appendix 2 is a brief history of the committee including a list of committee members for each year prior to 2020. In subsequent reports Appendix 2 will not be included.

## Yearly Overview/Highlight Summary

To kick off the year, three BPA-approved members were onboarded based on a request for nomination sent out at the end of 2019.

The COVID-19 pandemic led to an increased focus on telehealth and produced uncertainties around the Medicare quality payment program (MIPS) for 2020. Despite the uncertainties, the committee continued with its work to review current MBHR measures for resubmission and brainstorm additional measures for 2021. Because groups in long-term care and neuropsychology demonstrated a significant need for quality reporting, APA staff worked with the National Academy of Neuropsychology (NAN) to create 2 additional neuropsychology process measures. These new measures along with the 10 established measures were approved by CMS for use in 2021.

Significant time was spent learning more about the current registry users and their goals through a user survey, participant data supplied by our vendor partner (Healthmonix), and round tables with the MBHR's largest clients.

Additionally, the committee expanded their focus from measure development and specification writing to promoting measurement-based care (MBC) in general with the registry as one tool or resource that providers can use to engage in MBC.

Advisory committee member and former chair, Carol Goodheart, announced her retirement and subsequent resignation from the committee. A call for nominations to fill her position on the committee was disseminated in November to fill the open position.

## 2020 Committee Activities and Achievements

- The new chair of the advisory committee began his two-year term and the committee selected and onboarded three new BPA-approved committee members.

- The committee was renamed the Advisory Committee for Measurement-based Care and the Mental and Behavioral Health Registry (MBHR) in recognition of the broadened scope to encompass measurement-based/informed care.
- Created three priority focused subgroups, Implementation and Adoption, Quality Assurance, and Technology, and developed specific goals for each subgroup.
- Initiative moved to new Office of Health Care Innovation with hiring of additional staff lead.
- Conducted a 2-day virtual committee meeting in lieu of an in-person annual meeting due to COVID-19.
- Established partnership with electronic medical record (EMR) TherapyNotes.
- Collaborated with members of the National Academy of Neuropsychology, Inc's (NAN) Professional Affairs and Information Committee (PAIC) to develop two new neuropsychology process measures that have been accepted by CMS. These measures will be meaningful for the MBHR's largest customer groups: providers of psychological services in assisted living and long-term care facilities; and other neuropsychologists who have been vocal about not having enough relevant measures to successfully participate in MIPS.
- Completed a thorough quality assurance process including development of measure flowcharts with all 10 existing measures resulting in the strongest self-nomination the MBHR has submitted to date.
- Received reapproval from CMS to again serve as a QCDR for 2021 with 12 specialty measures.
- Obtained a better understanding of Healthmonix's position on MBC. The group explored with Healthmonix whether the MBHR could serve not only as a MIPS reporting platform, but also as a platform to measure care more broadly. Healthmonix is a repository for data reporting and noted limited interest in expanding their capacity for broader MBC purposes.
- Developed and implemented the first annual survey of registry users.
- Met with long-term care group users of the MBHR to better understand the challenges and improvements that can be made to bridge the gap for quality reporting of mental health services.
- The chair of the advisory committee submitted comments in response to the Commission on Accreditation's (CoA) public comment process.
- Developed a robust marketing plan for Q4 of 2020 and Q1 of 2021 that capitalizes on the information gathered from the user survey, Healthmonix data, committee goals, and the MBHR specialty measures.
- Developed advisory committee charter.
- Presentations:
  - "Providing Quality Care to Diverse Populations: Challenges and Opportunities," presentation at Practice Leadership Conference, March 9, 2020 featuring James Boswell and C. Vaile Wright.
  - "The Expanding Relevance and Implications of Measurement-Based Care: Diverse Stakeholder Perspectives." Accepted presentation at American Psychological Association Convention, August 2020, featuring James Boswell, C. Vaile Wright, and Bruce Bobbitt.

### Projected 2021 Activities

Activities for 2021 will center around the committee's two connected but separate initiatives: expanding the use of MBC in the field of psychology and maintaining and improving the MBHR as a Qualified

Clinical Data Registry for mental and behavioral health practitioners. Specific projected committee activities for MBC include drafting position or other scholarly papers to influence the field and stakeholders on how to measure high quality mental health care, publicizing information and resources to support MBC including a dedicated APA webpage, and identifying technologies and workflow resources to help psychologists utilize MBC in practice.

For the MBHR, the committee plans to continue defining, developing, and revising the quality measures that are included in the registry, understand and improve the user experience through survey and interview feedback, increase the number of MBHR users by identifying Medicare providers who are eligible for joining the registry and implement targeted/direct marketing initiatives, and to increase adoption of MBHR specific measures through the creation of new resources such as short informational videos for how to understand the data entry process, measurement specification, and measure selection.



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2020 Roster

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## Appendix 2

### History of the Committee

On September 9, 2016, staff presented the business case to the Committee for the Advancement of Professional Practice (CAPP) to obtain their support for the development of a Qualified Clinical Data Registry (QCDR) (a CMS-approved outcomes registry), that would expand the current registry option (the APAPO PQRSPRO) available to psychologists who bill for Medicare. The new registry can include up to 30 QCDR/ non-MIPS mental and behavioral health measures and will enable psychologists to be compliant with new reporting guidelines proposed by the Centers for Medicare and Medicaid Services (CMS). It is believed that the creation of the registry would be an exemplar and useful for all behavioral health professions. The measures would be developed and implemented by an APAPO Board of Directors appointed Advisory Committee. CAPP voted unanimously to recommend to the APAPO Boards that financial support up to \$135,000 be allocated from the APAPO reserves set aside for the APAPO Member Recruitment and Retention Reserve Fund to support the development and implementation of the QCDR. During its September meeting, the APAPO Board also supported the development and implementation of a QCDR and approved the expenditure.

As a first step, a call for nominations for an Advisory Committee was sent out on behalf of CAPP during Winter 2016/2017. Nominations were received and a process for review and selection of the members of the Advisory Committee was developed. Nominations were approved by CAPP during its April 19, 2017 meeting. The APAPO Board approved on May 1, 2017 (via email) the appointment of the seven members of the Advisory Committee, responsible for developing an APAPO outcomes registry. The Advisory Committee held an in-person meeting in Washington DC on July 21-22, 2017. Representatives from Healthmonix, the IT vendor for the registry, attended the Friday afternoon session. During the two-day meeting, the Advisory Committee reviewed available measures, identified any gaps, and made selections on what additional measures to include in the QCDR, including two new anxiety measures that would need specification. They also made recommendations related to dissemination and implementation of the registry. Finally, the committee also proposed expanding the workgroup to include other stakeholders – namely a consumer representative and a clinical social worker representative, which was approved by CAPP during their October 2017 meeting. A contest to name the registry was also held internally in October. The self-nomination materials for the QCDR were submitted to CMS on November 1, 2017.

In 2018, the MBHR received approval from CMS as a QCDR for participation in MIPS. CMS also approved two QCDR/non-MIPS measures (i.e., paired process and patient reported outcome Anxiety measures) developed by the Advisory Committee. In addition to monthly phone calls, the committee met in person in October 2018 to finalize the details of the four measure domain specifications the committee was interested in submitting to CMS as part of the registry for 2019. The four domains were: pain, sleep, social role functioning for children/adolescents and adults. Drafts of the developed measurement specifications were sent out to experts in the field to solicit targeted feedback on the measures. These were then used to refine the specification and were submitted to CMS in the 2019 self-nomination. CMS approved four new measures, in addition to the two developed in 2018, to be included in APA's MBHR for 2019.

The MBHR again received approval from CMS to participate in MIPS as a QCDR for 2019. Psychologists were officially deemed "eligible clinicians" and included in MIPS beginning January 2019. That year the MBHR included approximately 30 MIPS measures and six QCDR/non-MIPS measures that were developed and specified by the Advisory Committee.

In October 2019, CMS approved four additional APA-developed QCDR measures for 2020 allowing for 10 mental and behavioral health specific QCDR measures only available to participants who use APA's registry. The measures cover anxiety, pain interference, social role functioning, sleep quality, posttraumatic stress disorder, alcohol use, and ADHD.

Historical Roster of MBC/MBHR Advisory Committee Members

David Bard, PhD (2017 – present)

Bruce Bobbitt, PhD, LP (member 2017 – 2019; chair 2020 – present)

Zeeshan Butt, PhD (2017 – 2018)

Carol Goodheart, EdD (chair 2017 – 2019; member 2020)

Katy Lysell, PsyD (2017 – present)

Dean McKay, PhD (2017 – 2019)

Kari Stephens, PhD (2017 – present)

James Boswell, PhD (2019 – present)

Nathaniel Counts, JD (2019)

Nan Rothrock, PhD (2019 – present)

Amber Childs, PhD (2020 – present)

Susan Douglas, PhD (2020 – present)

Kim Hepner, PhD (2020 – present)