Call for Nominations

Advisory Committee for Measurement-based Care and the Mental and Behavioral Health Registry (MBHR)

The Board of Professional Affairs (BPA) is seeking nominations for one or two psychologists or other appropriate stakeholders to join an established Advisory Committee to advance the APA initiative to promote measurement-based care and quality measure development. Measurement-based care (MBC) involves the routine assessment of the patient’s perspective through patient-reported outcomes such as symptoms and function, and the use of this information to inform treatment decisions, engage patients in their treatment, and promote data-informed care. MBC data can be used to define and develop quality measures, including those for value-based reporting, and to support quality monitoring and improvement of the care delivered by mental and behavioral health providers.

The Advisory Committee also oversees the APA Mental and Behavioral Health Registry (MBHR), a cloud-based clinical resource approved by the Centers for Medicare and Medicaid Services (CMS) to participate in the Merit-Based Incentive Payment System (MIPS) as a Qualified Clinical Data Registry (QCDR). MIPS is designed to change the Medicare payment structure, so the focus is on value rather than volume. Being an approved-QCDR allows APA and the discipline of psychology to define and develop meaningful quality measures that can be reported to payers, such as Medicare.

This call for nominations is to add one or two new members to the existing committee which is tasked with (1) informing and influencing the field more broadly about measurement-based care and quality; (2) making recommendations regarding the dissemination and implementation of measurement-based care; (3) defining, developing, and revising the quality measures that are included in the registry; and (4) identifying additional resources for registry users, mental and behavioral health providers, and consumers.

Qualified individuals with differing perspectives and areas of expertise are encouraged to apply, including:

- Clinical quality metrics
- Progress/Routine Outcome monitoring
- Clinician perspective
- Consumer/patient/family (caregiver) perspective
- Health informatics
- Quality improvement
- Patient-Reported Outcomes (PROs)
- Performance measurement
- Value-based payment
Nominees who will enhance the diversity of the Advisory Committee are especially encouraged to self-nominate and apply.

Members will be appointed for an initial 3-year term, with the option of extending their appointment 1 or 2 years so that initial terms will be staggered in length and only one to two members will be replaced each year.

**Letters of nomination should clearly describe the candidate’s specific expertise and qualifications relative to the criteria provided above.** Nomination materials should include a letter from the nominee indicating willingness to serve a minimum 3-year term, a brief statement of the nominee’s qualifications relative to criteria provided, and a current curriculum vita. **Self-nominations are encouraged.**

Advisory Committee members are expected to participate in a virtual two-day meeting in 2022, one-hour monthly virtual meetings, and commit additional time and effort to the Committee in between these meetings. Current members of BPA are not eligible to serve on this committee. Questions about the project can be directed to Nicole Owings-Fonner, Director of Operations and Innovation via email correspondence (nowings-fonner@apa.org). Nominations and supporting materials should be directed to Sarah Rose, Senior Associate, Practice Directorate via email correspondence (mbhr@apa.org) by December 14, 2021.

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1 Candidate materials will be reviewed by the Advisory Committee and recommendations will be made to BPA for appointment. The Advisory committee and BPA will develop the final list of qualified candidates by attending to multiple areas of expertise, as well as experience working with diverse patient populations (across race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religious/spiritual orientation, and other cultural dimensions, as well as adult, adolescent and child patient populations) and within a wide array of settings.