The Mental and Behavioral Health Registry (MBHR) Advisory Committee and American Psychological Association (APA) staff met in person in the Jack McKay Boardroom at the APA in Washington, DC to review and discuss four measurement domains and subsequent specifications for the 2020 self-submission to the Centers for Medicare and Medicaid Services (CMS).

**Introduction**

The meeting began with introductions and an official welcome to three new committee members. Dr. Elena J. Eisman, Director for the Center for Psychology and Health at APA, additionally joined the meeting on Friday morning. She was attending to help inform her participation at an upcoming meeting sponsored by the American College of Occupational and Environmental Medicine (ACOEM), funded by the National Institute for Occupational Safety and Health (NIOSH) which brings medical groups together to network and discuss workers compensation and disability issues. An agenda item at this upcoming meeting discusses the development of common, functional measures.

**Opening Report-Outs**

After introductions and an overview of conflicts of interest, the four subgroups provided updates to the larger committee. Report outs began with the PTSD subgroup, followed by ADHD, with each group expressing continued interest in including function measures. The committee revisited the larger discussion of the importance of including transdiagnostic measures, particularly functional impairment, and the measurement challenges encountered thus far. Nathaniel, public member, representing Mental Health America, provided insight into some of the work he has done on this topic and will share his research with the committee.

The Substance Use subgroup provided an update of how well-established screeners are available in this domain and could be useful to add to the registry; however, there are a lack of established outcome measures/symptom monitors in this area.

The Health-Related Quality of Life subgroup rounded out the discussion with a report-out of their progress in writing a position paper in this domain that includes a potential discussion on measuring goal attainment.

The committee ended the opening report-outs with a short discussion about the current state of CMS and their goals to reduce health care costs via value-based payment models. The MBHR Advisory Committee may look at funding efforts to continue to support measure development, implementation, and maintenance.

**Measure Specifications**

Before the subgroups began working on their domains, the measurement specification writing process was discussed. The importance of the rationale was noted. While the process can seem overwhelming, it was noted that some areas of the template will see duplication.
The committee then split into working subgroups. Most members of the committee straddle more than one subgroup. The consultant to the committee and the staff liaison touched base with all groups throughout the day.

**Healthmonix Update**

A representative from Healthmonix joined the meeting after the lunch break to provide an update on user registrations and measure usage, as well as a brief background summary. APA first began its collaboration with Healthmonix to enable providers to submit data to the Physician Quality Reporting System (PQRS). In 2016, PQRS was sunsetting and replaced with the Quality Payment Program and MIPS. In 2018, CMS approved the Mental and Behavioral Health Registry as a Qualified Clinical Data Registry (QCDR). However, between 2017-2018, psychologists were not mandated to participate in MIPS, which resulted in decreased participation in the registry. Following the determination of psychologists as eligible clinicians in MIPS in 2019, registration has continuously been climbing and registration typically spikes after Labor Day each year.

Presently, Healthmonix is in conversation with TherapyNotes regarding potential partnership. TherapyNotes has 20,000 providers, 3,000 of whom participate in Medicare.

A walkthrough of the mbhregistry.com marketing website was then provided, as well as a demonstration of MIPS reporting options and procedures. The committee asked about what tools are available to assist providers in determining their eligibility to submit to CMS. In addition to eligibility tools, there are further resources to help providers determine whether there is a strong enough business case to participate in MIPS, based on volume of Medicare billings and potential losses or gains for reporting.

**Closing Report-Outs**

As the first day of the working meeting ended, each subgroup was asked to provide a closing verbal report of their progress.

The PTSD subgroup began drafting a measure specification for an adult PTSD outcome measure, although they found the creation of a multistrata measure to be more difficult than initially expected. The measure specification notes use of a standard screener of the provider’s choice.

The ADHD subgroup is also working on a measure specification but has yet to write its rationale.

The Health-Related Quality of Life subgroup outlined and began writing the position paper. They have proposed goal attainment as a separate, transdiagnostic measure for the next year.

The Substance Use subgroup decided to move forward with alcohol as its substance, because it has the highest likelihood of use by psychologists and includes reliable screeners. It was noted that the MBHR already includes an alcohol screener. Therefore, the group is looking at a paired outcome measure; both functional impairment and self-efficacy were discussed as possible measures of interest.
The second day of the MBHR Advisory Committee meeting began with a continuation of the working subgroups. During the lunch break, the Chair asked each of the subgroups to report on their status, given that she would be departing early due to illness.

**PTSD** subgroup drafted an outcome measure/symptom monitor for adult PTSD. Though the group was interested in having providers choose an associated process measure, they found that writing the measure specification was becoming difficult. The group is still interested in combining a process and outcome measure.

The PTSD subgroup has also been looking into child/adolescent measures and will begin drafting a measure specification. The group pointed out that previously approved MBHR measure specifications have been inconsistent in their determination of the measurement period and asked the larger committee if it should be consistent about the point at which a symptom is monitored (i.e. quarterly). Lastly, when discussing the inclusion of ICD codes, it was noted that PTSD tends to be diagnosed as “anxiety disorder, unspecified” in the medical realm and by physicians so it would be important to include this coding in addition to the more typical PTSD ICD codes that psychologists code.

**ADHD** subgroup completed a child/adolescent, multistrata measure specification, which includes functional impairment at intake and then every 2-6 months. The group used the second working day of the meeting to focus on adult ADHD. A World Health Organization (WHO) work group developed a measure for adult ADHD (WHO-ASRS), but it is currently being revised. There are very few outcome measures in this area and literature on older adults with ADHD is sparse. The group may defer writing a measure specification for this year’s submission but, at minimum, will continue to conduct a thorough literature review and seek outside expertise on this topic.

**Health-Related Quality of Life** continued to write its position paper and used the larger group discussion to flesh out the main points and recommendations to insure everyone agreed. The group’s next step will be to read and edit the paper, moving it on to the larger committee for review.

**Substance Use** pulled together three current measures which they propose to combine into one outcome measure. Their work appears to be in line with the health-related quality of life group’s stance for its position paper.

**Closing Summary**

The committee came together about an hour prior to the close of the meeting to review the 2019 timeline. The following dates were proposed to help usher the measurement specification process towards the September CMS submission deadline.

- **Monday, July 8**
  - All measure specifications due to APA Staff at mbhr@apa.org.
  - Submit peer review names deadline via Google Doc.
- **Tuesday, July 9**
  - Measure specifications sent to peer review experts.
- **Monday, July 29**
  - Peer review deadline.
- **Friday, August 30**
  - Submit 2020 self-nomination and measures.

The committee also discussed the review and update of currently approved MBHR measures, including the potential to expand the eligible populations for particular measures to make them more transdiagnostic. After a short discussion, the
committee decided to wait on more definitive data for these measures, before revising. Further, the committee is interested in creating a plan to review and analyze its measures moving forward.

APA Staff Liaison will set up a call with CMS in June to discuss the drafted measure specifications for 2020 and the other measure development questions the committee has raised. APA staff additionally have a monthly call with CMS, which is a requirement for all approved QCDRs. If any committee members are interested in joining the call, they are encouraged to email mbhr@apa.org.

Future of the MBHR

The committee was asked to reflect on whether short-, intermediate-, and long-term goals of the MBHR were being met, including whether it was meeting the needs of various stakeholders. In particular, neuropsychologists are eager to participate in a registry, but continue to express concerns about whether there are sufficient relevant measures for their specialty. Neuropsychologists differ in that they do not provide psychotherapy, but rather testing and assessment. Therefore, the MBHR would need to reflect this.

Other areas that are of interest to the MBHR Advisory Committee include:

- A comprehensive list of CPT codes that psychologists bill Medicare for
- Domains that allow for general, rather than specific, measures
- Early childhood and maternal behavioral care (i.e., fetal alcohol syndrome)
- Functional outcomes that are cross-cutting
- Geriatric issues (i.e., dementia)
- Preventative measures

Next steps that the committee is interested in tackling include:

- Additional publications establishing APA’s expertise in mental and behavioral quality measure development
- Additional collaboration with the development process for the APA clinical practice guidelines

While some issues around billing and coding were raised, it was noted that APA has hired a new Director for the Office of Health Care Financing who will be addressing many of these issues. APA staff are currently working in collaboration with this office in order to voice the needs of the MBHR Advisory Committee.

Dissemination & Implementation

The committee discussed future dissemination and implementation ideas for the MBHR that included:

- Collaboration with Clinical Practice Guidelines (CPG) and the Advisory Steering Committee (ASC)
- Collaboration with more APA divisions, including Divisions 39 – Psychoanalysis and 42 – Independent Practice
- High-level discussions (i.e. policy papers, state of the science)
- Reaching out to consumers directly and educating them on currently available measures
- Reaching out to health care leadership and Chiefs of Finance (CFOs) with more information about MBHR measures
- Repurposing MBHR content for division articles
- Sending summaries of MBHR measures to participant groups
- Telehealth