American Psychological Association

Call for Nominations
Advisory Committee for Measurement-informed Care and the Mental and Behavioral Health Registry (MBHR)

Measurement-informed care has important implications across multiple avenues in mental and behavioral health care, including clinical care progress and outcomes, quality improvement, and responsiveness to requests for accountability. The APA Mental and Behavioral Health Registry (MBHR) is 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 current 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. An Advisory Committee was formed in 2017 to define, develop, and/or select the quality measures that are of the most interest and importance to psychology. This call for nominations is to include new members to the already existing committee.

The scope of the Advisory Committee’s work includes: (1) making recommendations regarding the dissemination and implementation of measurement-informed care and the registry in professional practice; (2) defining, developing and/or selecting the quality measures that will be included in the registry; (3) identifying additional resources for registry users, providers, and consumers; and (4) determining criteria by which the registry could be utilized by clinical scientists and other interested researchers. The Advisory Committee will oversee all aspects of the initiative and collaborate with governance and staff as appropriate.

The Board of Professional Affairs (BPA) is seeking nominations for 2-3 psychologists and other appropriate stakeholders to join the Advisory Committee, with differing perspectives and areas of expertise, such as:

- Clinical quality metrics
- Progress/Routine Outcome monitoring
- Clinician perspective
- Consumer/patient/family (caregiver) perspective
- Health informatics
- Quality improvement
- Patient-Reported Outcomes (PROs)
- Performance measurement

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 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. Advisory Committee members are expected to travel to Washington, DC for one face-to-face meeting in 2020, with one-hour monthly meetings being held virtually, 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.

**Self-nominations are encouraged.** Questions about the project can be directed to C. Vaile Wright, Ph.D., Director of Research and Special Projects via email correspondence (cwright@apa.org). Nominations and supporting materials should be directed to Sarah Rose, Senior Associate, Practice Directorate via email correspondence (mbhr@apa.org) by December 20, 2019.

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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.