Bringing it all together
Insights and lessons learned from the process of developing multi-metric composite scoring systems for behavioral health providers

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Background

- Composite scoring
  - Brings together different measures into one score, from the very simple to the very complex (e.g., CMS’ HQI and MIPS)
- Goals:
  - move past stacks of individual reports and get sense of where agencies, region is at overall;
  - mechanism for guiding distribution of state incentive funds and value-based payment methodologies.
A tale of two processes

- Mental health
  - Came to get feedback with a nearly finished project

- Substance use
  - Came as a facilitator to start at the beginning

- Ultimately, I did the same work each time, but it was driven by different things
Laying the foundations

- At the beginning:
  - Identify ally that could help bridge the power dynamic
  - Set expectation:
    
    There is no perfect measure that will apply equally to all the clients, at all the providers, all the time. The goal has to be most/most/most/most.
Defining metrics

- Identify areas of interest: what contributes to quality care (processes), what are signs of quality care having occurred (outcomes)?
  - Examples: client engagement, access, integrated healthcare

- How do we measure those areas? What are the parameters? (What metrics do we already track?)
  - Examples: engagement means 3 visits in 30 days; access means being offered an appointment within 14 days of calling; integrated care means clients seeing their primary care provider at least once during treatment or within a month after
Defining metrics

- Set benchmarks.
  - Examples: we want 65% of clients to meet the engagement criteria; we want 85% of clients to meet the access criteria; we want 60% of clients to meet the integrated care criteria
- Run the data (in aggregate); compare to benchmarks, balance ideal and realistic.
- Review, revise, review, revise, review, revise,...
Scoring and implementation

- Creating the scoring mechanism
  - Opportunity scoring (see handout for example)
    - Numerator/denominator: actual performance/desired performance (benchmark * relevant population); sum all numerators, all denominators
    - Can make other weighting adjustments as necessary
  - Test validity; look for systematic disparities
- Disseminate provider-specific scores
- Implementation
  - State incentive funds for HEDIS metrics met
  - Score and client population size determine value-based payment
Bringing it all together

- Not just seeking feedback—collaboration from the start.
- Coming at it as a network, a region, not individual entities with individual interests.
- Find ways to bridge the power differential
- Set realistic expectations.
- Take it one focused step at a time.
- Be cognizant of potential disparities; find ways to test, correct...