



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

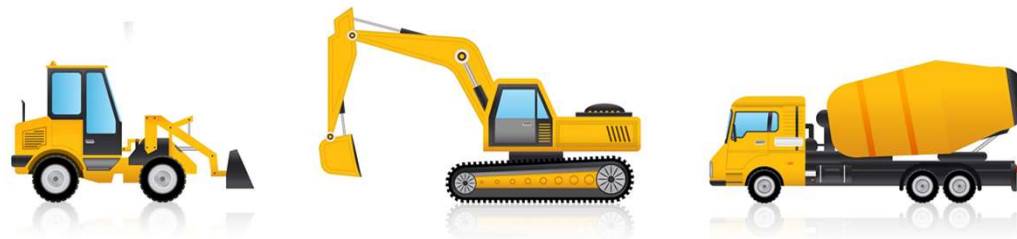
- Mental health
 - Came to get feedback with a nearly finished project
- Substance use
 - Came as a facilitator to start at the beginning
- Ultimately, I did the same work each time, but it was driven by different things



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.



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

$a^2 = 2ab + b^2 = (a+b)^2$
 $\cos \frac{A}{2} = \pm \sqrt{\frac{1+\cos A}{2}}$
 $\bar{x} = \frac{\sum_{i=1}^n W_i x_i}{\sum_{i=1}^n W_i}$
 $S^2 = \frac{\sum_{i=1}^n (x_i - \bar{x})^2}{n-1}$
 $\forall x \forall y [p(x,y)] \equiv \exists x \exists y [\sim p(x,y)]$
 $\text{coth}(z) = i \cot(iz)$
 $\text{arccoth}(z) = \frac{1}{2} \ln \frac{z+1}{z-1}$
 $a_n = a_1 + (n-1)d$
 $f(x_0+h) - f(x_0)$
 $(a^m)^n = a^{m \cdot n}$
 $Me = L + I$
 $\left[\frac{n}{2} - F \right]$
 $\frac{n}{2} - F$
 f

