



# CCBHC BH LED Measure Framework



## About The Authors

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Kyle Meadors is the Founder and Principal Consultant with Chart Lux Consulting. Kyle is a subject matter expert in the area of EHR systems, healthcare IT regulations and policy, including ONC certification. Kyle brings a unique skill set of a high knowledge of detailed technical requirements, understanding of overarching policy regulations, and an appreciation of C-level executive needs.

## Abstract

**This whitepaper serves to make the math of the CCBHC BH Led eCQMs more consumable for providers charged with collecting and reporting the data toward these measures.**

- We created a framework to assist end users and report writers in implementing and understanding these complicated topics
- We dissected the equation elements of each of the nine BH led measures and explained both with diagrams and narrative, what each measure is looking for
- We break down the denominator, exclusions, exceptions, and numerator for each of the measures into simple math with a narrative that allows you to understand the measure and troubleshoot the measure if the outcome is less than you expected

**Our approach should be used for the following purposes:**

- As a supplement to the specifications to aide in a greater understanding
- As a tool for troubleshooting or reverse engineering the measure to understand what a specific client was in the denominator but not in the numerator
- For teaching and training those providers who have to collect the data for the quality outcome measures





## Why Is This Needed

Quality outcome measures and eCQMS are complicated and difficult to understand for both healthcare providers and other stakeholders. While measuring quality in a behavioral health care setting is critical to the success of that agency and the people it serves, understanding exactly what each measure is assessing is challenging.

We created the CCBHC Measure Framework to help providers, managers, and report writers better understand the math of the eCQMS. This framework breaks down each BH Led clinical quality measure into their various segments. We look at each part of the equation to show you how the different parts interact with each other to yield the percentage of success for each outcome. Our goals are to support the end user in better understanding the measures, and to provide a framework for insights as to where to look when troubleshooting results.

Specifications for the measures are technical and not easily understood by stakeholders, yet understanding them is critical to collecting the right data at the right time in the right manner. After six years of analyzing clinical quality measures and supporting the providers responsible for reporting on them, we concluded that there was a need to make the math of it all more consumable.

# How Does It Work

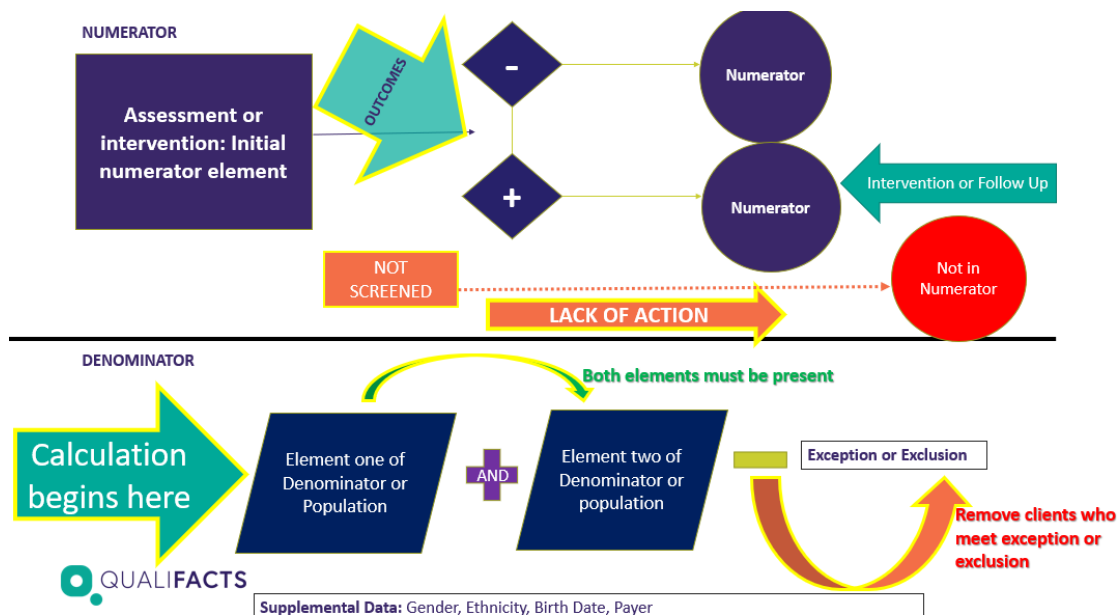
When it comes to the CCBHC BH LED measures, the process workflow is to:

1. Collect the data
2. Calculate the data
3. Analyze the data
4. Report the data
5. Use the data to make changes to clinical interventions that will improve performance on the outcomes

Key challenges for stakeholders are that it is not always clear what data must be collected for a respective measure, and once you have the data, what is the best way to use it in the mathematical or logical calculation necessary to arrive at your results. To analyze the data, you must understand each part of the equation and its impact on the other parts. While each measure has a different clinical focus and uses data elements to arrive at their calculation, they are all designed in a similar format with consistent building blocks used in the measure calculation.

- **Encounters** — A patient’s engagement with the clinician with proper dates and codes
- **Document clinical interventions/screenings** — Clinician documented treatment of the patient such as follow-ups and assessments
- **Problem or Diagnosis** — Can be used to determine a qualifying encounter or used to meet an exclusion
- **Exclusions/Exceptions** — Would remove a client from the numerator or denominator based of specific characteristics such as “receiving palliative care”

We have taken each measure and visually represented it as these respective building blocks using this diagram format:



## What Are The Parts Of A Measure

Our framework uses these common elements to visualize how clinical elements in the measure relate to each other and are used in the respective calculations.

**Initial Patient Population:** Each outcome measure equation begins with the “initial patient population,” which is defined as the group of patients the performance measure is designed to address. Under this broad definition of the eligible clients, the client must have had an encounter during the measurement period; this applies to all measures.

**Denominator:** The denominator is the divisor of the fraction. When analyzing the measure, always start with the denominator.

- Does the client have all the characteristics to include them in the denominator?
- There are specific characteristics for each measure. Typically (but not always), two or more characteristics must be present for the client to be included in the denominator

**Denominator Exclusions:** A subset of the Denominator that should not be considered for inclusion in the Numerator.

**Denominator Exceptions:** A subset of the Denominator. Only those members of the Denominator that are considered for Numerator membership and are not included are considered for membership in the Denominator Exceptions.

**Numerator:** Next you move up to the Numerator. The number above the line in a common fraction shows how many of the parts indicated by the denominator should be taken or counted. Typically, the numerator requires an action such as completing a screening or assessment. Based on the outcome of that screening or assessment, the numerator may then require a second action in response to a positive outcome, which is typically some type of follow up care.

A lack of action such as not performing the screening or assessment OR performing the screening or assessment, reaping positive results, and not performing the follow up, would lower the performance score of the outcome. Read that again-it’s important.

**Numerator Exclusions:** A subset of the Numerator that should not be considered for calculation.





## Who Is It For

This representation of the calculations for the SAMHSA BH LED CCBHC measures is intended for providers, managers, and report writers who are involved with the reporting of these measures. In our experience working closely with CCBHC over the years, providers are more willing to consistently collect the outcomes data if they understand:

1. The rationale for the outcome
2. How the data needs to be collected for it to be counted as a success
3. How to provide transparency into performance on each measure

Consistency and accuracy in collecting the outcomes data is critical for the success of the measure. Data collection must be as efficient and as seamless as possible in your EHR workflow. Proper procedures plus the correct understanding of the measure sets your CCBHC up for outcome success.



## How Is It To Be Used

This framework can be used in different ways by people with various roles in the organization.

**Initial Design:** The first use case is in the initial design and setup of the CCBHC BH LED measures in support of the underlying measure specifications. This will help report writers confirm their design.

**Training:** Physician users may not always fully understand how the measures are to be applied and lack the time to spend on fully studying measure definitions. This framework can be a foundation for the training and support of a client's staff and users. It can also assist in the transition and on ramping of new personnel in measure support roles.

**Troubleshooting Measure Underperformance:**

It will also provide a useful tool to evaluate ongoing performance, but oftentimes, a stakeholder will feel that their performance on a measure is too low. Even when it is an organization's best practice to consistently screen clients with major depressive disorder for suicidality, their performance on that measure could be marginal. By understanding the math, the end user or the system administrator can reverse engineer the process and see where Client A appeared in the denominator but did not make it into the numerator, thereby skewing the data. For example, using the suicide risk assessment below, if the suicide risk assessment is often done the day after the eligible encounter, which does not meet the specifications of the measure, a process change could change the results.



## Troubleshooting Example

Let's look at measure SRA-A and identify a client who should be in the numerator and the denominator by checking to see if the client met the following criteria, and implementing process changes to ensure best practices:

- Had an eligible encounter during the reporting period (required for denominator)
- Was at least 18 years of age or older on the date of the encounter (required for denominator)
- Had an active diagnosis of Major Depressive disorder on the date of the encounter (required for denominator)
- Had a suicide risk assessment completed during the eligible encounter (required for numerator)
- If the client had not met each and all of these specifications, they will not appear in the numerator. Below is the diagram to demonstrate the calculator for SRA-A
- Key Reminder: This measure counts encounters, not number of clients. A single client may have multiple encounters that qualify

### Measure SRA-A

#### NUMERATOR

Exclusions: None

NOT SCREENED

LACK OF ACTION

Suicide risk assessment completed during the eligible encounter

SRA not completed during eligible encounter

#### DENOMINATOR

Consumer 18 years of age or older at the start of the measurement period

AND

Had at least one qualifying visit

AND

Had an active diagnosis of Major Depressive Disorder at time of the encounter



This measure is counting each encounter, not clients



Supplemental Data: Gender, Ethnicity, Birth Date, Payer



## Summary And Next Steps

The CCBHC BH LED Measure Framework is intended to take the mystery out of understanding these complicated measures and give providers, managers, and report writers a means to implement and support these measures in their respective practice.

The framework puts each measure into common building blocks of clinical activity and provides a visual arrangement to guide the user through implementation of the measure and troubleshooting to move toward success.

Clients should closely study and review the main CCBHC BH LED Measure specifications as the source of truth.

- Utilizing this CCBHC BH LED Measure Framework will help in education, implementation, and support of these measures
- For a look at the framework for each of the nine CCBHC BH led measures, you can download our PowerPoint [here](#)

