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Quantifying Integrated Physical and Behavioral Health Care in Medi-Cal

A resource to measure care across systems for adult Medi-Cal enrollees

Many adult Medi-Cal enrollees require care from multiple systems. People receive physical health services and mental health services for low acuity (“mild-to-moderate”) conditions from Medi-Cal managed care plans. County mental health plans provide specialty mental health services for serious mental illness, and county Drug Medi-Cal programs provide treatment for substance use disorders.

People Who Need Both Physical and Behavioral Health Care

People with serious mental illness and substance use disorders are at greater risk of physical illnesses including obesity, diabetes, and cardiovascular disease.¹ Despite this increased risk, they are less likely to receive routine primary care.² Social instability, motivation challenges, fearfulness, and stigma may all make it more difficult for people with serious mental illness to seek out physical health care, and accessing care in siloed systems can be particularly challenging because many of these patients require intensive coordination, outreach, engagement, clinical information sharing, medication reconciliation, and patient and family engagement.³

Unfortunately, we understand very little about how well the Medi-Cal program meets the needs of patients requiring care across these multiple systems. Managed care plans and county systems do not regularly exchange information about the patients they share. Providers in the various systems frequently complain that they do not know what kind of care their patients are receiving from other systems, including that someone in their care has been hospitalized. Medi-Cal enrollees themselves may face health risks if their primary care provider is not aware of their psychiatric prescriptions, for example. At the county and statewide levels, there is no comprehensive effort to assess the health outcomes of people who receive Medi-Cal services from multiple systems and who stand to benefit from improved integration efforts.

While several current Medi-Cal efforts, including the Whole Person Care pilots and Health Homes Program, are aimed at addressing these care integration challenges for specific populations of members, there is no comprehensive approach to measuring the impact of these integration efforts. It does not have to be this way.

Available Measures

Even in the current siloed system, there are some avenues by which to measure care across systems. In consultation with stakeholders and experts, the Blue Sky Consulting Group has identified a set of valid and reliable measures that managed care plans, county mental health plans, and county substance use disorder programs can collect, track, and use. With these measures, programs can quantify and monitor health outcomes for people who access (or should access) care across multiple systems — outcomes likely to be affected by the integration of care across systems.

Even in the current siloed system, there are some avenues by which to measure care across systems.

These measures are described in Table 1, which provides specifications for each measure, including how to construct the measure, suggested comparison groups, and an assessment of the feasibility of implementation (see page 3).

Most of these measures rely on existing data sources. Many are based on [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#) measures, such as those in California’s Department of Health Care Services (DHCS) [External Accountability Set](#), that are already collected by DHCS and by managed care plans, and/or by counties.

Among the questions that could be answered based on this measurement resource are:

1. What percentage of adult Medi-Cal managed care members who are receiving specialty mental health or substance use disorder services had a primary care visit in the past year?
2. What is the emergency department visit rate for adult members receiving specialty mental health or substance use disorder services in the past year?
3. What percentage of adult members receiving specialty mental health services receive screening for diabetes and cancer?

The measures come from the Substance Abuse and Mental Health Services Administration (SAMHSA), Agency for Healthcare Research and Quality (AHRQ), and National Quality Forum (NQF) as well as peer-reviewed literature on prevalent comorbidities among people with serious mental illness and/or substance use disorder. Blue Sky Consulting Group also conducted interviews with leaders at managed care plans, mental health plans, and other experts.

Using the Resource

On the local level, the first step in putting this measurement resource to use would be for managed care plans and county mental health plans to jointly select a set of priority measures, based on local conditions and data access, to establish an integration baseline. From there, progress can be assessed over time. County behavioral health departments and managed care plans can measure performance, compare their performance to similar communities, and assess the effectiveness of efforts to improve care integration.

On the state level, DHCS could construct a set of measures that are both feasible and of broad interest, and then make this information available to local stakeholders across the state. By using the measures collected in this resource, local communities and DHCS can begin to measure care across systems, with the goal of improving integration and health care outcomes for affected populations.

Why Measurement Matters

Addressing adult Medi-Cal enrollees’ physical and behavioral health needs seamlessly and collaboratively is important because this population experiences co-occurring physical health, mental health, and substance use issues at high rates. This resource offers plans, counties, the Department of Health Care Services, and others a clear path to assess and improve the delivery of services for a population with complex needs.

Endnotes

1. *Physical Health Conditions Among Adults with Mental Illnesses* (PDF), The NSDUH Report, April 5, 2012; and Cynthia Boyd et al., *Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations*, Center for Health Care Strategies, December 2010.
2. Benjamin G. Druss and Silke A. von Esenwein, “Improving General Medical Care for Persons with Mental and Addictive Disorders: Systematic Review,” *General Hospital Psychiatry* 28, no. 2 (March–April 2006): 145–53, doi:10.1016/j.genhosppsych.2005.10.006.
3. Len Finocchio, Katrina Connolly, and Matthew Newman, *Improving Mental Health Services Integration in Medi-Cal: Strategies for Consideration*, Blue Shield of California Foundation, May 2017.

About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

For more information, visit www.chcf.org.

Table 1. Measurement Tool for Quantifying Integrated Physical and Behavioral Health Care for Adult Medi-Cal Beneficiaries

Includes measures selected based on the research from the National Quality Forum (NQF), Centers for Medicare & Medicaid Services (CMS), National Committee for Quality Assurance (NCQA), Agency for Healthcare Research and Quality (AHRQ), Substance Abuse and Mental Health Services Administration (SAMHSA), and peer-reviewed empirical research. The measures focus on quantifying integration across health care delivery systems. This table is available as an Excel spreadsheet at www.chcf.org/quantifying-integrated-care. See page 9 for definitions of terms and acronyms.

	PROPOSED MEASUREMENT STRATEGY	EXAMPLE COMPARISON GROUP	FEASIBILITY	INTEGRATION DOMAIN	SOURCES
Needs Assessed					
What percentage of adult MMCP members with schizophrēnia or bipolar disorder using antipsychotic medications have been screened for diabetes?	Implement Medicaid Adult Core Measure: Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (administrative)	Across county-plan pairings, over time	High. Specified measure already implemented by DHCS; uses administrative data	Physical care for SMI	Kitty Purington and Rachel Yalowich, <i>Measuring Physical and Behavioral Health Integration</i> , NASHP, January 2017, nashp.org (PDF); HEDIS 2018 Vol. 1, NCQA, 2018, www.ncqa.org ; and <i>Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set)</i> , CMS, 2018, www.medicaid.gov (PDF).
What percentage of adult MMCP members receiving SMH services have been screened for breast cancer?	Stratify EAS measure by those receiving SMH services: Breast cancer screening (administrative)	Across county-plan pairings, over time, general population	High. Specified measure already implemented by DHCS; uses administrative data that can be stratified	Physical care for SMI	Stephen Kisely, Elizabeth Crowe, and David Lawrence, "Cancer-Related Mortality in People with Mental Illness," <i>JAMA Psychiatry</i> 70, no. 2 (Feb. 2013): 209–17, doi.org ; Marc De Hert et al., "Physical Illness in Patients with Severe Mental Disorders I. Prevalence, Impact of Medications and Disparities in Health Care," <i>World Psychiatry</i> 10, no. 1 (Feb. 2011): 52–77, doi.org ; <i>External Accountability Set (EAS) for MCPs and SHPs: MY 2017 / RY 2018</i> , DHCS, August 30, 2017, www.dhcs.ca.gov (PDF); and <i>Core Set</i> , CMS, www.medicaid.gov (PDF).
What percentage of adult MMCP members receiving SMH services have been screened for colorectal cancer?	Implement HEDIS measure and stratify by those receiving SMH services: Colorectal cancer screening (administrative)	Across county-plan pairings, over time, general population	Medium. Specified measure not currently implemented by DHCS; uses administrative data that can be stratified	Physical care for SMI	Kisely, Crowe, and Lawrence, "Cancer-Related Mortality," www.ncbi.nlm.nih.gov ; De Hert et al., "Physical Illness," doi.org ; and <i>HEDIS 2018 Vol. 1</i> , NCQA, www.ncqa.org .
What percentage of adult MMCP members receiving SUD services have been screened for depression and, if positive, received a follow-up plan?	Implement Medicaid Adult Core Measure and stratify by those receiving SUD services: Screening for depression and follow-up plan (hybrid or EHR)	Across county-plan pairings, over time	Low. Specified measure not currently implemented by DHCS; would require EHR data or hybrid data	MH care for SUD	<i>Core Set</i> , CMS, www.medicaid.gov (PDF); and Constance Weisner et al., "Integrated Primary Medical Care with Addiction Treatment: A Randomized Controlled Trial," <i>JAMA</i> 286, no. 14 (Oct. 10, 2001): 1715–23, www.ncbi.nlm.nih.gov .
What percentage of adult MMCP members receiving SMH services had their BMI documented by either the MHP or the MMCP?	Implement Medicaid Adult Core Measure and stratify by those receiving SMH services: Adult body mass index assessment (administrative or hybrid)	Across county-plan pairings, over time, general population	Medium. Specified measure, but may require use of hybrid data that would be difficult to stratify	Physical care for SMI	<i>HEDIS 2018 Vol. 1</i> , NCQA, www.ncqa.org ; <i>Core Set</i> , CMS, www.medicaid.gov (PDF); and De Hert et al., "Physical Illness," doi.org .
What percentage of adult MMCP members receiving SMH services have been screened for unhealthy alcohol use?	Implement and stratify electronic HEDIS measure by those receiving SMH services: Unhealthy alcohol use screening and follow-up (EHR)	Across county-plan pairings, over time, general population	Low. Specified measure not currently implemented by DHCS; would require EHR data that DHCS does not yet have	SUD care for SMI	<i>HEDIS 2018 Vol. 1</i> , NCQA, www.ncqa.org ; and Weisner et al., "Integrating Primary Medical Care," www.ncbi.nlm.nih.gov .

	PROPOSED MEASUREMENT STRATEGY	EXAMPLE COMPARISON GROUP	FEASIBILITY	INTEGRATION DOMAIN	SOURCES
Chronic Conditions Under Control					
What percentage of MMCP members with diabetes and who are receiving SMH services have effective control over their diabetes?	Implement Medicaid Adult Core Measure: HbA1c poor control (>0.9%) for people receiving SMH services (administrative or hybrid)	Across county-plan pairings, over time, non-SMI population with diabetes	Medium. Specified measure already implemented by DHCS; but may require use of hybrid data that would be difficult to stratify	Physical care for SMI	Core Set, CMS, www.medicaid.gov (PDF); Susan M. Frayne et al., "Disparities in Diabetes Care: Impact of Mental Illness," <i>JAMA Internal Medicine</i> 165, no. 22 (Dec. 12/26, 2005): 2631–38, doi.org ; De Hert et al., "Physical Illness," doi.org ; T. J. Lambert, D. Velakoulis, and C. Pantelis, "Medical Comorbidity in Schizophrenia," <i>Medical Journal of Australia</i> 178 (May 5, 2003): S67–70, www.ncbi.nlm.nih.gov ; External Accountability Set, DHCS, www.dhcs.ca.gov (PDF); and <i>Whole Person Care Pilot Evaluation Design</i> , DHCS, n.d., www.dhcs.ca.gov (PDF).
What percentage of MMCP members receiving SMH services have high blood pressure under control?	Stratify EAS measure by those receiving SMH services: Controlling high blood pressure (hybrid)	Across county-plan pairings, over time, non-SMI population with hypertension	Low. Specified measure already implemented by DHCS; requires use of hybrid data that would be difficult to stratify	Physical care for SMI	Cynthia Boyd et al., <i>Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations</i> , CHCS, December 2010, www.chcs.org ; Sarah Lally, <i>Aligning Performance Measures Across Medi-Cal Initiatives</i> , Integrated Healthcare Assn., December 2016, www.ihc.org (PDF); <i>Whole Person Care Pilot</i> , DHCS, www.dhcs.ca.gov (PDF); <i>External Accountability Set</i> , DHCS, www.dhcs.ca.gov (PDF); and <i>Core Set</i> , CMS, www.medicaid.gov (PDF).
What percentage of MMCP members receiving SUD services have high blood pressure under control?	Stratify EAS measure by those receiving SUD services: Controlling high blood pressure (hybrid)	Across county-plan pairings, over time, non-SUD population with hypertension	Low. Specified measure already used by DHCS; requires use of hybrid data that would be difficult to stratify	Physical care for SUD	Boyd, <i>Clarifying Multimorbidity</i> , www.chcs.org ; <i>External Accountability Set</i> , DHCS, www.dhcs.ca.gov ; <i>Core Set</i> , CMS, www.medicaid.gov (PDF); S. Parthasarathy et al., "Utilization and Cost Impact of Integrating Substance Abuse Treatment and Primary Care," <i>Medical Care</i> 41, no. 3 (Mar. 2003): 357–67, www.ncbi.nlm.nih.gov ; Weisner et al., "Integrating Primary Medical Care," www.ncbi.nlm.nih.gov ; M. D. Stein, "Medical Consequences of Substance Abuse," <i>Psychiatric Clinics of N. America</i> 22, no. 2 (June 1999): 351–70, www.ncbi.nlm.nih.gov ; and <i>Whole Person Care Pilot</i> , DHCS, www.dhcs.ca.gov (PDF).
What percentage of MMCP members with CVD who are receiving SMH services have blood pressure under control?	Implement NQF 0018 measure and stratify for those receiving SMH services: Blood pressure control for CVD (hybrid)	Across county-plan pairings, over time, non-SMI population with CVD	Low. Specified measure not currently implemented by DHCS; requires use of hybrid data that would be difficult to stratify	Physical care for SMI	De Hert et al., "Physical Illness," doi.org ; <i>Cardiovascular Conditions 2016–2017: Technical Report</i> , NQF, February 23, 2017, www.qualityforum.org ; and <i>Whole Person Care Pilot</i> , DHCS, www.dhcs.ca.gov (PDF).

	PROPOSED MEASUREMENT STRATEGY	EXAMPLE COMPARISON GROUP	FEASIBILITY	INTEGRATION DOMAIN	SOURCES
Monitored					
What percentage of MMCP members with schizophrenia and diabetes are being monitored for diabetes (e.g., had both an LDL-C test and HbA1c test)?	Implement HEDIS measure: Diabetes monitoring for people with diabetes and schizophrenia (administrative)	Across county-plan pairings, over time, non-SMI population with diabetes	High. Specified measure not currently implemented by DHCS; uses administrative data	Physical care for SMI	De Hert et al., "Physical Illness," doi.org ; <i>HEDIS 2018 Vol. 1</i> , NCQA, www.ncqa.org ; <i>Cardiovascular Conditions</i> , NQF, www.qualityforum.org ; and <i>Quality of Care in Medi-Cal: Understanding HEDIS for Children in Foster Care</i> , DHCS, January 2018, www.dhcs.ca.gov .
What percentage of MMCP members receiving SMH services who have a CVD diagnosis are being monitored for CVD (e.g., had LDL-C tested)?	Implement HEDIS measure: Percentage of those with CVD and SMI who had LDL-C test (administrative)	Across county-plan pairings, over time, and to non-SMI population with CVD	High. Specified measure not currently implemented by DHCS; uses administrative data	Physical care for SMI	Purington and Yalowich, <i>Measuring Physical</i> , nashp.org (PDF); Michelle Herman Soper, Rachael Matulis, and Christopher Menschner, <i>Moving Toward Value-Based Payment for Medicaid Behavioral Health Services</i> , CHCS, June 2017, www.chcs.org (PDF); <i>Cardiovascular Conditions</i> , NQF, www.qualityforum.org ; <i>HEDIS 2018 Vol. 1</i> , NCQA, www.ncqa.org ; and <i>Quality of Care in Medi-Cal</i> , DHCS, www.dhcs.ca.gov .
Use of Ambulatory Care					
What is the ED visit rate for MMCP members receiving SMH services in the past measurement year?	Stratify EAS measure by members receiving SMH services: ED visits per 1,000 member months (administrative)	Across county-plan pairings, over time, general population	High. Specified measure already implemented by DHCS; uses administrative data that can be stratified	Physical care for SMI	Soper, Matulis, and Menschner, <i>Moving Toward</i> , www.chcs.org (PDF); David Mancuso, <i>Evaluation of Fully Integrated Managed Care in Southwest Washington</i> , Washington Dept. of Social and Health Services, August 31, 2017, www.hca.wa.gov (PDF); Health Home State Plan Amendment 16-007, CMS, 2017, www.dhcs.ca.gov (PDF); and <i>External Accountability Set</i> , DHCS, www.dhcs.ca.gov (PDF).
What is the ED visit rate for MMCP members receiving SUD services in the past measurement year?	Stratify EAS measure by those receiving SUD services: ED visits per 1,000 member months (administrative)	Across county-plan pairings, over time, general population	High. Specified measure already implemented by DHCS; uses administrative data that can be stratified	Physical care for SUD	<i>External Accountability Set</i> , DHCS, www.dhcs.ca.gov (PDF); Parthasarathy et al., "Utilization and Cost," www.ncbi.nlm.nih.gov ; Weisner et al., "Integrating Primary Medical Care," www.ncbi.nlm.nih.gov ; and Stein, "Medical Consequences," www.ncbi.nlm.nih.gov .
What percentage of MMCP members receiving SMH services had a primary care visit in the past measurement year?	Calculate the number of members receiving SMH services who saw a primary care provider divided by the number of members receiving SMH services (administrative)	Over time and general population	High. Unspecified measure, but uses administrative data that can be stratified	Physical care for SMI	<i>Whole Person Care Pilot</i> , DHCS, www.dhcs.ca.gov (PDF); and <i>External Accountability Set</i> , DHCS, www.dhcs.ca.gov (PDF).
What percentage of MMCP members receiving SUD services had a primary care visit in the past measurement year?	Calculate the number of members receiving SUD services who saw a primary care provider divided by the number of members receiving SUD services (administrative)	Over time and general population	High. Unspecified measure, but uses administrative data that can be stratified	Physical care for SUD	Parthasarathy et al., "Utilization and Cost," www.ncbi.nlm.nih.gov ; Weisner et al., "Integrating Primary Medical Care," www.ncbi.nlm.nih.gov ; and Stein "Medical Consequences," www.ncbi.nlm.nih.gov .

	PROPOSED MEASUREMENT STRATEGY	EXAMPLE COMPARISON GROUP	FEASIBILITY	INTEGRATION DOMAIN	SOURCES
Use of Ambulatory Care, continued					
What percentage of MMCP members who have not had a primary care visit in the year preceding an encounter with SMH services had an encounter with a MMCP physical health provider within 30 days of the encounter with SMH services?	Calculate the number of members who saw a physical health provider within 30 days of an encounter with SMH services divided by the number of members who have not had a primary care visit in the year preceding the SMH encounter (administrative)	Over time	High. Unspecified measure, but uses administrative data	Physical care for SMI	De Hert et al., "Physical Illness," doi.org .
What percentage of MMCP members who have not had a primary care visit in the year preceding an encounter with SUD services had an encounter with a MMCP physical health provider within 30 days of the encounter with SUD services?	Calculate the number of members who saw a physical health provider within 30 days of an encounter with SUD services divided by the number of members who have not had a primary care visit in the year preceding the SUD encounter (administrative)	Over time	High. Unspecified measure, but uses administrative data	Physical care for SUD	Parthasarathy et al., "Utilization and Cost," www.ncbi.nlm.nih.gov ; Weisner et al., "Integrating Primary Medical Care," www.ncbi.nlm.nih.gov ; and Stein "Medical Consequences," www.ncbi.nlm.nih.gov .
What was the all cause 30-day readmission rate for MMCP members receiving SMH services in the past measurement year?	Stratify EAS measure by those receiving SMH services: All cause 30-day readmission rate (administrative)	Across county-plan pairings, over time, general population	High. Specified measure already implemented by DHCS; uses administrative data that is easy to stratify	Physical care for SMI	Soper, Matulis, and Menschner, <i>Moving Toward</i> , www.chcs.org (PDF); Mancuso, <i>Evaluation</i> , www.hca.wa.gov (PDF); <i>External Accountability Set</i> , DHCS, www.dhcs.ca.gov (PDF); and <i>Core Set</i> , CMS, www.medicaid.gov (PDF).
What was the all cause 30-day readmission rate for MMCP members receiving SUD services in the past measurement year?	Stratify EAS measure by those receiving SUD services: All cause 30-day readmission rate (administrative)	Across county-plan pairings, over time, general population	High. Specified measure already implemented by DHCS; uses administrative data that can be stratified	Physical care for SUD	Soper, Matulis, and Menschner, <i>Moving Toward</i> , www.chcs.org (PDF); Mancuso, <i>Evaluation</i> , www.hca.wa.gov (PDF); <i>External Accountability Set</i> , DHCS, www.dhcs.ca.gov (PDF); and <i>Core Set</i> , CMS, www.medicaid.gov (PDF).
What percentage of MMCP members receiving SMH services had an ambulatory care sensitive hospitalization in the past measurement year?	Implement AHRQ PQI 90 and stratify by those receiving SMH services: Prevention Quality Overall Composite (administrative)	Across county-plan pairings, over time, general population	High. Specified measure already implemented by DHCS; uses administrative data that can be stratified	Physical care for SMI	Ishveen Chopra, Tricia Lee Wilkins, and Usha Sambamoorthi, "Ambulatory Care Sensitive Hospitalizations Among Medicaid Beneficiaries with Chronic Conditions," <i>Hospital Practice</i> 44, no. 1 (2016): 48–59, dx.doi.org ; State Plan Amendment, CMS; "Prevention Quality Indicators Overview," AHRQ, www.qualityindicators.ahrq.gov ; and <i>Core Set</i> , CMS, www.medicaid.gov (PDF).
What percentage of MMCP members receiving SUD services had an ambulatory care sensitive hospitalization in the past measurement year?	Implement AHRQ PQI 90 and stratify by those receiving SUD services: Prevention Quality Overall Composite (administrative)	Across county-plan pairings, over time, general population	High. Specified measure already implemented by DHCS; uses administrative data that can be stratified	Physical care for SUD	Chopra, Wilkins, and Sambamoorthi, "Ambulatory Care," www.ncbi.nlm.nih.gov ; State Plan Amendment, CMS; "Prevention Quality," AHRQ, www.qualityindicators.ahrq.gov ; and <i>Core Set</i> , CMS, www.medicaid.gov (PDF).

	PROPOSED MEASUREMENT STRATEGY	EXAMPLE COMPARISON GROUP	FEASIBILITY	INTEGRATION DOMAIN	SOURCES
Use of Ambulatory Care, continued					
What percentage of adult MMCP members receiving SMH services who are current smokers received advice to quit, were recommended cessation medications, or were provided cessation methods?	Implement Medicaid Adult Core Measure and stratify by those receiving SMH services: Medical assistance with smoking and tobacco use cessation (EHR)	Across county-plan pairings, over time, general population	Low. Specified measure not currently implemented by DHCS; would require use of EHR data that DHCS does not yet have	Physical care for SMI	Core Set, CMS, www.medicaid.gov (PDF); <i>HEDIS 2018 Vol. 1</i> , NCQA, www.ncqa.org ; "Quality Positioning System (QPS) Measure Description Display Information: Measure No. 0027," NQF, www.qualityforum.org (PDF); and De Hert et al., "Physical Illness," doi.org .
What percentage of adult MMCP members receiving SUD services who are current smokers received advice to quit, were recommended cessation medications, or were provided cessation methods?	Implement Medicaid Adult Core Measure and stratify by those receiving SUD services: Medical assistance with smoking and tobacco use cessation (EHR)	Across county-plan pairings, over time, general population	Low. Specified measure not currently implemented by DHCS; would require use of EHR data that DHCS does not yet have	Physical care for SUD	Core Set, CMS, www.medicaid.gov (PDF); <i>HEDIS 2018 Vol. 1</i> , NCQA, www.ncqa.org ; "Measure No. 0027," NQF, www.qualityforum.org (PDF); and Weisner et al., "Integrating Primary Medical Care," www.ncbi.nlm.nih.gov .
What percentage of members receiving SMH services received a flu vaccination in the past measurement year?	Implement Medicaid Adult Core Measure and stratify by those receiving SMH services: Flu vaccinations for adults (EHR)	Over time and general population	Low. Specified measure not currently implemented by DHCS; would require use of EHR data that DHCS does not yet have	Physical care for SMI	HEDIS CAHPS Survey 5.0, NQF, www.ncqa.org ; <i>NQF #0039: Flu Shots for Adults Age 50 and Over: Measure Submission and Evaluation Worksheet 5.0</i> , NQF, August 10, 2009, www.qualityforum.org ; and Core Set, CMS, www.medicaid.gov (PDF).
What percentage of members receiving SUD services received a flu vaccination in the past measurement year?	Implement Medicaid Adult Core Measure and stratify by those receiving SUD services: Flu vaccinations for adults (EHR)	Over time and general population	Low. Specified measure not currently implemented by DHCS; would require use of EHR data that DHCS does not yet have	Physical care for SUD	HEDIS CAHPS Survey 5.0, www.ncqa.org ; <i>NQF #0039</i> , NQF, www.qualityforum.org ; and Core Set, CMS, www.medicaid.gov (PDF).
Transitions Facilitated					
What percentage of members with a principal diagnosis of mental illness who visit the ED receive follow-up mental health treatment within 7 or 30 days of ED visit?	Implement Medicaid Adult Core Measure: Follow up after ED visit for mental illness (administrative)	Across county-plan pairings and over time	High. Specified measure not currently implemented by DHCS; uses administration data	MH continuum of care	Purinton and Yalowich, <i>Measuring Physical</i> , nashp.org (PDF); Core Set, CMS, www.medicaid.gov (PDF); and <i>HEDIS 2018 Vol. 1</i> , NCQA, www.ncqa.org .
What percentage of ED visits for members with a principal diagnosis of alcohol and other drug abuse or dependence received follow-up SUD treatment within 7 or 30 days of ED visit?	Implement Medicaid Adult Core Measure: Follow up after ED visit for AOD (administrative)	Across county-plan pairings and over time	High. Specified measure not currently implemented by DHCS; uses administration data	SUD Continuum of Care	Purinton and Yalowich, <i>Measuring Physical</i> , nashp.org (PDF); Core Set, CMS, www.medicaid.gov (PDF); and <i>HEDIS 2018 Vol. 1</i> , NCQA, www.ncqa.org .
What percentage of MMCP members stepping down from SMH services to mild/moderate services received care from a MMCP mental health provider?	Calculate the number of members that receive MH care from MMCP providers divided by the number of members referred for mild/moderate treatment after SMHS treatment	Over time	Low. Unspecified measure; statewide data not currently available	MH continuum of care	Len Finocchio, Katrina Connelly, and Matthew Newman, <i>Improving Mental Health Services Integration in Medi-Cal: Strategies for Consideration</i> , Blue Shield of California Foundation, May 2017, blueshieldcafoundation.org .

	PROPOSED MEASUREMENT STRATEGY	EXAMPLE COMPARISON GROUP	FEASIBILITY	INTEGRATION DOMAIN	SOURCES
Transitions Facilitated, <i>continued</i>					
What percentage of MMCP members referred by MMCP providers to the MHP for assessment are assessed?	Calculate the number of members assessed by the MHP divided by the number of members referred by MMCP providers	Over time	Low. Unspecified measure; statewide data not currently available	MH continuum of care	Finocchio, Connelly, and Newman, <i>Improving Mental Health Services</i> , blueshieldcafoundation.org .
What percentage of MMCP members assessed by the MHP attended a mental health appointment at either the MMCP or MHP in the past year?	Calculate the number of members treated by the MHP (for SMI) or MMCP (for mild/moderate) divided by the total number assessed for MH needs.	Over time	Low. Unspecified measure; statewide data not currently available	MH continuum of care	Finocchio, Connelly, and Newman, <i>Improving Mental Health Services</i> , blueshieldcafoundation.org .
What percentage of members receiving SMH services who self-reported medical conditions subsequently received medical care?	Calculate the number of members who subsequently received medical care as indicated in MMCP claims and encounters data divided by the number of members receiving SMH services who responded to question S-34.0 or S-35.0 in the CSI data set	Over time	Medium. Unspecified measure; no unique identifier across administrative data sets	Physical care for SMI	De Hert et al., "Physical Illness," doi.org .
What percentage of members receiving SMH services who self-reported substance use/dependence subsequently received medical care?	Calculate the number of members who subsequently received SUD services as indicated in CalOMS data divided by the number of members receiving SMH services who responded affirmatively to question S-37.0 in the CSI data set	Over time	Medium. Unspecified measure; no unique identifier across administrative data sets	Physical care for SMI	Boyd, <i>Clarifying Multimorbidity</i> , www.chcs.org (PDF); and "Mental Health and Substance Use Disorders," SAMHSA, last updated April 13, 2019, www.samhsa.gov .
What percentage of members receiving SUD services and self-reported recent ED use, psychiatric facility use, or medication use for a mental health condition subsequently received mental health services?	Calculate the percentage of members receiving SUD services who replied affirmatively to questions 3.9.2, 3.9.3, or 3.9.4 in CalOMS data and subsequently received mental health services from either the MMCP or MHP	Over time	Medium. Unspecified measure; uses administrative data	MH care for SUD	Parthasarathy et al., "Utilization and Cost," www.ncbi.nlm.nih.gov ; Weisner et al., "Integrating Primary Medical Care," www.ncbi.nlm.nih.gov ; and Stein "Medical Consequences," www.ncbi.nlm.nih.gov .

	PROPOSED MEASUREMENT STRATEGY	EXAMPLE COMPARISON GROUP	FEASIBILITY	INTEGRATION DOMAIN	SOURCES
Follow Up					
What percentage of MMCP members receiving SMH services who had a hospital encounter for COPD received appropriate medication (i.e., systematic corticosteroid within 14 days and bronchodilator within 30 days)?	Implement HEDIS measure and stratify by those receiving SMH services: Pharmacotherapy management of COPD exacerbation	Across county-plan pairings, over time, and non-SMI population with COPD	Medium. Specified measure not currently used by DHCS	Physical care for SMI	<i>HEDIS 2018 Vol. 1</i> , NCQA, www.ncqa.org ; and Boyd, <i>Clarifying Multimorbidity</i> , www.chcs.org (PDF).
What percentage of MMCP members receiving SUD services who had a hospital encounter for COPD received appropriate medication (i.e., systematic corticosteroid within 14 days and bronchodilator within 30 days)?	Implement HEDIS measure and stratify by those receiving SUD services: Pharmacotherapy management of COPD exacerbation	Across county-plan pairings, over time, and non-SUD population with COPD	Medium. Specified measure not currently used by DHCS	Physical care for SUD	<i>HEDIS 2018 Vol. 1</i> , NCQA, www.ncqa.org ; and Boyd, <i>Clarifying Multimorbidity</i> , www.chcs.org (PDF).
What percentage of adolescent and adult members with a new episode of AOD use/dependence initiate treatment within 14 days of diagnosis?	Implement Medicaid Adult Core Measure: Initiation of AOD treatment	Over time	Medium. Specified measure not currently used by DHCS	SUD Continuum of Care	<i>Core Set</i> , CMS, www.medicaid.gov (PDF); and <i>Attachment MM: Whole Person Care Pilot Requirement and Metrics</i> , DHCS, October 20, 2016, www.dhcs.ca.gov (PDF).

Key

Administrative — This method for constructing an EAS, CMS, or NCQA measure uses administrative data (e.g., claims and encounters).

AOD — alcohol or other drug

BMI — body mass index

COPD — chronic obstructive pulmonary disease

DHCS — Department of Health Care Services

EAS — DHCS External Accountability Set

ED — emergency department

Hybrid — This method for constructing an EAS, CMS, or NCQA measure involves extracting a sample of the eligible population, and allows for medical record review when administrative data do not show evidence that a service was provided.

Member — Adult Medi-Cal beneficiary / member of a Medi-Cal managed care plan

MMCP — Medi-Cal managed care plan

MHP — County Mental Health Plan for specialty mental health services

MH — mental health

NASHP — National Academy for State Health Policy

SMH — specialty mental health

SMI — severe mental illness

SUD — substance use disorder