**RFS 24-77045**

**Attachment F**

**Quality Metrics Response Template**

**Background:** This Attachment includes two tables of quality metrics the State is requiring for Indiana’s use during the Demonstration Program: (1) **Table 1** includes “Clinic-Collected Metrics,” or metrics that will be collected by CCBHCs; and (2) **Table 2** includes “State-Collected Metrics,” or metrics that will be collected by the State. These metrics are critical to help the State track the growth of the behavioral health system, delivery of services, and outcomes achieved through the CCBHC expansion.

In accordance with the Certification Criterion 3.b.2 (see Attachment E), “The CCBHC is expected to share data with the State in accordance with the requirements set forth in its contractual agreement to provide CCBHC services."

The State acknowledges that SAMHSA has not provided technical specifications for all updated quality measures. The State will align with SAMHSA specifications once additional guidance is released and published.

Please enter information into the open columns, as applicable and as described in the instructions for each table.

**Table 1: Clinic-Collected Metrics**

**Background:** This section includes the quality metrics that each CCBHC will be required to collect and report on. Many metrics are sourced from the Certification Criteria for CCBHCs and are federally required. The State also plans to continue collecting twenty (20) metrics currently tracked by the CCBHC Bridge Grants.

**Instructions:** In the table below, please indicate whether you are currently collecting the following quality metrics. If you do currently capture and report all data required for the respective metric, please explain how you are currently doing so. If you do not currently capture and report data for the respective metric, please explain how you plan on doing so by the start of the Demonstration Program (anticipated on or around July 1, 2024).

| **Quality Metric** | **Description** | **Are you currently collecting all data for this metric?** | **If so, how do you currently capture and report the data? If not, how do you plan to by 7/1/24?** |
| --- | --- | --- | --- |
| Time To Services (I-SERV) | Replaces I-EVAL, includes average time to: Initial Evaluation, Initial Clinical Services, and Crisis Services[[1]](#footnote-2) | Hamilton Center currently collets all of this data manually and has the ability to build reports that will be able to accurately report this data as required. | Hamilton Center currently utilizes a manual spreadsheet tracking system to track initial contact to initial service (intake) or crisis service. We have developed a log within our current EMR that allows the agency to track all consumer initial contacts and we are able to then document date of first contact and determine length to first service and first crisis service if applicable.  This will be implemented prior to July 1st, 2024. This report will allow us to extract the data necessary for full compliance on this reporting metric.  As we already have the tracking tool that will assist in satisfying this metric in place, along with a plan for implementation and tracking utilizing our EMR, meeting compliance of this requirement will be established well before the July 1st, 2024, implementation deadline with no difficulties. |
| Depression Remission at Six Months (DEP-REM-6) | Percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission six months (+/- 60 days) after an index event date | Hamilton Center currently captures some of this data of which includes the 12-17 years of age, 18 years of age or older and the diagnosis criteria.  Hamilton Center does currently capture data related to depression screenings but do not track those who have reached remission at 6 months. | Hamilton Center captures this data manually within our EMR and data is extracted via a report. However, due to moving to a new EMR in July 2023, we are currently working on creation of the report needed to extract this data in our new EMR.  Prior to July 1st, 2024, we will include the PHQ 9 and PHQ A as part of the initial intake process and embedded within progress notes. We will be able to develop/create a report that will extract the PHQ9 and PHQA scores from our EMR to provide this data on an ongoing basis. This report will allow us to extract the data necessary for full compliance on this reporting metric.  As we already have the screening tool in place, along with a plan for implementation and tracking utilizing our EMR, meeting compliance of this requirement will be established well before the July 1st, 2024, implementation deadline with no difficulties. |
| Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC) | Percentage of consumers aged 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user | Hamilton Center currently captures some of this data of which includes consumers 18 years of age or older and those screened within the last 24 months and those that received brief counseling.  Hamilton Center does currently report on these metrics. | Hamilton Center currently utilizes the SBIRT and the AUDIT screening tools. Prior to July 1st, 2024, we will have these screeners completed during intake and recurring for every consumer aged 18 and older. We will utilize our current EMR’s ability to alert providers of necessary screeners due and build/create reports or dashboards that will be able to extract the data required for reporting on brief counseling.  This report will allow us to extract the data necessary for full compliance on this reporting metric.  As we already have the screening tool in place, along with a plan for implementation and tracking utilizing our EMR, meeting compliance of this requirement will be established well before the July 1st, 2024, implementation deadline with no difficulties. |
| Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD) | Percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter | Hamilton Center currently captures some of this data of which includes consumers 12-17 years of age utilizing an age-appropriate standardized depression screening. We also have the ability to identify those screeners which are positive but have not extracted this data into a reportable measure.  Hamilton Center does not create a follow up plan that is easily identifiable, but we will be able to do that prior to July 1st, 2024. | Hamilton Center has the ability to capture this data within our EMR and extract the data in a reportable format via report at this time. However, due to moving to a new EMR in July 2023, we are currently working on creation of the reports needed to extract data in our new EMR.  Prior to July 1st, 2024, we will include the PHQ 9 and PHQ A as part of the initial intake process for all beneficiaries ages 12-17. Within that screening we will be able to identify if a follow up plan is required and capture within the EMR.  We will be able to develop/create a report that will extract the PHQ9 and PHQA scores from our EMR to provide this data on an ongoing basis. This report will allow us to extract the data necessary for full compliance on this reporting metric.  As we already have the screening tool in place, along with a plan for implementation and tracking utilizing our EMR, meeting compliance of this requirement will be established well before the July 1st, 2024, implementation deadline with no difficulties. |
| Screening for Social Drivers of Health (SDOH) | Percentage of patients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety | Hamilton Center currently captures some of this data of which includes consumers 18 years of age and older as part of consumer demographic information.  We do not capture the remaining data at this time. | Hamilton Center does not currently capture SDOH in a single area or reportable fashion. We do have assessments and screeners that capture all of the required reporting metrics for SDOH.  Prior to July 1st, 2024, we will implement a standard SDOH screening tool or utilize the current SDOH screening tool and dashboard that is built into our current EMR. This dashboard and report will allow us to extract the data necessary for full compliance on this reporting metric.  As we already have a tool within our EMR to tack SDOH in place but not yet being utilized, along with a plan for implementation and tracking utilizing our EMR, meeting compliance of this requirement will be established well before the July 1st, 2024, implementation deadline with no difficulties. |
| Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC) | Percentage of consumers aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user | Hamilton Center currently captures some of this data of which includes consumers 18 years of age and older and those consumers who were screened for tobacco use within 24 months. We also capture the data related to tobacco cessation; however, we have not extracted this data into a reportable measure to meet the entirety of this metric. | Hamilton Center currently captures this data upon intake and at least every 6 months as part of state reporting NOMS for enrollment.  Prior to July 1st, 2024, Hamilton Center will implement a more comprehensive Tobacco Use Screening and Cessation protocol using existing screeners and developing set timeframes for this screening to be completed.  Upon completion of the screenings, we will utilize reports/dashboards within our current EMR to extract this data and report on this metric as required. The dashboard and/or report will allow us to extract the data necessary for full compliance on this reporting metric.  As we already have the screening tool in place, along with a plan for implementation and tracking utilizing our EMR, meeting compliance of this requirement will be established well before the July 1st, 2024, implementation deadline with no difficulties. |
| Controlling High Blood Pressure (CBP-AD) | Percentage of consumers ages 18 to 85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year based on the following criteria:  • Consumers ages 18 to 59 whose BP was <140/90 mm Hg  • Consumers ages 60 to 85 with a diagnosis of diabetes whose BP was <140/90 mm Hg  • Consumers ages 60 to 85 without a diagnosis of diabetes whose BP was <150/90 mm Hg  A single rate is reported and is the sum of all three groups. | Hamilton Center currently captures some of this data of which includes consumers 18-59 years of age, 60-85 years of age. We also currently capture diagnosis of diabetes for these age ranges.  Hamilton Center does currently capture data related to BP for all consumers related to this metric. | Hamilton Center has utilized prior CCBHC grant funds to establish primary care screenings within our CCBHC Clinics. We currently capture this data for consumers associated with our current grant requirements but have not yet extended this process to all CCBHC consumers.  Prior to July 1st, 2024, we will increase the frequency of primary care screenings that will help to account for monitoring of BP for all age ranges. We will also build/create reports within our EMR that will allow us to monitor, extract and report on the data metrics for all age ranges in this criterion.  We will also include as part of enhanced care coordination services, the ability to capture health care related information such as BP for consumers who are not screened through Hamilton Center.  Although we have some primary care screenings that capture this information, we will need to enhance our processes so that we will be able accurately report this data. After review of our plan for implementation and tracking utilizing our EMR, meeting compliance of this requirement will and can be established in full before the July 1st, 2024, implementation deadline. |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) | Percentage of consumers aged 13 and older with a new episode of alcohol or other drug (AOD) dependence who received the following:  • Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis  • Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit | Hamilton Center currently captures some of this data of which includes the 13 years of age and older and diagnosis criteria related to AOD.  Hamilton Center does currently capture data related to outpatient visits, intensive outpatient visits and partial hospitalization services but have not extracted this data in a reportable fashion to meet this metric. | Hamilton Center currently captures information related to consumers who have an episode of AOD dependance as part of our intake process. We are currently able to collect data on those that initiate treatment through an outpatient visit, but do not currently collect information regarding initiation of treatment through inpatient, IOP or partial hospitalization.  We are currently able to track individuals with an AOD diagnosis who have 2 or more services within the 30 days of the initial visit. We will have to build/create a report or dashboard within our EMR to extract this data and pull it into a reportable format.  Although we collect most of the data in this criterion currently, we will need to enhance our processes so that we will be able fully capture all of the data accurately and provide a method to report this data through our existing EMR. After review of our plan for implementation and tracking utilizing our EMR, meeting compliance of this requirement will and can be established in full before the July 1st, 2024, implementation deadline. |
| Hemoglobin A1c Control for Patients with Diabetes (HBD-AD) | Percentage of members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 and Type 2) whose hemoglobin A1c was at the following levels during the measurement year:  • HbA1c control (<8.0%)  • HbA1c poor control (>9.0%) (inverted rate) | Hamilton Center currently captures some of this data of which includes consumers 18-75 years of age, and we are able to and capture diagnosis of diabetes for this age ranges.  Hamilton Center does currently capture data related to HbA1C for all consumers related to this metric. | Hamilton Center has utilized prior CCBHC grant funds to establish primary care screenings within our CCBHC Clinics. This has allowed us to capture some of this data for consumers associated with our current grant requirements, but we have not yet extended this process to all CCBHC consumers.  Prior to July 1st, 2024, we will increase the frequency of primary care screenings that will assist with identification of individuals with diabetes and monitoring of HbA1C for the required age ranges. We can currently track individuals with a diagnosis of diabetes if it is documented in our EMR. We will also build/create reports within our EMR that will allow us to monitor, extract and report on the data metrics for all age ranges in this criterion.  Although we have primary care screenings that currently capture this information, we will need to enhance our processes to include further identification of those with diabetes along with capturing HbA1C data so that we will be able accurately report this data. After review of our plan for implementation and tracking utilizing our EMR, meeting compliance of this requirement will and can be established in full before the July 1st, 2024, implementation deadline. |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) | Percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment | Hamilton Center currently captures some of this data of which includes the age of consumers 1-17, and we have the ability to track new prescriptions for antipsychotic medications, however we do not currently capture that data.  We also have the ability to capture instances of psychosocial care but do not currently capture this data in relationship to children and adolescents ages 1-17 as described in this metric. | Hamilton Center has the ability to capture the data related to age and some information regarding new prescriptions within our EMR. We have the ability to extract the data in a reportable format via report at this time once it is captured in the EMR. We are currently working on creation of the reports needed to extract data in our new EMR.  We see moderate barriers to being able to fully operationalize this requirement due to limitations of integration of prescription software and pharmacy integration into our current EMR that would allow easy reporting of this metric.  We currently have some portion of this data but will need to enhance the current plan for capturing and reporting on this data more comprehensively in the future.  We can/will be compliant before July 1st, 2024, in meeting this criterion, we will continue to develop a comprehensive plan internally to meet this requirement. |
| Suicidality Risk Assessment | Clinics must utilize at least one of the following suicidality risk assessments:  **Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA):** Percentage of consumer visits for those consumers aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.  **Adult Major Depressive Disorder: Suicide Risk Assessment (SRA):**  Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.  **Ask Suicide-Screening Questions (ASQ):**  A brief (20-second) assessment that healthcare professionals can administer in a variety of settings (emergency department, inpatient medical unit, primary care clinics) to gauge suicide risk in patients. The toolkit website explains how to administer and respond to screening test results.  **Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)**: An assessment that can be used by mental health professionals during their first contact with an individual at risk of suicidal behavior and completed suicide. The five-step assessment includes identification of risk and protective factors; conducting an inquiry about suicidality; determining level of risk and selecting an appropriate intervention; and documenting the process, including a follow-up plan.  **Columbia Suicide Severity Rating Scale (C-SSRS):**  Supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs | Yes. **Columbia Suicide Severity Rating Scale (C-SSRS):** | Hamilton Cener currently utilizes the C-SSRS tool as the preferred suicidality risk assessment. This short screener is utilized for all initial assessments, and ongoing to assess for suicidality. We also utilize the C-SSRS short or full tool for every crisis assessment, IPU follow up appointment and have the tool available for all providers to utilize at any time during treatment.  We fully meet this criterion at this time for this metric. |
| Number of Crisis Calls Received by Caller's County | Number of crises calls received broken out by caller's county (if known) | Hamilton Center tracks county of residence on the CDC call log but will need to expand to capture for all consumers utilizing crisis services. | Hamilton Center will add county of residence to consumer contact information in the EMR. A crisis contact form will be created in the EMR which will include county of residence. |
| Number of Crisis Calls Received by Crisis Type (calls could be in multiple types) | Crisis Types: Suicidal; homicidal; adult mental health and serious mental illness; youth mental health and serious emotional disturbance; substance use disorder | Hamilton Center currently tracks type of crisis for mobile crisis and crisis assessments, but does not utilize specific crisis types as identified in Attachment F. | Mobile Crisis Dispatch Form will be updated to include specific crisis types. Crisis contact form will include specific crisis types. |
| Number of Unique Individuals Provided a Mobile Crisis Service by Individual's Location County | Number of unique individuals provided a mobile crisis service broken out by county client is in | No | Hamilton Center does currently capture and report data on individuals that receive mobile crisis services, however, the individual’s location county is not currently tracked. This data metric will be implemented prior to July 1, 2024. |
| Number of Unique Individuals Provided a Mobile Crisis Service by Crisis Type | Crisis Types: Suicidal; homicidal; adult mental health and serious mental illness; youth mental health and serious emotional disturbance; substance use disorder | No | Hamilton Center’s current tracking form already captures data related to crisis types; however, this will be updated to ensure that all crisis types listed are available in the dropdown menu: Suicidal; homicidal; adult mental health and serious mental illness; youth mental health and serious emotional disturbance; substance use disorder. |
| Number of Unique Individuals Referred to Mobile Crisis from the Following Entities | Referral Entities: Law enforcement; medical hospitals; psychiatric hospitals; behavioral health providers; schools; Department of Child Services; faith-based organizations; homeless shelter; family and friends | No | Hamilton Center’s current tracking form already captures data related to referring entities, however, this will be updated to ensure that all referral entity types listed are available in the dropdown menu: Law enforcement; medical hospitals; psychiatric hospitals; behavioral health providers; schools; Department of Child Services; faith-based organizations; homeless shelter; family and friends. |
| Number of Naloxone Dispensations During Mobile Crisis | Number of Naloxone dispensations during mobile crisis | No | The number of Naloxone dispensations during mobile crisis is not currently a metric that is tracked. Hamilton Center’s Health Informatics department will build this metric onto the existing form to ensure this metric is captured prior to July 1, 2024. |
| Number of Unique Individuals Who Received a Follow-up Contact | Number of Unique Individuals Who Received a Follow-up Contact (e.g., telephone call, in-person visit) | No | The number of individuals who received a follow-up contact is not currently a metric that is tracked. Hamilton Center’s Health Informatics department will build this metric onto the existing form to ensure this metric is captured prior to July 1, 2024. |
| Number of Mobile Crisis Services Provided in Person | Number of mobile crisis services provided in person | No | The number of mobile crisis services provided in person is not currently a metric that is tracked. Hamilton Center’s Health Informatics department will build this metric onto the existing form to ensure this metric is captured prior to July 1, 2024. |
| Mean Mobile Crisis Response Times | Average of total number of minutes between first contact requesting crisis services and mobile crisis team arriving "on-scene" with individual | No | The average total number of minutes is not currently tracked, though this information is available based on time of call and time that the service ends. Hamilton Center’s Health Informatics Department will build this metric onto the existing form to ensure this metric is captured prior to July 1, 2024. |
| Mean Mobile Crisis Times | Average of total number of minutes "on-scene to resolution" with the individual |  | Hamilton Center currently tracks the average response time but does not capture the total number of minutes “on-scene to resolution” with the individual. Hamilton Center’s Health Informatics department will build this metric onto the existing form to ensure this metric is captured prior to July 1, 2024. |
| Number of Mobile Crisis Responses Resolved in the Community | Number of mobile crisis responses resolved in the community (e.g., crisis de-escalated, higher level care not required) |  | Hamilton Center does not currently track the number of mobile crisis responses resolved in the community. Hamilton Center’s Health Informatics department will build this metric onto the existing form to ensure this metric is captured prior to July 1, 2024. |
| Number of Unique Individuals Receiving Crisis receiving and stabilization services (“CRSS”) | Number of individuals provided a CRSS broken out by county client is in | No | This information is not currently tracked, but access to consumer county is available in the system. Hamilton Center will develop a CRSS county metric to track county of consumer served for all CRSS services by July 1, 2024. |
| Number of Unique Individuals Provided CRSS by Crisis Type | Crisis Types: suicidal; homicidal; adult mental health and serious mental illness; youth mental health and serious emotional disturbance; substance use disorder | No | Hamilton Center’s current tracking form already captures data related to crisis types; however, this will be updated to ensure that all crisis types listed are available in the dropdown menu: Suicidal; homicidal; adult mental health and serious mental illness; youth mental health and serious emotional disturbance; substance use disorder. |
| Number of Unique Individuals Referred to CRSS from the Following Entities | Referral Entities: Law enforcement; medical hospitals; psychiatric hospitals; behavioral health providers; schools; Department of Child Services; faith-based organizations; homeless shelter; family and friends | No | Hamilton Center’s current tracking form already captures data related to referring entities, however, this will be updated to ensure that all referral entity types listed are available in the dropdown menu: Law enforcement; medical hospitals; psychiatric hospitals; behavioral health providers; schools; Department of Child Services; faith-based organizations; homeless shelter; family and friends. |
| Number of Naloxone Dispensations During CRSS | Number of Naloxone dispensations during mobile crisis | No | The number of Naloxone dispensations during CRSS service is not currently a metric that is tracked. Hamilton Center’s Health Informatics department will build this metric onto the existing form to ensure this metric is captured prior to July 1, 2024. |
| Number of Unique Individuals Who Received a Follow-up Contact | Number of individuals who received a follow up contact (e.g., telephone call, in-person visit) | No | Hamilton Center does not currently track number of unique individuals who received a follow up contact but will develop a report to track number of unique individuals served in the EMR prior to July 1, 2024. |
| Mean Length of Stay in Hours in CRSS | Average of total number of hours in CRSS | No | Hamilton Center does not currently track mean length of stay in hours in CRSS. Hamilton Center will develop a CRSS program type with time of admission and time of discharge that will allow for calculation of mean length of stay prior to July 1, 2024. |

**Table 2: State-Collected Metrics**

**Background:** This section includes the quality metrics that the State will collect and report on during the Demonstration Program. Sites selected for Demonstration through this RFS will be expected to work with the State to accurately capture and report each metric in this section. Many metrics are federally required; others are metrics the State has elected to collect.

**Instructions:**  In the table below, please indicate whether you are currently collecting any data on the quality metrics that will be collected by the State. If you do currently capture and report data for the respective metric, please explain how you are currently doing so. For each metric, please confirm your commitment to work with the State to ensure the State can accurately capture and report the metric.

| **Quality Metric** | **Description** | **Are you currently collecting any data for this metric? If so, how do you currently capture and report it?** | **Confirm your commitment to work with the State to capture this metric. Describe any challenges you foresee in helping capture this data.** |
| --- | --- | --- | --- |
| Patient Experience of Care Survey | Annual completion and submission of Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Experience of Care Survey, identifying results separately for BHCs and comparison clinics and oversampling those clinics | Hamilton Center currently participates in the annual DMHA consumer survey program/expectation. We have also developed internal consumer satisfaction surveys that can be given out to consumers at any interval to assess the patient care experience.  We submit all DMHA consumer surveys to DMHA annually as requested and this data is tracked by DMHA. We have not yet created a process for collection of internal consumer surveys in a reportable fashion although all of the consumer surveys are monitored within our organization’s quality metrics. | Hamilton Center is fully committed to working with the State to fully implement a comprehensive program to track, monitor and report on patient care experiences to enhance the level of quality services being provided within our clinics. We see no barriers to being able to fully operationalize this requirement and work with the state and meet full compliance.  We currently have some portion of this data and a plan for capturing and reporting on this data more comprehensively in the future.  We will be compliant well before July 1st, 2024, in meeting this criterion. |
| Youth/Family Experience of Care Survey | Annual completion and submission of Youth/Family Services Survey for Families (YSS-F) Experience of Care Survey, identifying results separately for BHCs and comparison clinics and oversampling those clinics | Hamilton Center currently participates in the annual DMHA consumer survey program/expectation. We have also developed internal consumer satisfaction surveys that can be given out to consumers at any interval to assess the patient care experience.  We submit all DMHA consumer surveys to DMHA annually as requested and this data is tracked by DMHA. We have not yet created a process for collection of internal consumer surveys in a reportable fashion although all of the consumer surveys are monitored within our organization’s quality metrics. | Hamilton Center is fully committed to working with the State to fully implement a comprehensive program to track, monitor and report on patient care experiences to enhance the level of quality services being provided within our clinics. We see no barriers to being able to fully operationalize this requirement and work with the state and meet full compliance.  We currently have some portion of this data and a plan for capturing and reporting on this data more comprehensively in the future.  We will be compliant well before July 1st, 2024, in meeting this criterion |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD) | Percentage of consumers ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period | Hamilton Center currently is able to capture data related to the required age range (19-64), anyone diagnosed with schizophrenia along with being able to identify if those individuals were prescribed an antipsychotic medication. We do not currently monitor the length those consumers have remained on that medication during their treatment period directly. Since we do not currently collect all of the required data, we do not currently report on it at this time in full. | Hamilton Center is fully committed to working with the State to fully implement a comprehensive program to track, monitor and report this metric.  We see moderate barriers to being able to fully operationalize this requirement due to limitations of integration of prescription software and pharmacy integration into our current EMR that would allow easy reporting of this metric.  We currently have some portion of this data but will need to enhance the current plan for capturing and reporting on this data more comprehensively in the future.  We can/will be compliant before July 1st, 2024, in meeting this criterion, we will continue to develop a comprehensive plan internally to meet this requirement. |
| Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD) | Percentage of discharges for consumers aged 21 and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two rates are reported:  • Percentage of discharges for which the consumer received follow-up within 30 days of discharge  • Percentage of discharges for which the consumer received follow-up within 7 days of discharge | Hamilton Center currently captures data for consumers aged 21 and older discharged from our Inpatient Unit regarding attending an IPU follow up appointment with a staff from Hamilton Center. We are able to capture data related to 7 and 30 days follow up appointments and currently do capture this data for internal IPU discharges.  We do not currently capture data related to an IOP encounter or a partial hospitalization service after IPU discharge.  In order to fully capture this data, we would need to enhance our data collection for IPU follow up appointments to include the required data. This would require additional questions and follow up upon discharge through our care coordination and discharge planning process. We are able to fully comply with this metric after modifications to current processes are completed. | Hamilton Center is fully committed to working with the State to fully implement a comprehensive process to track, monitor and report the required follow up after hospitalization data. We envision minimal to mild barriers to being able to fully operationalize this requirement due to limitations of information for individuals referred outside of Hamilton Center for IPU follow up services that would make it easier in reporting this metric.  We currently have some portion of the required IPU follow up data but will need to enhance the current plan for capturing and reporting on this data more comprehensively in the future to include the IOP and partial hospitalization requirements.  We can/will be compliant before July 1st, 2024, in meeting this criterion, we will continue to develop a comprehensive plan internally to meet this requirement. |
| Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH) | Percentage of discharges for children and adolescents ages 6-17 who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two rates are reported:  • Percentage of discharges for which children received follow-up within 30 days of discharge  • Percentage of discharges for which children received follow-up within 7 days of discharge | Hamilton Center currently captures data for existing and new consumers aged 6-17 discharged from an Inpatient Unit that attends an IPU follow up appointment with a staff from Hamilton Center. We are able to capture data related to 7 and 30 days follow up appointments and capture this data but will need to establish a reporting mechanism for this data.  We do not currently capture data related to an IOP encounter or a partial hospitalization service after IPU discharge.  In order to fully capture this data, we would need to enhance our data collection for IPU follow up appointments to include the required data. This would require additional questions and follow up upon discharge through our care coordination, IPU follow up and intake processes. We are able to fully comply with this metric after modifications to current processes are completed | Hamilton Center is fully committed to working with the State to fully implement a comprehensive process to track, monitor and report the required follow up after hospitalization data. We envision mild barriers to being able to fully operationalize this requirement due to limitations of information for individuals referred outside of Hamilton Center for IPU follow up services.  We currently have some portion of the required IPU follow up data but will need to enhance the current plan for capturing and reporting on this data more comprehensively in the future to include the IOP and partial hospitalization requirements.  We can/will be compliant before July 1st, 2024, in meeting this criterion, we will continue to develop a comprehensive plan internally to meet this requirement. |
| Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH & FUM-AD) | Percentage of emergency department (“ED”) visits for consumers 6 years of age and older with a primary diagnosis of mental illness, who had an outpatient visit, an intensive outpatient encounter or a partial hospitalization for mental illness. Two rates are reported:  • Percentage of ED visits for which the consumer received follow-up within 30 days of the ED visit  • Percentage of ED visits for which the consumer received follow-up within 7 days of the ED visit | Hamilton Center does not currently capture all of this data as described or required. Our current EMR is not yet fully integrated or has the ability to capture this data.  Hamilton Center currently is able to collect and report on consumer aged 6 and above, primary diagnosis of mental illness along with identifying and being able to report on outpatient visits, intensive outpatient encounters and partial hospitalization for mental illness.  We have the full ability to capture and report on the data described above through internal reports and can also build/alter or create reports that will further satisfy this data for reporting purposes. | Hamilton Center is fully committed to working with the State to fully implement a comprehensive process to track, monitor and report the required follow up after Emergency Department Visits data. We envision some barriers to being able to fully operationalize this requirement due to limitations of EMR integration with Hospitals for those consumers who have utilized the ED for an emergency visit for a mental health illness.  Hamilton Center has purchased the Indiana Health Information Exchange (IHIE) software that will allow integration of ED visit information to be directly uploaded into our current EMR. This software has been purchased and will be integrated within the next 120 days, which will allow Hamilton Center to meet the expectation of this data metric.  Hamilton Center will also enhance care coordination services to include questions regarding recent ED visits to ensure we are capture the most relevant data possible for this metric.  After data is captured within the EMR, reports/dashboards can and will be built to report this data in the appropriate format and to meet the expectation of this data metric.  We can/will be compliant before July 1st, 2024, in meeting this criterion, we will continue to develop a comprehensive plan internally to meet this requirement. |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD) | Percentage of ED visits for consumers 13 years of age and older with a primary diagnosis of alcohol or other drug (AOD) dependence, who had an outpatient visit, an intensive outpatient encounter or a partial hospitalization for AOD. Two rates are reported:  • Percentage of ED visits for which the consumer received follow-up within 30 days of the ED visit  • Percentage of ED visits for which the consumer received follow-up within 7 days of the ED visit | Hamilton Center does not currently capture this data as described or required. Our current EMR is not yet fully integrated or has the ability to capture this data.  Hamilton Center currently is able to collect and report on consumer aged 13 and above, primary diagnosis of alcohol or other drug (AOD) dependence along with identifying and being able to report on outpatient visits, intensive outpatient encounters and partial hospitalization for mental illness.  We have the full ability to capture and report on the data described above through internal reports and can also build/alter or create reports that will further satisfy this data for reporting purposes. | Hamilton Center is fully committed to working with the State to fully implement a comprehensive process to track, monitor and report the required follow up after Emergency Department Visits data. We envision some barriers to being able to fully operationalize this requirement due to limitations of EMR integration with Hospitals for those consumers who have utilized the ED for an emergency visit for AOD.  Hamilton Center has purchased the Indiana Health Information Exchange (IHIE) software that will allow integration of ED visit information to be directly uploaded into our current EMR. This software has been purchased and will be integrated within the next 120 days, which will allow Hamilton Center to meet the expectation of this data metric.  Hamilton Center will also enhance care coordination services to include questions regarding recent ED visits to ensure we are capture the most relevant data possible for this metric.  After data is captured within the EMR, reports/dashboards can and will be built to report this data in the appropriate format and to meet the expectation of this data metric.  We can/will be compliant before July 1st, 2024, in meeting this criterion, we will continue to develop a comprehensive plan internally to meet this requirement. |
| Plan All-Cause Readmissions Rate (PCR-AD) | For consumers aged 18 and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. Data are reported in the following three categories:  • Count of Index Hospital Stays (IHS) (denominator)  • Count of 30-Day Readmissions (numerator)  • Readmission Rate | Hamilton Center currently collects this data and is able to fully report on this data metric as required regarding readmissions to our internal IPU. This data is also reported at our monthly Board of Directors Meeting and shared with our quality and compliance team.  We do not currently collect data related to outside IPU admissions.  We are fully able to capture and report on consumers aged 18 and older and, on all diagnoses, associated with all consumers.  We have the full ability to capture and report on the data described above through internal reports and can also build/alter or create reports that will further satisfy this data for reporting purposes. | Hamilton Center is fully committed to working with the State to fully implement a comprehensive process to track, monitor and report readmissions for consumers aged 18 and older.  We envision some barriers to being able to fully operationalize this requirement due to limitations of EMR integration with Hospitals for those consumers who have a readmission to an IPU outside of Hamilton Center Inc.  Hamilton Center has purchased the Indiana Health Information Exchange (IHIE) software that will allow integration of IPU admission information to be directly uploaded into our current EMR. This software has been purchased and will be integrated within the next 120 days, which will allow Hamilton Center to meet the expectation of this data metric.  Hamilton Center will also enhance care coordination services to include questions regarding recent IPU visits to ensure we are capture the most relevant data regarding readmissions.  After data is captured within the EMR, reports/dashboards can and will be built to report this data in the appropriate format and to meet the expectation of this data metric.  We can/will be compliant before July 1st, 2024, in meeting this criterion, we will continue to develop a comprehensive plan internally to meet this requirement. |
| Antidepressant Medication Management (AMM-BH) | Percentage of consumers aged 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:  • Effective Acute Phase Treatment: Percentage of consumers who remained on an antidepressant medication for at least 84 days (12 weeks)  • Effective Continuation Phase Treatment: Percentage of consumers who remained on an antidepressant medication for at least 180 days (6 months) | Hamilton Center currently is able to capture data related to the required age range (18 and older), anyone diagnosed with major depression along with being able to identify if those individuals were prescribed an antidepressant medication.  We do not currently monitor the length those consumers have remained on that medication treatment period of 84 or 180 days. Since we do not currently collect all of the required data, we do not currently report on it at this time in full. | Hamilton Center is fully committed to working with the State to fully implement a comprehensive program to track, monitor and report this metric.  We see moderate barriers to being able to fully operationalize this requirement due to limitations of integration of prescription software and pharmacy integration into our current EMR that would allow easy reporting of this metric.  We currently have some portion of this data but will need to enhance the current plan for capturing and reporting on this data more comprehensively in the future.  We can/will be compliant before July 1st, 2024, in meeting this criterion, we will continue to develop a comprehensive plan internally to meet this requirement. |
| Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH) | Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:  • Initiation Phase: Percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.  • Continuation and Maintenance (C&M) Phase: Percentage of children ages 6 to 12 as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended | Hamilton Center currently is able to capture some of the required data in this metric that includes, data related to the required age range (6-12), along with being able to identify if those individuals who were prescribed ADHD medication.  We do not currently capture or monitor the ADHD prescriptions dispensed who had one follow up visit with a practitioner with prescribing authority during the initial 30 days phase or those that remained on that medication for at least 120 days.  We are able to capture data related to follow up services to compare to the ADHD medication prescriptions, however, since we do not collect all of the required data, we do not currently report on it at this time in full. | Hamilton Center is fully committed to working with the State to fully implement a comprehensive program to track, monitor and report this metric.  We see moderate barriers to being able to fully operationalize this requirement due to limitations of integration of prescription software and pharmacy integration into our current EMR that would allow easy reporting of this metric.  We currently have some portion of this data but will need to enhance the current plan for capturing and reporting on this data more comprehensively in the future.  We can/will be compliant before July 1st, 2024, in meeting this criterion, we will continue to develop a comprehensive plan internally to meet this requirement. |
| Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) | Percentage of Medicaid beneficiaries ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement year.  This metric includes a Total rate as well as four separate rates representing the following four types of FDA-approved drug products:  • Buprenorphine  • Oral naltrexone  • Long-acting, injectable naltrexone  • Methadone | Hamilton Center currently is able to capture some of the required data in this metric that includes, data related to the required age range (18-64), along with being able to identify if those individuals who were prescribed any of the 4 medications listed in this criterion.  We do not currently capture or monitor the data related to consumers who have filled a prescription during the measurement year. | Hamilton Center is fully committed to working with the State to fully implement a comprehensive program to track, monitor and report this metric.  We see moderate barriers to being able to fully operationalize this requirement due to limitations of integration of prescription software and pharmacy integration into our current EMR that would allow easy reporting of this metric.  We currently have some portion of this data but will need to enhance the current plan for capturing and reporting on this data more comprehensively in the future.  We can/will be compliant before July 1st, 2024, in meeting this criterion, we will continue to develop a comprehensive plan internally to meet this requirement. |

1. SAMHSA is currently changing metric from I-EVAL to I-SERV [↑](#footnote-ref-2)