

**NAMI COMMENTS TO THE NATIONAL COMMITTEE FOR QUALITY
ASSURANCE ON QUALITY MEASURES FOR MEDICAID BENEFICIARIES
WITH SCHIZOPHRENIA**

<http://www.ncqa.org/tabid/1423/Default.aspx>

Schizophrenia Measure Set Overall

The National Alliance on Mental Illness (NAMI) would like to express strong support for the Quality Measures for Medicaid Beneficiaries with Schizophrenia developed by the NCQA. As the nation's largest organization representing people living with serious mental illness and their families, NAMI applauds NCQA for this important effort to move forward with this groundbreaking effort to more effectively assess treatment and outcomes in the Medicaid program. NAMI is especially supportive of the breadth of these proposed measures and the inclusion of key indicators for psychiatric treatment such as treatment adherence, emergency room utilization and post-acute care follow-up services. However, even more important are the diverse measures for medical co-morbidities experienced by Medicaid beneficiaries living with schizophrenia including cardiovascular, diabetes and cervical cancer screening and monitoring.

Implementation of the measures will be critical for the field of publicly funded mental health services. For decades, data, outcome measures and accountability in publicly funded mental health services has lagged far behind other major health care disciplines. In many states, existing data have been non-existent for available services, service needs and positive outcomes. Further, what data has existed is rarely standardized across states or public sector health plans, making comparisons and the identification of useful avenues for improvement extremely difficult. This is especially the case with the Medicaid program where accountability is spread across CMS (a federal agency whose role is limited to retroactively matching state spending), state Medicaid programs and state mental health agencies that oversee local providers.

For years, federal officials, state mental health agencies and community providers have haggled over leadership definitions, and strategies for addressing the data collection and outcome measures, resulting in only limited progress. With these proposed measures, NCQA is moving the field forward aggressively. NAMI looks forward to working with NCQA to ensure that these measures are adopted on a widespread basis across all 50 state Medicaid programs as quickly as possible.

1. Use and Continuity of Antipsychotic Medications

Measure Relevance

NAMI strongly supports the relevance of this measure. Treatment adherence has always been a major challenge in schizophrenia. The currently available medications to treat

schizophrenia each vary significantly in terms of how they address the complex symptoms of the disorder – from the positive symptoms such as delusional thinking, paranoia and auditory hallucinations, to the negative symptoms such as social withdrawal, flat mood and isolation. In addition, each of the currently available compounds has unique side effect profiles that can vary significantly among individual patients. In some instances, the more effective a medication is controlling symptoms and improving functioning, the more likely individual patients are to stop taking their medication. Finally, one of the very symptoms of schizophrenia is a condition known as “anosognosia” or lack of insight into delusional thinking or paranoia. This condition inevitably results in lack of treatment adherence in many consumers.

It is critical that this assessment of treatment adherence be included in these proposed measures.

Measure usefulness for improving quality of care for Medicaid recipients with schizophrenia

In NAMI’s view, both the proposed “use” measure and the “continuity” measure are integral to helping meet the goal of improving quality.

Feasibility of data collection

NAMI strongly supports the proposed 6-step process set forth in the measure for identifying the numerator compliance. NAMI would urge NCQA not to retreat from the 80% minimum standard for the intake period included in the measure.

At the same time, NAMI would urge NCQA to expand the list of compounds included in Table C of the draft measures. It is critical that this list be as inclusive as possible. First, the list should be expanded to include alternative delivery technologies available for existing compounds such as long acting injectible versions of risperdone and paliperidone. For some patients, these alternative delivery technologies offer significant advantages in terms of ongoing adherence. In addition, two new atypical compounds – iloperidone and lurasidone – do not appear in Table C and should be added. Finally, NAMI urges NCQA to put in place a process for ensuring that additional compounds can be added to the list as products are approved by the FDA.

2. Cardiovascular Health and Diabetes Screening

Measure Relevance

NAMI is strongly supportive of both cardiovascular and diabetes screening and monitoring measures. There is a large and growing body of research demonstrating the tragedy of medical co-morbidities and early mortality experienced by people living with schizophrenia. In 2006, the National Association of State Mental Health Program Directors released a series of reports documenting lower life expectancy and premature

mortality for individuals with serious mental illness served in the public sector mental health system.

These reports examined medical histories and post-mortem records and found alarming rates of medical co-morbidities that were directly related to premature death among these individuals: heart disease, pulmonary disorders, diabetes, etc. that were significantly higher than the general population not diagnosed with serious mental illness. In the aggregate, these reports found life expectancy is 25 years lower than the general population. To put this in graphic terms, an American living with schizophrenia has a life expectancy that barely approaches that of an adult in Bangladesh.

To be clear, this amounts to a crisis and national disgrace that BOTH the public health AND public mental health systems must come to grips with. The causes of these higher rates of medical co-morbidities among non-elderly adults with serious mental illness are varied and complicated. Significantly higher rates of tobacco consumption are documented in this population. Likewise, incidence of co-occurring substance abuse are not uncommon among adults with serious mental illness. There is emerging evidence that poor diet and sedentary lifestyle are also major contributors among those individuals living on disability benefits (SSI and SSDI) that for many amount to a sub-poverty monthly income. For many individuals living with mental illness the side effects associated with the psychotropic medications essential for their treatment, maintenance of functioning and prevention of acute symptoms can contribute to (or exacerbate) medical conditions.

However, from NAMI's perspective, the single most troublesome and dominant factor in this difficult puzzle is the abysmal access to primary and specialty medical care – BOTH for ongoing care for a chronic medical condition AND accurate diagnosis and appropriate intervention even for an acute medical condition. Thus, these critical measures for cardiovascular disease and diabetes screening and monitoring are a critical step forward.

Measure usefulness for improving quality of care for Medicaid recipients with schizophrenia

These measures for cardiovascular disease and diabetes screening and monitoring are central to improving quality of care for Medicaid beneficiaries living with schizophrenia. In NAMI's view these are basic measures that should be central to any core assessment of quality care, health and wellness. These measures should also be very helpful in assisting health plans to prevent costly acute episodes of both cardiovascular disease and diabetes.

Feasibility of data collection

In NAMI's view, both of these measures screening and monitoring involve delivery of widely available encounter data that can be gathered and aggregating at minimal cost. NAMI would also observe that these measures are routinely collected as part of long

standing measures for basic medical care in both the commercial and public sector health plan markets.

3. Cardiovascular Health and Diabetes Monitoring

Measure Relevance

As noted above, NAMI strongly support this proposed measure for cardiovascular health and diabetes monitoring.

Measure usefulness for improving quality of care for Medicaid recipients with schizophrenia

Feasibility of data collection

4. Follow-Up After Hospitalization for Schizophrenia

Measure Relevance

NAMI strongly supports inclusion of this measure. Meaningful and timely follow-up care after inpatient care has long been difficult in the treatment of schizophrenia. Despite requirements placed on inpatient settings through accreditation bodies such as JCAHO and CARF with respect to discharge planning, follow-up care often lacks coordination and accountability. Too often, there is little an inpatient provider can do to hold a community-based provider or individual clinician accountable for rendering care or treatment included in a discharge plan. This measure is a tremendous step forward in allowing a Medicaid health plan to hold a range of providers accountable for follow-up care.

Measure usefulness for improving quality of care for Medicaid recipients with schizophrenia

This measure will be extremely useful in assessing post-inpatient follow-up care for the BOTH psychiatric and medical treatment.

Feasibility of data collection

This measure is extremely useful for assessing post-acute care. NAMI would note that the 7 day and 30 day intervals for follow-up care after an inpatient stay are standard measures that hospitals and data systems routinely use now. Thus, it should be relatively easy and efficient for Medicaid health plans to acquire such data from providers. Collection of this data will also allow for comparisons and greater accountability in assessing how follow-up care for schizophrenia looks when weighed against follow-up care for other medical conditions.

NAMI would also note that this draft measure contains no allowance for a gap in Medicaid health plan enrollment, as there are for the other measures. NAMI recommends that NCQA retain this provision. Finally, NAMI would also urge NCQA to retain to the breadth of this measure as encompassing both inpatient psychiatric care, as well as inpatient medical care for plan enrollees with schizophrenia.

5. Emergency Department Utilization

Measure Relevance

This measure is extremely important for assessing treatment of schizophrenia. In most communities, hospital emergency departments have become the frontline for interfacing with untreated mental illness and the principal intervention for acute psychosis. Inclusion of this measure is integral to any assessment of acute care. Emergency departments are the main portal to an inpatient psychiatric bed.

Measure usefulness for improving quality of care for Medicaid recipients with schizophrenia

This measure will be extremely important in assisting health plans in assessing the performance of community-based providers in serving plan enrollees with schizophrenia. It is also important that measure not be diluted by removal diagnostic codes unrelated to acute psychosis. In many cases, individuals with schizophrenia present in hospital emergency rooms with a broad range of medical conditions that are directly related to an acute psychiatric episode – i.e., injury sustained as part of a suicide attempt or injury related to co-occurring substance abuse.

Feasibility of data collection

In NAMI's view, utilization of emergency rooms should be relatively easy for Medicaid health plans to collect and aggregate.

6. Cervical Cancer Screening for Women with Schizophrenia

Measure Relevance

NAMI applauds inclusion of this measure. As with the measures for cardiovascular disease and diabetes mentioned above, the current state of basic health and wellness screening such as that for cervical cancer for women living with schizophrenia is abysmal.

Measure usefulness for improving quality of care for Medicaid recipients with schizophrenia

In NAMI's view, NCQA should move forward on this measure. It will be important given its relevance to any reasonable assessment, and could serve as an accurate and

reliable proxy, for assessing how a Medicaid health plan is doing in meeting the basic health care needs of female enrollees with schizophrenia.

Feasibility of data collection

NAMI would offer caution to NCQA in moving forward on this measure with respect to women living with schizophrenia that have a history of sexual trauma, or for those that experience symptoms of paranoia as part of schizophrenia. It will be incumbent on Medicaid health plans complying with these measures to sensitive to the unique needs of these patients with respect to a procedure such as cervical cancer screening. NAMI recommends that these plans undertake careful beneficiary education about the procedure, its risks and its effectiveness as an evidence prevention and early intervention service.

Inclusion of Bipolar Disorder in the Denominator

NAMI strongly endorses extension of these measures to bipolar disorder in the denominator. As with schizophrenia, bipolar disorder is a complex mental disorder with multiple phases and a diverse pathology of symptoms – mania, extreme mood swings, depression, anxiety, mixed state and, in some instances, psychotic features. Treatment for bipolar disorder is often complex and can involve prescribing of multiple compounds. As with schizophrenia, treatment adherence is often challenging for many individuals living with bipolar disorder. In fact, a number of the existing atypical antipsychotic compounds listed in the draft adherence measure are approved by the FDA for treatment of bipolar disorder (e.g., mood stabilizing agents).

Likewise, persons with bipolar disorder experience many of the complex medical co-morbidities (including cardiovascular disease, diabetes and cervical cancer) of individuals living with schizophrenia. In addition, they have nearly identical needs with respect to follow-up care after a hospital admission. Finally, they also utilize emergency rooms for a diverse array of needs that often associated with failure to access treatment.

For these reasons, NAMI urges that NCQA extend all 6 measures for schizophrenia to bipolar disorder.