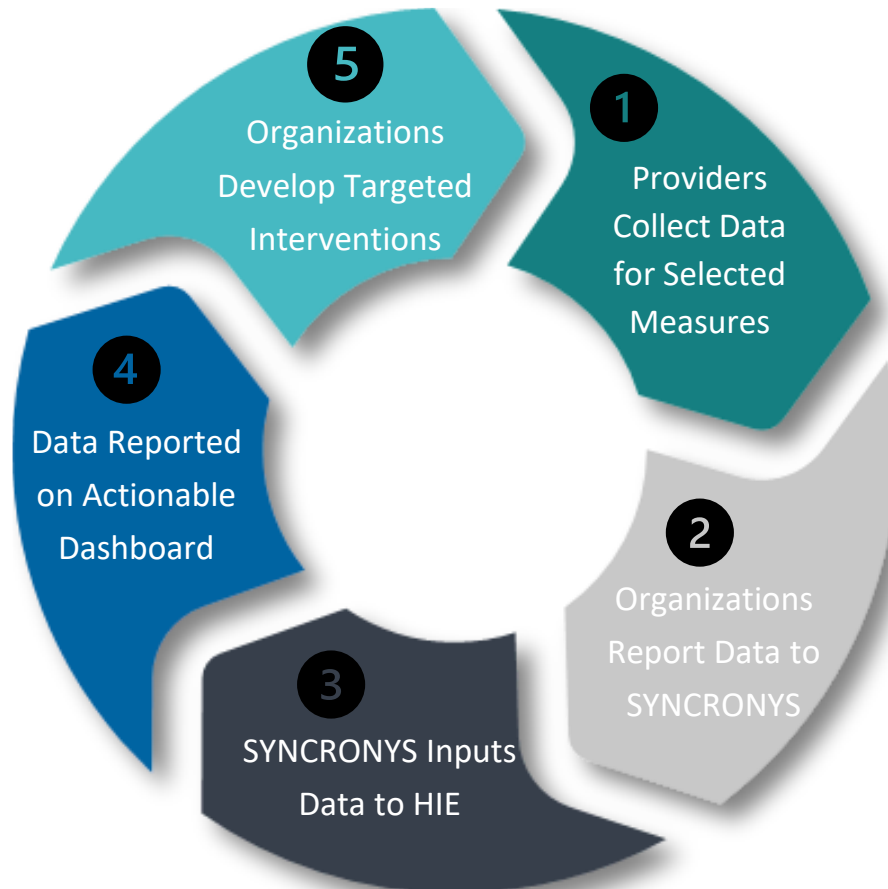


Data Collection, Reporting Platform, and Practice Transformation

July 1st, 2023-June 30th



Data Collection and Reporting

Provider organizations collect data on the 10 selected measures throughout the month. Provider organizations report the data within first 5 business days of the month using CSV template.



SYNCRONYS HIE and Actionable Dashboard

SYNCRONYS uploads the data to the HIE which is then uploaded in a monthly dashboard refresh. Providers have access to the measure outcomes and population risk management.



Practice Transformation

Based on the outcomes in the dashboard, providers can make targeted interventions to improve patient outcomes.

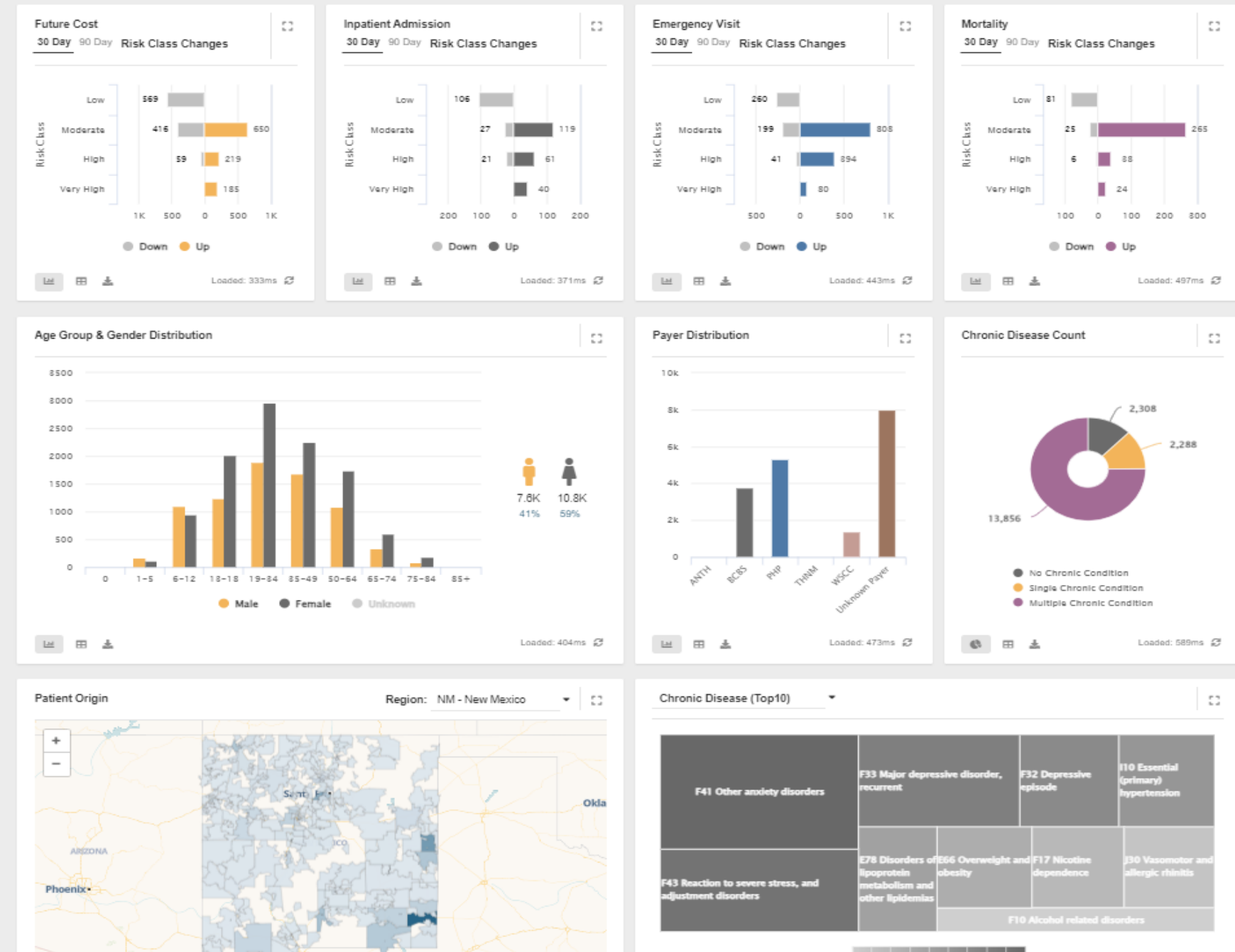
Implementation: Data Collection, Provider Supports and Data Monitoring

Assist pilot organizations in achieving compliance with technical specifications and offer corrective support

- Monthly office hours for structured, learning collaborative style setting for problem solving and discussing best practices
- Monthly Leadership Team Meeting
- Individualized technical assistance sessions with pilot organizations for troubleshooting individual issues

Refine quality measures based on data collection & limitations, input from NMBHPA, pilot organizations, and other stakeholders

Refine baseline performance and benchmarks for use in measuring the progress and success of the payment reform initiative



Data Monitoring: Population Risk Management

Dashboard Snapshot

Sample Data Report Outs

First Year Progress for New Mexico Behavioral Health Providers Association (NMBHPA), July 2023-June 2024

| | | | | | | | | | | | | | Trend | Measure Desired Direction | % Change 6-month Baseline to 12 Months | Movement Level from Baseline | Calculation Output |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|---------------------------|--|------------------------------|--------------------|
| Mandatory Measures | | | | | | | | | | | | | | | | | |
| | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | | | | | |
| 1 PHQ-9 Screening | 0.0 | 0.0 | 0.0 | 1.2 | 1.3 | 4.0 | 7.7 | 10.4 | 13.0 | 18.8 | 19.2 | 20.6 | | Up | 416.2 | | % |
| 2 Social Needs Assessment | 3.7 | 6.1 | 7.6 | 9.6 | 10.9 | 10.2 | 17.6 | 17.8 | 18.6 | 20.6 | 20.9 | 21.0 | | Up | 105.2 | | % |
| 3 Time of Initial Contact to First Billable Service | 39.8 | 17.0 | 12.6 | 8.8 | 7.0 | 6.6 | 6.6 | 5.8 | 5.4 | 5.1 | 5.1 | 5.7 | | Down | -14.2 | | Average Days |
| 4 All-Cause Readmissions | 7.6 | 12.4 | 13.4 | 13.9 | 11.7 | 13.9 | 13.3 | 12.6 | 13.0 | 12.5 | 12.3 | 12.2 | | Down | -12.2 | | % |
| 5 Patient Experience of Care | 0.0 | 1.0 | 1.9 | 2.1 | 3.9 | 3.9 | 4.1 | 4.1 | 4.2 | 4.4 | 4.3 | 4.2 | | Up | 6.8 | | % |
| 6 Regular Engagement of Care-Member Month | 80.5 | 75.9 | 72.1 | 64.3 | 55.5 | 56.6 | 56.5 | 55.8 | 54.5 | 53.5 | 52.1 | 50.4 | | Up | -11.0 | | % |

Source: Behavioral Health Organizations' Patient Health Records, SYNCRONYS Health Information Exchange (HIE), New Mexico Behavioral Health Quality Metrics Project.

Legend:

- Little or no detectable change
- Improved
- Got worse

Based on +/- 10%

Practice Transformation Opportunities from Data Monitoring



Informs the behavioral health payment reform model

Baseline generation, performance rate stabilization, baseline confirmation, benchmarking, and target setting to develop and adjust the APM design



Understand the organization's patient population



Allows insight into specific behavioral health measures

Data from measurement-based care can be used to improve patient outcomes, access to care, and faster treatment times



Used for diagnostic accuracy, care coordination, and stronger communication between clients and clinicians



Improve treatment protocol based on results



Implement improved clinical workflows

Payment Reform Updates

- Program implementation will be on July 1, 2026, leaving a sufficient runway for further development, refinement and socialization of the draft model
- A Behavioral Health (BH) Primary *workgroup* will be responsible for the creation and finalization the definition of BH Primary
- The NMBHPA project team will work with HCA and the state actuary to determine the funding amount of the Quality Pool
- Provider socialization of the Payment Reform model will be developed and will be as inclusive as possible

Benefits to New Mexico Behavioral Health

Provider Benefits

- Unique opportunity to contribute to developing meaningful *behavioral health* metrics (not adapted physical health measures)
- Opportunity to be meaningfully incentivized for quality, health equity, improved client experience, and improved outcomes

Patient Benefits

- Thoughtfully designed measures can improve diagnostic accuracy, create stronger communication between clients and clinicians, and help clients maintain positive effects of treatment for longer periods
- Value-based care allows providers to spend more time focusing on clients' unique needs

State/System Benefits

- Learning, supporting, guiding, and promulgating meaningful systems change for behavioral health providers and clients, including meaningful measures, provider readiness supports, infrastructure, and data capture and analysis
- The system benefits from quantifying the quintuple aim, which supports better outcomes, improved patient experience, lower costs, clinician well-being, and health equity