November 7, 2013

Sepheen C. Byron, MHS
Director, Performance Measurement
National Committee for Quality Assurance
1100 13th Street, NW
Suite 1000
Washington, DC 20005

Re: Addition of telephone encounters by mental health providers to the HEDIS measurement criteria

Dear Ms. Byron:

On behalf of the Alliance of Community Health Plans (ACHP), I am writing to convey a recommendation developed by the behavioral health directors of our member plans. We request that NCQA add telephone encounters by mental health providers to the criteria for three HEDIS measures: Follow-Up after Hospitalization for Mental Illness (FUH), Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) and Follow-Up Care for Children Prescribed ADHD Medication (ADD).

ACHP is a national leadership organization that brings together innovative health plans and provider groups that are among America's best at delivering affordable, high-quality coverage and care in their communities. Member plans provide coverage for Medicare and Medicaid beneficiaries, private individuals and employer groups, and federal, state, and local public employees. The community-based and regional health plans and provider organizations that belong to ACHP improve the health of the communities they serve and are on the leading edge of patient care coordination, patient-centered medical homes, accountable health care delivery, information technology use, and other innovations to improve affordability and the quality of care that patients receive.

Representing community-based and regional health issuers and provider organizations that collectively provide health care and coverage for more than 16 million Americans, ACHP remains fully committed to improving the health and healthcare experience of each patient.

ACHP member plans are equally committed to NCQA's HEDIS measurement criteria and to NCQA's efforts to support our plan's ability to insure providers are delivering quality care. Though face-to-face delivery of care and services is the ideal and often the preferred method, there is a growing body of evidence that indicates telephonic delivery may be equally effective. As noted by NCQA in their summary of the Initiation and Engagement of Alcohol and Other Drug Treatment (IET), the barriers to initiating treatment include social stigma, denial and lack of immediately available treatment services (HEDIS 2013, Volume 1, p. 67).

With an interest in improving the health of our members as well as rates of initiation and engagement of mental health treatment ACHP would like to suggest NCQA consider modifying the criteria for three HEDIS measures:

- Follow-Up after Hospitalization for Mental Illness (FUH)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment(IET) and
- Follow-Up Care for Children Prescribed ADHD Medication (ADD)

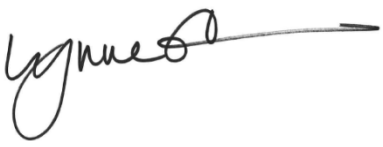
ACHP encourages NCQA to consider the potential benefits of adding telephonic contact to the criteria for the FUH, IET and ADD measures including the following CPT codes: 99441, 99442, 99443, 98966, 98967 and 98968. There are many challenges to health plan members being seen face-to-face in a timely manner. These challenges range from transportation and travel distance to concerns about stigma and being seen entering a provider's office that might be located in a public area with high visibility. ACHP fully endorses the intent of the FUH, IET and ADD measures to have members seen within a short period of time from diagnosis or identification. Telephonic contact would be helpful at increasing the success rate of that first contact as well as the likelihood of engaging members and preventing relapse or readmission. Studies indicate that telephonic outreach may be helpful in engaging members; the efficacy of telephonic outreach associated with the medical home model in treatment of chronic medical illness may be an indicator of potential for similar success with mental health diagnoses.

ACHP offer the following studies for consideration of the potential benefits of adding telephone contact to the HEDIS measures noted above:

1. "Efficacy of Nurse Telehealth Care and Peer Support in Augmenting Treatment of Depression in Primary Care", ARCH FAM MED/ Vol. 9, August 2000 p. 700-708
2. "The Telephone as a New Weapon in the Battle Against Depression" by Allen Dietrich published in Eff Clin Pract 2000;4: 191-193
3. "The Effect of Telephone-Administered Psychotherapy On Symptoms of Depression and Attrition: A Meta-Analysis", Clin Psychol (New York). 2008; 15(3): 243-253

In addition ACHP member plans would like to join with NCQA in exploring the full range of telehealth services in mental health treatment including use of telephone, video and/or web-based services. As our population becomes more tech savvy and willing to engage electronically, this is seen as another potential means for extending care to a segment of the population that may not engage in face-to-face contact initially.

Sincerely,



Lynne Cuppernull
Director of Clinical Learning and Innovation
Alliance of Community Health Plans