

## Demonstrating Integration through Quality Measures

by John Nash

Over the many years that I have attended conferences and seminars on a wide range of subjects, I have become somewhat discriminating in the sessions I attend; how I categorize the sessions I attend; and what kinds of take-aways I look for in those sessions. For me, seminars and conference sessions generally fall into four categories: 1) Applications/Technique, 2) Regulatory Instructions or Warnings, 3) Procedurals or “How We Did It,” and 4) Conceptual or “Solve-the-Problem.” As I choose and attend conference sessions, I am not only looking for good content, but for applicable content. More specifically, as I attend sessions, I look for information that has immediate application for either myself personally, or for my organization. I have often attended sessions that while entertaining and included interesting information, it was not immediately applicable. Hence it was quickly forgotten and easily buried amidst the stacks of day-to-day business. I may rediscover that information at some point, but the pragmatist in me says not to count on it. Thus I have become much more judicious in choosing sessions to attend.

With that approach in mind, I attended the session on ***Demonstrating Integration Through Quality Measures***. The first half, presented by Deb Carbone and Karen Kern from Sandhills Center was of the “How-We-Did-It” nature. It was a review on how they are working on creating data points from clinical activities and turning the data into quality indicators. The intent was to integrate the analytics from the data from clinical activities to advise and direct clinical practice. The goal being to create a greater resource of information for providers to utilize. This provides the opportunity to develop clinical oversight with data management supporting that oversight. The need for data to drive quality of care is well documented as a key to success in Medicaid Transformation.

The second half of the session was presented by Suki Norris of The Echo Group and was a “Solve-the-Problem” type of presentation. In engaging the discussion, she raised interesting questions about how Person Centered Care is at the core of what we should be doing, but that CMS endorses measures of care that are more about process than people. In citing her concerns about the lack of person-centeredness and the need to give the individual a voice she shared that the CMS endorsed 653 measures for evaluating health, of which 55 are identified for behavioral health. Of the 55, nine could be classified as “outcomes,” 15 are related to substance use disorders, and zero are tied to social determinates of health. Her final thesis was that this approach to quality measures emphasizes the medical model of treatment and that although the medical model has a place in treating physical health, it has no efficacy and no place in addressing individuals with behavioral health needs.

Overall, the session highlighted the importance of data. This was evidenced in how Sandhills Center has begun to utilize data points collected from clinical practices to establish quality measures, and in how without great care, person-centeredness is too easily subordinated by the process of data collection.

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