Baselines and Benchmark

About this Tool

This baseline tool provides practical guidance to NMBHPA providers on measure performance monitoring, evaluation, and examples of baseline and benchmark setting methods. The supplementary excel document *Benchmark Setting Tool* was designed to assist organizations in initiating the process of establishing their benchmarks. The tool illustrates and provides detailed instructions how to: a) track progress on measure rates over time using the Rate Progress, and b) set benchmarks for improvement using the Benchmark Calculator.

Introduction

To determine the direction of an organization's quality measurement program, it is necessary to first evaluate past performance. Establishing baselines and setting ambitious yet attainable benchmarks are critical for effectively managing and enhancing both organizational and clinical patient outcomes.

What are Baselines and Benchmarks?

- **Baseline**: Value of a performance indicator before project implementation or activities.
- **Benchmark**: Planned level of result to be achieved within a timeframe.

Each measure should be assessed against its benchmark to determine how much progress has been made from the baseline towards the benchmark.

Commented [PS1]: Looks good so far.

Commented [KD2]: General feedback on document is that it contains much valuable information that is detailed and clear. The structure can be changed to make even more clear and I would appreciate more clear connections to benchmarking quality improvement and CCBHC measures.

Commented [DC3R2]: Yes, that makes sense. Thanks! I will have more details on what to include and how to tie it all together after I finish up the excel benchmarking tool.

Commented [KD4R2]: Looks good to me too!

Baselines

Why are Baselines Important?

- Serves as a point of reference to determine progress in achieving desired outcomes.
- Track progress and identify the extent to which change has happened. Example, monthly rates can be plotted with the baseline as the starting point, showing the trajectory of improvement.
- Inform benchmarks development to set realistic expectations.
- Accountability and anchor point with create *a before-and-after* score board.
- Inform future planning of new or revised interventions at organizational and patient levels.

Establishing Baseline

Commented [GL5]: This is great Dorota. I like how you broke out potential baselines.

1. Baseline is Established

- Use consistent data sources and methods.
  For example, monthly rate during the 6-month mark into the first year of the project, i.e. % of hospital readmissions in December 2024 (assuming Fiscal Year started in July 2024).

  If baseline data exist prior to the start of a project or activity, additional data collected over the life of the project must be collected in a consistent way in order to allow for comparisons.

2. Baselines Must be Collected

- Collect primary data if none exists.

If organization has not submitted data in the past for certain measures and the organization is now interested in starting a quality measure initiative that would tie to specific measure reported for NMBHPA project, the organization should use the csv template, data dictionary, and the measure portfolio as a starting point for data collection.

3. Baseline is Zero

- Used when starting from scratch (e.g., number patients who died by suicide = 0).

For some measures, baselines might be zero. For example, if the organization selected a new initiative focusing around collecting new data with patient experience using the *Net Promoter Score* measure. If the organization chose to monitor the monthly score performance as part of the new initiative to be *the number of patients who rated their service as positive* (NPS between 9-10), the baseline for this measure might be zero if there were no patients who rated the experience as positive (9-10 score) at 6-month baseline, or if there are not enough data collected to set reliable baseline.

Benchmarks

Why are Benchmarks Important?

- Justify the importance and investments made for quality measurement programs.
- Establish clear expectations for staff, partners, and patient population health.
- Monitor the progress on planned performance intervals.
- Promote transparency and accountability whether results have been achieved or not.

Types of Benchmarks

Interim and Final Benchmarks

- *Interim benchmarks*: Milestones between baseline and final benchmark in case where change is anticipated and data can be collected.
- *Final benchmarks:* End of project or year. This can be set to one to five years away.

Quantitative and Qualitative Benchmarks

- *Quantitative:* Numerical (for example, all cause-readmission rate).
- *Qualitative*: Descriptive, often converted to scores or indexes (for example, 0 points= does not offer services for language assistance, 1 point=offers foreign language translation assistance, 1 point= offers American Sign Language (ASL) interpretation)

Baseline and benchmarks quantitative and qualitative data must be collected using the same instrument so that change can be captured and progress towards results measured accurately.

Expressing Benchmarks

Benchmarks can be expressed differently to monitor change:

Examples include:

- Absolute achievement:
    - 44.6% of patients aged 6 years and older had a follow-up visit within 7 days after hospital discharge for mental illness by the end of the project year (FUH measure).
- Change in achievement:
    - The rate of patients aged 6 years and older who had a follow-up visit within 7 days after hospital discharge for mental illness decreased by 11.9% from June 2024 compared June 2025, or
    - The rate of patients aged 6 years and older had a follow-up visit within 7 days after hospital discharge for mental illness decreased by 5.3 percentage points from June 2024 (44.6%) compared June 2025 (39.3%).
- Change in relation to scale of established benchmark :

Commented [GL6]: Does this one need to be tied to a preset goal? So maybe adding that the provider had set 45% as their goal? Or the state or a payor set a 45% goal?

Commented [DC7R6]: I like that idea. I will make the update.

Commented [GL8]: I think this language is a little confusing. Maybe it is standard benchmark term?

Am I right in understanding that here the scale is the degree of screening? So maybe you say, in first year of implementing screening, 35.4 of all attributed patients had at least one PHQ-9 screening? Something to indicate you are monitoring the degree of uptake?

Commented [DC9R8]: Now going back to it after a while, and re-reading it, I agree. I will rework this and thanks for providing suggestions. And yes, you understood my thinking here

- In the first year of PHQ-9 implementation, out of the 1,260 attributed patients, 18.7% had at least one PHQ-9 screening completed by the end of the project year.

- Describing output based on new projects:
    - The Net Promoter Score (NPS) survey was distributed to 254 patients by the end of year one.
- Quality of results:
    - At the beginning of the first year of NPS implementation, the average service score (for example, based on 9-point scale) increased from 75.0 to 79.8 at the end of year one.

Commented [GL10]: Could we use Net Promoter scale here to keep some similar examples going? In first year, Net Promoter average score moved from X to X?

Stratifying Benchmarks

Benchmark can be further stratified by:

- Time frequency (monthly, quarterly, annual)
- Geography (organization specific, state, national)
- Demographic levels (age groups, gender)
- Other groups (employment status, etc.)

Example: Rates for Follow-up After Hospitalization for Mental Illness (FUH) within 7 days after discharge for three age stratifications and total rates: 6-17 years; 18-64 years; 65 years and older, total.

Establishing Benchmark

Benchmark should be realistic, considering program resources, the implementation schedule and the development assumption outlined in the results framework.

- Program Resources: the fluctuation in planned program staff, funding, organizational reporting capacity, technology, and other contributing inputs.
- Results Framework: outline benchmarks are easier to achieve when the measures selected are within the organization's interest and leadership commitment.
- Clinical Interventions: outline specific clinical interventions such as evidence-based practices, revised protocols, and team-based approaches—that will facilitate the targeted changes and advance progress toward achieving benchmark objectives.

Commented [GL11]: Is there also a piece here of understanding and being crisp about the clinical intervention that will drive performance? I feel like providers sometimes have benchmarks but they don't articulate what will change them? A best practice or a new intervention (e.g., case management tracking post discharge for FUH)?

Commented [DC12R11]: So maybe adding one more bullet for next step being the clinical intervention? What do you think would best go here?

Commented [GL13R11]: That makes sense and then you could say after : Clarity of specific clinical interventions (e.g., Evidence based practice, revised process, team based approach, etc.) that will drive the desired change(s) and support achievement of benchmark goals? Something to that effect?

Key Benchmark Considerations:

1. Historical trends: it's important to understand the historical rate trends. For example, what changes have been evident in the past six months or a year/s on the measure rate? Does the dashboard indicate an upward or downward trend for this month in comparison to the same month last year?
2. Expert judgments: seek additional input for what is feasible with respect to specific measures, organization type, unique patient population the organization is serving, or geographic location.

3. Research findings and similar programs: similar reviews of state or national trend may help to set realistic benchmarks. Comparing an organization's data to that of other organizations participating in the measurement can assist in establishing benchmarks using project-specific data.
4. Organizational and partner expectations: when establishing benchmarks, it is useful to consider both the organization's goals and input from partners to ensure alignment with expectations and potential advantages gained from tracking specific measures. Soliciting formal feedback such as partner interviews or robust discussions during board meetings may help to set meaningful benchmarks for all parties involved centered around the patients served.

Approaches for Benchmark Setting

The technical aspect of setting benchmarks often depends on available data, methodologies, programmatic activities, and seasonality.

- Project future trends: of the measure rates and the 'value added' from the NMBHPA activities along the next step for the data applicability i.e., value-based payments.
- Annual performance planning focuses on setting achievable goals for the year rather than establishing benchmarks for future years. The annual benchmark should account for the timing of seasonal trends, such as increased patient volume in behavioral health concerns around holiday season, and consider how these factors impact workflow, monthly rates, and the overall annual benchmark.
- Final benchmark planning with interim targets refers to determining the final year of a benchmark, such as a three-year benchmark, and establishing interim quarterly or annual targets. These interim targets will serve as steps towards achieving the final benchmark measurement.

Both final benchmarks and interim targets should be based on careful analysis of what is realistic to achieve given the implementation stage, resources and technical constraints the organization is facing.

Commented [GL14]: Shift to a BH example such as increased patient volume during or after holidays ?

Benchmark Setting Tool

The Benchmarking Setting Excel tool functions as an initial resource, offering the following sections:

- Tab 1: Background and Overview
  - Brief into about this tool
  - Overview and brief instructions
  - References
  - Disclaimer
- Tab 2: Rate Progress
  - Data by measure by month from Year 1 and Year 2
  - Percentage change from 6-month baseline to end of year reporting
  - Instructions on how to use the tool
  - Methods of how this tool was developed

- Tab 3: Benchmark Calculator
    - User Notes
    - Methods

Document and File

Measure data are stored in the Syncronys environment on the NMBHPA Quality Measures dashboard. The baseline and benchmark setting document should clearly state the methodology and rationale for selecting values assigned to each measure. Methodology documentation and data files will function as key resources to support future planning initiatives, facilitate new funding opportunities, and monitor progress in the organization's quality measurement programs.