

# NMBHPA Metrics that Matter



## Introduction

In 2022, the New Mexico Behavioral Health Providers Association (NMBHPA) leaders identified a set of process and outcome, uniform behavioral health (BH) metrics to inform quality improvement. This measurement framework lays the foundation for behavioral health providers to be meaningfully incentivized for demonstrating quality and value.

Currently, 16 participating behavioral health organizations submit monthly data to the state’s HIE to populate a metrics dashboard featuring risk stratification and predictive analytics. Participating organizations meet regularly for technical assistance, office hours, and leadership sessions to monitor performance, share best practices, and drive improvements.

### About Participating Organizations

- Project includes community-based organizations in urban, rural, and frontier communities.
- 6 of the 7 NM CCBHC organizations are part of the Metrics that Matter project.
- 7 of the 16 organizations are 42 CFR Part 2 organizations—only a minimal number of states’ HIE are collecting these data.

See page 2 for more information on project benefits and goals.

## How Does "Metrics That Matter" Differ from Traditional Approaches?

In the standard model, data flows mainly for billing and administrative reporting. In *Metrics That Matter*, the same type of data is structured and submitted in a way that allows actionable insights—dashboards that use predictive analytics for future risk, track outcomes, and support statewide focus on improvements in care delivery. This structure and model of care turns routine documentation into a tool for clinical decision-making and policy planning.

### Standard Approach

### Metrics that Matter

Rely on physical health-derived metrics and standardized measures such as HEDIS. These are often claims-based, physical health focused and not tailored to behavioral health realities.



Uses provider-driven, clinically relevant measures that providers believe can have a meaningful impact. These are mostly derived from real-time EMR data and support clinical decision-making.

Data is collected primarily for billing and administrative reporting.



Data is structured for actionable insights via quality measures dashboards and predictive analytics.

Focused on compliance and reporting.



Supports structured activities like technical assistance, collaborative learning, and practice transformation to drive continuous improvement.

Often, it lacks interoperability and long-term planning.



Invests in interoperability with SYNCRONYS HIE, prepares providers for federal EHR requirements, and lays groundwork for value-based care models.

Over **1.3 million New Mexicans** live in designated Mental Health Professional Shortage Areas,<sup>i</sup> with only **19% of mental health needs being met.**<sup>ii</sup> In 2023, New Mexico had the 5<sup>th</sup> highest suicide rate in the U.S., at 22.8 per 100,000—60% above the national average.<sup>iii</sup>



MTM program uses both measurement-informed and measurement-based care to screen for and monitor depression and suicide outcomes across the system. By implementing evidence-based practices and using real-time data from EHRs, the project helps identify care gaps, streamline workflows, and guide targeted interventions. Collaborative peer learning and shared strategies support more efficient service delivery, especially in resource-limited settings—ultimately improving outcomes and building a foundation for long-term practice transformation.

# Program Benefits & Alignment

## Organizational and Provider:

Established a foundational framework for behavioral health providers to measure, monitor, and improve quality through data-informed practice improvements. Designed to be flexible and inclusive to support non-traditional service models and foster a culture of continuous quality improvement across diverse providers and patient settings.

## Patient:

Improves patient experiences, strengthens communication between provider and patient, and increases access to care. Supports improved clinical outcomes through more consistent use of screening tools, assessments, evidence-based practices, and follow-up protocols.

## System/State:

Established a standardized, provider-driven framework for behavioral health measurement and reporting. Provides statewide data infrastructure to support outcome tracking, risk stratification, and predictive analytics. These capabilities empower providers to develop targeted interventions, inform system-level planning, and help reduce disparities in behavioral health outcomes across New Mexico communities.

## Programmatic Goals

1. **Advance practice transformation** by supporting organizations in using data to improve performance on selected BH quality measures
2. **Strengthen care delivery** by promoting health equity, enhancing outcomes, and improving patient experience through targeted quality improvement strategies.
3. **Promote the use of evidence-based and community-informed practices** to address population needs and regional variation in behavioral health care.
4. **Strengthen data infrastructure and reporting capacity** by building sustainable systems for collecting, analyzing, and reporting quality data, enabling providers to track progress, identify gaps in patient care, and inform decision-making.
5. **Promote statewide alignment and shared learning** by fostering collaboration among providers, sharing best practices, and alignment on statewide priorities.

# Program Impact, Lessons Learned, and Insights

## Program Impact

- Elevated use of data for clinical decision-making.
- Adoption of validated screening tools (e.g., PHQ-9) for patient care and provider evaluation.
- Enhanced care coordination and outcome tracking via health information exchange.
- Operational efficiencies: streamlined documentation and standardized intake.
- Positioned organizations for value-based contracting and risk-sharing.
- Participating organizations believe EHR data offers clearer insights for state-level decisions than claims data.

## Lessons Learned

- Multiple organizations must manually extract and submit data due to limited EHR interoperability which is time consuming and resource intensive.
- Provider organizations vary significantly in their readiness and capacity for quality improvement.

## Organizational and Provider Insights

- “Metrics That Matter has served as a critical steppingstone in our journey to becoming a CCBHC.”
- “The project shifted the organization from compliance-based reporting to actively tracking quality measures that drive clinical process improvements.”[Participating FQHC].



## Other Program Information

**Funded by (Years 1-3):** New Mexico Health Care Authority (HCA) Behavioral Health Services Division (BHSD)

**Led by:** New Mexico Behavioral Health Provider Association

**Supported by:** Health Management Associates, SYNCRONYS, HBI Solutions, New Mexico Behavioral Health Services Division

### Other state and national alignments:

- Supported CCBHC implementation for newly certified providers.
- Aligns with SB3 Behavioral Health Reform and Investment Act.
- Positions NM as a national leader in BH measurement and outcome improvements.

# The Program Quality Measures

Type	#	Measure	Children/ Adults	Adolescents/ Adults	Adults Only
<b>MANDATORY</b>  <i>Orgs report all</i>	1	Measurement Based Care: PHQ-9 Screening (APA)		X	
	2	Social Needs Assessment (Org-specific)	X		
	3	Patient Experience of Care (SAMHSA)	X		
	4	Regular Engagement of Care (Org-specific)	X		
	5	Time from Initial Contact to First Billable Service (SAMHSA)	X		
	6	All-Cause Readmissions (NCQA)			X
<b>ACCESS</b>  <i>Orgs report all</i>	1	Follow-up After Emergency Department Visit for Mental Illness (FUM)	X		
	2	Follow-up After Emergency Department Visit for Substance Use (FUA)	X		
	3	Follow-up After Hospitalization for Mental Illness (FUH)	X		
<b>PROCESS</b>  <i>Orgs choose two</i>	1	Measurement Based Care: GAD-7 (Org-specific)		X	
	2	Improving Language Access (Org-specific)	X		
	3	Measure of Financial Burden to Patient (Org-specific)	X		
	4	Functional Assessment Score Change: Vineland Behavior Scale (ICHOM)	X		
	5	Net Promoter Score (Brain & Co)	X		
<b>OUTCOME</b>  <i>Orgs choose two</i>	1	Depression Remission (MNCM)		X	
	2	Successful Discharges (Org-specific)	X		
	3	Emergency Department Utilization (Org-specific)	X		
	4	Deaths by Suicide (SAMHSA)	X		

<sup>i</sup> As of March 31, 2025.

<sup>ii</sup> Health Resources and Services Administration (HRSA). Designated HPSA Quarterly Summary: As of March 31, 2025. Bureau of Health Workforce. Available at: <https://data.hrsa.gov>.

<sup>iii</sup> Centers for Disease Control and Prevention. Suicide Rates by State. March 26, 2025. Available at: <https://www.cdc.gov/suicide/facts/rates-by-state.html>.