**National Quality Forum—Evidence (subcriterion 1a)**

**Measure Number** (*if previously endorsed*)**: 2599 (New Measure)**

**Measure Title: Alcohol Use Screening and Follow-up for People with Serious Mental Illness**

**IF the measure is a component in a composite performance measure, provide the title of the Composite Measure here:** Click here to enter composite measure #/ title

**Date of Submission**: **7/25/2014**

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| **Instructions**  *For composite performance measures:*  *A separate evidence form is required for each component measure unless several components were studied together.*  *If a component measure is submitted as an individual performance measure, attach the evidence form to the individual measure submission.*   * Respond to all questions as instructed with answers immediately following the question. All information needed to demonstrate meeting the evidence subcriterion (1a) must be in this form. An appendix of *supplemental* materials may be submitted, but there is no guarantee it will be reviewed. * If you are unable to check a box, please highlight or shade the box for your response. * Maximum of 10 pages (*incudes questions/instructions*; minimum font size 11 pt; do not change margins). ***Contact NQF staff if more pages are needed.*** * Contact NQF staff regarding questions. Check for resources at [Submitting Standards webpage](http://www.qualityforum.org/Measuring_Performance/Submitting_Standards.aspx). |

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| **Note: The information provided in this form is intended to aid the Steering Committee and other stakeholders in understanding to what degree the evidence for this measure meets NQF’s evaluation criteria.**   1a. Evidence to Support the Measure Focus The measure focus is evidence-based, demonstrated as follows:   * Health outcome: [**3**](#Note3) a rationale supports the relationship of the health outcome to processes or structures of care. Applies to patient-reported outcomes (PRO), including health-related quality of life/functional status, symptom/symptom burden, experience with care, health-related behavior. * Intermediate clinical outcome: a systematic assessment and grading of the quantity, quality, and consistency of the body of evidence [**4**](#Note4)that the measured intermediate clinical outcome leads to a desired health outcome. * Process: [**5**](#Note5) a systematic assessment and grading of the quantity, quality, and consistency of the body of evidence [**4**](#Note4) that the measured process leads to a desired health outcome. * Structure: a systematic assessment and grading of the quantity, quality, and consistency of the body of evidence [**4**](#Note4) that the measured structure leads to a desired health outcome. * Efficiency: [**6**](#Note6) evidence not required for the resource use component.   **Notes**  **3.** Generally, rare event outcomes do not provide adequate information for improvement or discrimination; however, serious reportable events that are compared to zero are appropriate outcomes for public reporting and quality improvement.  **4.** The preferred systems for grading the evidence are the U.S. Preventive Services Task Force (USPSTF) [grading definitions](http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm) and [methods](http://www.uspreventiveservicestaskforce.org/methods.htm), or Grading of Recommendations, Assessment, Development and Evaluation [(GRADE) guidelines](http://www.gradeworkinggroup.org/publications/index.htm).  **5.** Clinical care processes typically include multiple steps: assess → identify problem/potential problem → choose/plan intervention (with patient input) → provide intervention → evaluate impact on health status. If the measure focus is one step in such a multistep process, the step with the strongest evidence for the link to the desired outcome should be selected as the focus of measurement. Note: A measure focused only on collecting PROM data is not a PRO-PM.  **6.** Measures of efficiency combine the concepts of resource use and quality (see NQF’s [Measurement Framework: Evaluating Efficiency Across Episodes of Care](http://www.qualityforum.org/Publications/2010/01/Measurement_Framework__Evaluating_Efficiency_Across_Patient-Focused_Episodes_of_Care.aspx); [AQA Principles of Efficiency Measures](http://www.aqaalliance.org/files/PrinciplesofEfficiencyMeasurementApril2006.doc)). |

**1a.1.This is a measure of**: (*should be consistent with type of measure entered in De.1*)

Outcome

Health outcome: Click here to name the health outcome

Patient-reported outcome (PRO): Click here to name the PRO

*PROs include HRQoL/functional status, symptom/symptom burden, experience with care, health-related behaviors*

Intermediate clinical outcome (*e.g., lab value*): Click here to name the intermediate outcome

Process: **Systematic screening for unhealthy alcohol use for patients 18 years and older with a serious mental illness**

Structure: Click here to name the structure

Other: Click here to name what is being measured

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**HEALTH OUTCOME/PRO PERFORMANCE MEASURE**  *If not a health outcome or PRO, skip to* [*1a.3*](#Section1a3)

**1a.2.** **Briefly state or diagram the path between the health outcome (or PRO) and the healthcare structures, processes, interventions, or services that influence it.**

**Not applicable.**

**1a.2.1.** **State the rationale supporting the relationship between the health outcome (or PRO) to at least one healthcare structure, process, intervention, or service (*i.e., influence on outcome/PRO*).**

**Not applicable.**

*Note: For health outcome/PRO performance measures, no further information is required; however, you may provide evidence for any of the structures, processes, interventions, or service identified above.*

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**intermediate outcome, PROCESS, or STRUCTURE PERFORMANCE measure**

**1a.3.****Briefly state or diagram the path between structure, process, intermediate outcome, and health outcomes**. Include all the steps between the measure focus and the health outcome.

**Identify Persons diagnosed with a serious mental illness 🡪Screening for unhealthy alcohol use (process) 🡪If individual is identified as unhealthy alcohol user🡪 Provide follow-up care (Two events of counseling including participation in peer led support activities if documented in the health record)🡪 Reduction in alcohol use 🡪 Improved health outcome.**

**1a.3.1.** **What is the source of the systematic review of the body of evidence that supports the performance measure?**

Clinical Practice Guideline recommendation – ***complete sections*** [***1a.4***](#Section1a4)***, and*** [***1a.7***](#Section1a7)

US Preventive Services Task Force Recommendation – ***complete sections*** [***1a.5***](#Section1a5) ***and*** [***1a.7***](#Section1a7)

Other systematic review and grading of the body of evidence (*e.g., Cochrane Collaboration, AHRQ Evidence Practice Center*) – ***complete sections*** [***1a.6***](#Section1a6) ***and*** [***1a.7***](#Section1a7)

Other – ***complete section*** [***1a.8***](#Section1a8)

*Please complete the sections indicated above for the source of evidence. You may skip the sections that do not apply.*

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**1a.4. CLINICAL PRACTICE GUIDELINE RECOMMENDATION**

**1a.4.1.** **Guideline citation** (*including date*) and **URL for guideline** (*if available online*):

**National Institute for Health and Care Excellence (NICE). CG178 Psychosis and schizophrenia in adults: full guideline, February 2014**

**Guideline available from,** [**http://www.nice.org.uk/guidance/cg178/resources/cg178-psychosis-and-schizophrenia-in-adults-full-guideline3**](http://www.nice.org.uk/guidance/cg178/resources/cg178-psychosis-and-schizophrenia-in-adults-full-guideline3)**, accessed July 10, 2014.**

**1a.4.2.** **Identify guideline recommendation number and/or page number** and **quote verbatim, the specific guideline recommendation**.

**10.11.1.9 Discuss the use of alcohol, tobacco, prescription and non-prescription medication and illicit drugs with the service user, and caregiver if appropriate. Discuss their possible interference with the therapeutic effects of prescribed medication and psychological treatments. [2009] (Page 380)**

**10.11.1.29 For people with schizophrenia whose illness has not responded adequately to pharmacological or psychological treatment:**

**Consider other causes of non-response, such as comorbid substance misuse (including alcohol), the concurrent use of other prescribed medication or physical illness. [2009] (Page 383)**

**1a.4.3.** **Grade assigned to the quoted recommendation with definition of the grade:**

**Not applicable. No grades assigned.**

**1a.4.4. Provide all other grades and associated definitions for recommendations in the grading system.** (*Note: If separate grades for the strength of the evidence, report them in section 1a.7.*)

**Not applicable. No grading system of recommendations.**

**1a.4.5. Citation and URL for methodology for grading recommendations** (*if different from 1a.4.1*)**:**

**Not applicable.**

**1a.4.6. If guideline is evidence-based (rather than expert opinion), are the details of the quantity, quality, and consistency of the body of evidence available (e.g., evidence tables)?**

Yes **→ *complete section*** [***1a.7***](#Section1a7)

No **→ *report on another systematic review of the evidence in sections*** [***1a.6***](#Section1a6) ***and*** [***1a.7***](#Section1a7)***; if another review does not exist, provide what is known from the guideline review of evidence in*** [***1a.7***](#Section1a7)

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**1a.5.** **UNITED STATES PREVENTIVE SERVICES TASK FORCE RECOMMENDATION**

**1a.5.1.** **Recommendation citation** (*including date*) and **URL for recommendation** (*if available online*):

**United States Preventive Services Task Force. (2013) Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: U.S. Preventive Services Task Force Recommendation Statement. Annals of Internal Medicine.**

**URL: http://www.uspreventiveservicestaskforce.org/uspstf/uspsdrin.htm**

**1a.5.2.** **Identify recommendation number and/or page number** and **quote verbatim, the specific recommendation**.

**Summary of Recommendations and Evidence**

**The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. (B Statement)**

**The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and behavioral counseling interventions in primary care settings to reduce alcohol misuse in adolescents. (I statement)**

**Clinical Considerations/Behavioral Counseling Interventions:**

**Behavioral counseling interventions for alcohol misuse vary in their specific components, administration, length, and number of interactions. They may include cognitive behavioral strategies, such as action plans, drinking diaries, stress management, or problem solving. Interventions may be delivered by face-to-face sessions, written self-help materials, computer- or Web-based programs, or telephone counseling. For the purposes of this recommendation statement, the USPSTF uses the following definitions of intervention intensity: very brief single contact (≤5 minutes), brief single contact (6 to 15 minutes), brief multi-contact (each contact is 6 to 15 minutes), and extended multi-contact (≥1 contact, each >15 minutes). Brief multi-contact behavioral counseling seems to have the best evidence of effectiveness; very brief behavioral counseling has limited effect.**

**The USPSTF found that counseling interventions in the primary care setting can positively affect unhealthy drinking behaviors in adults engaging in risky or hazardous drinking. Positive outcomes include reducing weekly alcohol consumption and long-term adherence to recommended drinking limits. Because brief behavioral counseling interventions decrease the proportion of persons who engage in episodes of heavy drinking, indirect evidence supports the effect of screening and brief behavioral counseling interventions on important health outcomes, such as the probability of traumatic injury or death, especially related to motor vehicles.**

**1a.5.3.** **Grade assigned to the quoted recommendation with definition of the grade**:

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| **Grade** | **Definition** | **Suggestions for Practice** |
| **B** | **The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.** | **Offer or provide this service.** |
| **I Statement** | **The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.** | **Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.** |

**1a.5.4. Provide all other grades and associated definitions for recommendations in the grading system.** (*Note: the* *grading system for the evidence should be reported in section 1a.7.*)

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| **Grade** | **Definition** | **Suggestions for Practice** |
| **A** | **The USPSTF recommends the service. There is high certainty that the net benefit is substantial.** | **Offer or provide this service.** |
| **C** | **The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.** | **Offer or provide this service for selected patients depending on individual circumstances.** |
| **D** | **The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.** | **Discourage the use of this service.** |

**1a.5.5. Citation and URL for methodology for grading recommendations** (*if different from 1a.5.1*)**:**

[**http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#brec**](http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#brec)

***Complete section*** [***1a.7***](#Section1a7)

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**1a.6. OTHER SYSTEMATIC REVIEW OF THE BODY OF EVIDENCE**

**1a.6.1.** **Citation** (*including date*) and **URL** (*if available online*):



[**Drake RE**](http://www.ncbi.nlm.nih.gov/pubmed?term=Drake%20RE%5BAuthor%5D&cauthor=true&cauthor_uid=17574803)**,** [**O'Neal EL**](http://www.ncbi.nlm.nih.gov/pubmed?term=O'Neal%20EL%5BAuthor%5D&cauthor=true&cauthor_uid=17574803)**,** [**Wallach MA**](http://www.ncbi.nlm.nih.gov/pubmed?term=Wallach%20MA%5BAuthor%5D&cauthor=true&cauthor_uid=17574803)**. (2008). A systematic review of psychosocial research on psychosocial interventions for people with co-occurring severe mental and substance use disorders.** [**Journal of Substance Abuse Treatment.**](http://www.ncbi.nlm.nih.gov/pubmed/17574803) **34(1):123-38.**

**http://www.ncbi.nlm.nih.gov/pubmed/17574803**

**1a.6.2.** **Citation and** **URL for methodology for evidence review and grading** (*if different from 1a.6.1*)**:**

**Not applicable.**

***Complete section*** [***1a.7***](#Section1a7)

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**1a.7. FINDINGS FROM SYSTEMATIC REVIEW OF BODY OF THE EVIDENCE supporting the measure**

*If more than one systematic review of the evidence is identified above, you may choose to summarize the one (or more) for which the best information is available to provide a summary of the quantity, quality, and consistency of the body of evidence. Be sure to identify which review is the basis of the responses in this section and if more than one, provide a separate response for each review.*

**1a.7.1.** **What was the specific structure, treatment, intervention, service, or intermediate outcome addressed in the evidence review?**

[**Drake RE**](http://www.ncbi.nlm.nih.gov/pubmed?term=Drake%20RE%5BAuthor%5D&cauthor=true&cauthor_uid=17574803)**,** [**O'Neal EL**](http://www.ncbi.nlm.nih.gov/pubmed?term=O'Neal%20EL%5BAuthor%5D&cauthor=true&cauthor_uid=17574803)**,** [**Wallach MA**](http://www.ncbi.nlm.nih.gov/pubmed?term=Wallach%20MA%5BAuthor%5D&cauthor=true&cauthor_uid=17574803)**. (2008)**

**The systematic review focused on the effectiveness of psychosocial interventions such as individual and group counseling for people with co-occurring alcohol and other drug use disorder and serious mental illness.**  **The review study examined alcohol and other drug use and mental health outcomes.**

**1a.7.2.** **Grade assigned for the quality of the quoted evidence with definition of the grade**:

**Not applicable. No grade assigned.**

**1a.7.3. Provide all other grades and associated definitions for strength of the evidence in the grading system.**

**Not applicable. No grading system.**

**1a.7.4.** **What is the time period covered by the body of evidence? (*provide the date range, e.g., 1990-2010*). Date range**: **1987-2008**

**QUANTITY AND QUALITY OF BODY OF EVIDENCE**

**1a.7.5.****How many and what type of study designs are included in the body of evidence**? (*e.g., 3 randomized controlled trials and 1 observational study*)

**The review study included 45 controlled studies in total, and 6 of them (published 2002-2007) were on people with alcohol use disorder and serious mental illness and the remaining studies were about other drug use disorder and serious mental illness. The six studies that are relevant to the focus of this measure (alcohol) were randomized controlled trials (RCTs).**

**1a.7.6.** **What is the overall quality of evidence across studies in the body of evidence**? (*discuss the certainty or confidence in the estimates of effect particularly in relation to study factors such as design flaws, imprecision due to small numbers, indirectness of studies to the measure focus or target population*)

**The six randomized controlled trials studied the effectiveness of individual (3 studies) and group (3 studies) counseling for patients with alcohol user disorder and serious mental illness. The sample size was 30-130 patients for studies on individual counseling and 56-63 patients for studies on group counseling. The evidence from these studies is directly related to the focus of this measures both in terms of the population and the treatment. Five out of the six studies demonstrated positive effects on alcohol use outcomes for patients who received individual or group counseling. One studyon individual counseling found no difference on alcohol use outcomes between the treatment and the comparison group*.* The individual counseling was motivational interviewing and 1-3 sessions of motivational interviewing was used in two studies that showed positive outcomes on alcohol use. Group counseling in the studies lasted from 3 to 9 months.**

**ESTIMATES OF BENEFIT AND CONSISTENCY ACROSS STUDIES IN BODY OF EVIDENCE**

**1a.7.7.** **What are the estimates of benefit—magnitude and direction of effect on outcome(s) across studies in the body of evidence**? (*e.g., ranges of percentages or odds ratios for improvement/ decline across studies, results of meta-analysis, and statistical significance*)

**The five RCTs found significant decrease in alcohol use and significant increase in abstinence rate at 3 to 9 months after treatment. Three studies that also measured other outcomes found that the alcohol treatment also improved patient’s ability to complete activities of daily living, decreased psychiatric symptoms; and decreased rate of hospitalization.**

**1a.7.8.** **What harms were studied and how do they affect the net benefit (benefits over harms)?**

**The review and the RCTs did not address harms associated with counseling treatment or decrease in alcohol use.**

**UPDATE TO THE SYSTEMATIC REVIEW(S) OF THE BODY OF EVIDENCE**

**1a.7.9.** **If new studies have been conducted since the systematic review of the body of evidence, provide for each new study: 1) citation, 2) description, 3) results, 4) impact on conclusions of systematic review**.

**Not applicable.**

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**1a.8 OTHER SOURCE OF EVIDENCE**

*If source of evidence is NOT from a clinical practice guideline, USPSTF, or systematic review, please describe the evidence on which you are basing the performance measure.*

**1a.8.1** **What process was used to identify the evidence?**

**Not applicable.**

**1a.8.2.** **Provide the citation and summary for each piece of evidence.**

**Not applicable.**