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

**Measure Number** (*if previously endorsed*)**: 2601 (New Measure)**

**Measure Title**: **Body Mass Index 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:** **Not applicable.**

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

|  |
| --- |
| **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). |

|  |
| --- |
| **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:  **Body mass index and follow-up (if identified as obese) 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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 patients with serious mental illness 🡪 Calculate body mass index [Process] 🡪 Evaluate body mass index 🡪 If individual is obese (body mass index is greater than or equal to 30 kg/m2) 🡪 Provide follow-up care (weight management alone or with medication) 🡪 Reduction in body mass 🡪 Improved health outcomes [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.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Marder SR, Essock SM, Miller AL, et al. (2004) Physical health monitoring of patients with schizophrenia. Am J Psychiatry. 161:1334-49.**

**URL: http://journals.psychiatryonline.org/data/Journals/AJP/3763/1334.pdf**

**Gelenberg AJ, Freeman MP, Markwitz JC, et al. (2010) Practice guideline for the treatment of patients with major depressive disorder, third edition. American Psychiatric Association.**

**URL:** [**http://psychiatryonline.org/pdfaccess.ashx?ResourceID=243261&PDFSource=6**](http://psychiatryonline.org/pdfaccess.ashx?ResourceID=243261&PDFSource=6)

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

**Marder et al. 2004**

**Recommendation (page 1336): “Mental health providers should monitor and chart the BMI of every patient with schizophrenia, regardless of the antipsychotic medication prescribed.”**

**Gelenberg et al. 2010**

**Recommendation (page 22): “Given the health risks associated with obesity and the tendency of some antidepressant medications to contribute to weight gain, longitudinal monitoring of weight (either by direct measurement or patient report) is recommended [I], as well as calculation of body mass index (BMI) [II].”**

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

**Marder et al. 2004**

**Level 1: Clear evidence from multiple randomized, controlled trials**

**Gelenberg et al. 2010**

**[I] Recommended with substantial clinical confidence**

**[II] Recommended with moderate clinical confidence**

**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.*)

**Schizophrenia guideline:**

**Level 2: Data from cohort studies, outcomes research, or low-quality randomized, controlled studies**

**Level 3: Data from case-control studies**

**Depression guideline:**

**[III] May be recommended on the basis of individual circumstances**

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

**See citations in 1a.4.1.**

**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)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Screening for and Management of Obesity in Adults*, Topic Page. U.S. Preventive Services Task Force.***

**URL:** [**http://www.uspreventiveservicestaskforce.org/uspstf/uspsobes.htm**](http://www.uspreventiveservicestaskforce.org/uspstf/uspsobes.htm)

**Date: June 2012**

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

**The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions.**

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

|  |  |  |
| --- | --- | --- |
| **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** |

**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.*)

|  |  |  |
| --- | --- | --- |
| **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.** |
| **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.5.5. 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)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Agency for Healthcare Research and Quality (AHRQ). (2013) Interventions To Improve Cardiovascular Risk Factors in People With Serious Mental Illness,** [**http://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=1464**](http://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=1464) **Access date: June 10, 2014.**

**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)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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?**

**AHRQ 2013**

**The evidence review addresses the effectiveness of weight-management behavioral interventions (e.g., behavioral counseling, health education), peer or family support interventions, amd pharmacotherapy (e.g., orlistat) on weight loss and other physical health outcomes (e.g., quality of life, mortality) compared with each other, with usual care (or other control) among adult patients with serious mental illness (SMI) who are overweight or obese.**

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

**Not applicable.**

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

**Not applicable.**

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

**1996-2012**

**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*)

**32 RCTs assessed the effects of weight-management strategies among adults with SMI.**

**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 RCT studies demonstrated moderate strength of evidence that behavioral interventions are associated with small decreases in weight among people with SMI. Of the 3,473 participants across the 32 included studies, most were male and white. The evidence from these studies is directly related to the focus of this measures both in terms of the population and the treatment.**

**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 RCT studies found that behavioral interventions are associated with small decreases in weight compared with controls (mean difference, -3.13 kg; 95% CI, -4.21 to -2.05) in people with SMI. Few studies also reported that weight management counseling improved physical functioning or health-related quality of life, and no studies reported mortality.**

**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 behavioral intervention or decrease in body weight.**

**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.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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.**