



Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to sub criterion 1b).

Brief Measure Information

NQF #: 2602

Corresponding Measures:

De.2. Measure Title: Controlling High Blood Pressure for People with Serious Mental Illness

Co.1.1. Measure Steward: National Committee for Quality Assurance

De.3. Brief Description of Measure: The percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.

Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0018: Controlling High Blood Pressure). It was originally endorsed in 2009 and is owned and stewarded by NCQA. The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guideline. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.

1b.1. Developer Rationale: The measure specifically targets adequate control of blood pressure among people with serious mental illness and hypertension in order to prevent or reduce the risk of future adverse events related to cardiovascular health. People with serious mental illness are at higher risk of cardiovascular disease due in large part to lifestyle factors, side effects of treatments (such as antipsychotic medications which cause weight gain), and disparities in cardiac care (De Hert, 2011). There is some evidence to suggest that cardiovascular disease may contribute to higher mortality rates among the serious mental illness population compared to the general population (Newcomer, 2007).

Existing evidence suggests that people with serious mental illness are more likely to have hypertension and less likely to receive treatment compared to the general population. The prevalence of hypertension in the serious mental illness population ranged between 33 and 39% in targeted studies (Newcomer, 2007; Nasrallah, 2006); this is roughly 3 to 9 percentage points higher than the general population prevalence of 30.4% (CDC, 2012). Studies show that 48 to 62% of people with serious mental illness and hypertension are not receiving treatment for their hypertension; in comparison, data on the general population suggests that 30.9% of people who know their blood pressure is high are not treated (American Heart Association, 2012; Nasrallah, 2006; De Hert, 2011).

We did not find evidence to address the impact of hypertension on the costs of care for people with serious mental illness. In the overall population, hypertension is projected to cost approximately \$91.4 billion in direct medical expenses and \$27.2 billion in lost productivity by 2015 (Heidenreich, 2011).

This measure is part of a group of measures developed to address situations where people with serious mental illness or alcohol or other drug dependence are at higher risk of the condition or where there is evidence of a disparity in receipt of evidence-based care compared to the general population.

Citations:

American Heart Association. 2012. Prevention & Treatment of High Blood Pressure, http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/PreventionTreatmentofHighBloodPressure/Prevention-Treatment-of-High-Blood-Pressure_UCM_002054_Article.jsp.

De Hert, M, Correll C, Bobes J, et al. (2011) Physical Illness in Patients with Severe Mental Disorders. I. Prevalence, Impact of Medications and Disparities in Health Care. World Psychiatry. 10:52–77.

Heidenreich, PA, Trogdon JG, Khavjou OA, et al. (2011) Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. *Circulation*. 123:933–44.

Nasrallah HA, Meyer JM, Goff DC, et al. (2006) Low rates of treatment for hypertension, dyslipidemia and diabetes in schizophrenia: Data from the CATIE schizophrenia trial sample at baseline. *Schizophrenia Research*. 86:15-22.

Newcomer, JW. (2007) Metabolic Syndrome and Mental Illness. *American Journal of Managed Care*. 13:S170–177.

S.4. Numerator Statement: Patients whose most recent blood pressure (BP) is adequately controlled during the measurement year (after the diagnosis of hypertension) based on the following criteria:

-Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg.

-Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg.

-Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.

S.6. Denominator Statement: All patients 18-85 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND a diagnosis of hypertension on or before June 30th of the measurement year.

S.8. Denominator Exclusions: All patients who meet one or more of the following criteria should be excluded from the measure:

- Evidence of end-stage renal disease (ESRD) or kidney transplant
- A diagnosis of pregnancy

De.1. Measure Type: Outcome

S.17. Data Source: Claims, Electronic Health Records, Paper Medical Records

S.20. Level of Analysis: Health Plan

IF Endorsement Maintenance – Original Endorsement Date: Mar 06, 2015 **Most Recent Endorsement Date:** Mar 06, 2015

IF this measure is included in a composite, NQF Composite#/title:

IF this measure is paired/grouped, NQF#/title:

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results? Preventive Screening and Monitoring of Chronic Conditions for People with Behavioral Health Conditions

This measure is part of a group of health plan measures for patients with behavioral health conditions that assess prevention and monitoring for general medical conditions. All of the measures in this set address situations where patients with serious mental illness or alcohol or other drug dependence are at higher risk for the health condition or problem or where there is evidence of a disparity in access to evidence-based care. In addition, all of the health plan measures are harmonized with existing NQF endorsed provider-level measures that are used in national quality measurement programs. While it is not necessary to report this measure as part of this group, we received broad stakeholder support for public reporting of this measurement set (Preventive Screening and Monitoring of Chronic Conditions for People with Behavioral Health Conditions) which includes:

Controlling Blood Pressure for People with Serious Mental Illness

Diabetes Care for People with Serious Mental Illness (six measures)

Body Mass Index Screening and Follow-up for People with Serious Mental Illness

Tobacco Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence

Alcohol Screening and Follow-up for People with Serious Mental Illness

1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. ***Measures must be judged to meet all sub criteria to pass this criterion and be evaluated against the remaining criteria.***

1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form

EF_-_CBP_073114.docx

1a.1 For Maintenance of Endorsement: Is there new evidence about the measure since the last update/submission?

Do not remove any existing information. If there have been any changes to evidence, the Committee will consider the new evidence. Please use the most current version of the evidence attachment (v7.1). Please use red font to indicate updated evidence.

1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- Disparities in care across population groups.

1b.1. Briefly explain the rationale for this measure (e.g., how the measure will improve the quality of care, the benefits or improvements in quality envisioned by use of this measure)

If a COMPOSITE (e.g., combination of component measure scores, all-or-none, any-or-none), SKIP this question and answer the composite questions.

The measure specifically targets adequate control of blood pressure among people with serious mental illness and hypertension in order to prevent or reduce the risk of future adverse events related to cardiovascular health. People with serious mental illness are at higher risk of cardiovascular disease due in large part to lifestyle factors, side effects of treatments (such as antipsychotic medications which cause weight gain), and disparities in cardiac care (De Hert, 2011). There is some evidence to suggest that cardiovascular disease may contribute to higher mortality rates among the serious mental illness population compared to the general population (Newcomer, 2007).

Existing evidence suggests that people with serious mental illness are more likely to have hypertension and less likely to receive treatment compared to the general population. The prevalence of hypertension in the serious mental illness population ranged between 33 and 39% in targeted studies (Newcomer, 2007; Nasrallah, 2006); this is roughly 3 to 9 percentage points higher than the general population prevalence of 30.4% (CDC, 2012). Studies show that 48 to 62% of people with serious mental illness and hypertension are not receiving treatment for their hypertension; in comparison, data on the general population suggests that 30.9% of people who know their blood pressure is high are not treated (American Heart Association, 2012; Nasrallah, 2006; De Hert, 2011).

We did not find evidence to address the impact of hypertension on the costs of care for people with serious mental illness. In the overall population, hypertension is projected to cost approximately \$91.4 billion in direct medical expenses and \$27.2 billion in lost productivity by 2015 (Heidenreich, 2011).

This measure is part of a group of measures developed to address situations where people with serious mental illness or alcohol or other drug dependence are at higher risk of the condition or where there is evidence of a disparity in receipt of evidence-based care compared to the general population.

Citations:

American Heart Association. 2012. Prevention & Treatment of High Blood Pressure, http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/PreventionTreatmentofHighBloodPressure/Prevention-Treatment-of-High-Blood-Pressure_UCM_002054_Article.jsp.

De Hert, M, Correll C, Bobes J, et al. (2011) Physical Illness in Patients with Severe Mental Disorders. I. Prevalence, Impact of Medications and Disparities in Health Care. *World Psychiatry*. 10:52–77.

Heidenreich, PA, Trogdon JG, Khavjou OA, et al. (2011) Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. *Circulation*. 123:933–44.

Nasrallah HA, Meyer JM, Goff DC, et al. (2006) Low rates of treatment for hypertension, dyslipidemia and diabetes in schizophrenia: Data from the CATIE schizophrenia trial sample at baseline. *Schizophrenia Research*. 86:15-22.

Newcomer, JW. (2007) Metabolic Syndrome and Mental Illness. *American Journal of Managed Care*. 13:S170–177.

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. *(This is required for maintenance of endorsement. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data*

source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.) This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.

New Measure: Not applicable.

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.

Evidence in the literature on the rate of blood pressure control among people with serious mental illness is limited. Two studies show that 48 to 62% of people with serious mental illness and hypertension are not receiving treatment for their hypertension (Nasrallah, 2006; DeHert, 2011).

Citations:

De Hert, M, Correll C, Bobes J, et al. (2011) Physical Illness in Patients with Severe Mental Disorders. I. Prevalence, Impact of Medications and Disparities in Health Care. *World Psychiatry*. 10:52–77.

Nasrallah HA, Meyer JM, Goff DC, et al. (2006) Low rates of treatment for hypertension, dyslipidemia and diabetes in schizophrenia: Data from the CATIE schizophrenia trial sample at baseline. *Schizophrenia Research*. 86:15-22.

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. (This is required for maintenance of endorsement. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included.) For measures that show high levels of performance, i.e., “topped out”, disparities data may demonstrate an opportunity for improvement/gap in care for certain sub-populations. This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.

Our field test among 1 Duals Special Needs Plan and 2 Medicaid plans showed that 40.6% of people with serious mental illness and Hypertension met the recommended blood pressure control levels for 2012, compared to 56.3% in Medicaid plans and 61.1% in Medicare plans that reported to NCQA.

More information on differences by age, gender and diagnosis are provided in the testing results. We were unable to assess differences by race/ethnicity or language needs in our field test because health plans did not consistently capture this information.

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b.4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations. Not necessary if performance data provided in 1b.4

2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. **Measures must be judged to meet the sub criteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.**

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

De.5. Subject/Topic Area (check all the areas that apply):

Behavioral Health, Behavioral Health : Other Serious Mental Illness, Cardiovascular, Cardiovascular : Hypertension

De.6. Non-Condition Specific(check all the areas that apply):

Disparities Sensitive, Person-and Family-Centered Care : Workforce

De.7. Target Population Category (Check all the populations for which the measure is specified and tested if any):

Populations at Risk, Populations at Risk : Dual eligible beneficiaries, Populations at Risk : Individuals with multiple chronic conditions

S.1. Measure-specific Web Page (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

This is not an eMeasure Attachment:

S.2b. Data Dictionary, Code Table, or Value Sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

Attachment Attachment: [2602_CBP_for_People_With_Mental_Illness_Value_Set-636583543692086216.xlsx](#)

S.2c. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

No, this is not an instrument-based measure Attachment:

S.2d. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

Not an instrument-based measure

S.3.1. For maintenance of endorsement: Are there changes to the specifications since the last updates/submission. If yes, update the specifications for S1-2 and S4-22 and explain reasons for the changes in S3.2.

No

S.3.2. For maintenance of endorsement, please briefly describe any important changes to the measure specifications since last measure update and explain the reasons.

Not applicable.

S.4. Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome) **DO NOT** include the rationale for the measure.

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

Patients whose most recent blood pressure (BP) is adequately controlled during the measurement year (after the diagnosis of hypertension) based on the following criteria:

-Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg.

-Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg.

-Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.

S.5. Numerator Details (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

The number of patients whose most recent blood pressure (BP) is adequately controlled during the measurement year, but after the diagnosis of hypertension (See Essential Hypertension Value Set). For an individual's BP to be adequately controlled, both the systolic and diastolic BP must -85meet the following criteria:

- Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg.

- Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg.

- Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.

To determine if an individual's BP is adequately controlled, the representative BP (i.e., the most recent BP reading during the measurement year but after the diagnosis of hypertension was made) must be identified.

Note: Only the medical records of one practitioner or provider team should be used for both the confirmation of the diagnosis of hypertension and the representative BP. All eligible BP measurements recorded in the records from one practitioner or provider team (even if obtained by a different practitioner) should be considered (e.g., from a consultation note or other note relating to a BP reading from a health care practitioner or provider team). If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

The numerator should be calculated using the following steps:

Step 1: Identify the patient's Primary Care Provider (PCP).

- If the patient had more than one PCP for the time period, identify the PCP who most recently provided care to the patient.
- If the patient did not visit a PCP for the time period or does not have a PCP, identify the practitioner who most recently provided care to the patient.
- If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner.

Step 2: Identify the representative BP level, defined as the most recent BP reading during the measurement year.

- The reading must occur after the date when the diagnosis of hypertension was made or confirmed.
- If multiple BP measurements occur on the same date, or are noted in the chart on the same date, the lowest systolic and lowest diastolic BP reading should be used. The systolic and diastolic results do not need to be from the same reading
- If no BP is recorded during the measurement year, assume that the individual is "not controlled."
- Do not include BP readings that meet the following criteria:
 - Taken during an acute inpatient stay or an ED visit
 - Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole)
 - Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy)
 - Reported by or taken by the patient

S.6. Denominator Statement *(Brief, narrative description of the target population being measured)*

All patients 18-85 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND a diagnosis of hypertension on or before June 30th of the measurement year.

S.7. Denominator Details *(All information required to identify and calculate the target population/denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)*

IF an OUTCOME MEASURE, describe how the target population is identified. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

Age: 18-85 years as of December 31 of the measurement year

Benefit: Medical

Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Identify Serious Mental Illness:

Identify patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year or

the year prior:

At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:

- BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set
- BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set

At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:

- BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- ED Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set

Identify Hypertension:

A diagnosis of hypertension is identified if there is at least one outpatient visit (Outpatient CPT Value Set) with a diagnosis of hypertension (Essential Hypertension Value Set) during the first six months of the measurement year and confirmed with a notation of one of the following in the medical record on or before June 30 of the measurement year:

Hypertension

Intermittent HTN

HTN

History of HTN

High BP

Hypertensive vascular disease (HVD)

Hyperpiesia

Hyperpiesis

Borderline HTN

Intermittent HTN

The notation of hypertension may appear on or before June 30 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is currently being treated. The notation indicating a diagnosis of hypertension may be recorded in any of the following documents:

Problem list (this may include a diagnosis prior to June 30 of the measurement year or an undated diagnosis; see Note at the end of this section)

Office note

Subjective, Objective, Assessment, Plan (SOAP) note

Encounter form

Telephone call record

Diagnostic report

Hospital discharge summary

Statements such as “rule out HTN,” “possible HTN,” “white-coat HTN,” “questionable HTN” and “consistent with HTN” are not sufficient to confirm the diagnosis if such statements are the only notations of hypertension in the medical record.

If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

Flag to identify diabetes:

After the denominator is identified, assign each patient a flag to identify if the patient does or does not have diabetes as identified by claims/encounter and pharmacy data (see description below). The flag is used to determine the appropriate BP threshold to use during numerator assessment.

Assign a flag of diabetic to patients who were identified as diabetic using claims/encounter and pharmacy data. The organization must use both methods to identify patients with diabetes, but a patient only needs to be identified by one method.

Claim/encounter data:

-At least two outpatient visits (see Outpatient Value Set), observation visits (see Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (see Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (see Diabetes Value Set). Visit type need not be the same for the two visits.

-At least one acute inpatient encounter (see Acute Inpatient Value Set) with a diagnosis of diabetes (see Diabetes Value Set).

Pharmacy data:

-Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1).

TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES

Alpha-glucosidase inhibitors:

Acarbose, Miglitol

Amylin analogs:

Pramlintide

Antidiabetic combinations:

Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin

Insulin:

Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin zinc human

Meglitinides:

Nateglinide, Repaglinide

Miscellaneous antidiabetic agents:

Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin

Sulfonylureas:

Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide

Thiazolidinediones:

Pioglitazone, Rosiglitazone

Assign a flag of not diabetic to patients who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year and who meet either of the following criteria:

- A diagnosis of polycystic ovaries (Polycystic Ovaries Value Set), in any setting, any time during the patient's history through December 31 of the measurement year.
- A diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

S.8. Denominator Exclusions (Brief narrative description of exclusions from the target population)

All patients who meet one or more of the following criteria should be excluded from the measure:

- Evidence of end-stage renal disease (ESRD) or kidney transplant
- A diagnosis of pregnancy

S.9. Denominator Exclusion Details (All information required to identify and calculate exclusions from the denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)

All patients who meet one or more of the following criteria may be excluded from the measure:

- All patients with evidence of end-stage renal disease (ESRD) (see ESRD Value Set; ESRD Obsolete Value Set) or kidney transplant (see Kidney Transplant Value Set) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD, kidney transplant or dialysis.
- All patients with a diagnosis of pregnancy (see Pregnancy Value Set) during the measurement year.

S.10. Stratification Information (Provide all information required to stratify the measure results, if necessary, including the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically-adjusted version of the measure when appropriate – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b.)

Not applicable.

S.11. Risk Adjustment Type (Select type. Provide specifications for risk stratification in measure testing attachment)

No risk adjustment or risk stratification

If other:

S.12. Type of score:

Rate/proportion

If other:

S.13. Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)

Better quality = Higher score

S.14. Calculation Algorithm/Measure Logic (Diagram or describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; time period for data, aggregating data; risk adjustment; etc.)

Step 1: Identify patients with serious mental illness (schizophrenia, bipolar I disorder, and major depression).

Step 2: Identify patients from step 1 who also have a diagnosis of hypertension in claims and confirmed the hypertension diagnosis in medical records.

Step 3: Exclude patients who meet the exclusion criteria as specified in the "Denominator Exclusion Details" section. This is the denominator.

Step 4: Of those in the denominator, identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record.

Step 5: Calculate the rate by dividing the number of patients whose most recent blood pressure is adequately controlled by the denominator (after exclusions).

S.15. Sampling (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)

IF an instrument-based performance measure (e.g., PRO-PM), identify whether (and how) proxy responses are allowed.

Not applicable.

S.16. Survey/Patient-reported data (If measure is based on a survey or instrument, provide instructions for data collection and guidance on minimum response rate.)

Specify calculation of response rates to be reported with performance measure results.

Not applicable.

S.17. Data Source (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in S.18.

Claims, Electronic Health Records, Paper Medical Records

S.18. Data Source or Collection Instrument (Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc., and describe how data are collected.)

IF instrument-based, identify the specific instrument(s) and standard methods, modes, and languages of administration.

The denominator for this measure is based on administrative claims and medical record documentation (this is used to confirm the diagnosis of hypertension identified in claims/encounter data). The numerator for this measure is based on medical record documentation collected in the course of providing care to health plan patients.

S.19. Data Source or Collection Instrument (available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

No data collection instrument provided

S.20. Level of Analysis (Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)

Health Plan

S.21. Care Setting (Check ONLY the settings for which the measure is SPECIFIED AND TESTED)

Outpatient Services

If other:

S.22. COMPOSITE Performance Measure - Additional Specifications (Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)

Not applicable.

2. Validity – See attached Measure Testing Submission Form

TF_CBP_072514-635473467778372008.docx

2.1 For maintenance of endorsement

Reliability testing: If testing of reliability of the measure score was not presented in prior submission(s), has reliability testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.

2.2 For maintenance of endorsement

Has additional empirical validity testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.

2.3 For maintenance of endorsement

Risk adjustment: For outcome, resource use, cost, and some process measures, risk-adjustment that includes social risk factors is not

prohibited at present. Please update sections 1.8, 2a2, 2b1,2b4.3 and 2b5 in the Testing attachment and S.140 and S.11 in the online submission form. NOTE: These sections must be updated even if social risk factors are not included in the risk-adjustment strategy. You MUST use the most current version of the Testing Attachment (v7.1) -- older versions of the form will not have all required questions.

3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

3a.1. Data Elements Generated as Byproduct of Care Processes.

Generated or collected by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, depression score), Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims), Abstracted from a record by someone other than person obtaining original information (e.g., chart abstraction for quality measure or registry)

If other:

3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

3b.1. To what extent are the specified data elements available electronically in defined fields (i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields) Update this field for **maintenance of endorsement**.

Some data elements are in defined fields in electronic sources

3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources. For **maintenance of endorsement**, if this measure is not an eMeasure (eCQM), please describe any efforts to develop an eMeasure (eCQM).

To allow for widespread reporting across health plans and health care practices, this measure is currently specified for reporting using administrative data with manual review of electronic clinical data and paper records. As electronic health records become more widespread, the reliance on manual review of paper or electronic records is expected to decrease.

This measure is based on an existing measure for the general population of people with hypertension (Controlling High Blood Pressure NQF #0018) which is specified for EHR reporting and included in the CMS EHR Incentive ("Meaningful Use) program. Thus, similar data elements are already being captured from electronic sources and this supports the feasibility of implementing this measure in EHRs in the future.

3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL. Please also complete and attach the NQF Feasibility Score Card.

Attachment:

3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

3c.1. Required for maintenance of endorsement. Describe difficulties (as a result of testing and/or operational use of the measure) regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

IF instrument-based, consider implications for both individuals providing data (patients, service recipients, respondents) and those whose performance is being measured.

This measure uses a combination of administrative claims data and medical records. The successful data collection of the proposed measure in the field test and the use of the original measure for the general population in HEDIS (Controlling High Blood Pressure NQF #0018) supports the feasibility of this data collection strategy.

While this measure currently relies on chart review data collection, the effort could be reduced if this measure is implemented in conjunction with the Preventive Screening and Monitoring of Chronic Conditions for People with Behavioral Health Conditions suite of measures we are bringing forward to NQF. In that case, a single record review could provide information on multiple measures.

3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm).

Broad public use and dissemination of these measures is encouraged. NCQA has agreed with NQF that noncommercial uses do not require the consent of the measure developer. Use by health care physicians in connection with their own practices is not commercial use. Commercial use of a measure requires the prior written consent of NCQA. As used herein, "commercial use" refers to any sale, license or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed or distributed for commercial gain, even if there is no actual charge for inclusion of the measure.

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

Specific Plan for Use	Current Use (for current use provide URL)

4a1.1 For each CURRENT use, checked above (update for maintenance of endorsement), provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included
- Level of measurement and setting

Not applicable.

4a1.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)

Not applicable.

4a1.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.)

This measure is intended for use by health plans, and other interested parties to monitor and improve quality of care. Stakeholder

input (described in detail in the testing form) supported this measure for public reporting and quality improvement.

4a2.1.1. Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.

How many and which types of measured entities and/or others were included? If only a sample of measured entities were included, describe the full population and how the sample was selected.

NA

4a2.1.2. Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.

NA

4a2.2.1. Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1.

Describe how feedback was obtained.

NA

4a2.2.2. Summarize the feedback obtained from those being measured.

NA

4a2.2.3. Summarize the feedback obtained from other users

NA

4a2.3. Describe how the feedback described in 4a2.2.1 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.

NA

Improvement

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b1. Refer to data provided in 1b but do not repeat here. Discuss any progress on improvement (trends in performance results, number and percentage of people receiving high-quality healthcare; Geographic area and number and percentage of accountable entities and patients included.)

If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

Not applicable.

4b2. Unintended Consequences

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4b2.1. Please explain any unexpected findings (positive or negative) during implementation of this measure including unintended impacts on patients.

Not applicable.

4b2.2. Please explain any unexpected benefits from implementation of this measure.

5. Comparison to Related or Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are

compared to address harmonization and/or selection of the best measure.

5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.
Yes

5.1a. List of related or competing measures (selected from NQF-endorsed measures)

5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

5a. Harmonization of Related Measures

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications harmonized to the extent possible?

Yes

5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.

This measure was adapted from the existing measure (Controlling High Blood Pressure NQF #0018) for the subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to facilitate an adequate number of individuals with serious mental illness. NCQA is the owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues. Note: The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guidelines. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.

5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

OR

Multiple measures are justified.

5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

Not applicable.

Appendix

A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.

No appendix Attachment:

Contact Information
<p>Co.1 Measure Steward (Intellectual Property Owner): National Committee for Quality Assurance</p> <p>Co.2 Point of Contact: Bob, Rehm, nqf@ncqa.org, 202-955-1728-</p> <p>Co.3 Measure Developer if different from Measure Steward: National Committee for Quality Assurance</p> <p>Co.4 Point of Contact: Kristen, Swift, Swift@ncqa.org, 202-955-5174-</p>
Additional Information
<p>Ad.1 Workgroup/Expert Panel involved in measure development Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.</p> <p>Behavioral Health Quality Measurement Technical Expert Panel</p> <p>Francisca Azocar, PhD., OptumHealth Behavioral Solutions</p> <p>Bruce Bagley, M.D., TransforMED</p> <p>Jonathan Delman, J.D., M.P.H., Ph.D., University of Massachusetts Medical School, Department of Psychiatry</p> <p>Frank Ghinassi, Ph.D., Western Psychiatric Institute</p> <p>Renata Henry, Danya Institute</p> <p>Michael Hogan, Ph.D., Independent Advisor</p> <p>Kevin Huckshorn, Ph.D., R.N., CADIC, Division of Substance Abuse and Mental Health</p> <p>Dan Rome, M.D., Rome Healthcare Consulting</p> <p>Kathleen McCann, Ph.D., R.N., National Association of Psychiatric Health Systems</p> <p>James Schuster, M.D., M.B.A., Community Care Behavioral Health</p> <p>David Kelley, M.D., M.P.A., Pennsylvania Department of Public Welfare</p> <p>Neil Korsen, M.D., M.S., MaineHealth, Behavioral Health Integration Program</p> <p>Judy Mohr Peterson, Ph.D, Oregon Health Authority</p> <p>Larry Grab, Anthem Blue Cross and Blue Shield, Empire BlueCross BlueShield</p> <p>Keris Myrick, Ph.D, M.B.A, M.S., Project Return Peer Support Network</p> <p>Alisa Busch, M.D., M.S., McLean Hospital</p>
<p>Measure Developer/Steward Updates and Ongoing Maintenance</p> <p>Ad.2 Year the measure was first released: 2014</p> <p>Ad.3 Month and Year of most recent revision: 07, 2014</p> <p>Ad.4 What is your frequency for review/update of this measure? Every 3 years or sooner if the clinical guidelines have changed significantly</p> <p>Ad.5 When is the next scheduled review/update for this measure? 07, 2015</p>
<p>Ad.6 Copyright statement: © [2014] by the National Committee for Quality Assurance 1100 13th Street, NW, Suite 1000 Washington, DC 20005</p> <p>Ad.7 Disclaimers: These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications. THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND</p>
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