

ENDORSEMENT SUMMARY: Behavioral Health Measures

NOVEMBER 2012

Purpose of the Project

Behavioral health refers to a state of mental or emotional being and choices and actions that affect wellness, as defined by the Substance Abuse Mental Health Services Administration (SAMHSA). Behavioral health problems include substance abuse and misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance abuse disorders.

The World Health Organization estimates that more than 26 percent of the U.S. population suffers from mental illness and substance abuse. Within this group, six percent suffer from a serious mental illness. Many of these individuals – whose mental health status can dramatically impact how they engage with and respond to medical treatment – die 25 years earlier than the general population.¹

Given these troubling statistics, SAMHSA is now working to advance the National Behavioral Health Quality Framework, aimed at establishing national priorities, goals, and opportunities for improving the delivery of behavioral health services, achieving better behavioral health outcomes, and improving the behavioral health of the U.S. population, especially for those with mental illnesses and substance abuse. It is an example of how the broader National Quality Strategy has been tailored within a topic area of healthcare. Quality measurement is an essential component of this effort.

NQF has previously endorsed performance measures related to behavioral health, specifically focused on mental health and substance abuse. In November 2011, NQF – at the request of the Department of Health and Human Services – began a two-phase project aimed at endorsing new behavioral health measures applicable to all care delivery settings – including primary and specialty care – and capable of advancing the tenets of

SAMHSA's quality framework.

The resulting endorsed measures are an important step forward in improving behavioral health services and care throughout the country.

What Was Endorsed

Summary of Behavioral Endorsement Maintenance Measures Project

	Maintenance	New	Total
Measure submitted for consideration	4	18	22
Measures deferred	0	8	8
Measures withdrawn from consideration	0	3	3
Measures recommended for endorsement	4	6	10
Measures not recommended for endorsement	0	1	1

Under the behavioral health endorsement project, NQF endorsed 10 measures suitable for accountability and quality improvement. Of the 10 measures, four were previously endorsed and granted continued endorsement status, and six were newly submitted measures.

Measure stewards included a range of healthcare stakeholders, including the National Committee for Quality Assurance; the Physician Consortium for Performance Improvement, convened by the American Medical Association; and the Centers for Medicare & Medicaid Services. A full list of measures is available at the end of this report.



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The Need these Measures Fill

This project sought to identify and endorse measures that specifically address behavioral health services for accountability and quality improvement. The resulting measures focus on a wide range of care processes and services, including medical treatment for individuals experiencing new episodes of alcohol or other drug dependence; oral antipsychotic medication adherence for individuals diagnosed with schizophrenia; diabetes and cardiovascular health screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications; and post care follow-up rates for hospitalized individuals with mental illness.

NQF has previously endorsed a small number of behavioral health measures, yet many measurement gaps remained. These new measures will help fill some of those gaps and give the healthcare community a significant opportunity to learn how to improve care for those suffering from mental illness and substance abuse.

Potential Use

These measures are applicable for use in a range of clinical settings and providers, which will help improve behavioral health quality across the healthcare spectrum. Settings include acute care hospitals, outpatient facilities, and physician offices.

Project Perspectives

With more than a quarter of the U.S. population suffering from some form of mental illness or substance abuse, efforts to measure and report on behavioral health treatment are critically important, and have the potential to dramatically improve the health and well-being of millions of individuals in this country. These measures will be key to helping the healthcare community achieve this aim.

NQF volunteer expert steering committee members identified several measurement gaps – as well as measures that could be harmonized – during their deliberations. Gaps in measurement include screening for alcohol and drugs, as well as screening for post-traumatic stress disorder and bipolar disorder in all patients diagnosed with depression. The steering committee hopes to address these measures gaps in phase 2 of the project, slated to kick off soon.

The Centers for Medicare & Medicaid Services and the National Committee for Quality Assurance also worked together and successfully harmonized measures #1879 and #1936, focused on medication adherence for schizophrenic individuals and antipsychotic medication continuity for schizophrenia treatment, respectively. The committee also recommended that measure #1932 be harmonized with existing measure #0003 within the next 12 months, given their shared focus on diabetes screening for individuals with schizophrenia and bipolar disorder. These harmonized measures will help ease reporting burdens on providers.

Endorsed Measures

0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (NCQA)

Description: The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:

- Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
- Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

0027: Medical Assistance With Smoking and Tobacco Use Cessation (NCQA)

Description: Assesses different facets of providing medical assistance with smoking and tobacco use cessation:

- Advising Smokers and Tobacco Users to Quit: A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year.
- Discussing Cessation Medications: A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.

- Discussing Cessation Strategies: A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were provided smoking cessation methods or strategies during the measurement year.

0028: Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (AMA-PCPI)

Description: Percentage of patients aged 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1879: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (CMS)

Description: The measure calculates the percentage of individuals 18 years of age or greater with schizophrenia who are prescribed an oral antipsychotic medication, with adherence to the antipsychotic medication [defined as a Proportion of Days Covered (PDC) of at least 0.8 during the measurement period (12 consecutive months)].

1932: Diabetes screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications (SSD) (NCQA)

Description: The percentage of individuals 25 – 64 years of age with schizophrenia or bipolar disorder, who were prescribed any antipsychotic medication, and who received a diabetes screening during the measurement year.

1927: Cardiovascular health screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications (NCQA)

Description: The percentage of individuals 25 – 64 years of age with schizophrenia or bipolar disorder who were prescribed any antipsychotic medication who received a cardiovascular health screening during the measurement year.

1933: Cardiovascular health monitoring for people with cardiovascular disease and schizophrenia (SMC) (NCQA)

Description: The percentage of individuals 25 – 64 years of age with a schizophrenia diagnosis and a diagnosis of cardiovascular disease who received

a cardiovascular health monitoring test (LDL-C) during the measurement year.

1934: Diabetes monitoring for people with diabetes and schizophrenia (NCQA)

Description: The percentage of individuals 25 – 64 years of age with schizophrenia and diabetes who received diabetes monitoring as specified by an HbA1c test and LDL-C test during the measurement year.

1937: Follow-Up After Hospitalization for Schizophrenia (7- and 30-day) (NCQA)

Description: The percentage of discharges for individuals 25 – 64 years of age who were hospitalized for treatment of schizophrenia and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:

- The percentage of individuals who received follow-up within 30 days of discharge
- The percentage of individuals who received follow-up within 7 days of discharge

0576: Follow-Up After Hospitalization for Mental Illness (NCQA)

Description: This measure assesses the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:

Rate 1: The percentage of members who received follow-up within 30 days of discharge.

Rate 2: The percentage of members who received follow-up within 7 days of discharge.

Endnotes

1. Parks J, Radke A, Mazade NA, Measurement of Health Status for People with Serious Mental Illness. Alexandria, VA :National Association of State Mental Health Program Directors; 2008. Available at www.nasmhpd.org/general_files/publications/med_directors_pubs/NASMHPD%20Medical%20Directors%20Health%20Indicators%20Report%2011-19-08.pdf. Last accessed October 2011.