



Behavioral Health 2016-2017

BACKGROUND

Behavioral health describes an individual's mind-body connection and can set the tone for personal and professional relationships, attitude, and overall state of mind. This broad field encompasses a range of treatments and services for individuals who are at risk or suffering from mental, behavioral, and/or addictive disorders. These include substance abuse, post-traumatic stress disorder, and anxiety or depression. Through this project, funded by the U.S. Department of Health and Human Services, NQF will endorse measures that can help achieve better behavioral health outcomes and improve behavioral health for all Americans.

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2014 National Survey on Drug Use and Health, an estimated 43.6 million American adults have experienced some form of mental illness and 20.2 million adults have had a substance use disorder. Of these, 7.9 million people had both a mental disorder and substance use disorder. Behavioral health disorders are a leading cause of disability, and treatment continues to be a source of rising healthcare costs in the United States. Currently, behavioral health issues cost the healthcare system and employers billions of dollars. Better measures of the quality of behavioral healthcare services can help ensure that people receive timely, coordinated, and effective care that ultimately leads to better outcomes and improved overall health.

COMMITTEE CHARGE

The multi-stakeholder Standing Committee will evaluate newly submitted measures and measures undergoing maintenance review, and make recommendations for which measures should be endorsed as national consensus standards. This Committee will continue to work to identify and endorse new performance measures for accountability and quality improvement that specifically address areas of behavioral health.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard [measure evaluation criteria](#) and make recommendations for endorsement. The Committee will also:

- oversee the portfolio of behavioral health measures
- identify and evaluate competing and related measures
- identify opportunities for harmonization of similar measures
- recommend measure concepts for development to address gaps in the portfolio

- provide advice or technical expertise about the subject to other committees (i.e., cross-cutting committees or the Measures Application Partnership)
- ensure input is obtained from relevant stakeholders
- review draft documents
- recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP Standing Committees, review our [Committee Guidebook](#).

COMMITTEE STRUCTURE

This Committee is seeking additional Standing Committee members for a full Committee of 20-25 individuals, with members serving terms that may encompass multiple measure review cycles.

Terms

Standing Committee members will initially be appointed to a 2 or 3-year term. Each term thereafter would be a 3-year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the [Standing Committee Policy](#).

Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

Each measure review cycle generally runs about 7 months in length.

Committee participation includes:

- Evaluate submitted measures against NQF's measure evaluation criteria during each cycle of measure review
 - Each committee member will be assigned a portion (1-5) of the measures to fully evaluate (approximately 1-2 hours/measure) and provide a preliminary evaluation on a workgroup call
 - Each committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participate in the orientation call (2 hours)
- Attendance at the NQF staff-hosted measure evaluation Q &A call (2 hours)
- Attendance at initial in-person meeting (2 full days in Washington, DC);
- Complete measure evaluation by attending the post-meeting conference call (2 hours)
- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure evaluations via webinar
- Participate in additional calls as necessary

- Complete surveys and pre-meeting measure evaluations
- Present measure evaluations and lead discussions for the Committee on conference calls and in meetings

Table of scheduled meeting dates

Meeting	Date/Time
New Standing Committee Orientation Call	January 11, 2017 1:00PM – 3:00PM EST
Standing Committee Orientation Call	January 19, 2017 1:00 PM – 3:00 PM EST
Q & A Call	February 16, 2017 1:00 PM – 3:00 PM EST
In-Person Meeting	February 28 & March 1, 2017
Post Meeting Webinar	March 9, 2017 1:00 PM- 3:00 PM EST
Post Draft Report Comment Webinar	May 24, 2017 1:00 PM – 3:00 PM EST

PREFERRED EXPERTISE & COMPOSITION

NQF attempts to represent a diversity of stakeholder perspectives on committees and is currently seeking representation from specific stakeholder groups for the open seats on the Behavioral Health Standing Committee. This includes consumers, purchasers, general and behavioral health providers, community and public health experts.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the evaluation, treatment, diagnostic studies, imaging, interventions, or procedures associated with behavioral health conditions across multiple care settings. We are also seeking expertise in disparities of care and vulnerable populations; Attention Deficit Hyperactivity Disorder (ADHD); behavioral health needs of adolescents, and Bipolar disorder.

Please review the NQF [Conflict of interest policy](#) to learn about how NQF identifies potential conflict of interest. All potential Standing Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

NQF will require Committee members who have a conflict of interest with respect to a particular measure to recuse themselves from discussion and any voting associated with those measures. A potential or current member may not be seated on a Committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or (2) create an unfair competitive advantage for a person or organization associated with a

potential or current Member.

CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are for an individual, not an organization, so “substitutions” of other individuals from an organization at conference calls or meetings or for voting is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Nominations are sought for individuals as subject matter experts, not organizations. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Behavioral Health Standing Committee, please **submit** the following information:

- A completed [online nomination form](#), including:
 - a brief statement of interest
 - a brief description of nominee expertise highlighting experience relevant to the committee
 - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development; CDP only
 - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

DEADLINE FOR SUBMISSION

All nominations **MUST** be submitted by **6:00 pm EST on November 9, 2016**

QUESTIONS

If you have any questions, please contact Kirsten Reed or Desmirra Quinnonez at 202-783-1300 or the Behavioral Health Team at behavioralhealth@qualityforum.org. Thank you for your interest.