CALL FOR NOMINATIONS TO BEHAVIORAL HEALTH STANDING COMMITTEE

BACKGROUND

In the United States, it is estimated that approximately 26.4 percent of the population suffers from a diagnosable mental disorder.[1] These disorders – which can include serious mental illnesses, substance use disorders, and depression – are associated with poor health outcomes, increased costs, and premature death.[2] Although general behavioral health disorders are widespread, the burden of serious mental illness is concentrated in about six percent of the population.[3] In addition, many people suffer from more than one mental disorder at any given time; nearly half of those suffering from one mental illness meet the criteria for at least two more.[4] By 2020, behavioral health disorders are expected to surpass all physical diseases as the leading cause of disability worldwide.[5]

In 2005, an estimated $113 billion was spent on mental health treatment in the United States. $22 billion of that amount was spent on substance use treatment alone, making substance use one of the most costly (and treatable) illnesses in the nation.[6] Financial estimates for behavioral health disorders inflate substantially when wider social costs are factored in such as criminal, welfare, juvenile, and future earnings potential.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is currently advancing the *National Framework for Quality Improvement in Behavioral Health Care* (NBHQF).[7] In the framework, SAMHSA notes that efforts to successfully implement the portions of the Affordable Care Act (ACA) relevant to Behavioral Health will require a better understanding of the current status and needs of the behavioral health population and delivery system, as well as an increased ability to adequately assess and monitor these populations over time. Of course, meaningful mental health performance measurement is a key driver to transform the healthcare system and advance both of these goals.

In 2012, NQF endorsed 10 behavioral health measures in the areas of tobacco and alcohol use, medication adherence, diabetes health screening and assessment, and hospitalization follow-up. A subsequent phase of work recommended 20 measures for endorsement in the areas of tobacco and alcohol use, depression screening, medication adherence, and hospital-based inpatient psychiatric services. These recommendations were put forth for public comment in September, 2013; the project will be completed by March of 2014.

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1 Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 2005 Jun;62(6):617-27.

2 Kilbourne, A., Keyser, D., & Pincus, H. (2010). Challenges and opportunities in measuring the quality of mental health care. *Canadian Journal of Psychiatry*, *55*(9), 549-557.

3 Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 2005 Jun;62(6):617-27.

4 Ibid.

5 Department of Health and Human Services, Department of Mental Health and Substance Abuse. (2011). Leading change: a plan for SAMPHSA'S roles and actions 2011-2014 (1104692). Washington, D.C.

6 Mark, T. (2011). Changes in U.S. spending on mental health and substance abuse treatment. Health Affairs, 28(6).

7 Department of Health and Human Services, Department of Mental Health and Substance Abuse (SAMHSA). (2011). National framework for quality improvement in behavioral health care (draft). Washington, D.C.

Nominations Due By Friday, May 23, 2014 6:00 PM ET

COMMITTEE CHARGE

A multi-stakeholder Standing Committee will be established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. This Committee will work to identify and endorse new performance measures for accountability and quality improvement that specifically address care coordination. Measures including outcomes, treatments, diagnostic studies, interventions, or procedures associated with these conditions will be considered. Additionally, the Committee will evaluate consensus standards previously endorsed by NQF under the maintenance process.

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

- oversee the behavioral health portfolio of 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.

STANDING COMMITTEE

This Committee will be seated as a standing committee comprised 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:

- Review measure submission forms during each cycle of measure review

  - Each committee member will be assigned a portion (1-5) of the measures to fully review(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)
- The option to attend one of two NQF staff-hosted measure evaluation Q &A calls (1 hour)
- Review measures with the full Committee by participating in one of 4 workgroup calls (2 hours); workgroup assignments will be made by area of expertise;
- Attendance at initial in-person meeting (2 full days in Washington, DC);
- Complete measure review by attending the post-meeting conference call (2 hours)
- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure reviews via webinar
- Participate in additional calls as necessary
- Complete surveys and pre-meeting evaluations
- Present measures and lead discussions for the Committee on conference calls and in meeting

Table of scheduled meeting dates

Meeting	Date/Time
Orientation Call (2 hours)	August 19, 2014, 2:00-4:00 pm ET
Measure Evaluation Q &A Call #1 (2 hours)	August 21, 2014, 2:00-4:00pm ET *or*
Measure Evaluation Q &A Call #2 (2 hours)	August 25, 2014, 2:00-4:00pm ET
Workgroup Calls (2 hours)	Workgroup 1: September 9, 2:00-4:00 pm ET Workgroup 2: September 12, 2:00-4:00 pm ET Workgroup 3: September 23, 2:00-4:00 pm ET
In-Person Meeting (2 days in Washington, DC)	October 1-2, 2014
Post-Meeting Follow-up Call (If needed, 2 hours)	October 7, 2014, 12:30-2:30pm ET
Post-Draft Report Comment Call (2 hours)	January 8, 2015, 2:00-4:00 pm ET

Preferred Expertise & Composition

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

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 treatment, across multiple care settings. NQF is seeking nominees with a variety of clinical experience, including physicians, nurses, therapists, case managers, unit managers, and executives. We also are seeking expertise in:

- Bipolar disorder;
- Attention deficit hyperactivity disorder (ADHD);

- Behavioral health needs of adolescents; and
- Disparities and care of vulnerable populations.

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

CONSIDERATION AND SUBSTITUTION

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

APPLICATION REQUIREMENTS

Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve. To be considered for appointment to the Steering 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;
  - 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 ET on Friday, May 23, 2014.**

QUESTIONS

If you have any questions, please contact Lauralei Dorian at 202-783-1300 or email us at behavioralhealth@qualityforum.org. Thank you for your interest.