TO: Behavioral Health Steering Committee

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RE: Behavioral Health Phase 2- Member Voting Results

DA: December 10, 2013

The CSAC will review recommendations from the *Behavioral Health Phase 2* project during its December 10th Conference Call.

This memo includes a summary of the project, recommended measures, and themes identified from and responses to the public and member comments.

This project followed the National Quality Forum's (NQF) version 1.9 of the Consensus Development Process (CDP). Member voting on these recommended measures ended on December 6, 2013.

Accompanying this memo are the following documents:

1. **Behavioral Health Phase 2 Draft Report.** The draft report has been updated to reflect the changes made following Steering Committee discussion of public and member comments. The complete draft report and supplemental materials are available on the project page.
2. **Comment table**. Staff has identified themes within the comments received. This table lists 324 comments received and the NQF/Steering Committee responses.

CSAC ACTION REQUIRED
Pursuant to the CDP, the CSAC may consider approval of 24 candidate consensus standards.

Behavioral Health Phase 2 Measures Recommended for Endorsement (20):

- 0104: American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
- 0105: Antidepressant Medication Management (AMM)
- 0418: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- 0518: Depression Assessment Conducted
- 0557: HBIPS-6 Post discharge continuing care plan created
- 0558: HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge
- 0560: HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification
- 0640: HBIPS-2 Hours of physical restraint use

- 0641: HBIPS-3 Hours of seclusion use
- 1651: TOB-1 Tobacco Use Screening
- 1654: TOB - 2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment
- 1656: TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge
- 1661: SUB-1 Alcohol Use Screening
- 1663: SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention
- 1664: SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge
- 1880: Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder
- 1884: Depression Response at Six Months - Progress Towards Remission
- 1885: Depression Response at Twelve Months - Progress Towards Remission
- 1922: HBIPS-1 Admission Screening
- 2152: Preventative Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

Behavioral Health Phase 2 Measures Not Recommended (4):

- 0103: Adult Major Depressive Disorder (MDD): Comprehensive Depression Evaluation: Diagnosis and Severity
- 0552: HBIPS-4 Patients discharged on multiple antipsychotic medications
- 1657: TOB-4 Tobacco Use: Assessing Status after Discharge
- 1665: SUB-4 Alcohol & Drug Use: Assessing Status After Discharge

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] 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 the first phase of this project that was completed 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. In this phase of work, a 23-member Steering Committee recommend 20 measures for endorsement in the areas of tobacco and alcohol use, depression screening, medication adherence, and hospital-based inpatient psychiatric services. These measures were open for comment from September 30, 2013 to October 29, 2013.

[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.

DRAFT REPORT

The Behavioral Health Phase 2 Draft Report presents the results of the evaluation of 24 measures considered under the CDP. The Steering Committee recommended 20 for endorsement as voluntary consensus standards suitable for accountability and quality improvement and 4 were not recommended. The measures were evaluated against the 2011 version of the measure evaluation criteria.

	MAINTENANCE	NEW	TOTAL
Measures considered	11	13	24
Withdrawn from consideration	0	1	1
Recommended	9	11	20
Not recommended	2	2	4
Reasons not Recommended	Importance to measure and report – 2	Importance to measure and report – 2	Importance to measure and report – 2

COMMENTS AND THEIR DISPOSITION

NQF received 324 comments from 40 organizations (including 11 member organizations) and individuals pertaining to the general draft report and to the measures under consideration.

A table of comments submitted during the comment period, with the responses to each comment and the actions taken by the Steering Committee and measure developers, is posted to the Behavioral Health Phase 2 project page under the Public and Member Comment section.

Comment Themes and Committee Responses

Comments about specific measure specifications and rationale were forwarded to the developers, who were invited to respond.

At its review of all comments, the Steering Committee had the benefit of developer responses. Committee members focused their discussion on measures or topic areas with the most significant and recurring issues.

Theme 1 - Evidence Supporting The Joint Commission's Suites of Tobacco (TOB) and Alcohol/Substance (SUB) Use Measures

Tobacco (TOB) Measures

Two commenters did not support the recommended endorsement of the following tobacco and substance use measures, and questioned whether the measures meet the evidence criterion relative to hospitalization and discharge: 1651 TOB-1 Tobacco Use Screening; 1654 TOB-2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment; 1656 TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at

Discharge. Commenters noted that there is incomplete evidence to suggest that offering any of the measured interventions results in lower rates of alcohol and drug abuse.

Committee Response: In the first phase of this project, the Steering Committee reviewed and rated the three importance criteria - impact, performance gap and evidence - for the tobacco use measures 1651 TOB-1, 1654 TOB-2 and 1656 TOB-3. Because the tobacco and alcohol suits of measures were deferred to the second phase of this project for additional testing, ratings and recommendations were carried over from the first phase of work. The Steering Committee agreed that there is sufficient evidence to support the measures and discussed at length the fact that, generally, the evidence presented to support the measures is not related exclusively to the inpatient setting, and observed that the evidentiary picture is incomplete as there are few studies specifically related to tobacco screening and brief intervention (rather than intensive intervention) in hospitalized inpatients. The Committee noted, however, that the U.S. Preventive Services Taskforce (USPSTF) evidence presented in the measure submissions is applicable to all settings, and the Cochrane review presented does include inpatient settings. The Committee also mentioned that there is a fair body of evidence across settings specifically linking intensive intervention to desired outcomes, but noted that brief intervention could also have an impact. As a result, the Committee ultimately agreed that sufficient evidence related to the inpatient setting was presented and the measures met the evidence criterion. Committee decided to not change their recommendation.

Substance Use (SUB) Measures

Commenters did not support the recommended endorsement of the following substance use measures and questioned whether the measures meet the evidence criterion relative to hospitalization and discharge: 1661 SUB-1 Alcohol Use Screening; 1663 SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention; 1664 SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge; SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge (The Joint Commission),.

Committee Response: In the first phase of this project the Steering Committee reviewed and rated the three importance sub-criteria - impact, performance gap and evidence -for the substance use measures (1661 SUB-1, 1663 SUB-2 and 1664 SUB-3) and agreed that sufficient evidence was presented to support the measures. The Committee noted that the majority of the evidence, generally, is related to the outpatient setting. However, following substantial discussion, committee members agreed that certain evidence could be generalizable from the primary care setting to the inpatient setting, and that sufficient evidence was presented related to the inpatient setting based on the USPSTF and Cochrane review evidence to support the measures. Committee decided to not change their recommendation.

Theme 2 - Appropriateness of Tobacco (TOB) and Alcohol/Substance (SUB) Use Measures in the Inpatient Psychiatric Setting

14 commenters did not support the recommended endorsement of the tobacco and alcohol/substance use suites of measures for use in the inpatient psychiatric setting, citing concerns about the appropriateness of brief interventions given the intensive treatment provided to patients in this setting, and the burden of collecting data and providing referrals at discharge.

Developer Response: The Joint Commission specified this measure for use in all hospitals; therefore, since testing was conducted in psychiatric settings as well as general acute care hospitals, it is equally appropriate for use in IPFs.

Committee Response: Concur with Developer. Committee decided to not change their recommendation.

Theme 3 - Reliability of SUB-1 Measure

One commenter did not support the recommended endorsement of the substance use measure 1661 SUB-1 Alcohol Use Screening, concerned by the measure's reliability. In particular, the overall agreement rate for re-abstraction (75 percent) and the agreement rate for the data element 'alcohol use status' (64.7 percent) were noted.

Committee Response: The Steering Committee reviewed the reliability of the measure 1661 SUB-1 based on additional testing presented by the Joint Commission. The additional testing gauged the sensitivity and specificity of the measure and the Committee noted improvements from previous reliability testing presented. NQF's measure evaluation criteria requires reliability testing to demonstrate that either the measure data elements are repeatable, producing the same results a high proportion of the time when assessed in the same population in the same time period, and/or that the overall measure score is precise. The Committee noted that the overall measure agreement rate of 75 percent between the originally abstracted data and the re-abstracted data is at the threshold of an acceptable agreement rate, and ultimately determined it was sufficient to meet the criterion. The Committee also noted that further improvement is expected over time as the measure is more widely adopted. Committee decided to not change their recommendation.

Theme 4-Support for Measures Not Recommended

0103 Adult Major Depressive Disorder-MDD (AMA-PCPI)

Commenters suggested that the Committee recommend for endorsement measure 0103 Adult Major Depressive Disorder (MDD): Comprehensive Depression Evaluation: Diagnosis and Severity, expressing a belief that by ensuring accurate diagnosis and severity assessment of MDD, measure 0103 could lead to improvement in the appropriateness of treatment and follow-up.

Committee Response: The Steering Committee concluded that there is a lack of evidence to support the causal pathway for this measure, and agreed the measure did not meet the evidence criterion. The Committee further agreed the measure did not need to be considered for an exception to the evidence criterion, as the potential benefits of the measure did not outweigh potential harms. Committee decided to not change their recommendation.

0552 HBIPS-4 (TJC)

Commenters suggested that the Committee recommend for endorsement measure 0552 HBIPS-4 Patients discharged on multiple antipsychotic medications to ensure there is context for HBIPS-5 and that important data to assess prevalence is captured.

Committee Response: Understanding that this measure assesses the prevalence of patients discharged on multiple antipsychotics, the Committee determined that the data captured in HBIPS-4 is also captured in HBIPS-5, and therefore is unnecessary as a separate measure. The Steering Committee did

note, however, that the clinical data gathered in HBIPS-4 may still be used by providers to assess prevalence without endorsement. Committee decided to not change their recommendation.

1657 TOB-4 Tobacco Use (TJC)

Commenters suggested that the Committee recommend for endorsement measure 1657 TOB-4 Tobacco Use: Assessing Status after Discharge as an important continuation of the suite of tobacco measures. One commenter suggested the measure could be strengthened by connecting post-discharge tobacco or substance abuse status with documentation that the patient has received follow-up treatment.

Proposed Committee Response: The Steering Committee reviewed this measure at length and agreed that there is evidence that certain types of follow-up contact with patients post-discharge leads to tobacco use cessation. However, the Committee concluded that there is insufficient evidence that the type of follow-up contact specified in this measure (inquiring about quit status) would achieve the intended result. Committee decided to not change their recommendation.

NQF MEMBER VOTING RESULTS

*Member voting closes on Friday, December 6th and will be sent as an addendum as that time.