

NATIONAL QUALITY FORUM

CALL FOR MEASURES: BEHAVIORAL HEALTH PHASE 2

BACKGROUND

Behavioral health refers to a state of mental or emotional being and/or actions that affect wellness, as defined in the Substance Abuse Mental Health Services Administration's (SAMHSA) National Behavioral Health Quality Framework (NBHQF). Behavioral health problems can include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and other mental disorders. In the United States, it is estimated that approximately 26.4 percent of the population suffer from mental illness and substance abuse disorders.¹

This project, structured in two phases, seeks to endorse measures of accountability for achieving better behavioral health outcomes and improving the delivery and quality of behavioral health services. To date, NQF has endorsed approximately 45 measures specific to mental health or substance abuse, most recently through the multi-phased Patient Outcomes project. In addition to these endorsed measures, twelve other behavioral health measures have been recommended for endorsement through the [first phase of this project](#).

Despite the number of endorsed measures in this area, many gaps in behavioral health measurement remain. These measurement gaps include screening and prevention in primary care settings, screening for alcohol and drug use, and screening for post-traumatic stress disorder (PTSD) and bipolar disorder in patients diagnosed with depression. This second phase of the project will continue to evaluate behavioral health measures of process, outcomes, and structure that serve as indicators of quality care, access, integration, coordination of care, and prevention across all care delivery settings.

CALL FOR MEASURES

This project solicits new measures for review and endorsement in the domains of screening, assessment prevention, prevention and care integration, and effectiveness that address all populations, with an emphasis on disparate and vulnerable populations, including Medicaid beneficiaries. This project will pursue three broad aims: (1) *better care* – improve overall quality, by making behavioral health more person-family-community-centered, accessible, reliable and safe; (2) *healthy people/healthy communities*- improve the behavioral health of the U.S. population by supporting proven interventions to address behavioral, social and environmental determinants of positive behavioral health in addition to delivering high-quality behavioral health; and (3) *affordable care* – increase the value (cost-effectiveness) of behavioral health care for individuals, families, employers, and government.

¹ World Health Organization (WHO), Atlas: Psychiatric Education and Training across the World 2005, Geneva, Switzerland: WHO; 2005. Available at www.who.int/mental_health/evidence/Atlas_training_final.pdf. Last accessed November 2011.

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To advance these aims, measures pertaining to the six priority areas outlined in the National Behavioral Health Quality Framework will be prioritized:

1. Promote the most effective prevention, treatment and recovery practices for behavioral health disorders.
2. Assure behavioral health is person-, family-, community-centered.
3. Encourage effective coordination within behavioral health care, and between behavioral health care and other health care, recovery and social support services.
4. Assist communities to utilize best practices to enable healthy living.
5. Make behavioral health care safe by reducing harm caused in the delivery of care
6. Foster affordable high quality behavioral health care for individuals, families, employers, and governments by developing & advancing new – and recovery-oriented – delivery models.

NQF is specifically seeking measures in the following areas:

- Screening, Assessment, and Follow-up (e.g., screening and brief intervention for depression, suicide, substance abuse, alcohol use, smoking, elder abuse, childhood trauma in youth or adults)
- Risk appraisal & assessment
- Documentation of Follow-up (including referral)
- Prevention (visitation programs for at-risk families, screening for risk factors at different ages in children and adolescences)
- Care Integration (e.g. smoking cessation, hypertension, heart disease)
- Youth/adults with substance abuse disorders (e.g., diabetes screening, care and management, suicide)
- Youth/adults with serious emotional disturbances (e.g., conduct disorders or oppositional defiance disorder)
- Effective Care (e.g., diagnostic evaluation, psychosocial and medication assisted treatment, counseling regarding treatment, and recovery support options, measures of effective care for patients with severe persistent mental illness)
- Screening for post-traumatic stress disorder (PTSD) and bi-polar disorder in all patients diagnosed with depression, with an ability to differentiate between the disorders
- Screening for alcohol and drug use, specifically using tools such as the Screening Brief Intervention and Referral to Treatment (SBIRT)

Also of critical importance are issues regarding the integration of behavioral health and general medical care, the necessary role of preventative services for behavioral health disorders, the treatment gap for mental and substance use disorders, the coordination of behavioral health services with other human services (e.g., housing, employment, and education), and long-term care services for those with behavioral health disorders. Additionally, the Steering Committee will continue to examine measures that align with major health reform initiatives, including Meaningful Use Stage II, Measure Applications Partnership (MAP), Medicare and Medicaid Core Measure sets, Accountable Care Organizations (ACOs), Health Homes and Dual Eligible.

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Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must be within the scope of the project and meet the following general conditions as specified in the [Measure Evaluation Criteria](#):

- A. The measure steward is in public domain or a [Measure Steward Agreement](#) is signed.
- B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.
- C. The intended use of the measure includes both public reporting and quality improvement.
- D. The measure must be fully specified and tested for reliability and validity*.
- E. The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.
- F. The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

***Untested measures (i.e., without testing and results for [Scientific Acceptability of Measure Properties](#))** are only eligible for time-limited endorsement. The NQF [Time-limited Endorsement Policy](#) was modified in 2009 as follows:

- Limited Use - Time-limited endorsement is only available for use if all of the following conditions are met:
 - o An incumbent measure does not address the specific topic of interest in the proposed measure;
 - o A critical timeline must be met (e.g., legislative mandate); and
 - o The measure is not complex (e.g., composite, requires risk adjustment).
- Time Period - The measure steward verifies a timeline and committed resources to conduct testing within 12 months if granted time-limited endorsement.

To submit a measure, please complete the following:

- **online measure submission form (available on the project page)**
- [Measure Steward Agreement](#)

Please note that materials will not be accepted unless accompanied by a fully executed [Measure Steward Agreement](#). All materials not meeting this requirement will be returned to the sender.

Materials must be submitted using the online submission process by **6:00 pm ET on Tuesday, December 18, 2012.**

If you have any questions, please contact Lauralei Dorian at 202.783.1300 or ldorian@qualityforum.org. Thank you for your assistance.

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