NATIONAL QUALITY FORUM

CALL FOR NOMINATIONS TO STEERING COMMITTEE Behavioral Health

The Affordable Care Act (ACA) calls for the establishment of a National Strategy for Quality Improvement in Health Care to include national priorities and a strategic plan for improving the delivery of healthcare services, achieving better consumer outcomes, and improving the health of the U.S. population. Similarly, the Substance Abuse and Mental Health Services Administration (SAMHSA) is now advancing a national Framework for Quality Improvement in Behavioral Health Care aimed at establishing national priorities—as well as goal 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 those with mental illnesses and substance abuse.

To date, NQF has endorsed more than 45 behavioral health measures, most recently through the multi-phase Patient Outcomes project. However, many gaps remain, including those related to screening and prevention in primary care settings. This two-phased project will endorse individual and composite 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.

BACKGROUND

NQF has endorsed consensus standards applicable to behavioral health in the previous projects:

- <u>National Voluntary Consensus Standards for Patient Outcomes Measures: Child and</u> <u>Mental Health (Phase III)</u>
- National Voluntary Consensus Standards for Ambulatory Care-Part 1 (Phase 3, Cycle 1)
- National Voluntary Consensus Standards For Clinically Enriched Administrative Data
- Clinician Level Measures for Non-Physician Professionals
- National Voluntary Consensus Standards for Medication Management 2008
- National Voluntary Consensus Standards for Hospital Outcomes and Efficiency
- Nursing Homes 2010
- <u>Child Health Quality Measures 2010</u>

STEERING COMMITTEE

A multi-stakeholder Steering Committee will oversee the development of a draft consensus report that will include recommendations for which measures should be endorsed as consensus standards.

The Steering Committee membership should represent the range of stakeholder perspectives, possessing relevant knowledge and/or experience in measurement of mental health, substance abuse/dependence, and risk adjustment and/or clinical expertise in depression, substance use disorders, other serious mental illnesses and related disorders in adults and children/adolescents.

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Membership should also represent expertise in the primary care setting and primary care integration, as well as population-based approaches for promoting mental health and preventing substance use/abuse.

NQF is specifically seeking expertise in the following areas:

- Screening, Assessment, Follow-up (e.g., screening and brief intervention for depression, suicide, substance abuse, alcohol use, elder abuse, childhood trauma in youth or adults, etc.)
- Risk appraisal & assessment
- Documentation of Follow-up (including referral, etc.)
- 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)

Steering Committee members should not have a vested interest in the candidate measures. This includes employees or contractors of measure owners/developers; members of workgroups that developed the measures; and members of committees that approve measures or direct or set policy for measure development. Please see the NQF website for additional information about the <u>conflict of interest policy</u>. All potential Steering Committee members must disclose any current and past activities during the nomination process.

The Steering Committee will work with NQF staff to develop specific project plans, provide advice about the subject, ensure input is obtained from relevant stakeholders, review draft products, and recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process.

TIME COMMITMENT

The Steering Committee will meet in person for a total of two two-day meetings. The first will take place on April 17-18, 2012, and the second in early 2013, both in Washington, DC.

Committee members must be available to attend these meetings. This project will consist of two overlapping phases with the second phase beginning shortly following the voting period for the first phase. Steering Committee members will be asked to serve for both phases for a total commitment of approximately two years. Additionally, Steering Committee members will meet three to five times by conference call for two hours each per phase and will be asked to review materials and provide feedback throughout the process. Additional conference calls may be needed. The introductory orientation call is mandatory for all Steering Committee members and is scheduled for **February 7, 2012, from 2:00-4:00 pm ET**. An optional conference call will be held

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on March 7, 2012, from 2:00-4:00 pm ET to address Committee members' questions about measure evaluation as they review the measures before the in-person meeting. There will be a mandatory post-comment period conference call on **July 26, 2012, from 2:00-4:00 pm ET** to discuss the comments received on the measures and the responses. Further dates for Phase 2 meetings and conference calls will be made available in 2012.

CONSIDERATION AND SUBSTITUTION

Priority will be given to nominations from NQF Members. Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals from an organization at conference calls are not permitted.

MATERIAL TO SUBMIT

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 send the following information:

- a completed nomination form;
- confirmation of availability to participate in the orientation call on February 7, the April 17-18 in-person meeting, and the July 26 post-comment period call;
- a 2-page letter of interest <u>and</u> a short biography (750 characters), 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; and
- a completed <u>conflict of interest</u> form.

Materials should be submitted through the project page on the NQF website.

DEADLINE FOR SUBMISSION

All nominations must be submitted by 6:00 pm ET on Tuesday, December 13, 2011.

QUESTIONS

If you have any questions, please contact Angela Franklin, JD or Sarah Fanta at 202-783-1300 or <u>behavioralhealth@qualityforum.org</u>. Thank you for your assistance.