

NATIONAL QUALITY FORUM

Moderator: Sheila Crawford
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2:00 p.m. ET

Operator: Welcome to the conference. Please note today's call is being recorded.
Please standby.

Angela Franklin: Hi. This is Angela Franklin. Hello. This is Angela Franklin and you've
joined the Behavioral Health Care Committee call.

Today's call will go over the comments that we received during the phase 1 of
the comment period. I'd like to also introduce Lauralei Dorian. She is our
new (project) manager.

Male: (Inaudible) phones on mute. Yes. We're getting a lot of feedback. The
operator there, can you (inaudible) lines on mute or find out what's going on
there?

Operator: Yes, one moment.

Lauralei Dorian: OK. Hi everybody. I just want to introduce myself. I'm Lauralei Dorian and
I think you know my e-mail. I've recently taken over as project manager on
this project event. I'm really looking forward to working with everybody. I
know this first phase is nearly over but certainly on the second phase you
know that you can reach out to me with questions or comments to the rest of
my team at any time.

Angela Franklin: So I think I'll turn it over to Evan at this point and he's going to go through
and do a roll call to see who we have on the phone.

Evan Williamson: Hi everybody. I just want to make sure that we have everybody here. I know heard (Peter).

(Peter): Yes, I'm here.

Evan Williamson: All right. Harold Pincus?

Harold Pincus: Yes, I'm here.

Evan Williamson: Colleen Barry? (Caroline Toni-Debling)? (Mady CHalk)? (David Einsig)? Nancy Hanrahan?

Nancy Hanrahan: I'm here.

Evan Williamson: OK.

Female: One second before we go on, I just wanted to remind everybody to please put your phones on mute if you're not speaking because we have some pretty bad echoing.

(Jeffrey Simon): (Jeffrey Simon) is also here.

Evan Williamson: Oh, great. Yes, we'll keep on doing it. (Emma Hu)? Dolores Kelleher? (Perinda Cottrey)? Michael Lardiere?

(Lyn Wagner): Hello?

Michael Lardiere: Hi, I'm here.

Evan Williamson: Who's there?

(Lyn Wagner): (Lyn Wagner).

Evan Williamson: OK. Well, let's keep going through – I think I missed – is (Perinda).

All right, Michael Lardiere?

Michael Lardiere: Yes, I'm present.

Evan Williamson: OK, great. David Mancuso? Tami Mark? Bernadette Melnyk?

Bernadette Melnyk: I'm here.

Evan Williamson: Great. Madeline Naegle?

Madeline Naegle: I'm here.

Evan Williamson: All right. David Pating? (Colleen Phillips)? Vanita Pindolia?

Vanita Pindolia: I'm here.

Evan Williamson: Excellent. Dr. Salmon, I heard you before. Lisa Shea?

Lisa Shea: I'm here.

Evan Williamson: Great. (Jeffrey Stutzman)? (Lyn Wagner)? I heard you.

(Lyn Wagner): That's me.

Evan Williamson: Mark Walrich? Bonnie Zima? And (Les Dunn)?

OK. Great. So I'll turn it back over here to Lauralei and we'll continue with the call.

Lauralei Dorian: I might have – (Natalie), are you there? The operator.

Operator: Yes, ma'am.

Lauralei Dorian: I don't know if other people are hearing this but from our end we're still hearing a bit of an echo. Are you able...

Harold Pincus: I'm hearing it also. Harold Pincus.

Lauralei Dorian: OK. (Natalie), are you able to look into that from your end?

Operator: Yes, ma'am. We're trying to figure out where it's coming from now.

Lauralei Dorian: OK. Oh, we'll just go ahead, I guess. Hopefully they'll figure something out.

But just to go over – Angela already mentioned that the agenda for today’s call is to go through the comments that were received on this (past) report. We have two major themes: the process for deferring measures and the committee – the discussion of the reliability subcriteria for measure 4. So I’ll also briefly discuss measure harmonization and any additional thoughts you have on any comments that came in and responses that you want to put forward. And then we’ll also have time towards the end of the call for public comments.

So at that point, I think I’ll hand it over to Angela. We’re going to (inaudible) and open the memo that was sent to you.

Angela Franklin: Yes. Thanks, Lauralei. I think our co-chairs can lead us through a discussion of the comments received. That will begin with measure number 0004, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment. And (Peter) or Harold, you wanted to get us started with that.

Male: I think one thing that’s – one thing that I think is when you look at the comments, you’ll see that actually there’s very few comments and it’s hard to know whether that was because everybody was so delighted with our work or whether people were unaware of our work. But – so that in terms of responding to them, it’s actually relatively small amount of response.

And so the Theme 1 was the process for deferring measures and as you all recall, we deferred a number of measures where there were sort of problems in terms of the reliability as (inaudible) of the data as presented in terms of the reliability of those measures. And the measure developer said that they were in the process of revising the measures and retesting them and so they were deferred until we could get the results of the retesting.

And for the most part the questions for that had to do with what exactly is that process? And you could see our – you know in the report, our committee response in terms of giving all rationale and the NQF’s staff response – just talking about the decision for the deferring measures is really on a case by case basis and it explained the rationale.

The people that made comments or questions or any suggested revisions of that part of the report?

Female: Can I just ask to make sure I understand this? It appears that on 0004, that the comments from CPHQ was that they were giving us more information and it appears that the information that they gave us validates that in fact these measures...

Male: When you say 0004, can you say what you're referring to?

Female: I'm referring to the comment table and the comments submitted by Mrs. (Jan Orton).

Male: OK. Yes?

Female: Does that mean that because we have this information now, we would look at it again? Or for – it seems to me that the information validates that there is reliability with this measure. So what do we do now?

Male: Well, I think we're still – we're awaiting the results. They are refining and retesting it so it would make sense to wait until they...

Female: No, we don't do – I think – and we can let the developer weigh in as well on this one, but if NCQA is on the line, but this does, I think, confirm the committee's decision.

Male: Hi.

Female: (Have to) revote on it or anything like that.

Male: Can you hear us?

Female: Yes, we can hear you.

Bob Rehm: I'm sorry. This is Bob Rehm at NCQA. I believe you asked us a question that the reliability information we've provided and the comment was also inputted in the submission. So we were a little unclear about the origin of the

comment but we thought it was just safer to – we'll provide you if you will that reliability data.

Male: Yes, my reading is that Ms. (Horton) was kind of responding about the different measures and the measures that we deferred – that's my sense.

Bob Rehm: (Inaudible) understand this but we felt it would be best just to be (inaudible).

Female: Great.

Male: So did you have other thoughts about that – about that comment? As one is here – the 0004 was in fact endorsed.

Female: That's correct.

Male: The measures – the third was the joint commission measure.

Female: So perhaps what we can do here (inaudible) is go back therefore on the original transcripts and maybe Laura explicitly can spell out.

Female: Well, I think – right and I think the steering committee has weighed on this 0004 and the developer had provided the information already in the form, just an answer to the comment or question. So there's no need to go further.

(Peter): There doesn't – this is (Peter). There doesn't seem to be anything – there doesn't seem to be anything about that – if the question or the response to the question, then that has likely changed the committee's initial conclusion.

Male: Yes, you're right. She's endorsing the conclusion.

Heidi Bossley: Hello. This is Heidi. If I – maybe from – I'm with NQF staff. From our perspective, when we read the comment, it appeared that the question was whether the committee applied the evaluation of reliability testing consistently across the measures. So they saw that you had called into question on some of them and they were specifically I think our take on it, asking whether you should rebook at least what was provided for 0004.

And it sounds like you all think that you have but I think that would help staff draft a response as your thinking again on that specific measure.

Male: Right.

Male: Yes, it is. So what she was raising was did we actually look at the reliability of 0004 in the same way that we looked at it for the Joint Commission Measures. And it is – I mean in my recollection, I felt we did and this is reinforced by the developer's response. Is that the correct conclusion?

Female: Any other comments from the steering committee members?

(Peter): So does anybody – this is (Peter) again – does anybody have any objections for this particular measure if we say we've relooked at the reliability data as provided by the developer and sort of reconfirmed our initial decision? Anybody want to do anything different from that?

Female: Sounds reasonable.

Male: No.

Female: No.

Male: (I'd agree) with that.

(Peter): Is that – the staff have sufficient information to finish up the written response?

Heidi Bossley: Yes, that will help us with our response to this comment.

Male: The only point I have is – and maybe the people from NCQA could respond. Was there any terminology change with – that was part of (this testing)?

Male: No, I really – no there wasn't. This is the testing approach we used for essentially 95 percent of all of our measures. You've seen this is quite often and there has been no change. So I'm not sure – again, we had trouble deciphering the comment and we thought maybe she was speaking across all measures, if there is different ways of testing of reliability and possibly that's what the focus of her comment was, but that was just our guess. So I think

you know your discussion has clarified in my mind the direction of that. I hope that's helpful.

Male: OK. So are there any recommendations from the committee to make any further changes in our report, at least with regard to Theme 1?

(Jeffrey Simon): With regard to Theme 1, so we talked about using – this is (Jeffrey) – using the language proposed committee response that (we're buying into) right now?

Female: That's correct.

Male: Yes. You know, again, just a little backtracking, perhaps, but if we say something like "The steering committee strongly agrees there's great need for measures in this area," we're referring to a lot of stuff, because it's all of the above, right?

Male: Right.

Female: Right.

Male: (Inaudible) to be more specific or...

Male: I'm suggesting of not being so enthusiastic.

Female: OK.

Male: Can we agree that there's need for measures in this area – because being so enthusiastic sort of says you just do this or that and we're going to say "Yes, fine," where I think it could be reevaluated at that point in time.

Female: And I think...

Male: I don't want to raise expectations beyond. And we really have to say is "We agree that there's need; measures are necessary."

Male: Yes. Or you could say, "Great need for reliable and valid measures in this area."

- Male: Yes. I'm getting at the fact that some of the stuff above, I think when we go over again, well, yes, that's fine. My point is there.
- Male: I think that (inaudible) specific language – what do you think? I mean do you want to say to get – we'll take out “great” or do you want to put in...
- Male: We'll take out “strongly agree.”
- Male: (Inaudible).
- Male: I want to take out “strongly” and “great”. We agree that there's need for measures in this area. Boom.
- Male: (Inaudible).
- Male: Are there objections to that?
- Female: No.
- Male: Not from me.
- Female: No, I support it.
- Male: No.
- Male: Then let's – let's accept that as a friendly amendment.
- Female: OK. We'll make that change.
- (Peter): Anybody else – anybody else have issues with either the proposed committee response or the staff response?
- Hearing none, sounds like we can – we can dispense with Theme 1 and this seems relative straightforward so anybody – anybody have questions or comments or concerns?
- Ann Doyle: (Peter), this is Ann Doyle. If we want to say that we do have this developer on for this measure, NCQA, and we've been working with them on this issue

and they did have a response for the steering committee and for the commenter. If Bob is on, do you want to speak to that one and then...

Bob Rehm: (Inaudible). Hi, we're going to have Jenna Williams-Bader who is our assistant director here who's been deeply involved in all of our (inaudible) measure work across the OMC and CMS.

Jenna Williams-Bader: Great. Thanks, Bob. So as people may or may not know, the (inaudible) for this original measure – for this measure were originally created in 2010 with some updates in 2011. And as the committee may be aware of, stage 2 measures, which means we are going to be released later in the summer, so our preference would really to be wait until stage 2 measures (that lift) is released and then to focus on getting the e-specifications for those e-measures submitted to NQF, or to at least start discussions about that, because those reflect a lot of learning that's happened since 2011, since those e-measures were originally created and we'd like to make sure we submit the most recent e-specifications to NQF for consideration.

(Peter): So we are – so this is (Peter) – so you're essentially – do I understand you correctly, you're essentially – you're recommending a little delay so that you can be sure that you're aligned with stage 2. Is that – is that the bottom line?

Bob Rehm: Yes. And (Peter), it's Bob. I think that from another context, we were hoping you know we have – I think we need to discuss this with NQF where we don't have the e-measure specification spot on yet the claims or the original measure, the current measure as we referred to here, has going through endorsement – whether it's – not to hold up the measure but to essentially update the measure specification when we have those final e-specs.

Heidi Bossley: This is Heidi. Just from again NQF's staff perspective. What will happen here on this one measure, that we'll handle this on a case by case basis and this measure will go forward through throughout the process, specified for the original data source, not for EHRS and so NCQA is able to provide the updated e-specification and then we do have a process to do overview to make sure that those specifications are consistent with what was endorsed and then the additional data source of EHRS will be added to the measure at that time

and we'll just – it all depends on when NCQA is able to provide better information to us.

Male: And so, Heidi. What is – you're recommending that – is that we retool our response to essentially what you just set. Is that right?

Heidi Bossley: Yes, so we'll craft something (inaudible) around but in essence, it will just be endorsed for the current – what have testing in front of you on for that measure and then hopefully, it will be expanded in the near future.

Male: Does anybody on the committee have to have issues with that approach?

Female: No.

Male: Hearing none, the – so staff, you have what you need to finish the response?

Female: Yes, we do. Thank you.

Male: I think we're done with Theme 3 already. Does that mean we're done?

Female: It was a bit under the proposed committee response. I'd like for us to take a look at it and see if they – if you could see if they agree with that statement.

Female: The proposed committee response on Theme 3?

Male: (Inaudible) anybody want to suggest amendments or improvements?

Hearing none, sounds like we might – we'd be satisfied with the proposed response.

Male: Yes, I think one of the issues that came out and just correct me if I'm wrong. But it has to do with the changes, not just from (inaudible) but also how changes in DSM-V might perturb the system and that sounds – and really more something to keep an eye on going forward in terms of the proposal to eliminate the thing between abuse and dependence.

(Jeffrey Simon): When I read – this is (Jeffrey). When I read that I was thinking – that was started on (inaudible) in that way. I wasn't as savvy about the ICD part.

Male: Yes, it's just – you know – with changes in the classification in ICD 10 – ICD 9 and in relationship to you know changes in DSM have you know both through the classification and how people will respond to some of these things may perturb the system, I think is the way you know I was thinking about.

And again, we don't know whether it's going to be something to keep an eye on as that implementation occurs. The you know those are these things that have been – you know the ICD 10 thing has been moved out a year. So it's not imminent. The DSM-V comes out I think in May of next year. So – but again, over the next couple of years until the next time these things come around so we're looking at that and tracking that.

(Madeline): OK. This is Madeline. I really remember that we did have some of the discussion committee meeting and I think that what you're suggesting that I'm not so much with the language – I'm not sure of when you use language perturbs the system but certainly with the proposed changes to substance use disorders, I think we would want to reevaluate and perhaps update our recommendations or re-review measures.

Male: Can somebody from the NQF staff talk a bit about what that would – how the process for that would work?

Heidi Bossley: Sure. So this is Heidi again. (Inaudible) for me a little bit. What will happen is at that point in time when either DSM-V or ICD 10 or both are reflected in the measure, it will come to us through probably most likely an (inaudible) with those coding changes and then we as staff will determine and we may actually talk to experts to make sure that this isn't a material change to the measure and if it does change (inaudible) maybe intent of the measure in the hopes of it being even more precise, then we do have an ad hoc review process where we can convene a small group of experts and get input on those changes and have it go through shorted CBP cycle to get input on those changes.

So when that happens, we do have a process in place.

Male: But I guess also, in summary, this is also a message to the developer to keep an eye on these things.

Female: Exactly.

Male: Does anybody on the committee at this time want to – want to suggest the text change in the committee response? Or does anybody have any other comments?

Ann Doyle: Well, this is – this is Ann Doyle. I thought I heard a suggestion to add some language around the addition or the changes coming in DSM-V?

Male: (Inaudible) will add potential changes in DSM-V.

Female: OK. OK. So we could add that. Does the committee agree?

Male: Yes. I think that makes sense.

Female: I agree.

Female: I agree.

Male: Anybody object?

Hearing none. So anybody – anybody have any other suggestion?

Hearing none again, staff, do you have what you need?

Female: Yes, we do. Thanks.

Male: So Angela or Heidi, is there anything else we have? Is there any other business we have at queue at this call?

Female: Well, there was a request, just a kind of get an update on where the harmonization of the measures was in terms of the adherence to medication measures and the measures around screening assessment and monitoring?

Male: Are these part of the report that – our report or these are just – you're giving me a feedback on sort of further discussion on that?

- Female: It will be part of the report – letting the public know where we are with the harmonization process.
- Female: So we laid out for you what happened so far with the medication measures, the short of it is that the three measures that you see before you, 1879, 1935, and 1936 have been resolved –1879 and 1935 will be combined into a single measure, which will be 1879. CMS will be the measure steward for the measure as on the call, we do have the developers for both measure in case they'd like to say anything about this process.
- Male: So what is the final measure that is now being – the final harmonized measure – could somebody just (adjust) the enumerator and denominator?
- Female: Sure. For – it's – 1879 is adherence to oral antipsychotics for individuals with schizophrenia and I think we have the – I'm going to dig up the – OK, so from the numerator statement it's the individuals with schizophrenia who feel that at least two prescriptions for any oral antipsychotic medication and have a proportion of days covered for antipsychotic medications of at least 80 percent.
- Then the denominator – individual of at least 18 years of age at the end of the measurement period with schizophrenia and at least two clients for any oral antipsychotic medication during the measurement period, which is 12 consecutive months.
- So that would be the harmonized final measure.
- Male: OK. I think that's the special (inaudible).
- Female: Do you want to hear anything (inaudible)? So let's – if there's any comments from the committee about that?
- Male: No. I think this is a useful process – the cleanup in terms of – and I think we – I for one appreciate getting feedback on what actually happened with our (inaudible).
- Female: OK. Great. Thanks.

Female: So with the screening assessment and monitoring measures for diabetes and cardiovascular health, as I (inaudible) memo, there were measures around diabetes screening and there was both an existing measure on bipolar disorder and that's the assessment for diabetes of the developers NCQA.

Then there was a new measure that came before the committee, measure 1932, diabetes screening for people with schizophrenia, with bipolar disorder prescribed an antipsychotic medication. Also the developer at NCQA and we've spoken with them and I know they're in the process of including the new measure, the stratification of the strata underneath the existing measure and if the developer wants to say a few words about that, you're welcome to do so.

Bob Rehm: Hi. It's Bob again and we have our behavioral health team as well so I'm making a mistake, let me know folks.

(Inaudible) it's our intent in terms of the NQF submission – I mean the current diabetes screening and cardiovascular measures if the new measures will be essentially contained within – I think we just need to work out with NQF, reopening those, if you will, the parent measure form so we can include the new specification from behavioral health side into the measure.

Female: We'll definitely do that for you folks.

Male: I think this may be a first. Where this has occurred, maybe it's occurred with other measure developers so there may be a little bit of pant holding but I'm sure we can get it right.

Male: What will – what will it actually look like? Will it actually be sort of embedded within the measure that there's the recommendation that there'll be a stratification and that will be stratification in the precise sort of (codes) to be used in the stratification be included?

Male: Yes, I think it's just – it's fairly cumbersome – I mean a measure, just one measure on its own right can be reasonably cumbersome to convey on an interest submission form, I think figuring out a way to have the strata defined given the form right now, it's something I think we'll work with NQF on it.

Could be if we create you know basically two specification fields if you will. One for the base measure or parent measure and the other one for the behavioral health component of the measure.

Heidi Bossley: Great. This is Heidi. We (inaudible). I know we had preliminary discussions with NCQA and I think it's solely actually combined (inaudible) existing one. We won't know completely how it would work but we want to make sure that it does show that there is a kind of subset target population both in the description section so that when someone pulls out this measure, they know it's endorsed for the broad population but also recommended that this target population should be reported and tracked separately and then have it show in a numerator-denominator, et cetera, as appropriated with the appropriate subnotations.

But beyond that I think, as Bob said, this is the first time we've had this happen. I think this is a good thing. We like to see that again, we emphasize what group should be looked at, perhaps a little bit more based on the evidence and so we'll figure out how to make it work. We may actually send it to a couple of the committee members if they're willing and get your feedback and whether how we're going portray it that it make sense because it is the first time.

Male: Yes and Heidi, if I can just tag team on that comment. I think one of the areas that we're most interested in this process is to make sure that people who are interested in using this measure can easily identify that there is a schizophrenia population of interest that would show up as opposed to being kind of hidden under the layers of the diabetes or cardiovascular measures.

Female: Exactly. So that's part of what – I think we'll work together and figure out because we're agreeing on how this is done.

Male: I think this is terrific. I think it's – one of the important sort of many message from this is that you know people can't – shouldn't be sort of separating out you know sort of a Cartesian rule in a kind of a way, sort of you know mental health from the rest of health care. I think that features a very useful exam.

Female: OK.

Male: We just wanted to make that correction or ask the question on page four of your memo, you refer to 000354 disorder as an NCQA measure? I'm not sure it is.

Female: OK. We will check that. I think...

Female: Yes, we don't have it anymore. No.

Female: We'll check that. Yes.

Male: OK. Thank you.

Female: Any other questions? If not, we'll move onto diabetes monitoring because each of these have the same issue so is there in your memorandum list some questions that anyone wants to ask about the following or the remaining measures at this time?

Female: These have same issues.

Male: Any comments on the diabetes monitoring issue?

Male: And what about the follow-up (inaudible) hospitalization?

Female: OK. All right.

Male: I think these are advantages – they both simplify things but they also retain clarity about the linkage with the general health care.

Female: OK.

So I guess I'll turn it over to – if there's nothing else on these measures, then I'll turn it over to our next stuff. We might (inaudible) unless anybody of you has any general questions or comments. I might have Natalie open the line up (inaudible).

Operator: If you would like to ask a question at this time, please press star then the number one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

And you do have a question from (Carl Kimble).

Female: Great. Go ahead, (Carl).

(Carl Kimble): Hey, Angela. I just wanted to clarify for the steering committee for the numerator and denominator for the harmonized version of 1879. In the harmonized version, we did include the depo injection so the numerator description is not limited to oral antipsychotics and for the denominator per the steering committee suggestion, it identifies both schizophrenia and schizoaffective disorder in the description of the denominator.

Male: OK. Thanks for clearing this and do you have a mechanism for determining the 250 days for oral – I mean for injectable?

Male: So with the injectables, what we did was we (inaudible) the analysis of the Part D data that was available to us in 2008 and we looked at the median days supply across the data for the Depo injection and we determined that another author had actually imputed median days supply and so our approach was – because we have to address both Part D and Part B claims – Part B claims in the data actually do not have a base of variable.

So we determined that we would impute a 28 or 14-day supply.

Male: (Inaudible).

Male: Based – yes, by drugs. Yes.

Female: We at NQF will also send you through the revised submission form so that you can all make sure that you know.

Operator: You have no further questions.

Female: OK. Thank you. Are there any other questions or comments in general from the steering committee?

OK. Well, I think I'll (go over) a few upcoming (steps) now. We do – once we incorporate and finalize your responses to these comments, we'll put the

report out for member voting, so we're hoping to get that out on July 30 – and that's open for 15 days through the – that should August 13, not July 13.

And then if all goes well, we'll be presenting the project's feedback on September 10 and following that, it goes through (Gordon Dorscent) and we're hoping that Phase 1 will be completed later this year in October. So any questions about those upcoming (steps)? Angela, did you have anything to add?

Male: Do you have specifics about the timing?

Female: Yes. What was – what in particular about the timing?

Male: Well, we're in – just in terms of the information going out to the field and so forth.

Female: Going to the field – you mean going out to the public and the members?

Male: Yes, I was thinking more for the next phase.

Female: Oh, for the next phase, yes.

Angela Franklin: We have a – this is Angela. We do – right now, the firm dates that we have is that the call for measures will open September 3 and close on December 3 and the remainder of the timeline is still to be fleshed out for Phase 2.

Female: So as soon as we know more details about that, we'll definitely let you know.

Male: OK.

Female: Well, thank you everybody very much for calling in today.

Male: Thanks all.

Female: And they're a bit early.

Female: Thank you.

Male: Bye-bye.

Female: Take care.

Operator: Ladies and gentlemen, this does conclude today's conference call. You may now disconnect.

END