



Behavioral Health Memo: Preparation for Web Meetings

TO: Behavioral Health Steering Committee

FR: Lauralei Dorian, Project Manager, NQF

SU: Behavioral Health Phase II: Preparation for Web Meetings

DA: June 3, 2013

Thank you for your continued participation with the Behavioral Health project. The purpose of this memo is to provide you with instructions to prepare for the upcoming webinars to be held at the following times:

Wednesday, June 5th

9:30 -12PM (EST)

1-4 PM (EST)

Thursday, June 6th

9:30 -12PM (EST)

1-4 PM (EST)

Steering Committee Action:

- Familiarize yourself with all 24 measures so that you are able to fully participate in the discussion and voting process. All measures and corresponding documents are available on [SharePoint](#).
- Attend the webinars on June 5 and June 6 to discuss and vote on each measure. **Please be at your computer during the calls so that you can submit your votes.** A personalized link will be emailed to each Committee member that will allow you to vote online. Before the first webinar, please run the browser test that will be included in the email with your link. Note that you must use a laptop or desktop computer to cast your vote (iPads will not work as they are not flash-enabled).
- Plan to present the measure for which you were designated lead discussant during the web-based meetings. To begin discussion of the measure, briefly summarize the compiled preliminary ratings and rationale. Please highlight areas of concern and differences of opinion.

This memo contains information on several important topics. Please review each section for details on how to prepare for upcoming project activities:

1. Meeting Purpose and Format
2. NQF Measure Evaluation Criteria
3. Electronic Measure Evaluation Process
4. Harmonization Process



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MEETING PURPOSE

- Evaluate the 24 submitted measures according to NQF measure evaluation criteria to determine if they are suitable to recommend for endorsement as voluntary consensus standards.
- Discuss issues related to measure harmonization for those measures recommended for endorsement.

MEETING FORMAT

- At the beginning of the first webinar, each Committee member is asked to disclose any potential conflicts of interests that may have arisen since your participation during the first phase of this project.
- Each measure is evaluated individually. Measure developers will be available during the meeting to respond to Committee questions during the discussion of their measures.
- The lead discussant will introduce each measure, followed by a discussion of the measure by the entire Steering Committee. After discussion, the Committee votes on the measure.
- The Steering Committee will vote via an online as the measures are evaluated.
- NQF Members and the public are provided opportunities to comment on the measures throughout the day.

NQF MEASURE EVALUATION CRITERIA

Measures considered as potential voluntary consensus standards are evaluated by a multi-stakeholder steering committee against four major criteria (*Importance to Measure and Report, Scientific Acceptability of Measure Properties, Usability, and Feasibility*). Each criterion has several subcriteria that are used to determine if the criterion is met and all the subcriteria must be evaluated. The evaluation criteria, subcriteria, explanatory footnotes, and evaluation guidance should be thoroughly reviewed prior to evaluating measures.

Measure stewards/developers submit measures for consideration in a standardized form that is structured to solicit the information necessary for committees to determine whether the NQF criteria are met. The submission form is their opportunity to demonstrate that the criteria are met.

Committee members first review and evaluate the measures individually on workgroup calls, but ultimately the entire Steering Committee as a group determines to what extent the criteria are met and whether to recommend measures for endorsement by NQF. NQF recognizes that each committee member brings different expertise and experience to the project and may not feel qualified to evaluate all aspects of a measure. All committee members should contribute to the evaluation to the best of their ability, knowing that the final evaluation rating and recommendation will be made by the full Steering Committee.



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The full criteria, subcriteria, and explanatory footnotes should be thoroughly reviewed prior to evaluating measures and are available [online](#) and in the [Measure Evaluation Criteria and Guidance document](#).

Guidance on Evaluating Measures

In 2010 several projects were undertaken to develop additional guidance on applying the NQF criteria. The specific recommendations from these projects took effect in January of 2011. The reports provide more information about the criteria that may be useful for committee members.

- [Guidance for Measure Testing and Evaluating Scientific Acceptability of Measure Properties](#)

ELECTRONIC MEASURES

Three measures were submitted to this project as e-measures:

- 0103: Major Depressive Disorder (MDD) Diagnostic Evaluation (PCPI)
- 0104: Major Depressive Disorder (MDD) Suicide Risk Assessment (PCPI)
- 2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Intervention (PCPI)

Please apply the same criteria that are used for all other measures when evaluating these measures. At this time, testing is considered sufficient if the developer provided an analysis of agreement between data elements obtained using the electronic specifications and those obtained through abstraction via visual inspection of the entire electronic record (authoritative source) using statistical analysis such as sensitivity and specificity. This type of testing will also satisfy data element reliability.

The electronic specifications for these measures underwent internal review by NQF and were found to contain the required data elements.

HARMONIZATION

Resolving issues around harmonizing measures and handling competing measures remains one of the key challenges in NQF measure endorsement projects. The current quality landscape contains a proliferation of measures, including some that could be considered duplicative or overlapping, and others that measure similar but not identical concepts and/or patient populations.

NQF recently updated our guidance around measure harmonization and competing measures. One of the proposed changes was for NQF to reach out earlier in the consensus development process to developers whose measures had been identified as related to/or competing with other measures. This early outreach is intended to provide developers with sufficient time to initiate conversations with one another and begin thinking about potential plans for harmonization.

In April, 2013, the Behavioral Health team reached out to developers whose measures were determined to be related and solicited preliminary statements articulating potential ways to harmonize, or



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justifications why harmonization is not needed. We identified *all* related measures in the NQF portfolio, not only those in the current project, but only requested responses from those developers who had measures in the current project. We have attached side-by-side measure comparisons and developer responses to the email sent to you on Wednesday, May 29.

The following measures are those in this *current* project that were identified as related:

MEDICATION MANAGEMENT

Measure Number	Title	Steward
0105	Antidepressant Medication Management (AMM)	NCQA
1880	Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	FMQAI

DEPRESSION SCREENING & DIAGNOSIS

Measure Number	Title	Steward
0103	Major Depressive Disorder (MDD): Diagnostic Evaluation	PCPI
0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS / Quality Insights of PA
0518	Depression Assessment Conducted	CMS/Acumen

DEPRESSION FOLLOW-UP

Measure Number	Title	Steward
1884	Depression Response at Six Months	MN Community Measurement
1885	Depression Response at Twelve Months	MN Community Measurement

TOBACCO

Measure Number	Title	Steward
1651	TOB-1 Tobacco Use Screening	The Joint Commission
1654	TOB - 2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment	The Joint Commission
1656	TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge	The Joint Commission
1657	TOB-4 Tobacco Use: Assessing Status after Discharge	The Joint Commission



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ALCOHOL

Measure Number	Title	Steward
1661	SUB-1 Alcohol Use Screening	The Joint Commission
1663	SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention	The Joint Commission
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	The Joint Commission
1665	SUB-4 Alcohol & Drug Use: Assessing Status After Discharge	The Joint Commission
2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	AMA-PCPI

During your webinars, you will evaluate all 24 submitted measures individually. If recommended for endorsement, you will then discuss potential harmonization of the related measures, and review the statements submitted by developers to inform your discussion.

NQF offers a Harmonization Information Sheet, Decision Logic for Categorizing Related and Competing Measures, and [Guidance on Measure Harmonization](#) to help inform your discussions. All of these materials can be found on the [Behavioral Health SharePoint page](#).

We hope that you find this information is helpful in preparing for the upcoming meetings. At any time, please feel free to contact Lauralei Dorian (ldorian@qualityforum.org). We look forward to hearing from you on June 5 and 6.