

# NATIONAL QUALITY FORUM

TO: Behavioral Health Steering Committee

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SU: Behavioral Health Phase 1 - Public and Member Comments on Measures

DA: July 13, 2012

The Behavioral Health Steering Committee will meet via conference call on Thursday, July 19 at 2:00pm ET. The purpose of the meeting is to:

1. Discuss comments received during the public and member comment period.
2. Provide input on responses to comments.
3. Determine whether reconsideration of any measures is warranted.

Please let us know if you have any questions.

## **Steering Committee Action:**

1. Review the individual comments received during the public and member comment period and proposed responses. (Excel spreadsheet included in the meeting materials has been sorted by measures. Filters have also been applied to the spreadsheet so that custom filters can be applied by submitter, member council, etc.)
2. Review comment themes (within this memo) and proposed responses.
3. Be prepared to provide feedback and input on proposed comment responses.

**Conference Call Information:** *THURSDAY JULY 19<sup>TH</sup> AT 2:00PM ET*

**Please use the following information to access the conference call**

**line: Dial-in Number:** (888) 799-5160

**Conference ID:** 96752810

**Event Title:** Behavioral Health SC – Comment Review Call

**Webinar:** Register at <http://nqf.commpartners.com/se/Rd/Mt.aspx?576448>

Please note that the registration link will be activated 15 minutes prior to the meeting.

# NATIONAL QUALITY FORUM

## BEHAVIORAL HEALTH MEASURE REVIEW SUMMARY

	MAINTENANCE	NEW	TOTAL
Measures under consideration	4	18	22
Measures deferred	0	7	7
Withdrawn from consideration	0	2	2
Recommended	4	8	12
Not recommended	0	1	1
Reasons for Not Recommending	N/A	Importance -1	

NQF received **five (5)** comments on the draft report from three entities. The major themes of the comments and issues identified for Committee discussion are listed below. In response to these themes, NQF staff has proposed draft responses for the Committee to consider. All comments and proposed responses are subject to discussion. These themes are not an attempt to limit the Committee discussion. Please refer to the comment table to view the individual comments received and the proposed responses to each.

### **Major Themes/Issues of the Measures**

Two comments were supportive of the project and measures generally. Three commenters requested clarification regarding the following:

1. The process for deferring measures; relates to #1654, 1656, 1657, 1661, 1663, 1664, 1665;
2. Endorsement of measure #0027 as an eMeasure; and
3. Committee discussion of reliability sub criteria for measure #0004.

### **Theme 1- Process for deferring measures**

*Description:* A commenter expressed support for the approach of deferring the following tobacco and alcohol measures and requested clarification of the process for deferring measures.

*I*

- #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
- #1657 TOB-4 Tobacco Use: Assessing Status after Discharge
- #1661 SUB-1 Alcohol Use Screening
- #1663 SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention

# NATIONAL QUALITY FORUM

- #1664 SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge
- #1665 SUB-4 Alcohol and Drug Use: Assessing Status After Discharge

*Proposed Committee Response:* The Steering Committee strongly agrees that there is a great need for measures in this area. Because the testing of the submitted tobacco and alcohol measures showed lower than desired reliability, the consensus of the Committee was that scientific acceptability was not met at this time. For some of the measures the Steering Committee was also concerned about the burden and feasibility of assessing the status of tobacco and alcohol use after discharge.

*NQF Staff Response:* The decision for deferring measures is handled on a case-by-case basis. As phase two of this project is expected to coincide with the developer's timeline for testing and revision of the measures, the measures were able to be deferred for completion of the endorsement process until that time.

## **Theme 2- Endorsement of the measure #0027 as an eMeasure**

*Description:* One comment supported the Steering Committee's recommendation that measure #0027 Medical Assistance With Smoking and Tobacco Use Cessation (NCQA) be endorsed but requested clarification as to whether the retooled, e-specified version of #0027 will be considered endorsed, as updated e-specifications were not provided.

*NQF Staff Response:* NQF staff will work with the developer on this issue.

## **Theme 3- Committee discussion of reliability sub criteria for measure #0004**

*Description:* One commenter requested clarification around the Committee's discussion of reliability regarding recommended measure #0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (NCQA), noting that "the success in accounting for reliability concerns on varying terminology should be carefully considered upon future review."

*Proposed Committee Response:* On initial review of the reliability testing, the Steering Committee had concerns given the use of both "abuse" and "dependence" in the measure. However, the committee was satisfied with the developer's explanation that the measure is broad because it is intended to capture overlapping characteristics of the measure population, and noted the developer's intention to revisit the issue with the move from ICD-9-CM to ICD-10-CM.

# NATIONAL QUALITY FORUM

## Measure Harmonization

### 1. Medication Measures

- #1879 Adherence to Oral Antipsychotics for Individuals with Schizophrenia (CMS)
- #1935 Use of Antipsychotic Medication (NCQA)
- #1936 Continuity of Antipsychotic Medications for Treatment of Schizophrenia (NCQA)

The Steering Committee evaluated three similar measures related to adherence to antipsychotic medication for patients with schizophrenia (#1879 and measure pair #1935 and #1936) and agreed it was preferable to recommend a single, harmonized measure rather than multiple, overlapping measures. The developers, Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA), agreed that measure #1935 will be withdrawn from consideration and measures #1936 and #1879 will be combined into one harmonized measure, #1879 Adherence to Antipsychotic Medications for Individuals with Schizophrenia.

This process has been completed, and CMS is the owner and steward of the final measure. The Steering Committee requested comments and receive one comment supporting the harmonization of the measures. NQF membership will next vote on the measures; following the vote, the CSAC and Board will review the measures and recommendations for endorsement.

### 2. Screening, Assessment and Monitoring Measures: Diabetes, Cardiovascular Health

Several measures that identified important sub-sets of patients of currently NQF-endorsed measures were submitted to this project:

#### Diabetes Screening

- Existing: #0003 Bipolar Disorder: Assessment for diabetes (Center for Quality Assessment and Improvement in Mental Health)
- New: #1932 Diabetes screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications (SSD) (NCQA)

The Steering Committee evaluated and recommended for endorsement a new measure related to screening and assessing individuals with schizophrenia and bipolar disease for diabetes (#1932). The Steering Committee also recommended harmonization of the new measure #1932 with existing NQF endorsed measure #0003.

#### Diabetes Monitoring

- Existing: #0057 Diabetes: Hemoglobin A1c testing (NCQA)
- Existing #0063 Diabetes: Lipid profile (NCQA)
- New: #1934 Diabetes monitoring for people with diabetes and schizophrenia (SMD) (NCQA)

The Steering Committee also evaluated a new measure related to monitoring individuals with schizophrenia for diabetes and cardiovascular health (#1934), which is related to existing general

## NATIONAL QUALITY FORUM

population measures but has key differences. The Committee agreed that the new measure is suitable for endorsement; however, as recommended by the Steering Committee the developer, NCQA is planning to include the new measure within the more broadly defined NQF endorsed measures (#0057 and #0063) as subsets or stratifications.

### Follow-up after Hospitalization

- Existing: 0576 Follow-up After Hospitalization for Mental Illness (NCQA)
- New: 1937 Follow-Up After Hospitalization for Schizophrenia (7- and 30-day) (NCQA)

The Steering Committee also evaluated and recommended for endorsement an existing measure and a new measure related to follow-up after hospitalization for mental illness (#0576 and #1937). The Steering Committee recommended that the developer include the new measure #1937 within the more broadly defined existing measure #0576 as a subset and the developer, NCQA is planning to do so.

The Steering Committee requested comment on these measures and the recommendations. No comments were received during the comment period. NQF membership will next vote on the measures and recommendations; following the vote, the CSAC and Board will review the measures and recommendations for endorsement.