

September 21, 2020

To: Behavioral Health and Substance Use Standing Committee
From: NQF staff
Re: Post-Comment Call to Discuss Public and Member Comments

Purpose of the Call

The BHSU Standing Committee will meet via web meeting on September 21, 2020 from 3:00 pm to 5:00 pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period.
- Provide input on proposed responses to the post-evaluation comments.
- Determine whether reconsideration of any measures or other courses of action is warranted.

Standing Committee Actions

1. Review this briefing memo and [draft report](#).
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see comment table and additional documents included with the call materials).
3. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: 800-768-2983 (Access Code: 3772061)

Web link: <https://core.callinfo.com/callme/?ap=8007682983&ac=3772061&role=p&mode=ad>

Background

Behavioral health comprises both mental health and substance use disorders (SUDs) and represents a key construct of healthcare across the globe, unified by brain-based etiology and behavioral symptomology. A comprehensive annual report of behavioral health prevalence data is found in the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH). Results from the 2018 NSDUH indicated that, in the U.S., 19.3 million persons aged 18 or older suffered from an apparent SUD (not including tobacco dependence), and 47.6 million persons aged 18 or older suffered from a mental illness. There were 9.2 million persons aged 18 or older who suffered from both SUD and a mental illness. These numbers jointly suggest that substantive behavioral health disease was evident in at least 57.7 million adult Americans in 2018, or roughly 23

percent of the adult population. This rate is consistent with other epidemiologic studies that have previously revealed the prevalence of behavioral health conditions in the U.S.

This project sought to identify and endorse performance measures for accountability and quality improvement that address conditions, treatments, interventions, or procedures relating to behavioral health and substance use.

On June 15 and 17, 2020, NQF convened a multistakeholder Standing Committee composed of 24 individuals to evaluate two measures undergoing maintenance review and one new measure.

The Committee recommended one measure for continued endorsement:

- 0108: Follow-Up Care for Children Prescribed ADHD Medication

The Committee did not reach consensus on two measures:

- 2803: Tobacco Use and Help with Quitting Among Adolescents
- 3572: Follow-Up After Psychiatric Hospitalization (FAPH)

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments during a 16-week comment period via an online tool on the project webpage.

Pre-evaluation Comments

NQF solicits comments prior to the evaluation of the measures via an online tool on the project webpage. For this evaluation cycle, the pre-evaluation comment period was open from April 24, 2020 to June 5, 2020 for the measures under review. No comments were received prior to the measure evaluation meeting.

Post-evaluation Comments

The Draft Report went out for Public and Member comment July 27, 2020 to August 25, 2020. During this commenting period, NQF received three comments from three member organizations:

Health Professions – 2

Providers – 1

Although all comments are subject to discussion, the intent is not to discuss each individual comment on the September 21 post-comment call. Instead, we will spend the majority of the time considering the two themes discussed below, and the set of comments as a whole. Please note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion. Additionally, please note measure developers were asked to respond where appropriate.

We have included all comments that we received in the excel spreadsheet posted to the Committee SharePoint site. This comment table contains the commenter's name, comment, associated measure,

topic (if applicable), and the developer or NQF response, where appropriate. Please review this table in advance of the call and consider the individual comments received and the proposed responses to each.

The Standing Committee's recommendations will be reviewed by the Consensus Standards Approval Committee (CSAC) on November 17-18, 2020. The CSAC will determine whether or not to uphold the Standing Committee's recommendation for each measure submitted for endorsement consideration. All committee members are encouraged to attend the CSAC meeting to listen to the discussion.

Where possible, NQF staff has proposed draft responses for the Committee to consider. Although all comments and proposed responses are subject to discussion, we will not necessarily discuss each comment and response on the post-comment call. Instead, we will spend the majority of the time considering the major topics and/or those measures with the most significant issues that arose from the comments. Note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion.

We have included all of the comments that we received (both pre- and post-evaluation) in the Comment Table. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses for the Committee's consideration. Please refer to this comment table to view and consider the individual comments received and the proposed responses to each.

Please note measure stewards/developers were asked to respond where appropriate.

Comments and Their Disposition

A supportive theme was identified in the post-evaluation comments.

Theme 1 – General Support of the Measures

The American Association of Osteopathic Surgeons (AAOS) received two responses from the AAOS Patient Safety Committee. Dr. Kim is the chair.

- Todd Kim, PSC Chair: "No specific comments. The 2 proposed measures seem reasonable."
- Amy Franta, PSC Member: "Overall I think that the 2 additional measures are moving in the right direction. NQF has lacked EHR safety measures and has lacked "near miss" measures previously. The new retract measure seems to be an attempt to capture both of these."

Proposed Committee Response:

Thank you for the careful review of the measures and for your comment.

3572: Follow-Up After Psychiatric Hospitalization (FAPH)

Intermountain Health Care writes: The proposed 3572: Follow-up After Psychiatric Evaluation (FAPH) expansion to include additional diagnosis like dementia is likely to negatively impact the FUPH focus from mental health and substance use diagnosis that can positively be impacted by both inpatient and outpatient behavioral follow up. Dementia is not likely to be impacted by the same sort of treatment and is likely to overwhelm these limited resources. This expansion would not be beneficial for this population who need targeted intervention.

Developer Response:**Proposed Committee Response:**

Thank you for your comment. The Committee will factor your suggestions into our deliberations on validity prior to revote.

Action Item:

Consider comments received and revote on validity to resolve consensus not reached.

The American Geriatrics Society (AGS) wishes to acknowledge how important this measure is, and how much these updates to the original are really needed in the current healthcare climate. Additionally, it is very difficult to take such a heterogeneous group of disorders and attempt to simplify and clarify a well scripted measure that can be easily reported by healthcare systems. It is clear that a deep level of thought and perceptive analysis went into the measure draft as it stands.

Here are our specific comments on the measure:

1. Grouping psychiatric admissions with SUD admissions may be permissible for now, especially if there is a plan to evaluate the subgroups to see if they might otherwise warrant separation. Another possible partition would be that specifically around opioid substance use disorder, given its increasing prevalence and very unique circumstances regarding follow up care. It really seems to differ from other types of SUD and psychiatric disorders and the difficulty that healthcare systems seem to face in helping this group (1) agree to treatment and when they do, (2) help them access follow-up at the appropriate clinics where they can receive methadone or suboxone for their treatment. Additionally, these follow-ups, for purposes of prescribing such medications, do require in-person visits as opposed to the other conditions.
2. From a geriatrics perspective, we are heartened to see psychiatric admissions for dementia included in this quality measure. This group of patients will continue to expand and psychiatric care has been difficult for many to access. Many of these patients may be homebound, further limiting access. We believe that expanding the qualifying visits to telehealth will help healthcare systems to meet this measure and help fill this very needed gap in healthcare.
3. This group of disorders both psychiatric and SUD (except for opioid SUD) are very amenable to telephonic and telehealth follow-ups and we agree that they should qualify. They are also very often treated by various members of the healthcare team, and we agree with expanding the clinical assessor type (PA, NP etc.).

Developer Response:**Proposed Committee Response:**

Thank you for your comment. The Committee will factor your suggestions into our deliberations on validity prior to revote.

Action Item:

Consider comments received and revote on validity to resolve consensus not reached.

NQF Member Expression of Support

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support (“support” or “do not support”) for each measure submitted for endorsement consideration to inform the Committee’s recommendations. No NQF members expressed support or non-support for the measures.

Member Council	Support	Do Not Support	Total
N/A	0	0	0