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Memo

December 2, 2022

To: Behavioral Health and Substance Use Standing Committee, Spring 2022

From: NQF staff

Re: Post-comment web meeting to discuss NQF member and public comments received and NQF member expression of support and vote on consensus-not-reached measures

Background

Behavioral health looks at how human behaviors and choices impact mental and physical health. Behavioral health comprises broader concepts, including mental wellness and substance use disorders (SUDs). Quality measurement and quality improvement tools remain important aspects of assessing and improving the treatment of behavioral health conditions.

For this cycle, the Behavioral Health and Substance Use (BHSU) Standing Committee evaluated seven measures undergoing maintenance review against NQF's standard evaluation criteria. The Standing Committee recommended one measure for endorsement but did not reach consensus on six measures.

The Standing Committee recommended the following measure:

- NQF #3312 Continuity of Care After Medically Managed Withdrawal From Alcohol and/or Drugs (Centers for Medicare & Medicaid Services [CMS]/Lewin Group)

The Standing Committee did not reach consensus on the following measures:

- NQF #3313 Follow-Up Care for Adult Medicaid Beneficiaries Who Are Newly Prescribed an Antipsychotic Medication (CMS/Lewin Group)
- NQF #0710e Depression Remission at 12 Months (MN Community Measurement (MNCM))
- NQF #0711 Depression Remission at Six Months (MNCM)
- NQF #1884 Depression Response at Six Months – Progress Towards Remission (MNCM)
- NQF #1885 Depression Response at 12 Months – Progress Towards Remission (MNCM)
- NQF #0712 Depression Assessment With PHQ-9/ PHQ-9M (MNCM)

Standing Committee Actions in Advance of the Meeting

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 Brief).
3. Be prepared to provide feedback and input on proposed post-evaluation comment responses and discuss and revote on consensus not reached measures.

Comments Received

NQF accepts comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). In addition, NQF solicits comments for a continuous period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on May 18, 2022 and closed on September 13, 2022. The 16 Comments received by June 15, 2022 were shared with the Standing Committee prior to the measure evaluation meeting(s). Following the Standing Committee's evaluation of the measures under review, NQF received 13 comments from four organizations (including two member organizations) and individuals pertaining to the draft report and the measure(s) under review. This memo focuses on comments received after the Standing Committee's evaluation.

NQF members also had the opportunity to express their support ("support" or "do not support") for each measure submitted for endorsement consideration. Two NQF members submitted an expression of support.

NQF staff have included all comments that were received (both pre- and post-evaluation) in the Comment Brief. The Comment Brief contains the commenter's name, comment, associated measure, and measure steward/developer responses if appropriate for the Standing Committee's consideration. Please review this table in advance of the meeting and consider the individual comments received.

In order to facilitate the discussion, the post-evaluation comments have been categorized into action items. Although all comments are subject to discussion, the intent is not to discuss each individual comment during the post-comment call. Instead, the Standing Committee will spend the majority of the time considering the comments related to consensus not reached measures listed below. Please note that the organization of the comments is not an attempt to limit the Standing Committee's discussion, and the Standing Committee can pull any comment for discussion. Measure stewards/developers were asked to respond to comments where appropriate.

Consensus Not Reached

NQF #3313 Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication (CMS/Lewin Group)

Description: Percentage of new antipsychotic prescriptions for Medicaid beneficiaries ages 18 years and older who have completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication. **Measure Type**: Process; **Level of Analysis**: Regional and State; Population: Population; **Setting of Care**: Outpatient Services; **Data Source**: Claims

Consensus was not reached on validity. During the measure evaluation meeting, the Standing Committee noted that the validity testing was sufficient but questioned whether a follow-up visit within 28 days can actually address potential physical health issues, such as metabolic syndrome, or whether a longer period of time is more likely to effectively show these effects. There was an additional concern that community-based workers who do not bill under a provider's National Provider Identifier (NPI) number would not be captured by the measure. In response, the developer stated that they would discuss these considerations with their technical expert advisory panel. The Standing Committee noted that the measure's inability to capture certain types of follow-up visits, such as community health workers or registered nurses, means it is not counting certain types of progress.

During the post-evaluation commenting period, one non-supportive comment was submitted raising concerns around the age range and payer population proposed within the measures. The commenter noted that the measure is currently limited to Medicaid patients within specific age ranges and

encouraged the developer to expand the measures to a larger patient population and payer mix. The commenter also raised the concern that that claims-based data may not be as accurate for these measures due to a relatively high volume of dual eligibility patients and thus the outcomes of these measures may not reveal a complete view of the patients who receive, or should receive, this best-practice standard of care.

The developer provided a comment in response to the comment noting that for NQF #3312, the upper limit of 64 years was chosen based on evidence from the literature, input from experts, feasibility of data collection, and findings from measure testing. The developer notes that for NQF #3313, the current specifications currently do not set an upper limit for the age of individuals eligible for inclusion in the measure; only pediatric cases are excluded from assessment. Regarding the commenter's concerns around accuracy of claims-based data for individuals eligible for dually enrolled participants, the developer clarified that CMS reviewed data sources to ensure the most accurate and complete data were used for measure calculation and testing. The primary data used for testing in the NQF #3312 and NQF #3313 submissions were Transformed Medicaid Statistical Information System (T-MSIS) Analytical Files (TAF); for participants dually enrolled in both Medicare and Medicaid, Medicare Parts A, B, C, and D claims data were also used.

Another comment was received that expressed concern about the exclusion of telemedicine codes in the current set of measure specifications given the dramatic increase in telemedicine services during the COVID-19 pandemic. The developer provided a response indicating that the measure was specified and tested using data obtained prior to the COVID-19 pandemic and that in the future, when more recent Medicaid administrative claims data is available encompassing this timeframe, the measure's technical specifications will be reconsidered.

Action Item:
Review comments and re-vote on validity. If validity passes, re-vote on overall recommendation for endorsement.

NQF #1884 Depression Response at Six Months - Progress Towards Remission (MNCM)

Description: The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reach remission twelve months (+/- 60 days) after an index visit; **Measure Type**: Outcome: PRO-PM; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records

Consensus was not reached on validity. For validity, the Standing Committee noted that it is difficult to interpret the validity data given the high rate of missing data in the denominator that is artificially lowering performance and expressed concerns that telemedicine was not included.

The developer provided two comments which apply to NQF #0710e, NQF #0711, NQF #1884, NQF #1885, and NQF #0712. In those comments, the developer clarified measure details and addressed the Standing Committee's concerns around evidence, data element validity testing, missing data, and telemedicine that led to the 'consensus not reached' status.

Regarding data element validity, the developer clarified that the data elements for these measures are contained in structured fields extracted directly from the EHR and are not abstracted and confirmed that agreement with the source (medical record) is strong. The developer notes that because extraction occurs, MNCM performs patient level data element audits against the source medical record to demonstrate that extraction programs are working correctly. Critical data element audit against the medical record demonstrated 100 percent agreement with diagnosis of depression or dysthymia, 100

percent agreement with exclusions, 95 percent agreement with assessment date of PHQ-9, and 94 percent agreement with the PHQ-9 score.

Regarding missing data, the developer clarifies that the measure construct purposely includes patients in the denominator who do not have a follow –up in order to avoid bias in the measure, and notes that that lack of a follow-up assessment is not missing data as it represents a gap in care. Regarding telehealth services, the developer clarifies that telehealth services are included in the use and specifications of the measures and have been included as part of the denominator definition for several years. The developer states that the denominator encounter event is defined as "Patients with an encounter* coded with Major Depression or Dysthymia (Major Depression or Dysthymia Value Set) during the specific measurement period. *For this measure, an encounter includes but is not limited to any of the following: office visit, psychiatry, or psychotherapy visit, telephone, or online encounter."

During the post-evaluation commenting period, a public comment which applies to the depression measures (NQF #0710e, NQF #0711, NQF #1884, NQF #1885, and NQF #0712) was submitted raising concerns that there was insufficient evidence demonstrating that depression scores can be successfully reduced by at least 50 percent across the defined patient population within a twelve-month timeframe nor was any evidence provided supporting this requirement of 50 percent. The commenter asked for clarification on whether this measure has met all of the requirements for electronic clinical quality measures (eCQMs) since the complimentary measure (#0710e Depression Remission at Twelve Months), which is an eCQM, cites the same data but uses different data sources and specifications. The comment also echoes the Standing Committee's concerns over the omission of telehealth services and inclusion of patients lost to follow-up in this measure.

The developer replied noting that response measures are considered as an interim outcome and aim to show progress towards the ultimate outcome of the remission of symptoms. They state that it is a reasonable expectation to have symptoms reduced at 12 months with the 60-day window extending the assessment timeframe out to fourteen months. The developer notes that the acute treatment phase of depression is six to 12 weeks, so an assessment of symptoms during the measure's timeframe is well into the continuation phase of treatment and an interim goal of symptom reduction by 50 percent or greater during this timeframe is not unreasonable. The developer also cited two studies which used a response of greater than or equal to 50 percent decrease as outcomes. To clarify the commenter's concern about eCQM development, the developer noted that this measure is not an eCQM, and instead is a digital quality measure for which all components are captured from discrete data elements in the electronic record. The developer states that it has been capturing this information in a digital format via EHR extraction for over ten years. Regarding the commenter's concerns about telehealth services, the developer reiterated the explanation above.

Another comment was submitted in support of the depression measures (NQF #0710e, NQF #0711, NQF #1884, NQF #1885, and NQF #0712). The commenter notes that their success in developing an entire care coordination system is in large part attributed to the infrastructure needed to build to be successful with the measures. They state that measure pushed them to have a robust registry tool to successfully follow these patients and conduct outreach.

Action Item:
Review comments and re-vote on validity. If validity passes, re-vote on overall recommendation for endorsement.

NQF #1885 Depression Response at Twelve Months — Progress Towards Remission (MNCM)

Description: The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who demonstrated a response to treatment twelve months (+/- 60 days) after an index visit; **Measure Type**: Outcome: PRO-PM; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records

Consensus was not reached on validity. During the measure evaluation meeting discussion on validity, the Standing Committee stated that exclusions were clinically appropriate, and risk adjustment had been handled appropriately, but some Standing Committee members had concerns with the data element testing results. Another Standing Committee member raised concerns that this measure does not account for the progress-relapse-progress nature of life, noting that the timeframe may capture relapse instead of progress.

As noted above, two comments were submitted by the developer as well as two non-supportive comments and one supportive comment from members of the public.

Action Item:

Re-vote on validity. If validity passes, re-vote on overall recommendation for endorsement.

NQF #0710e Depression Remission at Twelve Months (MNCM)

Description: The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reach remission twelve months (+/- 60 days) after an index visit. **Measure Type**: Outcome: PRO-PM; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records

Consensus was not reached on validity. During the measure evaluation meeting discussion on validity, the Standing Committee raised similar concerns as with the previous measures.

As noted above, during the post-evaluation commenting period, two comments were submitted by the developer as well as two non-supportive comments and one supportive comment from members of the public.

Action Item:

Review comments and re-vote on validity. If validity passes, re-vote on overall recommendation for endorsement.

NQF #0711 Depression Remission at Six Months (MNCM)

Description: The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reach remission six months (+/- 60 days) after an index visit. **Measure Type**: Outcome: PRO-PM; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records

Consensus was not reached on validity. During the measure evaluation meeting discussion of validity, the Standing Committee noted similar concerns with the previous measure (NQF #0710e), namely how missing data were counted within the measure, as those patients who are lost to follow-up remained in the denominator.

As noted above, during the post-evaluation commenting period, two comments were submitted by the developer as well as two non-supportive comments and one supportive comment from members of the public.

Action Item:
Review comments and re-vote on validity. If validity passes, re-vote on overall recommendation for endorsement.

NQF #0712 Depression Assessment with PHQ-9/ PHQ-9M (MNCM)

Description: The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with a diagnosis of major depression or dysthymia who have a completed PHQ-9 or PHQ-9M tool during the measurement period. **Measure Type**: Process; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records

Consensus was not reached on evidence. The Standing Committee noted the evidence for the measure would be stronger if it were linked to improved outcomes, which would also allow for more meaningful quality improvement. The Standing Committee recognized the challenges of providing such evidence and discussed that not administering a PHQ-9 would result in missed diagnoses.

As noted above, during the post-evaluation commenting period, two non-supportive comments and one supportive comment were submitted from members of the public. The developer also provided two comments which apply to NQF #0710e, NQF #0711, NQF #1884, NQF #1885, and NQF #0712. In those comments, the developer clarified measure details and addressed the Standing Committee's concerns around evidence, data element validity testing, missing data, and telemedicine that led to the 'consensus not reached' status.

Action Item:
Review comments and re-vote on evidence. If evidence passes, re-vote on overall recommendation for endorsement.

Appendix A: NQF Member Expression of Support Results

Two NQF members provided their expressions of non-support. No measures under review received support from NQF members. Results for each measure are provided below.

NQF #3312 Continuity of Care After Medically Managed Withdrawal From Alcohol and/or Drugs (Centers for Medicare & Medicaid Services [CMS]/ Lewin Group)

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Purchaser	Stephanie Collingwood, UnityPoint Health	0	1	1
Total	*	0	1	1

* Indicates cell left intentionally blank

NQF #3313 Follow-Up Care for Adult Medicaid Beneficiaries Who Are Newly Prescribed an Antipsychotic Medication (CMS/ Lewin Group)

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Purchaser	Stephanie Collingwood, UnityPoint Health	0	1	1
Total	*	0	1	1

* Indicates cell left intentionally blank

NQF #0710e Depression Remission at 12 Months (MNCM)

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Health Professional	Koryn Y. Rubin, MHA, American Medical Association	0	1	1
Total	*	0	1	1

* Indicates cell left intentionally blank

NQF #0711 Depression Remission at Six Months (MNCM)

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Health Professional	Koryn Y. Rubin, MHA, American Medical Association	0	1	1
Total	*	0	1	1

* Indicates cell left intentionally blank

NQF #1884 Depression Response at Six Months – Progress Towards Remission (MNCM)

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Health Professional	Koryn Y. Rubin, MHA, American Medical Association	0	1	1
Total	*	0	1	1

* Indicates cell left intentionally blank

NQF #1885 Depression Response at 12 Months – Progress Towards Remission (MNCM)

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Health Professional	Koryn Y. Rubin, MHA, American Medical Association	0	1	1
Total	*	0	1	1

* Indicates cell left intentionally blank

NQF #0712 Depression Assessment With PHQ-9/ PHQ-9M (MN Community Measurement)

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Health Professional	Koryn Y. Rubin, MHA, American Medical Association	0	1	1
Total	*	0	1	1

* Indicates cell left intentionally blank