NATIONAL QUALITY FORUM

Memo

September 16, 2019

To: Behavioral Health and Substance Use Standing Committee

From: NQF staff

Re: Post-comment web meeting to discuss public comments received and NQF member expression of support

Purpose of the Call

The Behavioral Health and Substance Use Standing Committee will meet via web meeting on September 16, 2019 from 12:00 pm to 2:00 pm ET. The purpose of this call is to:

- Revote on measure 1922 (Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed) because 60 percent voting consensus was not reached;
- Review and discuss comments received during the post-evaluation public and member comment period from the spring 2019 review cycle;
- Review several recent NQF initiatives related to BHSU.

Standing Committee Actions

1. Review this briefing memo, and as you need to refer back to our draft report pertaining to spring 2019 measure reviews.
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments.
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

The Behavioral Health and Substance Use (BHSU) project aims to endorse measures of accountability for improving the delivery of behavioral health and substance use services and achieving better health outcomes for the U.S. population. The 23-member Standing Committee oversees NQF's portfolio of BHSU measures that includes measures for serious mental illnesses (e.g., schizophrenia, mania, major depression), dysthymia, anxiety, ADHD and other learning and behavioral problems, alcohol and illegal drug use, tobacco dependence, care coordination (between and within the spheres of psychiatric, substance use, and related physical illness), medication use, and patient care experience. This portfolio contains 46

measures: 38 process measures, seven outcome and resource use measures, and one composite measure. The Standing Committee evaluated six measures undergoing maintenance review according to NQF's standard evaluation criteria. Four measures were recommended for endorsement, one measure was not recommended, and one measure will be discussed further by the Committee as consensus was not reached. The Standing Committee recommended the following four measures for continued endorsement:

- 0640 HBIPS-2 Hours of Physical Restraint Use
- 0641 HBIPS-3 Hours of Seclusion Use
- 3488 Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
- 3489 Follow-Up After ED Visit for Mental Illness

The Committee did not recommend the following measure:

- 0560 HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications

The Committee did not reach consensus on the following measure:

- 1922 HBIPS-1 Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed

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 opened on April 24, 2019 and closed on August 26, 2019. As of June 5, no comments were submitted prior to the measure evaluation meetings on June 19, 2019 for the measures under review.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on July 26 for 30 calendar days. During this commenting period, NQF received 14 comments from three member organizations and one public organization:

Member Council	# of Member Organizations Who Commented
Consumer	0
Health Plan	1
Health Professional	0
Provider Organization	1
Public/Community Health Agency	1

Member Council	# of Member Organizations Who Commented
Purchaser	0
Quality Measurement, Research and Improvement (QMRI)	1
Supplier/Industry	0

We have included all comments in the comment table (excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and draft responses (including measure steward/developer responses) for the Committee's consideration.

To facilitate Committee discussion, the comments are reviewed measure by measure. Comments for measures 0640 (restraint use) and 0641 (seclusion use) are reviewed together as these measures are conceptually related. Comments for measures 3488 (follow-up to ED use for those with SU diagnosis) and 3489 (follow-up to ED use for those with mental illness diagnosis) are also reviewed together due to their similarity. These measures were originally one measure (2605) but have been separated.

Comments and their Disposition

Measure-Specific Comments

0560 HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

Measure 0560 received two comments, both suggestions that the measure needs specification revisions before it should be considered for maintenance endorsement. Commenters wrote that specifications revisions should be developed that allow for the use of multiple antipsychotics under certain circumstances, and which more generally should be updated using updated evidence and new guidelines which are to emerge in fall 2019.

Measure Steward/Developer Response:

Thank you for your comment.

At the present time the measure allows for the use of multiple antipsychotics for cases with the following justification:

1. The medical record contains documentation of a history of a minimum of three failed multiple trials of monotherapy.
2. The medical record contains documentation of a recommended plan to taper to monotherapy due to previous use of multiple antipsychotic medications OR documentation of a cross-taper in progress at the time of discharge.
3. The medical record contains documentation of augmentation of Clozapine.

Updates to the measure will be taken into consideration.

Proposed Committee Response:

The comments are aligned with the Committee's decision not to recommend continued endorsement. The comments will be discussed during the post-comment meeting.

Action Item:

No committee action required.

0640 HBIPS-2 Hours of physical restraint use and 0641 HBIPS-3 Hours of seclusion use

Four comments (two from each two commenters) were received regarding measures 0640 and 0641. These commenters supported continued endorsement, but one commenter suggested that risk-stratification methods should be used to account for performance differences related to differing case-mix.

Measure Steward/Developer Response:

Thank you for your comments.

The use of seclusion and restraint should be limited to situations deemed to meet the threshold of imminent danger. The intent of the measure is to provide that when restraint and seclusion are applied, use is rigorously monitored and analyzed to prevent future use when possible.

The measure is currently written so that it will apply consistently across all accredited inpatient psychiatric care facilities. As a general practice, The Joint Commission does not risk adjust process measures. This measure is currently age stratified. Risk stratification for special populations could cause undue burden of data abstraction.

Although we do not routinely evaluate differences between free-standing inpatient psychiatric facilities and acute care hospital inpatient psychiatric units, we are able to evaluate these differences with the data collected on the measure.

The developer also thanks the commenters for their support of these measures.

Proposed Committee Response:

Thank you for your comments. The Committee will discuss stratification during the post-comment meeting.

Action Item:

No committee action required.

3488 Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence and 3489 Follow-Up After Emergency Department Visit for Mental Illness

Five comments were received related to measures 3488 and 3489 from three commenters. One commenter simply expressed support for both measures. A second commenter expressed concern that these two measures were separated, rather than a single measure. The commenter also expressed support at the health plan level of analysis, but emphasized the importance of testing at more granular levels of analysis before the measure is used more broadly in other programs. Finally, a third commenter suggested that 3488 should allow for the inclusion of cases where only a secondary alcohol or other drug diagnosis is evident.

Measure Steward/Developer Response:

Thank you for the comment. The two measures used to be one and recently separated into two to align with HEDIS where they are reported as two separate measures. Additionally, the measures have distinct denominator populations that need to be calculated separately, which also justifies having them as two separate measures. The denominator of NQF 3488 is those with a primary SUD diagnosis. The denominator of NQF's 3849 is those with a primary mental illness diagnosis. Given this, the level of effort required to calculate them as two separate measures is the same as calculating them as one with multiple indicators.

We agree that measures should be tested at the level of intended use. The measures (NQF 3488 and NQF 3849) were tested and are used as plan/state level measures. They are not emergency department level measures. The NQF 0576 (FUH) measure was tested at the IPF level before it was introduced into the IPFQR or QPP.

NCQA's Behavioral Health Measurement Advisory Panel and the Committee on Performance Measurement recommended the measure (3488) to require primary diagnosis of AOD for the denominator and numerator to make sure that the ED visit and the follow-up visits are for AOD and to be consistent between the requirement for the denominator and the numerator. Claims typically have no designation of "secondary" diagnosis, instead they have primary diagnosis and diagnosis in any other position. Our expert panels considered it would be non-specific to count non-primary AOD diagnosis in the measure denominator or numerator. Assuming the commenter means multiple ED visit by multiple visits, we want to note that the measure is episode-based. A member with multiple ED visits would be in the measure denominator multiple times and should receive follow-up care after each ED visit. The measure focuses on AOD and monitors AOD separately from ensuing consequences through requiring a primary AOD diagnosis in the denominator and numerator.

Proposed Committee Response:

Thank you for your comments. The Committee will discuss these comments during the post-comment meeting.

Proposed NQF Response:

Thank you for your comments. It is appreciated that you support measurement of follow-up to ED service use for both mental health and substance use disorders, and together. Note that while this incarnation of the measure does separate those two domains of healthcare, a composite measure (with both) could well be reconstructed and scientifically validated at any time from these two now separate measures. NQF would welcome such a measure submission. NQF further acknowledges interest in measures that look at such performance at various levels/venues which compose the healthcare system.

Action Item:

No Committee action required.

1922: HBIPS-1 Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed

Three comments were received regarding measure 1922 from three separate commenters. Two commenters suggested that the measure needs to be updated with follow-up response to screening results as a numerator requirement. A third comment suggested better connectivity to outcome-evidence supporting its deployment, thereby supporting a key Committee concern regarding this measure. The commenter also expressed that the measure continues to be important to monitor, but recommended the developer identify strategies to ensure the desired screening is taking place.

Measure Steward/Developer Response:

Thank you for your comment[s]. The evaluation of appropriate interventions will be taken into consideration for future measure development. Follow-up measures will [also] be taken into consideration for future measure development.

As a screening measure, the intent is to determine that an appropriate patient assessment was conducted in order to inform clinical and treatment decisions. The current measure specifications do include the detail of what is required in order to demonstrate that the desired screening has been conducted:

- Patient Strengths: Documentation in the medical record that an admission screening for a minimum of two patient strengths was performed within the first three days of admission. Examples of patient strengths are provided in notes for abstraction.
- Psychological Trauma History: Traumatic life experiences are defined as those that result in responses to life stressors characterized by significant fear, anxiety, panic, terror, dissociation, feelings of complete powerless or strong emotions that have long term effects on behaviors and coping skills. Examples of psychological trauma are provided in notes for abstraction.
- Substance Use: Substance use is defined as the use of psychoactive or mood altering substances, i.e., prescription medications, over the counter medications, inhalants, organic substances, illegal substances and street drugs. The screening must include: the type, amount, frequency of use and any problems due to past use.
- Violence Risk to Others: includes threats of violence and/or actual commission of violence toward others. Some examples of violence risk to others include but are not limited to the following: thoughts of harm to others, intentional infliction of harm on someone else by the patient, homicidal thoughts by the patient and thoughts of harming someone else by the patient.
- Violence Risk to Self: includes ideation, plans/preparation and/or intent to act if ideation present, past suicidal behavior and risk/protective factors within the 6 months prior to admission. Some examples of violence to self-include but are not limited to: past suicide attempts by the patient, intentional cutting, burning, bruising or damaging of self by the patient, inappropriate substance use, suicidal thoughts in the past six months by the patient, specific suicidal plan in the past six months by the patient and past suicide attempts by anyone in patient's family.

Proposed Committee Response:

Thank you for your comments. The Committee will review and discuss these comments before re-voting on performance gap for this measure. The comments generally align with the Committee's interest in connectivity between such processes and downstream outcomes as well as support for potential enhancements to capture follow-up.

Action Item:

The Committee will re-vote on the performance gap criterion. If the measure passes the gap criterion, the Committee will vote on overall recommendation for endorsement.

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. One NQF member organization provided an expression of support: See Appendix A.

Appendix A: NQF Member Expression of Support Results

One NQF member organization provided an expression of support. Four of six measures under consideration received support from one NQF member organization. Results for each measure are provided below.

0560 HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification (The Joint Commission)

Member Council	Support	Do Not Support	Total
QMRI	1	0	1

0640 HBIPS-2 Hours of physical restraint use (The Joint Commission)

Member Council	Support	Do Not Support	Total
QMRI	1	0	1

0641 HBIPS-3 Hours of seclusion use (The Joint Commission)

Member Council	Support	Do Not Support	Total
QMRI	1	0	1

1922 HBIPS-1 Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed (The Joint Commission)

Member Council	Support	Do Not Support	Total
QMRI	1	0	1