



# National Consensus Standards for Behavioral Health and Substance Use

Standing Committee Measure Evaluation Meeting

*Kyle Cobb, MS, Senior Director*

*Shaonna Gorham, MS, PMP, Senior Project Manager*

*Kirsten Reed, Project Manager*

*Desmirra Quinnonez, Project Analyst*

*January 19, 2018*

# Welcome

# Project Team - Behavioral Health and Substance Use



**Kyle Cobb, MS**  
Senior Director



**Shaconna Gorham, MS, PMP**  
Senior Project Manager



**Kirsten Reed**  
Project Manager



**Desmirra Quinnonez**  
Project Analyst

# Agenda for Today's Web Meeting

January 19, 2018

- Introductions and Disclosures of Interest
- Overview of NQF's Behavioral Health and Substance Use Portfolio
- Overview of Measure Evaluation Process
- Role of the Standing Committee, Co-chairs, and Staff
- Review of Candidate Measure #3315
- Public Comment
- Next Steps
- Adjourn for Day 1

# Introductions and Disclosures of Interest

# Behavioral Health Standing Committee

- Peter Briss, MD, MPH, (Co-Chair)
- Harold Pincus, MD (Co-Chair)
- Mady Chalk, PhD, MSW
- Shane Coleman, MD, MPH
- David Einzig, MD
- Julie Goldstein Grumet, PhD
- Charles Gross, PhD
- Constance Horgan, ScD
- Lisa Jensen, DNP, APRN
- Dolores (Dodi) Kelleher, MS, DMH
- Kraig Knudsen, PhD
- Michael R. Lardieri, LCSW
- Tami Mark, PhD, MBA
- Raquel Mazon Jeffers, MPH, MIA
- Bernadette Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN
- Laurence Miller, MD
- Brooke Parish, MD
- David Pating, MD
- Vanita Pindolia, PharmD
- Lisa Shea, MD, DFAPA
- Andrew Sperling, JD
- Jeffery Susman, MD
- Michael Trangle, MD
- Bonnie Zima, MD, MPH
- Leslie S. Zun, MD, MBA

# Ground Rules for Today's Meeting

## **During the discussion, please do your best to:**

- Attend the meeting at all times
  - *If you need to step away, please send a chat*
- Raise your hand (on Web platform) to let us know if you'd like to speak
- Remain engaged & active in the discussion
- Announce your name prior to speaking
  - *This is really important on Web platform!*
- Keep comments focused on the discussion topic

# Overview of NQF's Behavioral Health and Substance Use Portfolio



# Behavioral Health and Substance Use Portfolio of Measures

- This project will evaluate measures related to Behavioral Health and Substance Use conditions to be used for accountability and public reporting for all populations and in all settings of care. Cycle 1 of this project will address topic areas including:
  - ▣ *Use of antipsychotics and follow-up care*
  - ▣ *Medication reconciliation*
  - ▣ *Continuity of care*
  - ▣ *Psychosocial functioning in children*

# Behavioral Health and Substance Use Portfolio of Measures

- NQF solicits new measures for possible endorsement
- NQF currently has 50 endorsed measures within the area of Behavioral Health and Substance Use. Endorsed measures undergo periodic evaluation to maintain endorsement – “maintenance.”
- The following measures were moved to the Behavioral Health and Substance Use portfolio from Pediatrics:
  - *2800 Metabolic Monitoring for Children and Adolescents on Antipsychotics*
  - *2801 Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics*
  - *2803 Tobacco Use and Help with Quitting Among Adolescents*
  - *2806 Pediatric Psychosis: Screening for Drugs of Abuse in the Emergency Department*
- The following measure was moved to the Patient Experience and Function portfolio:
  - *0008 Experience of care and Health Outcomes (ECHO Survey (behavioral health, managed care versions))*

# Behavioral Health and Substance Use Measures Under Review

## New Measures Under Consideration: 5 Measures

#	Measure Title
<b>3312</b>	Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs
<b>3313</b>	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication
<b>3315</b>	Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting
<b>3317</b>	Medication Reconciliation on Admission
<b>3332</b>	Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)

# Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

## ALCOHOL AND OTHER DRUG USE: 8 Measures

#	Measure Title
<b>0004</b>	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)
<b>1661</b>	SUB-1 Alcohol Use Screening
<b>1663</b>	SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention
<b>1664</b>	SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge
<b>2152</b>	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
<b>2597</b>	Substance Use Screening and Intervention Composite
<b>2599</b>	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
<b>2806</b>	Pediatric Psychosis: Screening for Drugs of Abuse in the Emergency Department

# Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

## CARE COORDINATION: 5 Measures

#	Measure Title
<b>0576</b>	Follow-Up After Hospitalization for Mental Illness (FUH)
<b>0640</b>	HBIPS-2 Hours of physical restraint use
<b>0641</b>	HBIPS-3 Hours of seclusion use
<b>1922</b>	HBIPS-1 Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed
<b>2605</b>	Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence

# Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

## DEPRESSION: 9 Measures

#	Measure Title
<b>0104</b>	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
<b>0710</b>	Depression Remission at Twelve Months
<b>0711</b>	Depression Remission at Six Months
<b>0712</b>	Depression Utilization of the PHQ-9 Tool
<b>1365</b>	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
<b>1884</b>	Depression Response at Six Months- Progress Towards Remission
<b>1885</b>	Depression Response at Twelve Months- Progress Towards Remission
<b>3132</b>	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
<b>3148</b>	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

# Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

## MEDICATION USE: 8 Measures

#	Measure Title
<b>0105</b>	Antidepressant Medication Management (AMM)
<b>0108</b>	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
<b>0560</b>	HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification
<b>1879</b>	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
<b>1880</b>	Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder
<b>2801</b>	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
<b>3175</b>	Continuity of Pharmacotherapy for Opioid Use Disorder
<b>3205</b>	Medication Continuation Following Inpatient Psychiatric Discharge

# Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

## PHYSICAL HEALTH FOR INDIVIDUALS WITH BH DIAGNOSES: 12 Measures

#	Measure Title
<b>1932</b>	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
<b>1933</b>	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)
<b>1934</b>	Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
<b>2601</b>	Body Mass Index Screening and Follow-Up for People with Serious Mental Illness
<b>2602</b>	Controlling High Blood Pressure for People with Serious Mental Illness
<b>2603</b>	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing



# Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

## PHYSICAL HEALTH FOR INDIVIDUALS WITH BH DIAGNOSES: Continued

#	Measure Title
<b>2604</b>	Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy
<b>2606</b>	Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
<b>2607</b>	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
<b>2608</b>	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)
<b>2609</b>	Diabetes Care for People with Serious Mental Illness: Eye Exam
<b>2800</b>	Metabolic Monitoring for Children and Adolescents on Antipsychotics

# Behavioral Health and Substance Use Portfolio of NQF-endorsed measures

## Tobacco: 8 Measures

#	Measure Title
<b>0027</b>	Medical Assistance With Smoking and Tobacco Use Cessation
<b>1651</b>	TOB-1 Tobacco Use Screening
<b>1654</b>	TOB - 2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment
<b>1656</b>	TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge
<b>2600</b>	Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence
<b>2803</b>	Tobacco Use and Help with Quitting Among Adolescents
<b>3185</b>	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (eMeasure)
<b>3225</b>	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

# Measures Removed from BHSU Portfolio – Endorsement Removed

Measure #, Title, Developer	Reason for Removal from Portfolio
0557 HBIPS-6 Post discharge continuing care plan created, The Joint Commission	Withdrawn / Endorsement Removed
0558 HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge, The Joint Commission	Withdrawn / Endorsement Removed
1364 Child and Adolescent Major Depressive Disorder: Diagnostic Evaluation, American Medical Association	Not Endorsed / Endorsement Removed
1937 Follow-Up After Hospitalization for Schizophrenia (7- and 30-day), NCQA	Withdrawn / Endorsement Removed
1927 Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications, NCQA	Withdrawn / Endorsement Removed

# Measures Moved from BHSU Portfolio

Measure #, Title, Steward	Portfolio Measure Currently Resides
<b>0008</b> Experience of care and Health Outcomes (ECHO Survey (behavioral health, managed care versions) (AHRQ)	Patient Experience and Function
<b>0726</b> Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS), National Assoc. of State Mental Health Program Directors Research Institute, Inc. (NRI)	Patient Experience and Function
<b>2483</b> Gains in Patient Activation (PAM) Scores at 12 Months, Insignia Health	Patient Experience and Function
<b>2111</b> Antipsychotic Use in Persons with Dementia, Pharmacy Quality Alliance	Neurology
<b>2337</b> Antipsychotic Use in Children Under 5 Years Old, Pharmacy Quality Alliance	Patient Safety
<b>2020</b> Adult Current Smoking Prevalence, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	Prevention and Population Health

# Overview of Evaluation Process

# Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
  - *Indicate the extent to which each criterion is met and rationale for the rating*
- Make recommendations regarding endorsement to the NQF membership
- Oversee portfolio of Behavioral Health and Substance Use measures

# Process for Measure Discussion and Voting

- Brief introduction by measure developer (5 minutes)
- Lead discussants will begin Committee discussion for each criterion:
  - *Brief explanation of information on the criterion provided by the developer*
  - *Providing a brief summary of the pre-meeting evaluation comments*
  - *Emphasizing areas of concern or differences of opinion*
  - *Noting, if needed, the preliminary rating by NQF*
    - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

# Endorsement Criteria

- **Importance to measure and report:** Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (must-pass)
- **Reliability and Validity - scientific acceptability of measure properties:** Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (must-pass)
- **Feasibility:** Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
- **Usability and Use:** Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
- **Comparison to related or competing measures**



# Voting on Endorsement Criteria

- **Importance to measure and report (must-pass):**
  - Vote on evidence (if needed) and performance gap
- **Scientific acceptability (must pass):**
  - Vote on reliability and validity (if needed)
- **Feasibility:**
  - Vote on feasibility
- **Usability and Use:**
  - Vote on usability and use
- **Overall Suitability for Endorsement**

If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; we move to the next measure.

# Achieving Consensus

- Quorum: 66% of the Committee
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached (CNR): 40-60% “Yes” votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum
- CNR measures move forward to public and NQF member comment and the Committee will revote

# Questions?

# Voting Overview

# Consideration of Candidate Measure 3315

## Review of New Measure

### 3315 Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting

Measure Steward/Developer:

Centers for Medicare & Medicaid Services

Measure Description:

Proportion of inpatient hospitalizations for patients 65 years of age and older who receive an order for antipsychotic medication therapy.

Numerator:

Inpatient hospitalizations for patients who received an order for an antipsychotic medication during the inpatient encounter.

Denominator: Nonpsychiatric inpatient hospitalizations for patients who are 65 and older.

Data Source: Electronic Health Records

Level of Analysis: Facility

Measure Type: Process

# Related or Competing Measures

If a measure meets the four criteria and there are endorsed/new **related** measures (same measure focus or same target population) or **competing** measures (both the same focus and same target population), the measures are compared to address harmonization and/or selection of the best measure.

- 5a. The measure specifications are harmonized with related measures **OR** the differences in specifications are justified.
- 5b. The measure is superior to competing measures (e.g., more valid or efficient way to measure) **OR** multiple measures are justified.

# Related Antipsychotic Use Measures

NQF # Title	3315 Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting	2111 Antipsychotic Use in Persons with Dementia	2993 Potentially Harmful Drug-Disease Interactions in the Elderly
<b>Steward</b>	CMS / MPR	Pharmacy Quality Alliance	NCQA
<b>Measure Focus</b>	Patients who receive an order for antipsychotic medication therapy.	Patients who receive an antipsychotic medication order without evidence of psychotic disorder or related condition.	Patients who are dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Four rates to include patients with a history of falls; patients with dementia; patients with chronic kidney disease; and a total rate.
<b>Population</b>	All patients ages 65+	Dementia patients, ages 65+	Patients ages 65+ (stratified by Falls, Dementia and CKD)
<b>Data Source</b>	<b>Electronic Health Records</b>	Claims	Claims, Electronic Health Data
<b>Level of Analysis</b>	<b>Facility</b>	Health Plan	Health Plan
<b>Setting</b>	<b>Inpatient / Hospital</b>	Ambulatory, skilled nursing facility, pharmacy	Outpatient Services
<b>Exclusions</b>	Diagnosis of schizophrenia, Tourette's syndrome, bipolar disorder, Huntington's disease	Diagnosis of schizophrenia, bipolar disorder, Huntington's disease or Tourette's Syndrome.	Diagnosis of psychosis, schizophrenia, bipolar disorder or seizure disorder



# Harmonization Discussion

- There are two related NQF-endorsed measures
  - *NQF #2111 Antipsychotic Use in Persons with Dementia*
  - *NQF #2933 Potentially Harmful Drug-Disease Interactions in the Elderly*

Measure developer has harmonized 3315 to the extent possible.

# NQF Member and Public Comment

# Next Steps

# Adjourn



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QUALITY FORUM

# National Consensus Standards for Behavioral Health and Substance Use

Standing Committee Measure Evaluation Meeting

*Kyle Cobb, MS, Senior Director*

*Shaonna Gorham, MS, PMP, Senior Project Manager*

*Kirsten Reed, Project Manager*

*Desmirra Quinnonez, Project Analyst*

*January 24, 2018*

# Welcome

# Introductions

# Behavioral Health Standing Committee

- Peter Briss, MD, MPH, (Co-Chair)
- Harold Pincus, MD (Co-Chair)
- Mady Chalk, PhD, MSW
- Shane Coleman, MD, MPH
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# Agenda for Today's Web Meeting

## January 24, 2018

- Review of Candidate Measure #3312
- Review of Candidate Measure #3313
- Member and Public Comment
- Next Steps and Upcoming Events
- Adjourn

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# Consideration of Candidate Measure 3312

# Review of a New Measure

## 3312 Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs

Measure Steward: Centers for Medicare & Medicaid Services (CMS)

Measure Description: Percentage of discharges from a detoxification episode for adult Medicaid Beneficiaries, age 18-64, that was followed by a treatment service for substance use disorder (including the prescription or receipt of a medication to treat a substance use disorder (pharmacotherapy) within 7 or 14 days after discharge. This measure is reported across all detoxification settings.

Numerator: Discharges in the denominator who have an inpatient, intensive outpatient, partial hospitalization, outpatient visit, residential, or drug prescription or procedure within 7 or 14 days after discharge from a detoxification episode.

Denominator: Adult Medicaid beneficiary discharges from detoxification from January 1 to December 15 of the measurement year.

Data Source: Claims

Level of Analysis: Population : Regional and State

Measure Type: Process

# Related Continuity of Care for SUD Measures

	3312 Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs	0004 HEDIS Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	2605 Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence
Steward	CMS / MPR	NCQA	NCQA
Measure Focus	Follow-up treatment service within 7 to 14 days after detox discharge for substance use disorder patients. Treatment service may include prescription or receipt of a medication to treat SUD.	Patients with a new episode of alcohol or other drug dependence (AOD) who initiate AOD treatment (within 14 days of diagnosis) or who initiate treatment and have two or more additional AOD services within 30 days of initiation visit.	Patients who receive an emergency department primary diagnosis of mental health or alcohol or other drug dependence during the measurement year AND who had a follow-up visit with any provider with a corresponding primary diagnosis of mental health or alcohol or other drug dependence within 7- and 30-days of discharge. Four rates include follow-up for either mental health or AOD within 7 days or 30 days of discharge.
Population	<b>Medicaid beneficiaries ages 18 – 64</b>	Adult and Adolescent	Patients 18+
Data Source	Claims	Claims, Electronic Health Records	Claims
Level of Analysis	<b>Regional / State</b>	Health Plan	Health Plan, Regional and State
Setting	Inpatient/Hospital, Outpatient Services	Inpatient/Hospital, Outpatient Services	Inpatient/Hospital, Outpatient Services

# Harmonization Discussion

- There are two related measures
  - *NQF #0004 HEDIS: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*
  - *NQF #2605 Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence*

Measure developer has harmonized 3312 to the extent possible.

# Consideration of Candidate Measure 3313

# Review of New Measure

## 3313 Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication

Measure Steward: Centers for Medicare & Medicaid Services (CMS)

Measure Description: Percentage of new antipsychotic prescriptions for Medicaid beneficiaries age 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.

Numerator: Antipsychotic prescriptions from the denominator prescribed to a beneficiary who completed a follow-up visit with a provider with prescribing authority within four weeks of prescription of an antipsychotic medication.

Denominator: New antipsychotic prescriptions for Medicaid beneficiaries age 18 years and older.

Data Source: Claims

Level of Analysis: Population : Regional and State

Measure Type: Process



# Related Follow-Up Care for Medication

	3313 Follow-up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication	0108 Follow-Up Care for Children Prescribed ADHD Medication (ADD)
Steward	CMS / MPR	NCQA
Measure Focus	Patients with <b>newly prescribed antipsychotic medications</b> who have completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of receiving prescription.	Patients with newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed.
Population	<b>Medicaid beneficiary patients 18 +</b>	Children
Data Source	Claims	Claims, Electronic Health Data
Level of Analysis	<b>Regional and State</b>	Health Plan
Setting	Outpatient Services	Outpatient Services
Exclusions	Medicaid beneficiaries with an acute inpatient admission during the four-week follow-up period after prescription of an antipsychotic medication	Children who had an acute inpatient encounter for mental health or chemical dependency following the Index Prescription Start Date. Or with a diagnosis of narcolepsy. Or children using hospice services during the measurement year.

# Harmonization Discussion

- There is one related measure
  - *NQF #0108 Follow-Up Care for Children Prescribed ADHD Medication (ADD)*

Measure developer has harmonized 3313 to the extent possible with same follow-up period and look-back to establish “new prescription.”

# NQF Members and Public Comment

# Next Steps

# Adjourn



# National Consensus Standards for Behavioral Health and Substance Use

Standing Committee Measure Evaluation Meeting

*Kyle Cobb, MS, Senior Director*

*Shaonna Gorham, MS, PMP, Senior Project Manager*

*Kirsten Reed, Project Manager*

*Desmirra Quinnonez, Project Analyst*

*February 6, 2018*

# Welcome

# Introductions



# Behavioral Health Standing Committee

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- Harold Pincus, MD (Co-Chair)
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# Agenda for Today's Web Meeting

## February 6, 2018

- Review of Candidate Measure #3332
- Review of Candidate Measure #3317
- Harmonization Discussion
- Member and Public Comment
- Next Steps and Upcoming Events
- Adjourn

# Consideration of Candidate Measure 3332

# Review of New Measure

## 3332 Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)

Measure Title: Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)

Measure Steward: Massachusetts General Hospital

Measure Description: Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit.

Numerator: Number of patients with documentation that the PSC tool was administered as part of the well child visit.

Denominator: Number of patients aged 3.00 to 17.99 seen for a pediatric well-child visit.

Data Source: Claims, Electronic Health Records, Paper Medical Records

Level of Analysis: Clinician : Group/Practice, Facility, Population : Regional and State

Measure Type: Process

# Related Psychosocial / Depression Screening Measures

	3332 Psychosocial Screening Using the Pediatric Symptom Checklist Tool (PSC-Tool)	0712 Depression Utilization of the PHQ-9 Tool
Steward	Massachusetts General Hospital	Minnesota Community Measurement
Measure Focus	Pediatric Symptom Checklist (PSC) Tool administered as component of well child visits.	Patients with a diagnosis of major depression or dysthymia who have a completed PHQ-9 or PHQ-9M tool
Population	<b>Children ages 3 – 17.99</b>	Adolescents ages 12 – 17 and Adults ages 18 +
Data Source	Claims, Electronic Health Records, Paper Medical Records	Electronic Health Records, Paper Medical Records
Level of Analysis	Clinician: Group/Practice, Population : <b>Regional and State</b>	Clinician: Group/Practice, Facility
Setting	Outpatient Services	Outpatient Services

# Harmonization Discussion

- There is one related measure
  - *NQF #0712 Depression Utilization of the PHQ-9 Tool*

Measure developer has harmonized 3332 to the extent possible.

# Consideration of Candidate Measure 3317

# Review of New Measure

## 3317 Medication Reconciliation on Admission

Measure Steward: Centers for Medicare & Medicaid Services (CMS)

Measure Description: Percentage of patients for whom a designated (PTA) medication list was generated by referencing one or more external sources of PTA medications and for which all PTA medications have a documented reconciliation action by the end of Day 2 of the hospitalization.

Numerator: Number of patients for whom a designated Prior to Admission (PTA) medication list was generated by referencing one or more external sources of medications and for which all PTA medications have a documented reconciliation action by the end of Day 2 of the hospitalization when the admission date is Day 0.

Denominator: All patients admitted to an inpatient facility from home or a non-acute setting.

Data Source: Paper Medical Records

Level of Analysis: Facility

Measure Type: Process



# Related Medication Reconciliation Measures

	3317 Medication Reconciliation on Admission	0097 Medication Reconciliation Post-Discharge	0293 Medication Information	0553 Care for Older Adults (COA) – Medication Review	0646 Reconciled Medication List Received By Discharged Patients	2988 Medication Reconciliation for Patients Receiving Care at Dialysis Facilities
Steward	CMS / HSAG	NCQA	U of Minnesota Rural Health	NCQA	PCPI	Kidney Quality Care Alliance
Measure Focus	<b>Reconciliation</b> of Prior to Admission medication list (referencing external sources ) by end of Day 2 of hospitalization.	Reconciliation of discharge medication list with current outpatient medical record medication list.	Communication of medical record documentation to receiving transfer facility within 60 minutes of departure from originating facility.	Medication review of all a patient's medications, including prescription medications, over-the-counter medications by a prescribing practitioner or clinical pharmacist.	Patient at discharge from inpatient facility receives reconciled medication list.	Patients receive medication reconciliation upon visit to dialysis facility.
Population	<b>All Inpatient Psychiatric Admissions</b>	Patients ages 18 +	All ages	Patients ages 66 +	All ages	Dialysis patients
Data Source	Paper Medical Records	Claims, Electronic Health Records, Paper Medical Records	Claims, Electronic Health Data, Paper Medical Records	Claims, Electronic Health Records, Paper Medical Records	Electronic Health Data, Paper Medical Records	Electronic Health Records, Other
Level of Analysis	Facility	Clinician : Group/Practice, Individual, Health Plan, Integrated Delivery System	Facility	Health Plan, Integrated Delivery System	Facility, Integrated Delivery System	Facility
Setting	<b>Inpatient/Hospital</b>	Outpatient Services	Inpatient/Hospital	Inpatient/Hospital, Outpatient Services, Post-Acute Care	Inpatient/Hospital, Post-Acute Care	Post-Acute Care

# Harmonization Discussion

- There are five related measures
  - ▣ *NQF# 0097 Medication Reconciliation Post-Discharge*
  - ▣ *NQF# 0293 Medication Information*
  - ▣ *NQF# 0553 Care for Older Adults (COA) – Medication Review*
  - ▣ *NQF# 0646 Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care of Any Other Site of Care)*
  - ▣ *NQF# 2988 Medication Reconciliation for Patients Receiving Care at Dialysis Facilities*

Measure developer has harmonized 3317 to the extent possible.

# Measure 3315 Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting

# Related Antipsychotic Use Measures

NQF # Title	3315 Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting	2111 Antipsychotic Use in Persons with Dementia	2993 Potentially Harmful Drug-Disease Interactions in the Elderly
<b>Steward</b>	CMS / MPR	Pharmacy Quality Alliance	NCQA
<b>Measure Focus</b>	Patients who receive an order for antipsychotic medication therapy.	Patients who receive an antipsychotic medication order without evidence of psychotic disorder or related condition.	Patients who are dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Four rates to include patients with a history of falls; patients with dementia; patients with chronic kidney disease; and a total rate.
<b>Population</b>	All patients ages 65+	Dementia patients, ages 65+	Patients ages 65+ (stratified by Falls, Dementia and CKD)
<b>Data Source</b>	Electronic Health Records	Claims	Claims, Electronic Health Data
<b>Level of Analysis</b>	Facility	Health Plan	Health Plan
<b>Setting</b>	Inpatient / Hospital	Ambulatory, skilled nursing facility, pharmacy	Outpatient Services
<b>Exclusions</b>	Diagnosis of schizophrenia, Tourette's syndrome, bipolar disorder, Huntington's disease	Diagnosis of schizophrenia, bipolar disorder, Huntington's disease or Tourette's Syndrome.	Diagnosis of psychosis, schizophrenia, bipolar disorder or seizure disorder

# Harmonization Discussion

- There are two related NQF-endorsed measures
  - *NQF #2111 Antipsychotic Use in Persons with Dementia*
  - *NQF #2933 Potentially Harmful Drug-Disease Interactions in the Elderly*

Measure developer has harmonized 3315 to the extent possible.

# Measure 3312 Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs

# Related Continuity of Care for SUD Measures

	3312 Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs	0004 HEDIS Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	2605 Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence
Steward	CMS / MPR	NCQA	NCQA
Measure Focus	Follow-up treatment service within 7 to 14 days after detox discharge for substance use disorder patients. Treatment service may include prescription or receipt of a medication to treat SUD.	Patients with a new episode of alcohol or other drug dependence (AOD) who Initiate AOD treatment (within 14 days of diagnosis) or who initiate treatment and have two or more additional AOD services within 30 days of initiation visit.	Patients who receive an emergency department primary diagnosis of mental health or alcohol or other drug dependence during the measurement year AND who had a follow-up visit with any provider with a corresponding primary diagnosis of mental health or alcohol or other drug dependence within 7- and 30-days of discharge. Four rates include follow-up for either mental health or AOD within 7 days or 30 days of discharge.
Population	<b>Medicaid beneficiaries ages 18 – 64</b>	Adult and Adolescent	Patients 18+
Data Source	Claims	Claims, Electronic Health Records	Claims
Level of Analysis	<b>Regional / State</b>	Health Plan	Health Plan, Regional and State
Setting	Inpatient/Hospital, Outpatient Services	Inpatient/Hospital, Outpatient Services	Inpatient/Hospital, Outpatient Services

# Harmonization Discussion

- There are two related measures
  - *NQF #0004 HEDIS: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*
  - *NQF #2605 Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence*

Measure developer has harmonized 3312 to the extent possible.



# Measure 3313 Follow-up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication

# Related Follow-Up Care for Medication

	3313 Follow-up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication	0108 Follow-Up Care for Children Prescribed ADHD Medication (ADD)
Steward	CMS / MPR	NCQA
Measure Focus	Patients with <b>newly prescribed antipsychotic medications</b> who have completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of receiving prescription.	Patients with newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed.
Population	<b>Medicaid beneficiary patients 18 +</b>	Children
Data Source	Claims	Claims, Electronic Health Data
Level of Analysis	<b>Regional and State</b>	Health Plan
Setting	Outpatient Services	Outpatient Services
Exclusions	Medicaid beneficiaries with an acute inpatient admission during the four-week follow-up period after prescription of an antipsychotic medication	Children who had an acute inpatient encounter for mental health or chemical dependency following the Index Prescription Start Date. Or with a diagnosis of narcolepsy. Or children using hospice services during the measurement year.

# Harmonization Discussion

- There is one related measure
  - *NQF #0108 Follow-Up Care for Children Prescribed ADHD Medication (ADD)*

Measure developer has harmonized 3313 to the extent possible with same follow-up period and look-back to establish “new prescription”.

# NQF Member and Public Comment

# Next Steps

# Fall 2018/Cycle 1: Next Steps

Meeting	Date/Time
<b>Draft Report Posted</b>	March 1, 2018
<b>Post Comment Webinar</b>	April 25, 2018, 12:00 PM – 2:00 PM EST
<b>CSAC Review Period</b>	May 14, 2018 - June 4, 2018
<b>Appeals Period</b>	June 6, 2018 – July 5, 2018

# Spring 2018/Cycle 2

Meeting	Date/Time
Submission Deadline	April 2, 2018
Commenting Period with Member Support	April 24, 2018 – July 22, 2018
Measure Evaluation Web Meeting #1	June 14, 2018
Measure Evaluation Web Meeting #2	June 15, 2018
Measure Evaluation Web Meeting #3	June 19, 2018
Post Comment Web Meeting	September 19, 2018
CSAC Review Period	October 5, 2018 – October 26, 2018
Appeals Period	October 30, 2018 – November 28, 2018

# Project Contact Info

- Email: [Behavioralhealth@qualityforum.org](mailto:Behavioralhealth@qualityforum.org)
- NQF Phone: 202-783-1300
- Project page:  
[http://www.qualityforum.org/Behavioral Health and Substance Use.aspx](http://www.qualityforum.org/Behavioral_Health_and_Substance_Use.aspx)
- SharePoint site:  
<http://share.qualityforum.org/Projects/Behavioralhealthandsubstanceuse/SitePages/Home.aspx>



THANK YOU