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Behavioral Health and Substance Use, Fall 2019 Measure Review Cycle

Standing Committee Meeting

Samuel Stolpe, PharmD, MPH, Senior Director

Nicolette Mehas, PharmD, Director

Tamara Funk, MPH, Project Manager

Hannah Bui, MPH, Project Analyst

January 29 and 31, 2020

Welcome



Housekeeping

- Please mute your lines when you are not speaking to minimize background noise.
- Please do not put the call on hold.
- You may submit questions to project staff via the CenturyLink web platform chat function.
- You may raise your hand using the CenturyLink web platform.



Project Staff

- Samuel Stolpe, PharmD, MPH, Senior Director
- Nicolette Mehas, PharmD, Director
- Tamara Funk, MPH, Project Manager
- Hannah Bui, MPH, Project Analyst

Introductions and Disclosures of Interest

Behavioral Health and Substance Use Standing Committee

- Peter Briss, MD, MPH, (Co-chair)
- Harold Pincus, MD (Co-chair)
- Mady Chalk, PhD, MSW
- David Einzig, MD
- Julie Goldstein Grumet, PhD
- Charles Gross, PhD
- 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

Scientific Methods Panel Review

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these measures:
 - ▣ 3492 Acute Care Use Due to Opioid Overdose
 - ▣ 3538 All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries Who May Benefit from Integrated Physical and Behavioral Health Care
- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.

NQF Scientific Methods Panel Review

- 3538 All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries Who May Benefit from Integrated Physical and Behavioral Health Care **passed the SMP review of scientific acceptability.**
- 3492 Acute Care Use Due to Opioid Overdose **passed reliability but did not pass validity during the SMP review.**
- Scientific Acceptability is a must-pass criterion. The Panel did not view this measure as methodologically sound for validity.
- Starting with the fall 2019 cycle, measures that do not pass reliability and/or validity that *do not* have fatal flaws are eligible to be pulled by a standing committee member for discussion and revote.
- Measure 3492 was pulled by the Standing Committee. It will be discussed and voted on.

Overview of Evaluation Process



Roles of the Standing Committee ***During the Evaluation Meeting***

- Acts as a proxy for the NQF multistakeholder membership
- Works with NQF staff to achieve the goals of the project
- Evaluates each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Makes recommendations regarding endorsement to the NQF membership
- Oversees portfolio of Behavioral Health and Substance Use measures

Ground Rules for Today's Meeting

During the discussions, Committee members should:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times (except at breaks)
- Keep comments concise and focused
- Avoid dominating a discussion and allow others to contribute
- Indicate agreement without repeating what has already been said

Process for Measure Discussion and Voting

- Brief introduction by measure developer (2-3 minutes)
- Lead discussants will begin Committee discussion for each criterion:
 - ▣ Briefly explaining 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



Voting

- Votes will be taken after the discussion of each criterion
- Importance to measure and report (must pass):
 - ▣ Vote on Evidence
 - ▣ Vote on Gap
- Scientific acceptability of measure properties (must pass):
 - ▣ Vote on Reliability
 - ▣ Vote on Validity
- Feasibility
- Use (must pass for maintenance measures)
- Usability
- **If a measure does not pass a must-pass criterion, discussion and subsequent voting on remaining criteria will stop.**
- **Vote on the measure as specified.**



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?

Consideration of Candidate Measures

3538 All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries Who May Benefit from Integrated Physical and Behavioral Health Care

3539e Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting

3492 Acute Care Use Due to Opioid Overdose

3541 Annual Monitoring for Persons on Long-Term Opioid Therapy

2800 Metabolic Monitoring for Children and Adolescents on Antipsychotics

2801 Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

3175 Continuity of Pharmacotherapy for Opioid Use Disorder – Ad Hoc Review

Public Comment

Discussion: Harmonization of Related Measures



Related and 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 measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure.

Related and Competing Measures for 2800

NQF #	2800	1932
Title	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
Steward	National Committee for Quality Assurance	National Committee for Quality Alliance
Measure Focus	The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.	The percentage of patients 18 – 64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
Patient Population	Children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing	Patients age 18-64 who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year
Exclusions	Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data (Hospice Encounter Value Set or Hospice Intervention Value Set).	Exclude members who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. Exclude patients with diabetes during the measurement year or the year prior to the measurement year. Exclude patients who had no antipsychotic medications dispensed during the measurement year.
Level of Analysis	Health Plan	Health Plan, Integrated Delivery System, Population: Regional and State
Setting	Emergency Department and Services, Outpatient Services	Outpatient Services, Other: any outpatient setting represented with Medicaid claims data
Data Source	Claims	Claims

Related & Competing Measures for 3538

NQF #	3538	2601	2602	2603	2604	2606	2607	2608	2609
Title	All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries Who May Benefit from Integrated Physical and Behavioral Health Care	Body Mass Index Screening and Follow-Up for People with Serious Mental Illness	Controlling High Blood Pressure for People with Serious Mental Illness	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing	Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy	Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (140/90 mm Hg)	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)	Diabetes Care for People with Serious Mental Illness: Eye Exam
Steward	CMS, CMCS	NCQA	NCQA	NCQA	NCQA	NCQA	NCQA	NCQA	NCQA



Related & Competing Measures for 3538 (cont.)

NQF #	3538	2601	2602	2603	2604	2606	2607	2608	2609
Title	All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries Who May Benefit from Integrated Physical and Behavioral Health Care	Body Mass Index Screening and Follow-Up for People with Serious Mental Illness	Controlling High Blood Pressure for People with Serious Mental Illness	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing	Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy	Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (140/90 mm Hg)	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (>8.0%)	Diabetes Care for People with Serious Mental Illness: Eye Exam
Measure Focus	The measure focuses on emergency department utilization for 4 populations of Medicaid beneficiaries who may benefit from integrated physical and behavioral health care. The rates in this measure are intended to be reported at the state level. This is an inverse measure; lower scores indicate better quality of care.	The percentage of patients 18 years and older with a serious mental illness who received a screening for body mass index and follow-up for those people who were identified as obese.	The percentage of patients 18-85 years of age with a serious mental illness who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) testing during the measurement year.	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) who received a nephropathy screening test or had evidence of nephropathy during the measurement year.	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading during the measurement year is <140/90 mm Hg.	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%.	The percentage of patients 18-75 years of age with a serious mental and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%.	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) who had an eye exam during the measurement year.



Related & Competing Measures for 3538 (cont.)

NQF #	3538	2601	2602	2603	2604	2606	2607	2608	2609
Title	All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries Who May Benefit from Integrated Physical and Behavioral Health Care	Body Mass Index Screening and Follow-Up for People with Serious Mental Illness	Controlling High Blood Pressure for People with Serious Mental Illness	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing	Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy	Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (140/90 mm Hg)	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (>8.0%)	Diabetes Care for People with Serious Mental Illness: Eye Exam
Patient Population	Medicaid beneficiaries age 18 and older who meet the eligibility criteria for any of the 4 denominator groups: 1. Beneficiaries with co-occurring physical health and mental health conditions (PH+MH) 2. Beneficiaries with a co-occurring physical health condition and a substance use disorder (PH+SUD) 3. Beneficiaries with a co-occurring mental health condition and a SUD (MH+SUD) 4. Beneficiaries with serious mental illness (SMI)	Populations at Risk, Dual eligible beneficiaries	Populations at Risk, Dual eligible beneficiaries, Individuals with multiple chronic conditions	Populations at Risk, Dual eligible beneficiaries, Individuals with multiple chronic conditions	Populations at Risk, Dual eligible beneficiaries, Individuals with multiple chronic conditions	Populations at Risk, Dual eligible beneficiaries, Individuals with multiple chronic conditions	Populations at Risk, Dual eligible beneficiaries, Individuals with multiple chronic conditions	Populations at Risk, Dual eligible beneficiaries, Individuals with multiple chronic conditions	Populations at Risk, Dual eligible beneficiaries, Individuals with multiple chronic conditions



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Related & Competing Measures for 3538 (cont.)

NQF #	3538	2601	2602	2603	2604	2606	2607	2608	2609
Title	All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries Who May Benefit from Integrated Physical and Behavioral Health Care	Body Mass Index Screening and Follow-Up for People with Serious Mental Illness	Controlling High Blood Pressure for People with Serious Mental Illness	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing	Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy	Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (140/90 mm Hg)	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (>8.0%)	Diabetes Care for People with Serious Mental Illness: Eye Exam
Exclusions	None	Active diagnosis of pregnancy during the measurement year or the year prior to the measurement year.	- Evidence of end-stage renal disease (ESRD) or kidney transplant - A diagnosis of pregnancy	-Patients with a diagnosis of polycystic ovaries. -Patients with gestational or steroid-induced diabetes.	Patients who do not have a diagnosis of diabetes and who had a diagnosis of gestational or steroid-induced diabetes.	Patients who do not have a diagnosis of diabetes and meet one of the following criteria: - Patients with a diagnosis of polycystic ovaries. -Patients with gestational or steroid-induced diabetes.	Patients who do not have a diagnosis of diabetes and meet one of the following criteria: -Patients with a diagnosis of polycystic ovaries. -Patients with gestational or steroid-induced diabetes.	Patients who do not have a diagnosis of diabetes and who had a diagnosis of gestational or steroid-induced diabetes.	Patients who do not have a diagnosis of diabetes and who had a diagnosis of gestational or steroid-induced diabetes.



Related & Competing Measures for 3538 (cont.)

[illegible]

Related and Competing Measures for 3539e

NQF #	3539e	2111	2993
Title	Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting	Antipsychotic Use in Persons with Dementia	Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)
Steward	CMS	PQA	NCQA
Measure Focus	Proportion of inpatient hospitalizations for patients 65 years of age and older who receive an order for antipsychotic medication therapy.	The percentage of individuals 65 years and older with dementia who are receiving an antipsychotic medication without evidence of a psychotic disorder or related condition.	The percentage of patients 65 years of age and older who have evidence of an underlying disease, condition or health concern and who are dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Four rates are reported for this measure: -Rate 1: The percentage of those with a history of falls that received a potentially harmful medication -Rate 2: The percentage of those with dementia that received a potentially harmful medication -Rate 3: The percentage of those with chronic kidney disease that received a potentially harmful medication -Rate 4: Total rate A lower rate represents better performance for all rates.
Patient Population	Patients 65 years of age and older	Elderly	Elderly, populations at risk, dual eligible beneficiaries, individuals with multiple chronic conditions

Related and Competing Measures for 3539e (cont.)

NQF #	3539e	2111	2993
Title	Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting	Antipsychotic Use in Persons with Dementia	Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)
Exclusions	Inpatient hospitalizations for patients with a diagnosis of schizophrenia, Tourette's syndrome, bipolar disorder, Huntington's disease during the encounter. Inpatient hospitalizations for patients who were taking antipsychotics prior to admission.	None	For those who meet denominator criteria for the history of falls rate (Rate 1): exclude those with a diagnosis of psychosis, schizophrenia, bipolar disorder or seizure disorder. For those who meet denominator criteria for those with dementia rate (Rate 2): exclude those with a diagnosis of psychosis, schizophrenia or bipolar disorder.
Level of Analysis	Facility	Health Plan	Health Plan, Integrated Delivery System
Setting	Inpatient/Hospital	Other - the level of analysis for this measure is the prescription drug health plan, but it contains claims data from multiple care settings, including ambulatory, skilled nursing facility, pharmacy, etc.	Outpatient Services
Data Source	Electronic Health Records	Claims	Claims, Electronic Health Data, Electronic Health Records



Related and Competing Measures for 3541

NQF #	3541	1617	2940	2950	2951	3316	3389
Title	Annual Monitoring for Persons on Long-Term Opioid Therapy (AMO)	Patients Treated with an Opioid who are Given a Bowel Regimen	Use of Opioids at High Dosage in Persons Without Cancer	Use of Opioids from Multiple Providers in Persons Without Cancer	Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer	Safe Use of Opioids – Concurrent Prescribing	Concurrent Use of Opioids and Benzodiazepines (COB)
Steward	Pharmacy Quality Alliance	RAND Corporation/UCLA	Pharmacy Quality Alliance	Pharmacy Quality Alliance	Pharmacy Quality Alliance	CMS	Pharmacy Quality Alliance
Measure Focus	The percentage of individuals 18 years of age and older who are on long-term opioid therapy and have not received a drug test at least once during the measurement year.	Percentage of vulnerable adults treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed	The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids with a daily dosage greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer.	The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids from four (4) or more prescribers AND four (4) or more pharmacies.	The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids with a daily dosage greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer, AND who received opioid prescriptions from four (4) or more prescribers AND four (4) or more pharmacies.	Patients age 18 years and older prescribed two or more opioids or an opioid and benzodiazepine concurrently at discharge from a hospital-based encounter (inpatient or emergency department [ED], including observation stays)	The percentage of individuals 18 years and older with concurrent use of prescription opioids and benzodiazepines during the measurement year.

Related and Competing Measures for 3541 (cont.)

NQF #	3541	1617	2940	2950	2951	3316	3389
Title	Annual Monitoring for Persons on Long-Term Opioid Therapy (AMO)	Patients Treated with an Opioid who are Given a Bowel Regimen	Use of Opioids at High Dosage in Persons Without Cancer	Use of Opioids from Multiple Providers in Persons Without Cancer	Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer	Safe Use of Opioids – Concurrent Prescribing	Concurrent Use of Opioids and Benzodiazepines (COB)
Patient Population	18 years of age and older who are on long-term opioid	Adults treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed	Populations at Risk, Dual eligible beneficiaries	Populations at Risk, Dual eligible beneficiaries	Populations at Risk, Dual eligible beneficiaries	18 years and older prescribed two or more opioids or an opioid and benzodiazepine concurrently at discharge	18 years and older with concurrent use of prescription opioids and benzodiazepines



Related and Competing Measures for 3541 (cont.)

NQF #	3541	1617	2940	2950	2951	3316	3389
Title	Annual Monitoring for Persons on Long-Term Opioid Therapy (AMO)	Patients Treated with an Opioid who are Given a Bowel Regimen	Use of Opioids at High Dosage in Persons Without Cancer	Use of Opioids from Multiple Providers in Persons Without Cancer	Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer	Safe Use of Opioids – Concurrent Prescribing	Concurrent Use of Opioids and Benzodiazepines (COB)
Exclusions	The measure excludes individuals with: 1) a diagnosis of cancer at any time during the measurement year; or 2) hospice care at any time during the year.	Non-hospice outpatients who are already taking an opioid at the time of the study period opioid prescription	Any member with a diagnosis for Cancer or a Prescription Drug Hierarchical Condition Category (RxHCC) 8, 9, 10, or 11 for Payment Year 2015; or RxHCC 15, 16, 17, 18, or 19 for Payment Year 2016 (see list in S.11 and S.2b); or a hospice indicator (Medicare Part D) from the enrollment database.	Any member with a diagnosis for Cancer or a Prescription Drug Hierarchical Condition Category (RxHCC) 8, 9, 10, or 11 for Payment Year 2015; or RxHCC 15, 16, 17, 18, or 19 for Payment Year 2016; (see list in S.11 and S.2b); or a hospice indicator from the enrollment database.	Hospice exclusion: Exclude those members identified in the Medicare Enrollment Database as being enrolled in hospice. Cancer exclusion: For Payment Year 2015: RxHCC 8, 9, 10, or 11. For Payment Year 2016: RxHCC 15, 16, 17, 18, or 19	Exclude: - Encounters for patients with an active diagnosis of cancer during the encounter - Encounters for patients who are ordered for palliative care during the encounter - Inpatient encounters with length of stay greater than 120 days	Hospice exclusion: Exclude any individual in hospice during the measurement year. Cancer exclusion: Exclude any individuals with cancer during the measurement year.



Related and Competing Measures for 3541 (cont.)

NQF #	3541	1617	2940	2950	2951	3316	3389
Title	Annual Monitoring for Persons on Long-Term Opioid Therapy (AMO)	Patients Treated with an Opioid who are Given a Bowel Regimen	Use of Opioids at High Dosage in Persons Without Cancer	Use of Opioids from Multiple Providers in Persons Without Cancer	Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer	Safe Use of Opioids – Concurrent Prescribing	Concurrent Use of Opioids and Benzodiazepines (COB)
Level of Analysis	Health Plan	Clinician:Group/Practice, Clinician:Individual, Facility, Health Plan	Health Plan, Population: Regional and State, Other	Health Plan, Population: Regional and State, Other	Health Plan, Population: Regional and State, Other	Facility	Health Plan
Setting	Outpatient Services	Inpatient/Hospital, Outpatient Services	Outpatient Services, “Other” (The level of analysis for this measure is the prescription drug health plan, but it contains claims data from multiple care settings, including ambulatory, skilled nursing facility, pharmacy etc.)	Outpatient Services, “Other” (The level of analysis for this measure is the prescription drug health plan, but it contains claims data from multiple care settings, including ambulatory, skilled nursing facility, pharmacy etc.)	Outpatient Services, “Other” (The level of analysis for this measure is the prescription drug health plan, but it contains claims data from multiple care settings, including ambulatory, skilled nursing facility, pharmacy etc.)	Inpatient/Hospital, Emergency Department and Services	The level of analysis for this measure is the prescription drug health plan, but it contains claims data from multiple care settings, including ambulatory, skilled nursing facility, pharmacy etc.
Data Source	Claims, Enrollment Data	Paper Medical Records	Claims	Claims	Claims	Electronic Health Records	Claims

Discussion: Gaps



Portfolio Gaps Identified in 2016-2017

- Outcome measures for psychotic disorders, including schizophrenia
- Overprescription of opiates
- Setting-specific measures (e.g., jails)
- Proximal outcome measures
- Measures specific to child and adolescent behavioral health needs
- Measures that encompass multiple settings to better assist in the push towards integrated behavioral health and physical health
- Measures that focus on substance use disorders in the primary care setting
- Composite measures that incorporate myriad mental illnesses (e.g., bipolar disorder, depression, and schizophrenia) rather than separate screening measures for each illness
- Patient-reported outcome measures
- Measures that examine the period of time between screening and remission. For example, after screening patients on tobacco use, what percentage actually stopped smoking, and what was the duration?
- Measures that address access to behavioral health facilities, or lack thereof.
- Measures that focus not only on treatment and prevention but also on recovery

Portfolio Gaps Identified in Fall 2018

- Measures focused on social determinants of health (e.g., housing, employment, and criminal justice issues)
- Measures of care coordination across the life-span and full course of the wellness/illness continuum
- Measures of recovery, overall well-being, and total cost of care (including composite measures) were encouraged
- Measures that pair patient goals with functional outcomes
- Measurement could address provider “burnout” by targeting efficiency issues including those tied to payer-managed care (e.g., prior authorization, treatment limits)
- One member suggested top priorities include: (1) the opioid crisis, (2) care integration especially between mental health and substance use disorders, but also between those two behavioral health issues and physical health (e.g., primary care), and (3) measures of overall well-being

Portfolio Gaps Discussion

- Which areas previously identified are no longer gaps? Which areas still represent opportunities for measure development and endorsement?
- Which new topic areas have emerged as priorities for measurement and quality improvement?
- Any additional considerations for future measurement in the area of behavioral health and substance use?

Public Comment

Next Steps

Activities and Timeline

- Measure Evaluation Web Meeting 2
 - ▣ January 31, 2020 from 2:00 – 4:00 PM ET
- Post-Measure Evaluation Web Meeting (tentative, if needed)
 - ▣ February 5, 2020 from 12:00 – 2:00 PM ET

Activities and Timeline – Fall 2019 Cycle

Process Step	Timeline
Draft report posted for public and NQF member comment	March 11, 2020 – April 9, 2020
SC Post-Comment Call to review and respond to comments	April 22, 2020, 12:00 pm – 2:00 pm ET
CSAC review and approval	May 22, 2020 – June 12, 2020
Appeals	June 16, 2020 – July 15, 2020

Spring 2020 Cycle Updates

- Intent to submit deadline was January 7, 2020
- 3 measures submitted
 - ▣ 0108 Follow-Up Care for Children Prescribed ADHD Medication (ADD)
 - ▣ 2803 Tobacco Use and Help with Quitting Among Adolescents
 - ▣ 3572 Follow-Up After Psychiatric Hospitalization



Project Contact Info

- Email: behavioralhealth@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
[https://www.qualityforum.org/Behavioral Health and Substance Use.aspx](https://www.qualityforum.org/Behavioral_Health_and_Substance_Use.aspx)
- SharePoint site:
<http://share.qualityforum.org/Projects/Behavioral%20Health%20and%20Substance%20Use/SitePages/Home.aspx>



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Questions?

THANK YOU.

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