



Behavioral Health and Substance Use, Fall 2018 Measure Review Cycle

Standing Committee Meeting

Michael Abrams, MPH, PhD, Senior Director

Nicolette Mehas, PharmD, Director

Shaonna Gorham, MS, PMP, Senior Project Manager

Desmirra Quinnonez, Project Analyst

January 30, 2019

NQF Staff

- Project staff
 - ▣ *Michael Abrams, MPH, PhD, Senior Director*
 - ▣ *Nicolette Mehas, PharmD, Director*
 - ▣ *Shaconna Gorham, MS, PMP, Senior Project Manager*
 - ▣ *Desmirra Quinnonez, Project Analyst*

- NQF Quality Measurement leadership staff
 - ▣ *Elisa Munthali, Senior Vice President*

Agenda for Today's Web Meeting

January 30, 2019

- Welcome
- Introductions and Disclosure of Interest
- Overview of Evaluation Process
- Review of Candidate Measure 3451
- Review of Candidate Measure 2152
- NQF Member and 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
- 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

Key Responsibilities of NQF Standing Committees

- Evaluate candidate measures against the measure evaluation criteria
- Make recommendations for endorsement
- Oversee and prioritize measure portfolios
 - ▣ Promote alignment and harmonization
 - ▣ Identify gaps

Overview of Evaluation Process

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)
 - ▣ *If you need to step away, please send a chat.*
- Keep comments concise and focused
- Announce your name prior to speaking (important on Web platform)
- Avoid dominating a discussion and allow others to contribute

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 (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*
 - ▣ *Composite measures only - rationale*
- Scientific acceptability of measure properties (must pass):
 - ▣ *Vote on Reliability*
 - ▣ *Vote on Validity*
 - ▣ *Composite measures only – quality construct*
- Feasibility
- Use (must pass)
 - ▣ *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.**

NQF's Major Endorsement Criteria

Criterion #1: Importance to measure and report

Criteria emphasis is different for new vs. maintenance measures

New measures	Maintenance measures
<ul style="list-style-type: none">• Evidence – Quantity, quality, consistency (QQC)• Established link for process measures with outcomes	<p>DECREASED EMPHASIS: Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence</p> <p>IF changes in evidence, the Committee will evaluate as for new measures</p>
<ul style="list-style-type: none">• Gap – opportunity for improvement, variation, quality of care across providers	<p>INCREASED EMPHASIS: data on current performance, gap in care and variation</p>

Criterion #2: Scientific Acceptability - Reliability and Validity

New measures	Maintenance measures
<ul style="list-style-type: none">• Measure specifications are precise with all information needed to implement the measure	NO DIFFERENCE: Require updated specifications
<ul style="list-style-type: none">• Reliability• Validity (including risk-adjustment)	<p>DECREASED EMPHASIS: If prior testing adequate, additional testing not required unless there has been: a change in data source, level of analysis, or setting; or if previous testing was limited to face validity only.</p> <p>All measures must address use of social risk factors in risk-adjustment approach.</p>

Criteria #3 & 4: Feasibility and Usability and Use

Feasibility

New measures	Maintenance measures
<ul style="list-style-type: none">Measure feasible, including eMeasure feasibility assessment	NO DIFFERENCE: Implementation issues may be more prominent

Usability and Use

New measures	Maintenance measures
<ul style="list-style-type: none">Use: used in accountability applications and public reporting	INCREASED EMPHASIS: Much greater focus on measure use and usefulness, including both impact and unintended consequences. Use is must pass sub-criterion.
<ul style="list-style-type: none">Usability: impact and unintended consequences	

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 Measures

3451 Non-Acute Mental Health Services Utilization for Dual Eligible Beneficiaries

2152 Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling

Public Comment

Next Steps

Adjourn



NATIONAL
QUALITY FORUM

National Consensus Standards for Behavioral Health and Substance Use

Standing Committee Meeting

Michael Abrams, MPH, PhD, Senior Director

Nicolette Mehas, PharmD, Director

Shaonna Gorham, MS, PMP, Senior Project Manager

Desmirra Quinnonez, Project Analyst

January 31, 2019

Welcome and Recap of Day 1

Introductions

Behavioral Health Standing Committee

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Agenda for Today's Web Meeting

January 31, 2019

- Review of Candidate Measure 3453
- Review of Candidate Measure 0004
- Harmonization Discussion
- Portfolio Gap Discussion
- Member and Public Comment
- Next Steps
- Adjourn

Ground Rules for Today's Meeting

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Consideration of Candidate Measures

3453 Continuity of Care After Inpatient or Residential Treatment for SUD

0004 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

Related and Competing 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 3451

NQF #	3451	0576
Title	3451 Non-Acute Mental Health Services Utilization for Dual Eligible Beneficiaries	Follow-Up After Hospitalization for Mental Illness (FUH)
Steward	CMS	NCQA
Measure focus	Dual eligible beneficiaries with a mental health service need who received a non-acute mental health service	Patients discharged from hospitalization for treatment of mental illness who had a follow-up with a mental health practitioner
Patient population	Dual eligible beneficiaries ages 21 and older	Ages 6 and older
Exclusions	N/A	initial discharge and the readmission/direct transfer discharge if the readmission/direct transfer discharge occurs after December 1 of the measurement year; discharges followed by readmission or direct transfer to a nonacute facility within the 30-day follow-up period regardless of principal diagnosis; discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health; hospice
Measure timing	12-month measurement year	Follow-up within 7 days and 30 days after discharge
Level of analysis	Health Plan	Health Plan, Integrated Delivery System
Setting	Home Care, Outpatient Services, Post-Acute Care	Inpatient/Hospital, Outpatient Services
Data source	Claims	Claims

Related and Competing Measures for 2152

NQF #	2152	2599
Title	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling	Alcohol Screening and Follow-up for People with Serious Mental Illness
Steward	PCPI	National Committee for Quality Assurance
Measure focus	Screening for unhealthy alcohol use AND receiving brief counseling if identified as an unhealthy user	Screening for unhealthy alcohol use in patients with SMI and 2 events of counseling if identified as an unhealthy user
Patient population	18 years and older	18 years and older
Exclusions	Documentation of medical reason(s) for not screening for unhealthy alcohol use	Active diagnosis of alcohol abuse or dependence during the first nine months of the year prior to the measurement year
Measure timing	At least once in 24 mo. period	Screened for unhealthy alcohol use during the last 3 months of the year prior to the measurement year through the first 9 months of the measurement year and received two events of counseling if identified as an unhealthy alcohol user
Level of analysis	Clinician : Group/Practice, Clinician : Individual	Health Plan
Setting	Home Care, Outpatient Services	Outpatient Services
Data source	Registry Data	Claims, Electronic Health Records, Paper Medical Records

Related and Competing Measures for 3453

NQF #	3453	0004	0576	2605	3312
Title	Continuity of Care After Inpatient or Residential Treatment for SUD	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Follow-Up After Hospitalization for Mental Illness (FUH)	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs
Steward	CMS	NCQA	NCQA	NCQA	CMS
Measure focus	discharges from an inpatient or residential treatment for SUD followed by a treatment service for SUD within 7 and 14 days after discharge.	initiation within 14 days of diagnosis and engagement of AOD treatment within 34 days of initiation	Patients discharged from hospitalization for treatment of mental illness who had a follow-up with a mental health practitioner	discharges for patients who had a visit to the emergency department with a primary diagnosis of mental health or alcohol or other drug dependence 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	Discharges from a detoxification episode followed by a treatment service for SUD (including pharmacotherapy) within 7 or 14 days after discharge
Patient population	Medicaid beneficiaries ages 18-64	13 years and older	Ages 6 and older	18 years and older	Medicaid beneficiaries, 18-64 years

Related and Competing Measures for 3453 (Continued)

NQF #	3453	0004	0576	2605	3312
Title	Continuity of Care After Inpatient or Residential Treatment for SUD	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Follow-Up After Hospitalization for Mental Illness (FUH)	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs
Exclusions	Both the initial discharge and the admission/direct transfer discharge if admission/direct transfer discharge occurs after Dec. 15 of the measurement year; Discharges followed by admission or direct transfer to inpatient or SUD residential treatment setting within 7 or 14-day period (exception is admission to residential treatment following inpatient); hospice	Individuals with a claim/encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment, alcohol or other drug dependency medication dispensing during the 60 days before the IESD; hospice	initial discharge and the readmission/direct transfer discharge if the readmission/direct transfer discharge occurs after Dec. 1 of the measurement year; discharges followed by readmission or direct transfer to a nonacute facility within the 30-day follow-up period regardless of principal diagnosis; discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health; hospice	If the discharge is followed by readmission or direct transfer for mental health or AOD dependence within 30 day follow-up period, count only the readmission discharge or discharge from ED to which pt was transferred	N/A
Measure timing	7 days and 14 days	14 days and 34 days	Follow-up within 7 days and 30 days after discharge	7 days and 30 days	7 days or 14 days
Level of analysis	Population : Regional and State	Health Plan	Health Plan, Integrated Delivery System	Health Plan, Population : Regional and State	Population : Regional and State
Setting	Emergency Department and Services, Home Care, Inpatient/Hospital, Outpatient Services	Emergency Department and Services, Inpatient/Hospital, Outpatient Services	Inpatient/Hospital, Outpatient Services	Inpatient/Hospital, Outpatient Services	Inpatient/Hospital, Outpatient Services
Data source	Claims	Claims	Claims	Claims	Claims

Related and Competing Measures for 0004

NQF #	0004	2599	3312	2605	2152
Title	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Alcohol Screening and Follow-up for People with Serious Mental Illness	Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
Steward	NCQA	NCQA	CMS	NCQA	PCPI
Measure focus	Initiation within 14 days of diagnosis and engagement of AOD treatment within 34 days of initiation	Screening for unhealthy alcohol use in patients with SMI and 2 events of counseling if identified as an unhealthy user	Discharges from a detoxification episode followed by a treatment service for SUD (including pharmacotherapy) within 7 or 14 days after discharge	discharges for patients who had a visit to the emergency department with a primary diagnosis of mental health or alcohol or other drug dependence 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	Screening for unhealthy alcohol use AND receiving brief counseling if identified as an unhealthy user
Patient population	13 years and older	18 years and older	Medicaid beneficiaries, 18-64 years	18 years and older	18 years and older
Exclusions	Individuals with a claim/encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment, alcohol or other drug dependency medication dispensing during the 60 days before the IESD; hospice	Active diagnosis of alcohol abuse or dependence during the first nine months of the year prior to the measurement year	N/A	If the discharge is followed by readmission or direct transfer for mental health or AOD dependence within 30 day follow-up period, count only the readmission discharge or discharge from ED to which pt was transferred	Documentation of medical reason(s) for not screening for unhealthy alcohol use

Related and Competing Measures for 0004 (Continued)

NQF #	0004	2599	3312	2605	2152
Title	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Alcohol Screening and Follow-up for People with Serious Mental Illness	Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
Measure timing	14 and 34 days	Screened for unhealthy alcohol use during the last 3 months of the year prior to the measurement year through the first 9 months of the measurement year and received two events of counseling if identified as an unhealthy alcohol user	7 or 14 days	7 and 30 days	At least once in 24 mo. period
Level of analysis	Health Plan	Health Plan	Population : Regional and State	Health Plan, Population : Regional and State	Clinician : Group/Practice, Clinician : Individual
Setting	Emergency Department and Services, Inpatient/ Hospital, Outpatient Services	Outpatient Services	Inpatient/Hospital, Outpatient Services	Inpatient/Hospital, Outpatient Services	Home Care, Outpatient Services
Data source	Claims	Claims, Electronic Health Records, Paper Medical Records	Claims	Claims	Registry Data

Behavioral Health and Substance Use Portfolio Gaps

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 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?

Behavioral Health-Related NQF Initiatives and Updates

Related NQF Initiatives

- Medicaid Scorecard
(http://www.qualityforum.org/MAC_Scorecard.aspx)
- Measure Applications Partnership (Clinician)
(http://www.qualityforum.org/MAP_Clinician_Workgroup.aspx)
- Opioid Prescribing Playbook
(<https://store.qualityforum.org/products/national-quality-partners-playbook™-opioid-stewardship>)
- SMI Action Team
(http://www.qualityforum.org/NQP_Serious_Mental_Illness.aspx)
- Telebehavioral Health...

NQF's Medicaid and CHIP (MAC) Scorecard Project

Promote Effective Communication and Coordination of Care Domain

^0576 Follow-Up After Hospitalization for Mental Illness

*1517 Prenatal and Postpartum Care: Postpartum Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care Domain

^Use of Multiple Concurrent Antipsychotics: Ages 1-17

Promote Effective Px and Tx of Chronic Diseases Domain

1392 Well-Child Visits: First 15 Months

1516 Well-Child Visits: Ages 3-6

Adolescent Well-Care Visits: Ages 12-21

1407 Immunization for Adolescent: (13 years)

Percentage of Eligibles Who Received Preventive Dental Services: Ages 1-20

^2940 Use of Opioids at High Dosage in Persons Without Cancer

^0004 Initiation & Engagement of Alcohol & Other Drug Dependence Treatment: Age 18 & Older

0018 Control High Blood Pressure: Ages 18-85

Strengthen Engagement in Care Domain

Getting care quickly (Consumer Assessment of Healthcare Provider and Systems (CAHPS) survey)

Getting needed care (CAHPS)

Make Care Affordable Domain

0272 Diabetes short term complication admission rate

Scorecard Committee Recommendations for MAC Scorecard 1.0

^Use of Multiple Concurrent Antipsychotics: Ages 1-17 (RECOMMENDED FOR REMOVAL)

^Adherence to Antipsychotic Medications for Individuals with Schizophrenia (RECOMMENDED FOR ADDITION)

^1448 Developmental Screening in First Three Years of Life (RECOMMENDED FOR ADDITION)

0038 Childhood immunization status (RECOMMENDED FOR ADDITION)

1768 Plan All-Cause Readmissions (RECOMMENDED FOR ADDITION)

^ Red text highlights Behavioral Health/Substance Use related measures

* Denotes NQF endorsement removed

Public Comment

Next Steps

Fall 2018 Cycle

Meeting	Date/Time
Commenting Period with Member Support	November 29, 2018 – April 9, 2019
Measure Evaluation Web Meeting #1	January 30, 2019
Measure Evaluation Web Meeting #2	January 31, 2019
Post-Meeting Web Meeting	February 5, 2019
Post-Comment Web Meeting	May 3, 2019
CSAC Review Period	May 22, 2019 – June 12, 2019
Appeals Period	June 14, 2019 – July 15, 2019

Spring 2019 Cycle Updates

- Intent to submit deadline – January 7, 2019
- 8 measures were submitted
 - ▣ *6 maintenance measures*
 - ▣ *2 new measures*
 - ▣ *1 measures considered “complex” and will be reviewed by NQF Scientific Methods Panel for scientific acceptability criterion.*
- ▣ *Topics:*
 - » multiple antipsychotic use
 - » physical restraint or seclusions use
 - » screening for violence, substance use, or trauma history
 - » follow-up after emergency department admission
 - » monitoring long-term opioid use
 - » acute care due to overdose

Project Contact Info

- Email: 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>