



**NATIONAL  
QUALITY FORUM**

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# Behavioral Health and Substance Use, Fall 2020 Measure Review Cycle Measure Evaluation Standing Committee Meeting

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*February 8, 2021*

*Funded by the Centers for Medicare and Medicaid Services under contract HHSM-500-2017-000601  
Task Order HHSM-500-T0001.*

# Welcome

## Housekeeping Reminders

- This is a Ring Central meeting with audio and video capabilities
- Optional: Dial **(470) 869-2200** and enter Meeting ID: **148 973 4081**
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
  - ▣ Chat box: to message NQF staff or the group
  - ▣ Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at [behavioralhealth@qualityforum.org](mailto:behavioralhealth@qualityforum.org)

## Project Team – Behavioral Health and Substance Use Committee



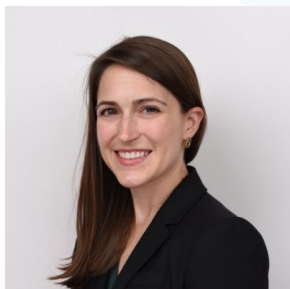
**Samuel Stolpe,**  
PharmD, MPH  
NQF Senior Director



**Mike DiVecchia, PMP, MBA**  
NQF Senior Project  
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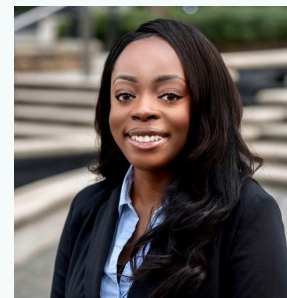
**Monika Harvey, PMP, MBA**  
NQF Project Manager



**Tamara Funk, MPH**  
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**Hannah Bui, MPH**  
NQF Manager



**Udobi Onyeuku,**  
MSHA  
NQF Analyst

## Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

# Introductions and Disclosures of Interest

## Behavioral Health and Substance Use Fall 2020 Cycle Standing Committee

- Harold Pincus, MD (Co-chair)
- Michael Trangle, MD (Co-chair)
- Loretta (Ann) Bostic, DNP, MBA, APRN, CRNA, PMHNP-BC
- Caroline Carney, MD, MSc, FAMP, CPHQ
- Vitka Eisen, MSW, EdD
- Julie Goldstein Grumet, PhD
- Benjamin Han, MD, MPH
- Morissa Henn, MPH, DrPH
- Lisa Jensen, DNP, APRN
- Caitlyn Kjolhede, BSN, MBA
- Kraig Knudsen, PhD (*inactive*)
- Barbara Lang, LPC, LISAC
- Michael R. Lardieri, LCSW
- Raquel Mazon Jeffers, MPH, MIA
- Brooke Parish, MD
- David Pating, MD
- Vanita Pindolia, PharmD
- Chantelle Rice Collins, OTD, OTR/L, CDCES
- Andrew Sperling, JD
- Jeffery Susman, MD
- Allen Tien, MD
- Patrick Triplett, MD
- Heidi Waters, MBA, PhD
- Bonnie Zima, MD, MPH

# Overview of Evaluation Process and Voting Process



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

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
  - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Behavioral Health and Substance Use measures



## Meeting Ground Rules

### **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
- Keep comments concise and focused
- Allow others to contribute



## Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
  - ▣ 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 staff
    - » 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 (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



## Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
  - ▣ Vote on Evidence (must pass)
  - ▣ Vote on Performance Gap (must pass)
  - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
  - ▣ Vote on Reliability (must pass)
  - ▣ Vote on Validity (must pass)
  - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
  - ▣ Use (must pass for maintenance measures)
  - ▣ Usability



## Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
  - ▣ 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; Committee discussion moves to the next measure.
  - ▣ If consensus is not reached, discussion continues with the next measure criterion.

## Achieving Consensus

- Quorum: 66% of active committee members (15 of 23 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes.
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.



## Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
  - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Committee during their absence.





# Evaluation Process Questions?

# Voting Test

# Measures Under Review

## Fall 2020 Cycle Measures

### ■ 2 Maintenance Measures for Committee Review

- **0576** Follow-Up After Hospitalization for Mental Illness (National Committee for Quality Assurance)
- **3205** Medication Continuation Following Inpatient Psychiatric Discharge (Mathematica)

### ■ 2 New Measures for Committee Review

- **3589** Prescription or administration of pharmacotherapy to treat opioid use disorder (OUD) (RTI International)
- **3590** Continuity of Care After Receiving Hospital or Residential Substance Use Disorder (SUD) Treatment (RTI International)

# Consideration of Candidate Measures



## 0576 Follow-Up After Hospitalization for Mental Illness

- **Measure Steward/Developer:** National Committee for Quality Assurance
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:
    1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
    2. The percentage of discharges for which the member received follow-up within 7 days after discharge.

## 3205 Medication Continuation Following Inpatient Psychiatric Discharge

- **Measure Steward:** Centers for Medicare and Medicaid Services
- **Measure Developer:** Mathematica
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ This measure assesses whether patients discharged from an inpatient psychiatric facility (IPF) with major depressive disorder (MDD), schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge. This measure evaluates admissions over a two-year period.

# NQF Member and Public Comment



# Next Steps



## Next Steps

- Measure Evaluation Web Meeting #2
  - ▣ February 11, 2021, 12:00 – 2:00 PM ET

# Questions?

**THANK YOU.**

**NATIONAL QUALITY FORUM**

<http://www.qualityforum.org>