



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

May 3, 2019

Welcome and Attendance

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

Agenda for Today's Web Meeting

May 3, 2019

- Welcome and Attendance
- Review and Discuss Comments
- Member and Public Comment
- Next Steps
- Adjourn

Summary of Measures Reviewed Fall 2018 Cycle

Recommended Measures		
Measure	Numerator	Denominator
0004 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	<p>Initiation of AOD Treatment: through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.</p> <p>Engagement of AOD Treatment: Initiation of AOD treatment and two or more additional AOD services or medication treatment within 34 days of the initiation visit</p>	Patients age 13 years of age and older as of December 31 of the measurement year who were diagnosed with a new episode of alcohol or other drug dependency (AOD) during the first 10 and ½ months of the measurement year (e.g., January 1-November 15).
2152 Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Patients who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user	All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

Summary of Measures Reviewed Fall 2018 Cycle

Recommended Measures		
Measure	Numerator	Denominator
3453 Continuity of care after inpatient or residential treatment for substance use disorder (SUD)	Discharges in the denominator with an outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or filled a prescription for or were administered or ordered a medication for SUD. (After an inpatient discharge only, residential treatment also counts as continuity of care.) Two rates are reported, continuity within 7 and 14 days after discharge.	Adult Medicaid beneficiary discharges from inpatient or residential treatment for SUD with a principal diagnosis of SUD during from January 1 to December 15 of the measurement year.

Summary of Measures Reviewed Fall 2018 Cycle

Measure Not Recommended		
Measure	Numerator	Denominator
3451 Non-Acute Mental Health Services Utilization for Dual Eligible Beneficiaries	The number of dual eligible beneficiaries receiving at least one non-acute mental health service in the 12-month measurement year.	The number of dual eligible beneficiaries age 21 and older with a mental health service need in the 18-month identification window (the 12-month measurement year plus six months prior to the measurement year).

Review and Discussion of Comments

Salient themes from comments...

Theme: Measure Specification Considerations

- Comment: concern that follow-up expanded from 30-34 days (**0004 I&E Drug Tx**)
 - *Response: this was to accommodate prescription dosing durations and claims lags*
- Comment: concern that refusals not tallied (**0004 I&E Drug Tx**)
 - *Response: during eval meeting, data availability challenge noted*
- Comment: Language should be updated to DSM-5 (SUD rather than “abuse/dependence”) (**0004 I&E Drug Tx**)
 - *Response: this change in nomenclature is underway (see next slide)*
- Comment: concern that peer supports and case management services, per se, are not counted as continuity of care events (**3453 Continuity post-inpatient**)
 - *Response: Evidence in literature not currently present for peer supports alone; case management and peer support will be considered in the future*

DSM-5 Lexicon

	DSM-IV Abuse ^a		DSM-IV Dependence ^b		DSM-5 Substance Use Disorders ^c	
Hazardous use	X	} ≥1 criterion	–	} ≥3 criteria	X	} ≥2 criteria
Social/interpersonal problems related to use	X		–		X	
Neglected major roles to use	X		–		X	
Legal problems	X		–		–	
Withdrawal ^d	–		X		X	
Tolerance	–		X		X	
Used larger amounts/longer	–		X		X	
Repeated attempts to quit/control use	–		X		X	
Much time spent using	–		X		X	
Physical/psychological problems related to use	–		X		X	
Activities given up to use	–		X		X	
Craving	–		–		X	

Source: Hasin DS et al., *AJP*, 2013, pub number: 12060782

Salient themes continued (2)...

- Comment: concern that psychotherapy codes are required to count Medication Assisted Treatment as services (**0004 I&E Drug Tx**)
 - *Response: Based on current guidelines with potential changes in the future.*
- Primary DX of SUD too stringent for inclusion in follow-up measure (**3453 Continuity post-inpatient**)

Theme: Data limitations

- Comment: Concern about lack of sensitivity for 'non-billable' services including brief interventions, those delivered by 'integrated clinics', and those not covered. (**3453 Continuity post-inpatient; 2125 Prev & Screen Alcohol**)
 - *Response: Agreement*
- Comment: Concern claims are generated/transferred too slowly to encourage timely follow-up. (**0004 I&E Drug Tx**)
 - *Response: None requested by NQF, as this is more a coordination issue and the data is used to review retrospectively.*

Salient themes continued (3)...

Measure Gaps (For general discussion)

- Comment: SMI should be a disparities category
- Comment: More quality of life measures needed (e.g., Daily Living Activities-20; Healthy Days Measured).
- Comment: Measures needed to cover 'full continuum of treatment' (life-span, prevention-to-recovery)
- Comment: Measures germane to the use of long-acting antipsychotic measures needed

Measure-Specific

- Comment: Support decision to not recommend. Measures germane to Medicare-Medicaid duals needed. **(3451 MHSU Duals)**
 - Response: none requested
- Comment: Concern that the denominator (those with claims) reliability Kappa stat was noticeably low (0.31). **(2152 Prev & Screen Drug)**
 - Response: This Kappa reflects "fair" agreement and sometimes appears stringent because it adjusts for chance agreement (Warren, 1990). This Kappa coincides with 85% agreement (97/120 observations). Adam-R score-level testing was also high (>0.98). NQF has no threshold, but defers to committee judgement.

Public Comment

Next Steps

Fall 2018 Cycle

Meeting	Date/Time
CSAC Review Period	May 22, 2019 – June 12, 2019
Appeals Period	June 14, 2019 – July 15, 2019
Post Final Report	September 12, 2019

Spring 2019 Cycle Updates

- Measure Submission deadline – April 2, 2019
- 7 measures submitted
 - ▣ 6 maintenance measures
 - ▣ 1 measure considered “complex” and did not pass NQF’s Scientific Methods Panel.
 - ▣ *Topics:*
 - » multiple antipsychotic use
 - » physical restraint or seclusions use
 - » screening for violence, substance use, or trauma history
 - » follow-up after emergency department admission
 - » 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>

Adjourn