



NATIONAL
QUALITY FORUM

Behavioral Health and Substance Use, Spring 2019 Measure Review Cycle

Standing Committee Meeting

Michael Abrams, MPH, PhD, Senior Director

Nicolette Mehas, PharmD, Director

Desmirra Quinnonez, Project Analyst

June 19, 2019

NQF Staff

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

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

Agenda for Today's Web Meetings

June 19, 2019 11:00 am and 2:00 pm

- Welcome, Introductions, and Disclosure of Interest
 - Overview of NQF's Scientific Methods Panel Review
 - Overview of Evaluation Process
 - Review Measure 0560 (multiple antipsychotics)
 - Review Measure 0640 (restraint use)
 - Review Measure 0641 (seclusion use)
 - Review Measure 1922 (risk screening)
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- Review Measure 3488 (alcohol, other drug misuse ED follow-up)
 - Review Measure 3489 (mental illness ED follow-up)
 - Related Measure Discussion (if time allows)
 - Portfolio Gaps Discussion (if time allows)
 - Public comment/Next steps

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

NQF Scientific Methods Panel Review

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of measure 3492 *Emergency Department Use Due to Opioid Overdose*
- 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

- 3492 *Emergency Department Use Due to Opioid Overdose* did not pass SMP Review
 - ▣ *Scientific Acceptability is a must-pass criteria; because the Panel did not view this measure as methodologically sound for reliability and/or validity, the measure was removed from the current evaluation cycle and was not forwarded to the Standing Committee for evaluation.*
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee in a future submission.

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 NQF's 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) (deployed for accountability)
 - ▣ *Must pass for maintenance measures*
- Usability (benefits > risks, improvement results)
- **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 reportingUsability: impact and unintended consequences	INCREASED EMPHASIS: Much greater focus on measure use and usefulness, including both impact and unintended consequences. Use is must pass sub-criterion.

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

0560 HBIPS-5 Patients discharged
on multiple antipsychotic
medications with appropriate
justification

0640 HBIPS-2 Hours of physical restraint use

0641 HBIPS-3 Hours of seclusion use

1922 HBIPS-1 Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths completed

Public Comment

Break

Consideration of Candidate Measures

3488 Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

3489 Follow-Up After Emergency Department Visit for Mental Illness (FUM)

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 0560

NQF #	0560	1879	2801	3205
Title	Patients discharged on multiple antipsychotic medications with appropriate justification	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Medication Continuation Following Inpatient Psychiatric Discharge
Steward	The Joint Commission	CMS	NCQA	CMS
Measure focus	Proportion of patients, age greater than and equal to 1 year, discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification.	Percentage of individuals at least 18 years of age with schizophrenia or schizoaffective disorder who had at least 2 prescription drug claims for antipsychotic medications and had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months)	Percentage of children and adolescents 1–17 years of age with a new prescription for an antipsychotic, but no indication for antipsychotics, who had documentation of psychosocial care as first-line treatment.	Assesses whether psychiatric patients admitted to an IPF for MDD, schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge
Patient population	Psychiatric inpatient discharges	Patient at least 18 years of age with schizophrenia or schizoaffective disorder	Individuals 1-17 years with a new prescription of an antipsychotic but no indication	Medicare fee-for-service (FFS) beneficiaries 18 years and older with a principal diagnosis of MDD, schizophrenia, or bipolar discharged from an IPF

Related and Competing Measures for 0560 (Continued)

NQF #	0560	1879	2801	3205
Title	Patients discharged on multiple antipsychotic medications with appropriate justification	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Medication Continuation Following Inpatient Psychiatric Discharge
Exclusions	<ul style="list-style-type: none"> • Patients who expired • Patients with an unplanned departure resulting in discharge due to elopement • Patients with an unplanned departure resulting in discharge due to failing to return from leave • Patients with a length of stay less than or equal to 3 days 	Individuals with dementia	Children and adolescents with a diagnosis of a condition for which antipsychotic medications have an indication and are thus clinically appropriate (schizophrenia, bipolar disorder, psychotic disorder, autism, tic disorders); hospice	<ul style="list-style-type: none"> • Received ECT during the inpatient stay or follow-up • Received TMS during the inpatient stay or follow-up • Were pregnant during inpatient stay • Had a secondary diagnosis of delirium. • Had a principal diagnosis of schizophrenia with a secondary diagnosis of dementia.
Level of analysis	Facility, Other	Clinician : Group/Practice, Health Plan, Population : Regional and State	Health Plan, Integrated Delivery System, Population : Regional and State	Facility
Setting	Hospital-based inpatient psychiatric setting	Outpatient Services	Inpatient/Hospital, Outpatient Services	Inpatient/Hospital
Data source	Electronic Health Records, Paper Medical Records	Claims	Claims	Claims

Related and Competing Measures for 0640

NQF #	0640	0687
Title	HBIPS-2 Hours of physical restraint use	Percent of Residents Who Were Physically Restrained (Long Stay)
Steward	The Joint Commission	CMS
Measure focus	Total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint	Number of long-stay residents who have experienced daily physical restraint usage during the 7 days prior to the selected assessment
Patient population	Psychiatric inpatients	Long stay residents (at least 101 cumulative days of nursing care)
Exclusions	Total leave days	Facilities including fewer than 30 residents; residents are excluded if there is missing data for relevant assessment questions
Level of analysis	Facility, Other	Facility
Setting	Hospital-based inpatient psychiatric setting	Post-Acute Care
Data source	Electronic Health Records, Paper Medical Records	Electronic Health Records

Related and Competing Measures for 1922

NQF #	1922	0104e	1365e	2152	2599	2806
Title	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Alcohol Screening and Follow-up for People with Serious Mental Illness	Pediatric Psychosis: Screening for Drugs of Abuse in the Emergency Department
Steward	The Joint Commission	PCPI	PCPI	PCPI	NCQA	Seattle Children's Research Institute
Measure focus	Proportion of patients, age greater than and equal to 1 year, admitted to a hospital-based inpatient psychiatric setting who are screened within the first 3 days of hospitalization for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths	Percentage of patients aged 18 years and older with a diagnosis of MDD with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	Percentage of patients aged 18 years and older 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	The percentage of patients 18 years and older with a serious mental illness, who were screened for unhealthy alcohol use and received brief counseling or other follow-up care if identified as an unhealthy alcohol user.	Percentage of children/adolescents age 5 to 19 years-old seen in the ED with psychotic symptoms who are screened for alcohol or drugs of abuse

Related and Competing Measures for 1922 (Continued)

NQF #	1922	0104	1365	2152	2599	2806
Title	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Alcohol Screening and Follow-up for People with Serious Mental Illness	Pediatric Psychosis: Screening for Drugs of Abuse in the Emergency Department
Patient population	Psychiatric inpatient discharges	18 years or older with MDD	patients aged 6 to 17 years with MDD	Patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period	Patients 18 years of age or older with at least one inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year	Patients aged 5 to 19 years seen in the ED with psychotic symptoms
Exclusions	Patients for whom screening cannot be completed OR pts with a previous admission to the psychiatric unit during a single hospitalization; Length of stay <3 days or >365 days	None	None	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	None

Related and Competing Measures for 1922 (Continued)

NQF #	1922	0104	1365	2152	2599	2806
Title	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Alcohol Screening and Follow-up for People with Serious Mental Illness	Pediatric Psychosis: Screening for Drugs of Abuse in the Emergency Department
Level of analysis	Facility, Other	Clinician : Group/Practice, Clinician : Individual	Clinician : Group/Practice, Clinician : Individual	Clinician : Group/Practice, Clinician : Individual	Health Plan	Facility
Setting	Inpatient/Hospital	Emergency Department and Services, Other, Outpatient Services	Outpatient Services	Home Care, Outpatient Services	Outpatient Services	Emergency Department and Services, Inpatient/Hospital
Data source	Electronic Health Records, Paper Medical Records	Electronic Health Records	Electronic Health Records	Registry Data	Claims, Electronic Health Records, Paper Medical Records	Claims, Other, Paper Medical Records

Related and Competing Measures for 3488

NQF #	3488	0004	3312	3453
Title	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs	Continuity of care after inpatient or residential treatment for substance use disorder (SUD)
Steward	NCQA	NCQA	CMS	CMS
Measure focus	Percentage ED visits for members 13 years of age and older with a principal diagnosis AOD abuse or dependence, who had a follow up visit for AOD	Initiation within 14 days of diagnosis and engagement of AOD treatment within 34 days of initiation	Discharges from a detoxification episode followed by a treatment service for SUD (including pharmacotherapy) within 7 or 14 days after discharge	Percentage of discharges from an inpatient or residential treatment for SUD which was followed by a treatment service for SUD
Patient population	13 years and older	13 years and older	Medicaid beneficiaries, 18-64 years	Medicaid beneficiaries, ages 18 to 64

Related and Competing Measures for 3488 (Continued)

NQF #	3488	0004	3312	3453
Title	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs	Continuity of Care After Inpatient or Residential Treatment for SUD
Exclusions	Patients in 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	N/A	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
Measure timing	Follow-up within 7 days and 30 days of the ED visit	14 days and 34 days	7 days or 14 days	7 days and 14 days
Level of analysis	Health Plan	Health Plan	Population : Regional and State	Population : Regional and State
Setting	Emergency Department	Emergency Department and Services, Inpatient/ Hospital, Outpatient Services	Inpatient/Hospital, Outpatient Services	Emergency Department and Services, Home Care, Inpatient/ Hospital, Outpatient Services
Data source	Claims	Claims	Claims	Claims

Related and Competing Measures for 3489

NQF #	3489	0576
Title	Follow-Up After Emergency Department Visit for Mental Illness	Follow-Up After Hospitalization for Mental Illness (FUH)
Steward	NCQA	NCQA
Measure focus	Patients discharged from Emergency department who had a follow up visit for mental illness	Patients discharged from hospitalization for treatment of mental illness who had a follow-up with a mental health practitioner
Patient population	Ages 6 and older	Ages 6 and older
Exclusions	Patients in hospice	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	Follow-up within 7 days and 30 days after discharge	Follow-up within 7 days and 30 days after discharge
Level of analysis	Health Plan	Health Plan, Integrated Delivery System
Setting	Outpatient Services	Inpatient/Hospital, Outpatient Services
Data source	Claims	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)
 - » https://www.who.int/mental_health/evidence/burn-out/en/
- 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

Process Step	Timeline
Post-meeting call	June 26, 2019 12:00-2:00 pm ET
Draft report posted for public and NQF member comment	July 25 - August 23, 2019
SC Post-Comment Call to review and respond to comments	September 16, 2019 12:00-2:00 pm ET
CSAC review and approval	October 10-28, 2019
Appeals	October 30 – Nov. 28, 2019

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>