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Behavioral Health and Substance Use, Fall 2019 Measure Review Cycle

Post-Comment Standing Committee Meeting

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Welcome

Welcome

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Project Team — Behavioral Health and Substance Use Committee



**Samuel Stolpe,
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Agenda

- Attendance
- Consideration of Consensus Not Reached Measures
- Review and Discuss Public Comments
- NQF Member and Public Comment
- Next Steps
- Adjourn

Attendance

Behavioral Health and Substance Use Fall 2019 Cycle 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 (*Inactive*)
- 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

Consideration of Consensus Not Reached Measures

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

- **Measure Steward:** The Lewin Group; Centers for Medicare & Medicaid Services, Centers for Medicaid & CHIP Services
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ The measure focuses on emergency department (ED) utilization for four 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 measure is defined as the all-cause ED utilization rate for Medicaid beneficiaries age 18 and older who meet the eligibility criteria for any of the four denominator groups:
 - » Beneficiaries with co-occurring physical health and mental health conditions
 - » Beneficiaries with a co-occurring physical health condition and a substance use disorder
 - » Beneficiaries with a co-occurring mental health condition and a SUD
 - » Beneficiaries with serious mental illness



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

- **Criteria where consensus was not reached:** Evidence
- **Concerns:**
 - ▣ The primary concern of the Committee was that the annual ED visit for these populations on a state level may not be strongly linked to the desired quality care outcome, which was integrated physical and behavioral healthcare; it was not clear to some Committee members how one could strongly construe that lower ED utilization equated to higher quality of care.
 - ▣ The Committee discussed how this is further complicated by social determinants of health (SDOH) and problems of ED use common to patients with psychiatric conditions. The Committee also called into question the cause-and-effect nature of the logic model, as well as the quality of the evidence presented.

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

■ Summary of Comments Received: 3 Comments Received

1. APA agrees that it is extremely important to support and incentivize integrated care and we support development of measures in this area. We would suggest that it would be helpful to be able to see rates across the different groups included in the denominator to facilitate targeted interventions and quality improvement efforts.



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

■ Summary of Comments Received: 3 Comments Received

2. NHMH understands it may be difficult to tie reduced ED use by this population directly to their receipt of integrated care. It seems to us that addressing both co-morbidities would naturally lead to less need to visit hospital EDs as it is often untreated BH conditions that cause additional avoidable medical expense. For the present, measure 3538 should not currently be endorsed as a BH quality measure.

- » A key concern is that a vastly underfunded, under-resourced, overburdened and overwhelmed part of our healthcare system - primary care - is being asked to do more and more at a time when they face tremendous operational, administrative, and financial pressures. While we support a greater role for primary care, it must be matched by funding that supports and incentivizes primary care to take on these additional tasks.
- » Research shows that untreated and/or poorly treated BH conditions do contribute to increased hospital use. For a start, much needs to be done to improve coordination, communications and information exchange between hospitalists and PC clinicians during and after patient hospital visits.
- » Another means to reduce the use of EDs among the SMI is the appropriate use of long-acting injectables (LAI) antipsychotics and clozapine. There is data showing the superiority of LAIs and clozapine in reducing relapse, rehospitalizations, arrests/jail, and mortality.



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

■ Summary of Comments Received: 3 Comments Received

3. The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments. We write to offer general support for the comments submitted by No Health Without Mental Health (NHMH).

- *“NHMH understands it may be difficult to tie reduced ED use by this population directly to their receipt of integrated care. It seems to us that addressing both co-morbidities would naturally lead to less need to visit hospital EDs as it is often untreated BH conditions that cause additional avoidable medical expense. That said, for the present we agree with the NQF report that quality measure 3538 should not currently be endorsed as a BH quality measure.”*
- *We further support the NHMH submitted observation: “The subject of primary care’s role in reducing hospital use is complex and more research is needed. Research does show continuity of care by a primary care provider improves patients health status over time.”*

■ Revote on Evidence

- ▣ If evidence passes, revote on overall recommendation for endorsement

Review and Discuss Public Comments

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

- **Measure Steward:** Mathematica

- ▣ New measure

- **Brief Description of Measure:**

- ▣ Proportion of inpatient hospitalizations for patients 65 years of age and older who receive an order for antipsychotic medication therapy

- **Summary of Comments Received:** 2 Comments Received

1. Even with the listed exclusions, there are a number of reasons to prescribes these medications, even in the elderly, with an understanding of the implicit risks. Conditions such as delusional parasitosis are not accounted for, though their use is indicated. They are also used for treating delirium, as there are no safe alternatives and not treating patients presents a greater risk. A more useful indicator might be the use of neuroleptics in the elderly without a documented rationale.



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

■ **Summary of Comments Received:** 2 Comments Received

2. APA does not support this measure on the use of antipsychotics in the elderly in hospitals. Two important problems with the measure are that

- ▣ The exclusions do not include certain accepted uses of atypical antipsychotics (e.g., major depression with psychotic features) and
- ▣ It would promote the use of less effective and equally (or more) problematic drugs to treat severe aggression and agitation among delusional/hallucinating patients with delirium or dementia.

3175 Continuity of Pharmacotherapy for Opioid Use Disorder

- **Measure Steward:** University of Southern California
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ Percentage of adults of at least 18 years of age with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment
- **Summary of Comments Received: 1 Comment Received**
 - ▣ APA believes this is an extremely important issue. We have good treatments for OUD when patients are on them, but our ability to keep patients in treatment is poor, and this is a key opportunity for improvement in care. However, we do not yet have significant evidence supporting interventions to ensure patients are receiving continuous treatment, so we would like to express some concern about providers ability to have an impact on this measure.

NQF Member and Public Comment

Next Steps



Activities and Timeline – Fall 2019 Cycle

Meeting	Date
CSAC Review	November 17-18, 2020
Appeals Period (30 days)	November 23- December 22, 2020



Project Contact Info

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- SharePoint site: [http://share.qualityforum.org/Projects/Behavioral Health and Substance Use/SitePages/Home.aspx](http://share.qualityforum.org/Projects/Behavioral_Health_and_Substance_Use/SitePages/Home.aspx)

THANK YOU.

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