



NATIONAL  
QUALITY FORUM

# National Consensus Standards for Behavioral Health and Substance Use

Standing Committee Measure Evaluation Meeting

Kyle Cobb, MS, Senior Director

Shaonna Gorham, MS, PMP, Senior Project Manager

Kirsten Reed, Project Manager

Desmirra Quinnonez, Project Analyst

*June 14, 2018*

# Welcome

# Project Team - Behavioral Health and Substance Use



**Kyle Cobb, MS**  
Senior Director



**Shaconna Gorham, MS, PMP**  
Senior Project Manager



**Kirsten Reed**  
Project Manager



**Desmirra Quinnonez**  
Project Analyst

# Agenda for Today's Web Meeting

June 14, 2018

- Welcome
- Introductions and Disclosure of Interest
- Key Topics in the Measure Evaluation Process
- Overview of Evaluation Process
- Review of Candidate Measure #3400
- Review of Candidate Measure #3389
- NQF Member and Public Comment
- Next Steps
- Adjourn for Day 1

# Introductions and Disclosure 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
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- 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

# Ground Rules for Today's Meeting

## **During the discussion, please do your best to:**

- Attend the meeting at all times
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- Raise your hand (on Web platform) to let us know if you'd like to speak
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# 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

# Key Topics in the Evaluation Process

# What Are the Key Ingredients of a Measure?

To **understand** a measure, we need to know :

- **What** should happen?
- **Who** is the target group?
- **Where** should it take place?
- **When** should it take place?
- **How** should it occur?
- What, Who, Where, When, & How should **NOT** be measured?

*“Measure specifications”* is the term used to describe how to build and calculate a measure.

# Let's Review a Measure—NQF #2607

## **Title**

Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

## **Description**

The percentage of patients 18-75 years of age with a SMI and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%.

## **Numerator (What, How, When)**

Patients whose most recent HbA1c level is greater than 9.0% (poor control) during the measurement year.

## **Target Group (Who, Where, When)**

Patients 18-75 years of age as of December 31 of the measurement year with at least one acute 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 AND diabetes (type 1 and type 2) during the measurement year or the year before.

## **Exclusions (NOT)**

Patients without a diagnosis of diabetes who meet one of the following: diagnosis of polycystic ovaries or patients with gestational/steroid-induced diabetes.

# How is Performance Calculated?

## Numerator (What, How, When)

Patients whose most recent HbA1c level is greater than 9.0% (poor control) during the measurement year.

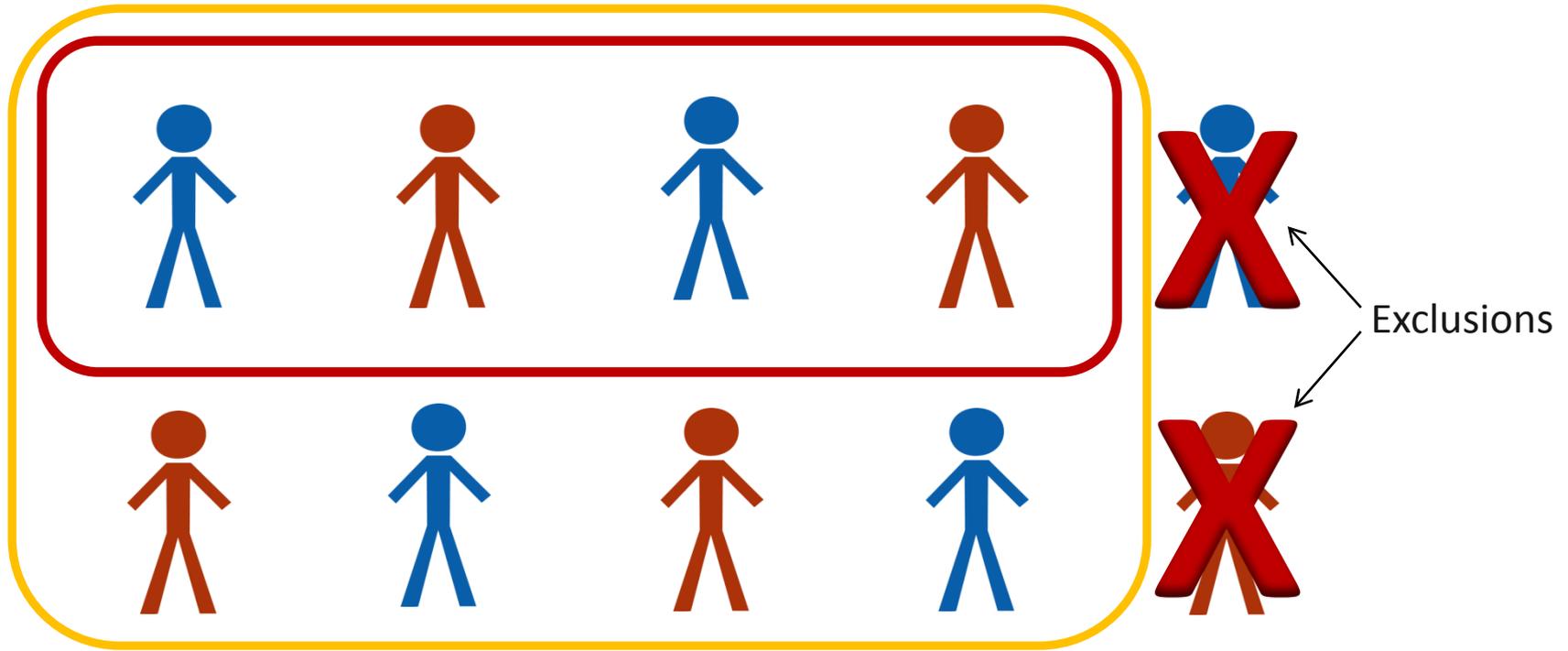
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## Target Group (Who, Where, When) – Exclusions (NOT)

Patients 18-75 years with at least one acute 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 AND diabetes (type 1 and type 2) during the measurement year or the year before.

Patients without a diagnosis of diabetes who meet one of the following: diagnosis of polycystic ovaries or patients with gestational/steroid-induced diabetes.

Patients 18-75 with at least one acute 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 AND diabetes (type 1 and type 2) during the measurement year or the year before.



50% of eligible patients' most recent HbA1c level is greater than 9%.

Calculating patients with at least one acute 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 AND diabetes

Numerator  
Target Group – Exclusions

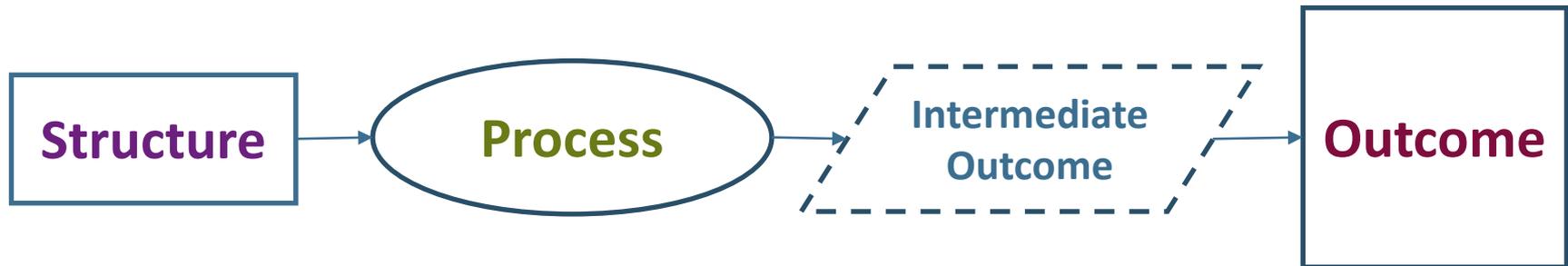
$$\frac{4}{10 - 2} = \frac{4}{8} = 50\%$$

# Some Fundamental Tensions in Healthcare Performance Measurement



A few good outcome measures for accountability	<b>Versus</b>	Specific process measures to guide improvement
Core sets of measures	<b>Versus</b>	Measures that meet the needs of different providers and settings
Measuring at system level	<b>Versus</b>	Measuring at individual clinician level
Burden for providers	<b>Versus</b>	Comprehensiveness for consumers and purchasers

# Donabedian's Model for Assessing Healthcare Quality



- NQF has a hierarchical preference for:
    - Outcomes linked to evidence-based processes/structures
    - Outcomes of substantial importance with plausible process/structure relationships
    - Intermediate outcomes
    - Processes/structures
- Most closely linked to outcomes

# NQF's Major Endorsement Criteria

- Importance to measure and report (must-pass)
  - Evidence
  - Opportunity for improvement
- Scientific Acceptability (must-pass)
  - Reliability
  - Validity
- Feasibility
- Usability and Use
  - Use: Specific use and feedback (must-pass for maintenance of endorsement)
  - Usability: Improvement and benefit vs. unintended negative consequences
- Comparison to related or competing measures

# Criterion #1: Importance to measure and report

Criteria emphasis is different for new vs. maintenance measures

<b>New measures</b>	<b>Maintenance measures</b>
<ul style="list-style-type: none"><li>• Evidence – Quantity, quality, consistency (QQC)</li><li>• Established link for process measures with outcomes</li></ul>	<p><b>DECREASED EMPHASIS:</b> 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"><li>• Gap – opportunity for improvement, variation, quality of care across providers</li></ul>	<p><b>INCREASED EMPHASIS:</b> 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"> <li>Measure specifications are precise with all information needed to implement the measure</li> </ul>	<p>NO DIFFERENCE: Require updated specifications</p>
<ul style="list-style-type: none"> <li>Reliability</li> <li>Validity (including risk-adjustment)</li> </ul>	<p><b>DECREASED EMPHASIS:</b> 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

New measures	Maintenance measures
<b>Feasibility</b>	
<ul style="list-style-type: none"> <li>Measure feasible, including eMeasure feasibility assessment</li> </ul>	<p><b>NO DIFFERENCE:</b> Implementation issues may be more prominent</p>
<b>Usability and Use</b>	
<ul style="list-style-type: none"> <li>Use: used in accountability applications and public reporting</li> </ul>	<p><b>INCREASED EMPHASIS:</b> Much greater focus on measure use and usefulness, including both impact and unintended consequences. Use is must pass sub-criterion.</p>
<ul style="list-style-type: none"> <li>Usability: impact and unintended consequences</li> </ul>	

# Questions?

# Voting Overview

# Consideration of Candidate Measure 3400

# Consideration of Candidate Measure 3389

# NQF Member and Public Comment

# Next Steps

# Adjourn



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*June 15, 2018*

# Welcome

# Introductions

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# Agenda for Today's Web Meeting

## June 15, 2018

- Review of Candidate Measure #0105
- Review of Candidate Measure #1879
- Review of Candidate Measure #1880
- Member and Public Comment
- Next Steps
- Adjourn

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# Consideration of Candidate Measure 0105

# Consideration of Candidate Measure 1879

# Consideration of Candidate Measure 1880

# NQF Member and Public Comment

# Next Steps

# Adjourn



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Kyle Cobb, MS, Senior Director

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*June 19, 2018*

# Welcome

# Introductions

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# Agenda for Today's Web Meeting

## June 19, 2018

- Review of Candidate Measure #0104e
- Review of Candidate Measure #1932
- Review of Candidate Measure #1933
- Review of Candidate Measure #1934
- Harmonization Discussion
- Member and Public Comment
- Next Steps
- Adjourn

# eCQM Review

If reliability and validity testing is conducted, then feasibility is presumed. However, it's important to consider:

- **Data availability:** *Is the data readily available in a structured format?*
- **Data accuracy:** *Is the information contained in the data element correct? Are the data source and recorded specified?*
- **Data standards:** *Is the data element coded using a nationally accepted terminology standard?*
- **Workflow:** *To what degree is the data element captured during the course of care? How does it impact the typical workflow for that user?*

# Consideration of Candidate Measure 0104e

# Consideration of Candidate Measure 1932

# Consideration of Candidate Measure 1933

# Consideration of Candidate Measure 1934

# NQF Member and Public Comment

# Next Steps

# Spring 2018/Cycle 2

Meeting	Date/Time
Commenting Period with Member Support	April 24, 2018 – August 22, 2018
Measure Evaluation Web Meeting #1	June 14, 2018, 2:00-4:00 pm ET
Measure Evaluation Web Meeting #2	June 15, 2018, 3:00-5:00 pm ET
Measure Evaluation Web Meeting #3	June 19, 2018, 3:00-5:00 pm ET
Post-Meeting Web Meeting	June 27, 2018, 12:00-2:00 pm ET
Post-Comment Web Meeting	TBD
CSAC Review Period	October 5, 2018 – October 26, 2018
Appeals Period	October 30, 2018 – November 28, 2018

# Project Contact Info

- Email: [Behavioralhealth@qualityforum.org](mailto: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>

THANK YOU