



**NATIONAL  
QUALITY FORUM**

Driving measurable health  
improvements together

# Behavioral Health, Spring 2022 Measure Review Cycle

## Measure Evaluation Standing Committee Meeting

Tamara Funk, Director

Erin Buchanan, Senior Manager

Hannah Ingber, Manager

Sean Sullivan, Associate

*June 30, 2022*

*Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.*

# Welcome

## Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities
- Please mute your computer when not speaking
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
- We encourage you to keep the video on throughout the event
- 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 Standing 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 Committee



**Tamara Funk, MPH**  
Director



**Erin Buchanan, MPH**  
Senior Manager



**Hannah Ingber, MPH**  
Manager



**Sean Sullivan, MA**  
Associate



**Poonam Bal, MHSA**  
Senior Director



**Yemsrach Kidane, PMP**  
Senior Project Manager



**Jesse Pines, MD, MS, MBA**  
Consultant



## Agenda

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

# Introductions and Disclosures of Interest



## Behavioral Health Spring 2022 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
- 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
- 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 measures

## Meeting Ground Rules

- Be prepared, having reviewed the measures beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

## 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 (must pass)
- **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
- **Overall Suitability for Endorsement**



## Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **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 but a vote on overall suitability will not be taken.

## Achieving Consensus

- Quorum: 66% of active committee members (16 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 based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- 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.

***\*The quorum denominator will change if any Standing Committee members are recused from discussion for a measure.***



## 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 unless 50% attendance is not reached.
- 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

## Spring 2022 Cycle Measures

### ■ 7 Maintenance Measures for Committee Review

- **#3312** Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs (Centers for Medicare & Medicaid Services [CMS]/Mathematica Policy Research)
- **#3313** Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication (CMS/Mathematica Policy Research)
- **#0710e** Depression Remission at Twelve Months (MN Community Measurement)
- **#0711e** Depression Remission at Six Months (MN Community Measurement)
- **#1884** Depression Response at Six Months - Progress Towards Remission (MN Community Measurement)
- **#1885** Depression Response at Twelve Months - Progress Towards Remission (MN Community Measurement)
- **#0712** Depression Assessment with PHQ-9/ PHQ-9M (MN Community Measurement)



## NQF Scientific Methods Panel (SMP)

- The Scientific Methods Panel (SMP), consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- 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.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.



## NQF Scientific Methods Panel Review

- No measures were reviewed by the SMP for the Spring 2022.

# Consideration of Candidate Measures



## #3312 Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs

- **Measure Steward/Developer:** Centers for Medicare & Medicaid Services/Mathematica Policy Research
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ Percentage of discharges from a medically managed withdrawal episode for adult Medicaid beneficiaries, ages 18–64, that were followed by a treatment service for substance use disorder (including the prescription or receipt of a medication to treat a substance use disorder [pharmacotherapy]) within 7 or 14 days after discharge.





## #3313 Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication

- **Measure Steward/Developer:** Centers for Medicare & Medicaid Services/Mathematica Policy Research
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ Percentage of new antipsychotic prescriptions for Medicaid beneficiaries age 18 years and older who have completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication.

# Related and Competing Discussion

## 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.

Target Population	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	<b>Competing measures-Select best measure</b> from competing measures or justify endorsement of additional measure(s).	<b>Related measures-Harmonize</b> on target patient population or justify differences.
Different target patient population	<b>Related measures-Combine</b> into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.

## Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.

## #3312 Related Measures

- #0004 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
- #2605 Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence
- #3453 Continuity of Care after Inpatient or Residential Treatment for Substance Use Disorder



## #3312 Related Measure

### #0004 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

- ▣ **Steward/Developer:** National Committee for Quality Assurance
- ▣ **Description:** This measure assesses the degree to which the organization initiates and engages members identified with a need for alcohol and other drug (AOD) abuse and dependence services and the degree to which members initiate and continue treatment once the need has been identified.
- ▣ **Target Population:** Children (age < 18), Elderly (age ≥ 65)
- ▣ **Care Setting:** Outpatient Services
- ▣ **Level of Analysis:** Health Plan

## #3312 Related Measure (continued)

- **#2605 Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence**
  - ▣ **Steward/Developer:** National Committee for Quality Assurance
  - ▣ **Description:** The percentage of discharges for patients 18 years of age and older who had a visit to the emergency department with a primary diagnosis of mental health or alcohol or other drug dependence during the measurement year AND who had a follow-up visit with any provider with a corresponding primary diagnosis of mental health or alcohol or other drug dependence within 7 and 30-days of discharge.
  - ▣ **Target Population:** Adults (age > 18)
  - ▣ **Care Setting:** Outpatient Services, Inpatient: Hospital
  - ▣ **Level of Analysis:** Health Plan, Population: Regional and State



## #3312 Related Measure (continued-2)

### #3453 Continuity of Care after Inpatient or Residential Treatment for Substance Use Disorder

- ▣ **Steward/Developer:** National Committee for Quality Assurance
- ▣ **Description:** Percentage of discharges from inpatient or residential treatment for substance use disorder (SUD) for Medicaid beneficiaries, ages 18–64, which were followed by a treatment service for SUD. SUD treatment services include having an outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth encounter, or filling a prescription or being administered or dispensed a medication for SUD.
- ▣ **Target Population:** Adults (age > 18)
- ▣ **Care Setting:** Home Care, Inpatient/Hospital, Outpatient Services
- ▣ **Level of Analysis:** Health Plan, Population: Regional and State





## #3312 Related Measures Discussion

- Are the measure specifications for the related measures harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

## #3313 Related Measures

- #0108 Follow-up Care for Children Prescribed ADHD Medication (ADD)
- #3539e Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting

## #3313 Related Measure (continued)

### #0108 Follow-up Care for Children Prescribed ADHD Medication (ADD)

- ▣ **Steward/Developer:** National Committee for Quality Assurance
- ▣ **Description:** Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed. An Initiation Phase Rate and Continuation and Maintenance Phase Rate are reported.
- ▣ **Target Population:** Children (aged <18)
- ▣ **Care Setting:** Outpatient Services
- ▣ **Level of Analysis:** Health Plan



## #3313 Related Measure (continued-2)

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

- ▣ **Steward/Developer:** Centers for Medicare & Medicaid Services/Mathematica Policy Research
- ▣ **Description:** Proportion of inpatient hospitalizations for patients 65 years of age and older who receive an order for antipsychotic medication therapy.
- ▣ **Target Population:** Elderly (aged  $\geq 65$ )
- ▣ **Care Setting:** Inpatient/Hospital
- ▣ **Level of Analysis:** Facility



## #3313 Related Measure Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

**Lunch Break**  
*(return at 12:30 pm ET)*

# Consideration of Candidate Measures



## #0710e Depression Remission at Twelve Months

- **Measure Steward/Developer:** MN Community Measurement
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reach remission twelve months (+/- 60 days) after an index visit.





## #0711 Depression Remission at Six Months

- **Measure Steward/Developer:** MN Community Measurement
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reach remission six months (+/- 60 days) after an index visit.

**Break**  
*(return at 2:30 pm ET)*



## #1884 Depression Response at Six Months - Progress Towards Remission

- **Measure Steward/Developer:** MN Community Measurement
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who demonstrated a response to treatment six months (+/- 60 days) after an index visit.



## #1885 Depression Response at Twelve Months - Progress Towards Remission

- **Measure Steward/Developer:** MN Community Measurement
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who demonstrated a response to treatment twelve months (+/- 60 days) after an index visit.



## #0712 Depression Assessment with PHQ-9/PHQ-9M

- **Measure Steward/Developer:** MN Community Measurement
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with a diagnosis of major depression or dysthymia who have a completed PHQ-9 or PHQ-9M tool during the measurement period.

# Related and Competing Discussion

## 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.

Target Population	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	<b>Competing measures-Select best measure</b> from competing measures or justify endorsement of additional measure(s).	<b>Related measures-Harmonize</b> on target patient population or justify differences.
Different target patient population	<b>Related measures-Combine</b> into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.

## Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.



## PHQ-9/9M Related Measures Discussion

- Measures discussed during this meeting are related to each other
  - ▣ #0710e Depression Remission at Twelve Months
  - ▣ #0711 Depression Remission at Six Months
  - ▣ #1884 Depression Response at Six Months- Progress Towards Remission
  - ▣ #1885 Depression Response at Twelve Months- Progress Towards Remission
  - ▣ #0712 Depression Assessment with PHQ-9/ PHQ-9M
- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

# **NQF Member and Public Comment**

# Next Steps



## Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Committee's discussion and recommendations
  - ▣ This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment table which is shared with developers and Committee members
- Post-comment call: The Committee will reconvene for a post-comment call to discuss comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

# Activities and Timeline – Spring 2022 Cycle

\*All times ET

Meeting	Date, Time*
Measure Evaluation Web Meeting #2 (remove if not needed)	July 8, 2:00 – 5:00pm
Draft Report Comment Period	August 15 – September 13
Committee Post-Comment Web Meeting	TBD
CSAC Review	TBD
Appeals Period (30 days)	TBD



## Project Contact Info

- Email: [behavioralhealth@qualityforum.org](mailto:behavioralhealth@qualityforum.org)
- NQF phone: 202-783-1300
- Project page:  
[https://www.qualityforum.org/Behavioral Health and Substance Use.aspx](https://www.qualityforum.org/Behavioral_Health_and_Substance_Use.aspx)
- SharePoint site:  
[http://share.qualityforum.org/portfolio/BehavioralHealthSubstance Use/SitePages/Home.aspx](http://share.qualityforum.org/portfolio/BehavioralHealthSubstanceUse/SitePages/Home.aspx)

# Questions?

# THANK YOU.

**NATIONAL QUALITY FORUM**

<http://www.qualityforum.org>