NATIONAL QUALITY FORUM
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Behavioral Health and Substance Use, Spring 2020 Measure Review Cycle

Post-Comment Standing Committee Meeting

Samuel Stolpe, NQF Senior Director
Tamara Funk, NQF Manager
Hannah Bui, NQF Manager
Mike DiVecchia, NQF Project Manager
Udobi Onyeuku, NQF Analyst

September 21, 2020

Welcome

Welcome

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- Please do not put the call on hold.
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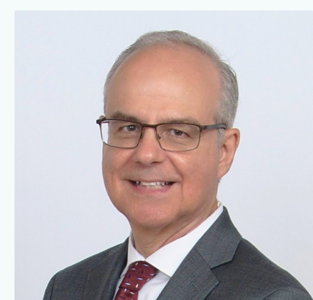
Project Team — Behavioral Health and Substance Use Committee

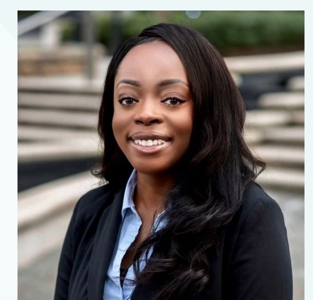
Samuel Stolpe, PharmD, MPH
NQF Senior Director

Tamara Funk, MPH
NQF Manager

Hannah Bui, MPH
NQF Manager



Mike DiVecchia, PMP
NQF Project Manager



Udobi Onyeuku, MSHA
NQF Analyst

Agenda

- Attendance
- Consideration and Re-vote of Measures where Consensus was Not Reached
- NQF Member and Public Comment
- Next Steps
- Adjourn

Attendance

Behavioral Health and Substance Use Spring 2020 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 and Re-vote on Measures where Consensus was Not Reached

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 during the Committee post-comment web meeting

Committee Re-vote on “Consensus not Reached” Measures

For measures that did not reach consensus during the evaluation meeting, the Committee must re-vote on any “must-pass” criterion that did not reach consensus in the initial evaluation.

- If the measure then passes all must-pass criteria (greater than 60% high plus moderate or PASS) either at the initial vote or the re-vote, the Committee must vote on the final recommendation for the measure.
- If a “must-pass” criterion does not receive >60%, at the re-vote at the post-comment call, the evaluation stops, and the measure is not recommended for endorsement.
- There is no grey zone for the re-vote at the post-comment call. A measure must pass all “must-pass” criteria and the overall vote by >60%. If a measure does not receive >60%, the measure is not recommended for endorsement.

Voting Test

Consideration of Consensus Not Reached Measures

2803 Tobacco Use and Help with Quitting Among Adolescents

- **Measure Steward:** National Committee for Quality Assurance
  - Maintenance measure
- **Brief Description of Measure:**
  - The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.

2803 Tobacco Use and Help with Quitting Among Adolescents

- **Criteria where consensus was not reached:** Evidence
- **Concerns of the Committee:**
  - Evidence of counseling interventions to aid adolescent smokers in quitting smoking was given USPSTF's Grade I Statement Strength of Evidence.
    - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care--feasible interventions for the cessation of tobacco use among school-aged children and adolescents.
  - The recommendation that primary care clinicians provide interventions to prevent initiation of tobacco use was given USPSTF's Grade B Strength of Evidence – some evidence from randomized clinical trials supported the recommendation but the scientific support was not optimal.
- **Summary of Comments Received:** None
- **Revote on Evidence**
  - If Evidence passes, vote on overall recommendation for endorsement

Vote

3572 Follow-Up After Psychiatric Hospitalization (FAPH)

- **Measure Steward:** Mathematica
  - New measure
- **Brief Description of Measure:**
  - The Follow-Up After Psychiatric Hospitalization (FAPH) measure assesses the percentage of inpatient discharges with principal diagnosis of mental illness or substance use disorder (SUD) for which the patient received a follow-up visit for treatment of mental illness or SUD at 7- and 30-days post-discharge. Patients must be six years of age or older on the discharge date and enrolled in Medicare Parts A and B during the month of the discharge date and at least one month after the discharge date to be included in the measure.

3572 Follow-Up After Psychiatric Hospitalization (FAPH)

- **Criteria where consensus was not reached:** Validity
- **Concerns of the Committee:**
  - There were concerns that exclusions may impact the validity of the measure since the measure excludes those who have undesirable outcomes that could be due to lack of follow-up.
    - Committee noted that follow-up is to prevent readmission and death, especially for opiate use disorder
    - Developer noted that those who died within 30 days represented 0.15% of the study sample, and those who are readmitted represented 35% of the sample
  - Medicaid population focus may not be the most appropriate, as they would be more at risk. And Medicare Advantage beneficiaries are excluded
- **Summary of Comments Received:** 2
  - American Geriatrics Society acknowledges the importance of this measure and how these updates to the original are needed in the current healthcare climate.

3572 Follow-Up After Psychiatric Hospitalization (FAPH)

- **Summary of Comments Received:** 2
  - Intermountain Healthcare notes that the expansion to include additional diagnosis like dementia is likely to negatively impact the FUH focus from mental health and substance use diagnosis that can positively be impacted by both inpatient and outpatient behavioral health follow up. Additionally, dementia is not likely to be impacted by the same sort of treatment and is likely to overwhelm limited resources. This expansion would not be beneficial for this population who needs targeted intervention.
- **Revote on Validity**
  - If Validity passes, revote on overall recommendation for endorsement

Vote

NQF Member and Public Comment

Next Steps

Activities and Timeline – Spring 2020 Cycle
***All times ET**

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

Project Contact Info

- Email: behavioralhealth@qualityforum.org
- NQF phone: 202-783-1300
- Project page: http://www.qualityforum.org/Behavioral_Health_and_Substance_Use.aspx
- SharePoint site: http://share.qualityforum.org/Projects/Behavioral%20Health%20and%20Substance%20Use/SitePages/Home.aspx

THANK YOU.

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Appendix – Full Comments

3572 – AGS Comment

- The American Geriatrics Society (AGS) wishes to acknowledge how important this measure is, and how much these updates to the original are really needed in the current healthcare climate. Additionally, it is very difficult to take such a heterogenous group of disorders and attempt to simplify and clarify a well scripted measure that can be easily reported by healthcare systems. It is clear that a deep level of thought and perceptive analysis went into the measure draft as it stands.

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3572 – AGS Comment continued

- Here are our specific comments on the measure:
  - 1) Grouping psychiatric admissions with SUD admissions may be permissible for now, especially if there is a plan to evaluate the subgroups to see if they might otherwise warrant separation. Another possible partition would be that specifically around opioid substance use disorder, given its increasing prevalence and very unique circumstances regarding follow up care. It really seems to differ from other types of SUD and psychiatric disorders and the difficulty that healthcare systems seem to face in helping this group (1) agree to treatment and when they do, (2) help them access follow-up at the appropriate clinics where they can receive methadone or suboxone for their treatment. Additionally, these follow-ups, for purposes of prescribing such medications, do require in-person visits as opposed to the other conditions.

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3572 – AGS Comment continued

- 2) From a geriatrics perspective, we are heartened to see psychiatric admissions for dementia included in this quality measure. This group of patients will continue to expand and psychiatric care has been difficult for many to access. Many of these patients may be homebound, further limiting access. We believe that expanding the qualifying visits to telehealth will help healthcare systems to meet this measure and help fill this very needed gap in healthcare.
- 3) This group of disorders both psychiatric and SUD (except for opioid SUD) are very amenable to telephonic and telehealth follow-ups and we agree that they should qualify. They are also very often treated by various members of the healthcare team, and we agree with expanding the clinical assessor type (PA, NP etc.)

3572 – Intermountain Healthcare Comment

- The proposed 3572: Follow-up After Psychiatric Evaluation (FAPH) expansion to include additional diagnosis like dementia is likely to negatively impact the FUH focus from mental health and substance use diagnosis that can positively be impacted by both inpatient and outpatient behavioral follow up. Dementia is not likely to be impacted by the same sort of treatment and is likely to overwhelm these limited resources. This expansion would not be beneficial for this population who need targeted intervention.