NATIONAL QUALITY FORUM

National Consensus Standards for Behavioral Health and Substance Use

Standing Committee Orientation

Kyle Cobb, MS, Senior Director
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Welcome

Project Team - Behavioral Health and Substance Use

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Senior Director

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Senior Project Manager

Kirsten Reed
Project Manager

Desmirra Quinnonez
Project Analyst

Agenda for the Call

- Overview of NQF and Changes to the Consensus Development Process
- Role of the Standing Committee, Co-chairs, and Staff
- Behavioral Health and Substance Use Portfolio of Measures
- Overview of Measure Evaluation Criteria
- Project Activities and Timeline
- SharePoint Review
- Next Steps

Behavioral Health Standing Committee

- Peter Briss, MD, MPH, (Co-Chair)
- Harold Pincus, MD (Co-Chair)
- Mady Chalk, PhD, MSW
- Shane Coleman, MD, MPH
- 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 Melnk, 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

Overview of NQF, the CDP, and Roles

The National Quality Forum: A Unique Role

Established in 1999, NQF is a non-profit, non-partisan, membership-based organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

Mission: To lead national collaboration to improve health and healthcare quality through measurement

- An Essential Forum
- Gold Standard for Quality Measurement
- Leadership in Quality

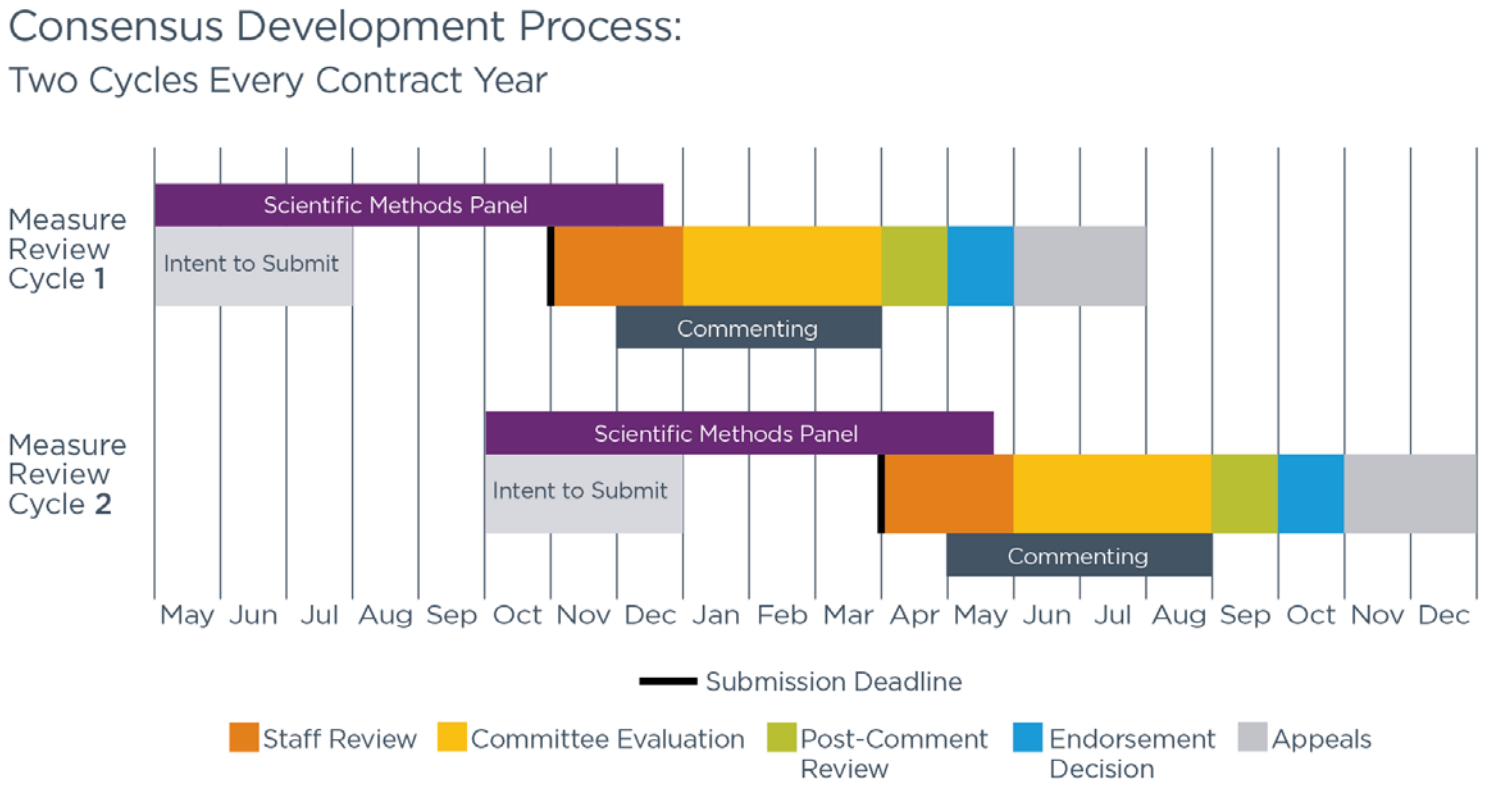
NQF Activities in Multiple Measurement Areas

- **Performance Measure Endorsement**
  - *600+ NQF-endorsed measures across multiple clinical areas*
  - *15 empaneled standing committees*
- **Measure Applications Partnership (MAP)**
  - *Advises HHS on selecting measures for 20+ federal programs, Medicaid, and health exchanges*
- **National Quality Partners**
  - *Convenes stakeholders around critical health and healthcare topics*
  - *Spurs action on patient safety, early elective deliveries, and other issues*
- **Measurement Science**
  - *Convenes private and public sector leaders to reach consensus on complex issues in healthcare performance measurement such as attribution, alignment, sociodemographic status (SDS) adjustment*
    - » Examples include HCBS, rural issues, telehealth, interoperability, attribution, risk-adjustment for social risk factors, diagnostic accuracy, disparities
- **Measure Incubator**
  - *Facilitates efficient measure development and testing through collaboration and partnership*

NQF Consensus Development Process (CDP)
6 Steps for Measure Endorsement

- Intent to Submit
- Call for Nominations
- Measure Review
  - *New structure/process*
  - *Newly formed NQF Scientific Methods Panel*
  - *Measure Evaluation Technical Report*
- Public Commenting Period with Member Support
- Measure Endorsement
- Measure Appeals

Measure Review: Two Cycles Per Year



15 New Measure Review Topical Areas

	All Cause Admission/ Readmissions	Behavioral Health	
Cancer	Cardiovascular	Care Coordination	Infectious Disease
Cost and Resource Use	Endocrine	Eyes, Ears, Nose and Throat Conditions	Palliative and End-of Life Care
Gastrointestinal	Genitourinary	Health and Well Being	Musculoskeletal
Neurology	Patient Safety	Pediatrics	Perinatal
Person and Family-Centered Care	Pulmonary and Critical Care	Renal	Surgery

All Cause Admission/ Readmissions	Behavioral Health & Substance Use	Cancer
Cardiovascular	Cost and Efficiency[A]	Geriatric and Palliative Care[B]
Neurology	Patient Experience & Function	Patient Safety[C]
Pediatrics	Perinatal and Women's Health	Prevention and Population Health[D]
Primary Care and Chronic Illness	Renal	Surgery

☐ Denotes expanded topic area

[A] Cost & Efficiency will include efficiency-focused measures from other domains
[B] Geriatric & Palliative Care includes pain-focused measures from other domains
[C] Patient Safety will include acute infectious disease and critical measures
[D] Prevention and Population Health is formerly Health and Well Being

Role of the Expert Reviewers

- In 2017, NQF executed a CDP redesign that resulted in restructuring and reducing the number of topical areas as well as a bi-annual measure review process.
- Given these changes, there is a need for diverse yet specific expertise to support longer and continuous engagement from standing committees.

Role of the Expert Reviewers

- The expert reviewer pool serves as an adjunct to NQF standing committees to ensure broad representation and provide technical expertise when needed
- Expert reviewers will provide expertise as needed to review measures submitted for endorsement consideration by:
  - *Replacing an inactive committee member;*
  - *Replacing a committee members whose term has ended; or*
  - *Providing expertise that is not currently represented on the committee.*
- Expert reviewers may also:
  - *Provide comments and feedback on measures throughout the measure review process*
  - *Participate in strategic discussions in the event no measures are submitted for endorsement consideration*

Role of the Standing Committee
General Duties

- Act as a proxy for the NQF multistakeholder membership
- Serve 2-year or 3-year terms
- Work with NQF staff to achieve the goals of the project
- Evaluate candidate measures against the measure evaluation criteria
- Respond to comments submitted during the review period
- Respond to any directions from the CSAC

Role of the Standing Committee Measure Evaluation Duties

- All members evaluate ALL measures
- Evaluate measures against each criterion
  - *Indicate the extent to which each criterion is met and rationale for the rating*
- Make recommendations to the NQF membership for endorsement
- Oversee Behavioral Health and Substance Use portfolio of measures
  - *Promote alignment and harmonization*
  - *Identify gaps*

Role of the Standing Committee Co-Chairs

- Co-facilitate Standing Committee (SC) meetings
- Work with NQF staff to achieve the goals of the project
- Assist NQF in anticipating questions and identifying additional information that may be useful to the SC
- Keep SC on track to meet goals of the project without hindering critical discussion/input
- Represent the SC at CSAC meetings
- Participate as a SC member

Role of NQF Staff

- NQF project staff works with SC to achieve the goals of the project and ensure adherence to the consensus development process:
  - *Organize and staff SC meetings and conference calls*
  - *Guide the SC through the steps of the CDP and advise on NQF policy and procedures*
  - *Review measure submissions and prepare materials for Committee review*
  - *Draft and edit reports for SC review*
  - *Ensure communication among all project participants (including SC and measure developers)*
  - *Facilitate necessary communication and collaboration between different NQF projects*

Role of NQF Staff
Communication

- Respond to NQF member or public queries about the project
- Maintain documentation of project activities
- Post project information to NQF website
- Work with measure developers to provide necessary information and communication for the SC to fairly and adequately evaluate measures for endorsement
- Publish final project report

Role of Methods Panel

- Scientific Methods Panel created to ensure higher-level and more consistent reviews of the scientific acceptability of measures
- The Methods Panel is charged with:
  - *Conducting evaluation of complex measures for the Scientific Acceptability criterion, with a focus on reliability and validity analyses and results*
  - *Serve in advisory capacity to NQF on methodologic issues, including those related to measure testing, risk adjustment, and measurement approaches.*
- The method panel review will help inform the Standing Committee's endorsement decision. The panel will not render endorsement recommendations.

NQF Consensus Development Process (CDP)
Measure Evaluation

Complex Measures

- **Outcome measures, including intermediate clinical outcomes**
- **Instrument-based measures (e.g., PRO-PMs)**
- **Cost/resource use measures**
- **Efficiency measures (those combining concepts of resource use and quality)**
- **Composite measures**

Noncomplex Measures

- **Process measures**
- **Structural measures**
- **Previously endorsed complex measures with no changes/updates to the specifications or testing**

Questions?

Overview of NQF's Behavioral Health and Substance Use Portfolio

Behavioral Health and Substance Use Portfolio of Measures

- This project will evaluate measures related to Behavioral Health and Substance Use conditions to be used for accountability and public reporting for all populations and in all settings of care. Cycle 1 of the this project will address topic areas including:
  - *Use and follow-up care of antipsychotics*
  - *Medication reconciliation*
  - *Continuity of care*
  - *Psychosocial functioning in children*

Behavioral Health and Substance Use Portfolio of Measures

- NQF solicits new measures for possible endorsement
- NQF currently has 53 endorsed measures within the area of Behavioral Health and Substance Use. Endorsed measures undergo periodic evaluation to maintain endorsement – "maintenance."
- Given the recent consolidation of topical areas, the maintenance team reviewed all the current endorsed measures in each portfolio and made some changes to committee assignments. The following measures were moved into the Behavioral Health and Substance Use portfolio from Pediatrics:
  - *2800 Metabolic Monitoring for Children and Adolescents on Antipsychotics*
  - *2801 Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics*
  - *2803 Tobacco Use and Help with Quitting Among Adolescents*
  - *2806 Pediatric Psychosis: Screening for Drugs of Abuse in the Emergency Department*

Behavioral Health and Substance Use Measures Under Review

New Measures Under Consideration: 5 Measures	
3312	Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs
3313	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication
3315	Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting
3317	Medication Reconciliation on Admission
3332	Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)

Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

ALCOHOL AND OTHER DRUG USE: 8 Measures	
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)
1661	SUB-1 Alcohol Use Screening
1663	SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention
1664	SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge
2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
2597	Substance Use Screening and Intervention Composite
2599	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
2806	Pediatric Psychosis: Screening for Drugs of Abuse in the Emergency Department

Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

CARE COORDINATION: 6 Measures	
0576	Follow-Up After Hospitalization for Mental Illness (FUH)
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
1937	Follow-Up After Hospitalization for Schizophrenia (7- and 30-day)
2605	Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence

EXPERIENCE OF CARE: 1 Measure	
0008	Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions)

Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

DEPRESSION: 9 Measures	
0104	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
0710	Depression Remission at Twelve Months
0711	Depression Remission at Six Months
0712	Depression Utilization of the PHQ-9 Tool
1365	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
1884	Depression Response at Six Months- Progress Towards Remission
1885	Depression Response at Twelve Months- Progress Towards Remission
3132	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
3148	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

MEDICATION USE: 8 Measures	
0105	Antidepressant Medication Management (AMM)
0108	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
0560	HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification
1879	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
1880	Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder
2801	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
3175	Continuity of Pharmacotherapy for Opioid Use Disorder
3205	Medication Continuation Following Inpatient Psychiatric Discharge

Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

PHYSICAL HEALTH FOR INDIVIDUALS WITH BH DIAGNOSES: 13 Measures	
1927	Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications
1932	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
1933	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)
1934	Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
2601	Body Mass Index Screening and Follow-Up for People with Serious Mental Illness
2602	Controlling High Blood Pressure for People with Serious Mental Illness
2603	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing

Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

PHYSICAL HEALTH FOR INDIVIDUALS WITH BH DIAGNOSES: Cont…	
2604	Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy
2606	Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
2607	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
2608	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)
2609	Diabetes Care for People with Serious Mental Illness: Eye Exam
2800	Metabolic Monitoring for Children and Adolescents on Antipsychotics

Behavioral Health and Substance Use Portfolio of NQF-Endorsed Measures

Tobacco: 8 Measures	
0027	Medical Assistance With Smoking and Tobacco Use Cessation
1651	TOB-1 Tobacco Use Screening
1654	TOB - 2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment
1656	TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge
2600	Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence
2803	Tobacco Use and Help with Quitting Among Adolescents
3185	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (eMeasure)
3225	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Behavioral Health and Substance Use Measures Removed from BHSU Portfolio

Measure #, Title, Developer	Reason for Removal from Portfolio
0557 HBIPS-6 Post discharge continuing care plan created, The Joint Commission	Withdrawn / Endorsement Removed
0558 HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge, The Joint Commission	Withdrawn / Endorsement Removed
1364 Child and Adolescent Major Depressive Disorder: Diagnostic Evaluation , American Medical Association	Not Endorsed / Endorsement Removed

Behavioral Health and Substance Use Measures Removed from BHSU Portfolio

Measure #, Title, Steward	Portfolio Measure Currently Resides
0726 Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS), National Assoc. of State Mental Health Program Directors Research Institute, Inc. (NRI)	Patient Experience and Function
2483 Gains in Patient Activation (PAM) Scores at 12 Months, Insignia Health	Patient Experience and Function
2111 Antipsychotic Use in Persons with Dementia, Pharmacy Quality Alliance	Neurology
2337 Antipsychotic Use in Children Under 5 Years Old, Pharmacy Quality Alliance	Patient Safety
2020 Adult Current Smoking Prevalence, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	Prevention and Population Health

Questions?

Activities and Timeline

Meeting	Date/Time
Measure Evaluation Web Meeting #1	January 19, 2018, 3:00 PM – 5:00 PM EST
Measure Evaluation Web Meeting #2	January 22, 2018, 2:00 PM – 4:00 PM EST
Measure Evaluation Web Meeting #3	January 24, 2018, 2:00 PM – 4:00 PM EST
Post Meeting Webinar	February 6, 2018, 12:00 PM- 2:00 PM EST
Post Comment Webinar	April 25, 2018, 12:00 PM – 2:00 PM EST

Measure Evaluation Criteria Overview

NQF Measure Evaluation Criteria for Endorsement

NQF endorses measures for accountability applications (public reporting, payment programs, accreditation, etc.) as well as quality improvement.

- Standardized evaluation criteria
- Criteria have evolved over time in response to stakeholder feedback
- The quality measurement enterprise is constantly growing and evolving—greater experience, lessons learned, expanding demands for measures—the criteria evolve to reflect the ongoing needs of stakeholders

Major Endorsement Criteria (page 28)

- **Importance to measure and report**: Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (must-pass)
- **Reliability and Validity-scientific acceptability of measure properties**: Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (must-pass)
- **Feasibility**: Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
- **Usability and Use**: Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
- **Comparison to related or competing measures**

Criterion #1: Importance to Measure and Report (page 30-39)

1. Importance to measure and report - Extent to which the specific 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.

1a. Evidence: *the measure focus is evidence-based*

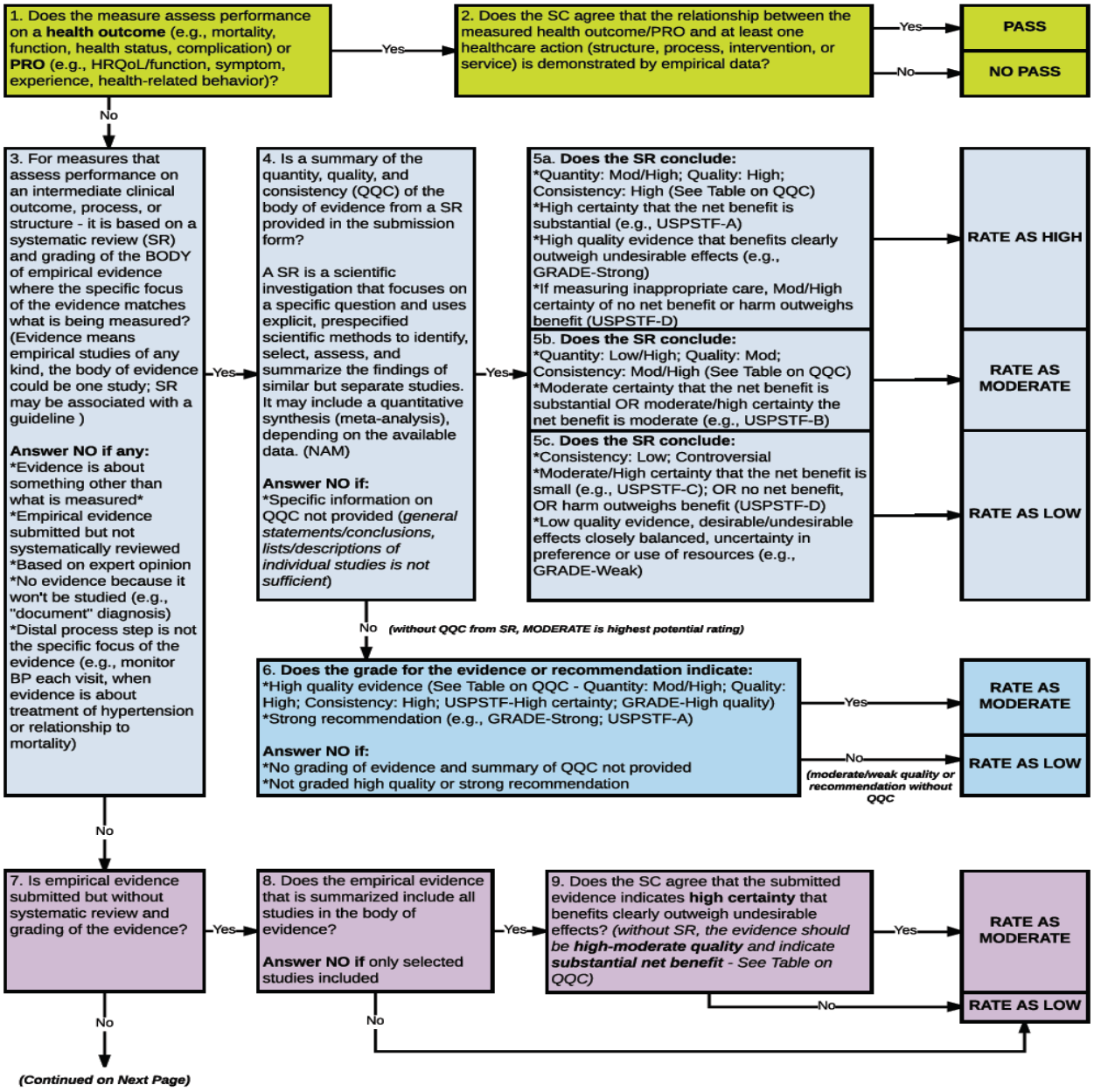
1b. Opportunity for Improvement: *demonstration of quality problems and opportunity for improvement, i.e., data demonstrating considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or disparities in care across population groups*

1c. Quality construct and rationale *(composite measures only)*

Subcriteron 1a: Evidence (page 31-37)

- Outcome measures
  - *Empirical data demonstrate a relationship between the outcome and at least one healthcare structure, process, intervention, or service. If not available, wide variation in performance can be used as evidence, assuming the data are from a robust number of providers and results are not subject to systematic bias.*
- Structure, process, intermediate outcome measures
  - *The quantity, quality, and consistency of the body of evidence underlying the measure should demonstrate that the measure focuses on those aspects of care known to influence desired patient outcomes*
    - » Empirical studies (expert opinion is not evidence)
    - » Systematic review and grading of evidence
      - *Clinical Practice Guidelines – variable in approach to evidence review*
- For measures derived from patient (or family/parent/etc.) report
  - *Evidence should demonstrate that the target population values the measured outcome, process, or structure and finds it meaningful.*
  - *Current requirements for structure and process measures also apply to patient-reported structure/process measures.*

Rating Evidence: Algorithm #1 – page 34



Criterion #1: Importance to measure and report Criteria emphasis is different for new vs. maintenance measures

New measures	Maintenance measures
• Evidence – Quantity, quality, consistency (QQC) • Established link for process measures with outcomes	**DECREASED EMPHASIS**: Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence IF changes in evidence, the Committee will evaluate as for new measures
• Gap – opportunity for improvement, variation, quality of care across providers	**INCREASED EMPHASIS**: data on current performance, gap in care and variation

Criterion #2: Reliability and Validity– Scientific Acceptability of Measure Properties (page 39 -48)

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of health care delivery

2a. **Reliability (must-pass)**

2a1. Precise specifications including exclusions

2a2. Reliability testing—data elements or measure score

2b. **Validity (must-pass)**

2b1. Specifications consistent with evidence

2b2. Validity testing—data elements or measure score

2b3. Justification of exclusions—relates to evidence

2b4. Risk adjustment—typically for outcome/cost/resource use

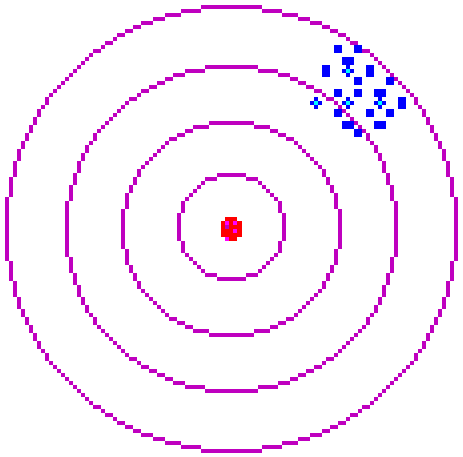
2b5. Identification of differences in performance

2b6. Comparability of data sources/methods

2b7. Missing data

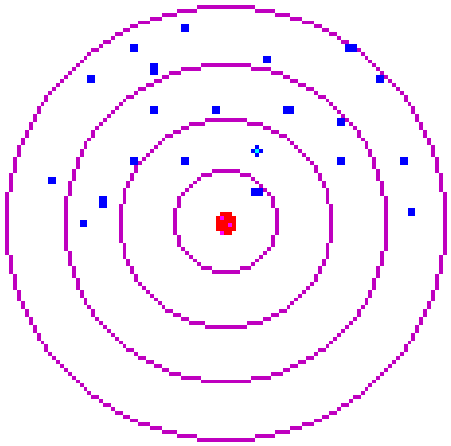
Reliability and Validity (page 40)

Assume the center of the target is the true score…



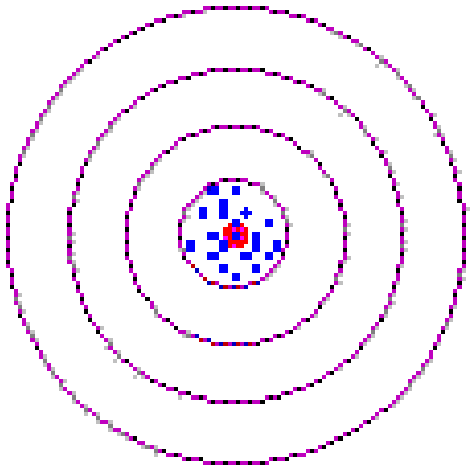
Reliable Not Valid

Consistent, but wrong



Neither Reliable Nor Valid

Inconsistent & wrong



Both Reliable And Valid

Consistent & correct

Measure Testing – Key Points (page 41)

Empirical analysis to demonstrate the reliability and validity of the *measure as specified*, including analysis of issues that pose threats to the validity of conclusions about quality of care such as exclusions, risk adjustment/stratification for outcome and resource use measures, methods to identify differences in performance, and comparability of data sources/methods.

Reliability Testing
Key points - page 42

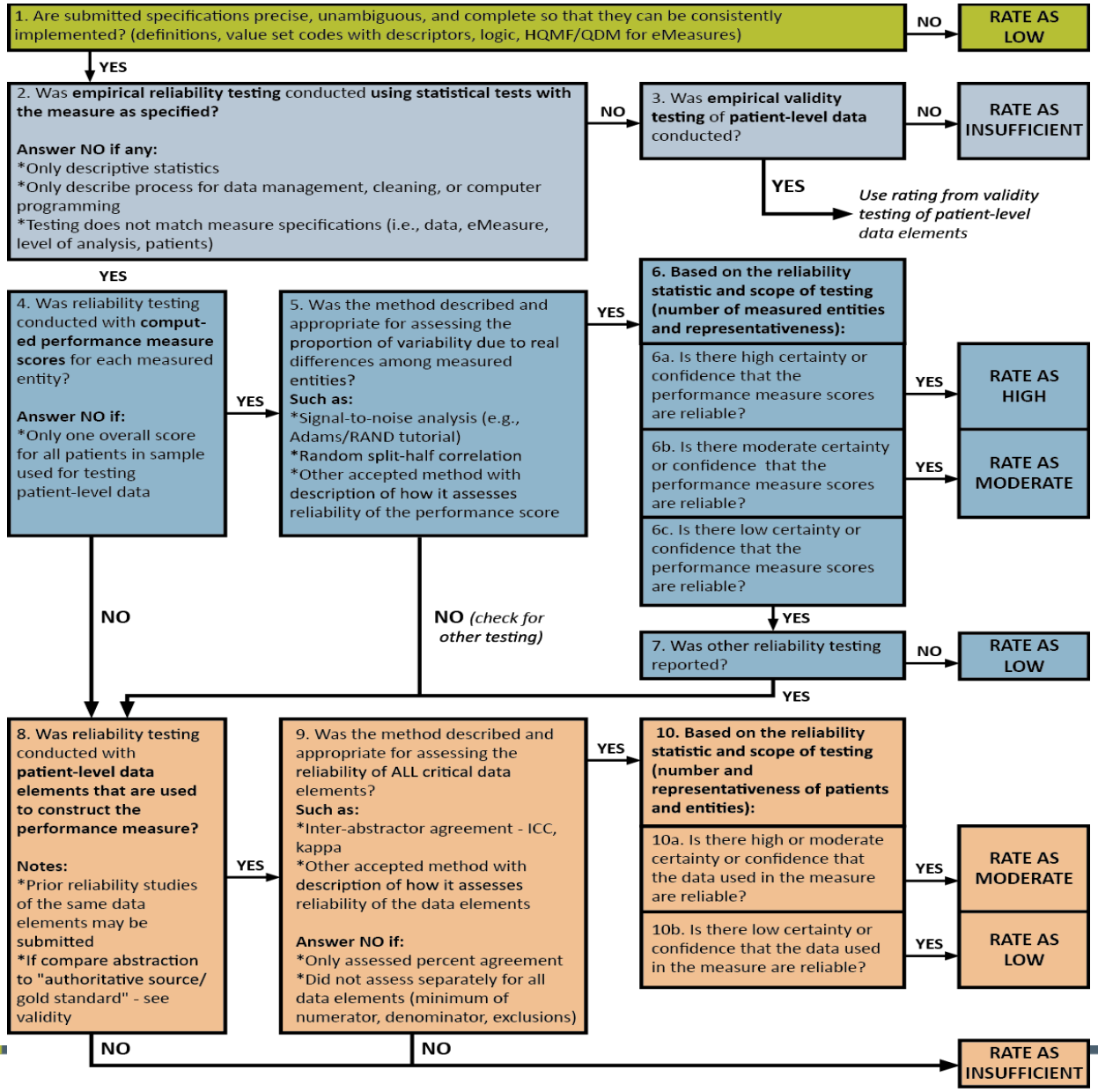
- Reliability of the ***measure score*** refers to the proportion of variation in the performance scores due to systematic differences across the measured entities in relation to random variation or noise (i.e., the precision of the measure).
  - *Example - Statistical analysis of sources of variation in performance measure scores (signal-to-noise analysis)*

- Reliability of the ***data elements*** refers to the repeatability/reproducibility of the data and uses patient-level data
  - *Example –inter-rater reliability*

- Consider whether testing used an appropriate method and included adequate representation of providers and patients and whether results are within acceptable norms

- Algorithm #2

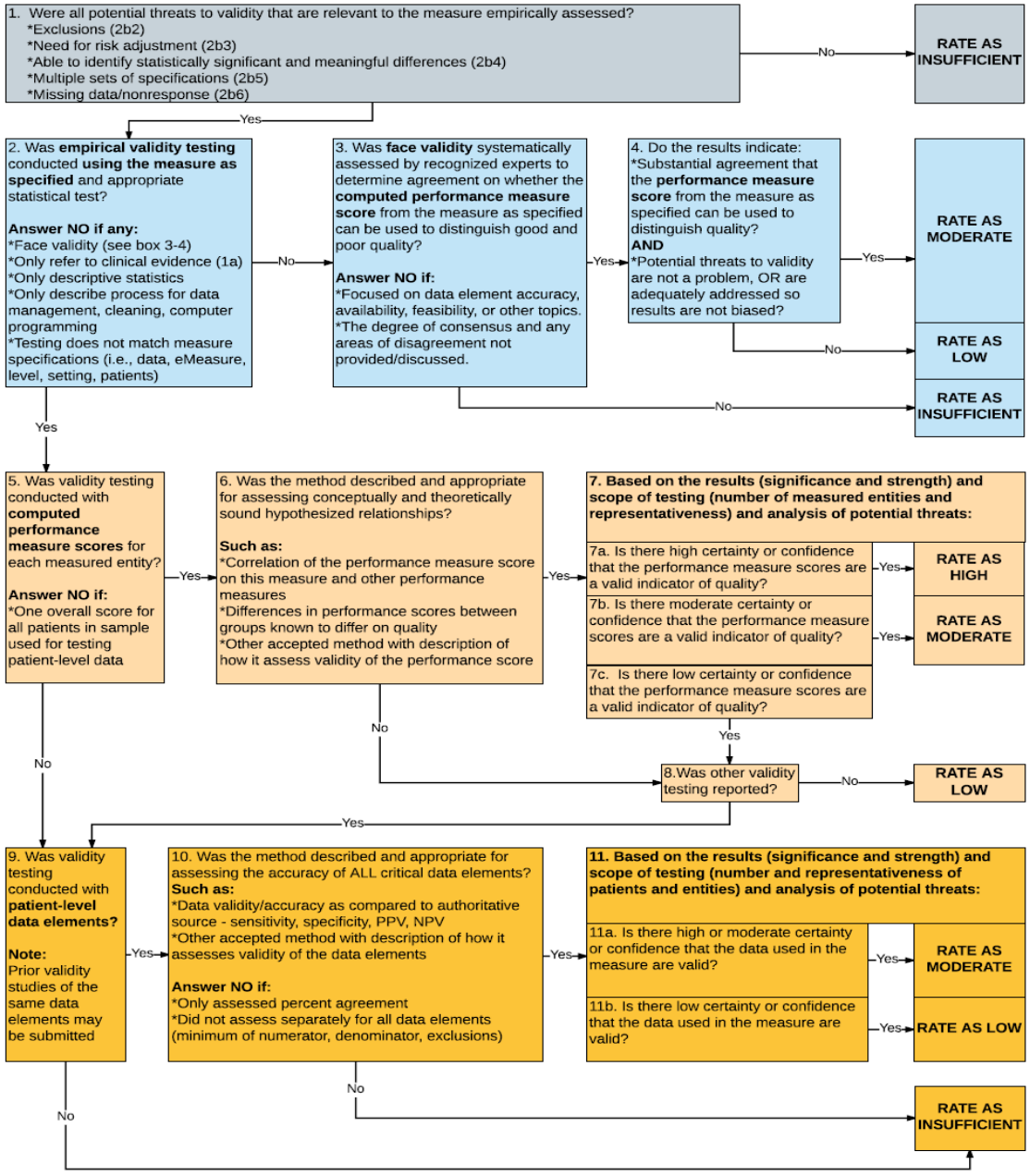
Rating Reliability: Algorithm #2 – page 43



Validity testing (pages 44 - 49)
Key points – page 47

- **Empirical testing**
  - *Measure score* – assesses a hypothesized relationship of the measure results to some other concept; assesses the correctness of conclusions about quality
  - *Data element* – assesses the correctness of the data elements compared to a "gold standard"
- **Face validity**
  - *Subjective determination by experts that the measure appears to reflect quality of care*
    - » Empirical validity testing is expected at time of maintenance review; if not possible, justification is required.
    - » Requires systematic and transparent process, by identified experts, that explicitly addresses whether performance scores resulting from the measure as specified can be used to distinguish good from poor quality. The degree of consensus and any areas of disagreement must be provided/discussed.

Rating Validity: Algorithm #3 – page 48



Threats to Validity

- Conceptual
  - *Measure focus is not a relevant outcome of healthcare or not strongly linked to a relevant outcome*
- Unreliability
  - *Generally, an unreliable measure cannot be valid*
- Patients inappropriately excluded from measurement
- Differences in patient mix for outcome and resource use measures
- Measure scores that are generated with multiple data sources/methods
- Systematic missing or “incorrect” data (unintentional or intentional)

Criterion #2: Scientific Acceptability

New measures	Maintenance measures
• Measure specifications are precise with all information needed to implement the measure	NO DIFFERENCE: Require updated specifications
• Reliability • Validity (including risk-adjustment)	**DECREASED EMPHASIS**: If prior testing adequate, no need for additional testing at maintenance with certain exceptions (e.g., change in data source, level of analysis, or setting) Must address the questions for SDS Trial Period

Criterion #3: Feasibility (page 49)
Key Points – page 50

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.

3a: Clinical data generated during care process

3b: Electronic sources

3c: Data collection strategy can be implemented

Criterion #4: Usability and Use (page 50) Key Points – page 51

Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

Use (4a) Now must-pass for maintenance measures

4a1: Accountability and Transparency: *Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement.*

4a2: Feedback by those being measured or others: *Those being measured have been given results and assistance in interpreting results; those being measured and others have been given opportunity for feedback; the feedback has been considered by developers.*

Usability (4b)

4b1: Improvement: *Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated.*

4b2: Benefits outweigh the harms: *The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).*

Criteria #3-4: Feasibility and Usability and Use

Feasibility

New measures	Maintenance measures
• Measure feasible, including eMeasure feasibility assessment	NO DIFFERENCE: Implementation issues may be more prominent

Usability and Use

New measures	Maintenance measures
• Use: used in accountability applications and public reporting	**INCREASED EMPHASIS**: Much greater focus on measure use and usefulness, including both impact and unintended consequences
• Usability: impact and unintended consequences	

Criterion #5: Related or Competing Measures (page 51-52)

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.

- 5a. The measure specifications are harmonized with related measures **OR** the differences in specifications are justified.
- 5b. The measure is superior to competing measures (e.g., is a more valid or efficient way to measure) **OR** multiple measures are justified.

Updated guidance for measures that use ICD-10 coding: Fall 2017 and 2018

- Gap can be based on literature and/or data based on ICD-9 or ICD-10 coding
- Submit updated ICD-10 reliability testing if available; if not, testing based on ICD-9 coding will suffice
- Submit updated validity testing
  - *Submit updated empirical validity testing on the ICD-10 specified measure, if available*
  - *OR face validity of the ICD-10 coding scheme plus face validity of the measure score as an indicator of quality*
  - *OR face validity of the ICD-10 coding scheme plus score-level empirical validity testing based on ICD-9 coding*
  - *OR face validity of the ICD-10 coding scheme plus data element level validity testing based on ICD-9 coding, with face validity of the measure score as an indicator of quality due at annual update*

eMeasures

- "Legacy" eMeasures
  - *Beginning September 30, 2017 all respecified measure submissions for use in federal programs will be required to the same evaluation criteria as respecified measures – the "BONNIE testing only" option will no longer meet endorsement criteria*

- For all eMeasures: Reliance on data from structured data fields is expected; otherwise, unstructured data must be shown to be both reliable and valid

Evaluation process

- **Preliminary analysis (PA)**: To assist the Committee evaluation of each measure against the criteria, NQF staff and Methods Panel (if applicable) will prepare a PA of the measure submission and offer preliminary ratings for each criteria.
  - *The PA will be used as a starting point for the Committee discussion and evaluation*
  - *Methods Panel will complete review of Scientific Acceptability criterion for complex measures*

- **Individual evaluation**: Each Committee member conduct an in-depth evaluation on all measures (responses collected via SurveyMonkey
  - *Each Committee member will be assigned a subset of measures for which they will serve as lead discussant in the evaluation meeting.*

Evaluation Process

- **Measure evaluation and recommendations at the in-person/web meeting**: The entire Committee will discuss and rate each measure against the evaluation criteria and make recommendations for endorsement.
- **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*
- **Post-comment call**: The Committee will re-convene for a post-comment call to discuss comments submitted
- **Final endorsement decision by the CSAC**
- **Appeals** (if any)

Questions?

SharePoint Overview

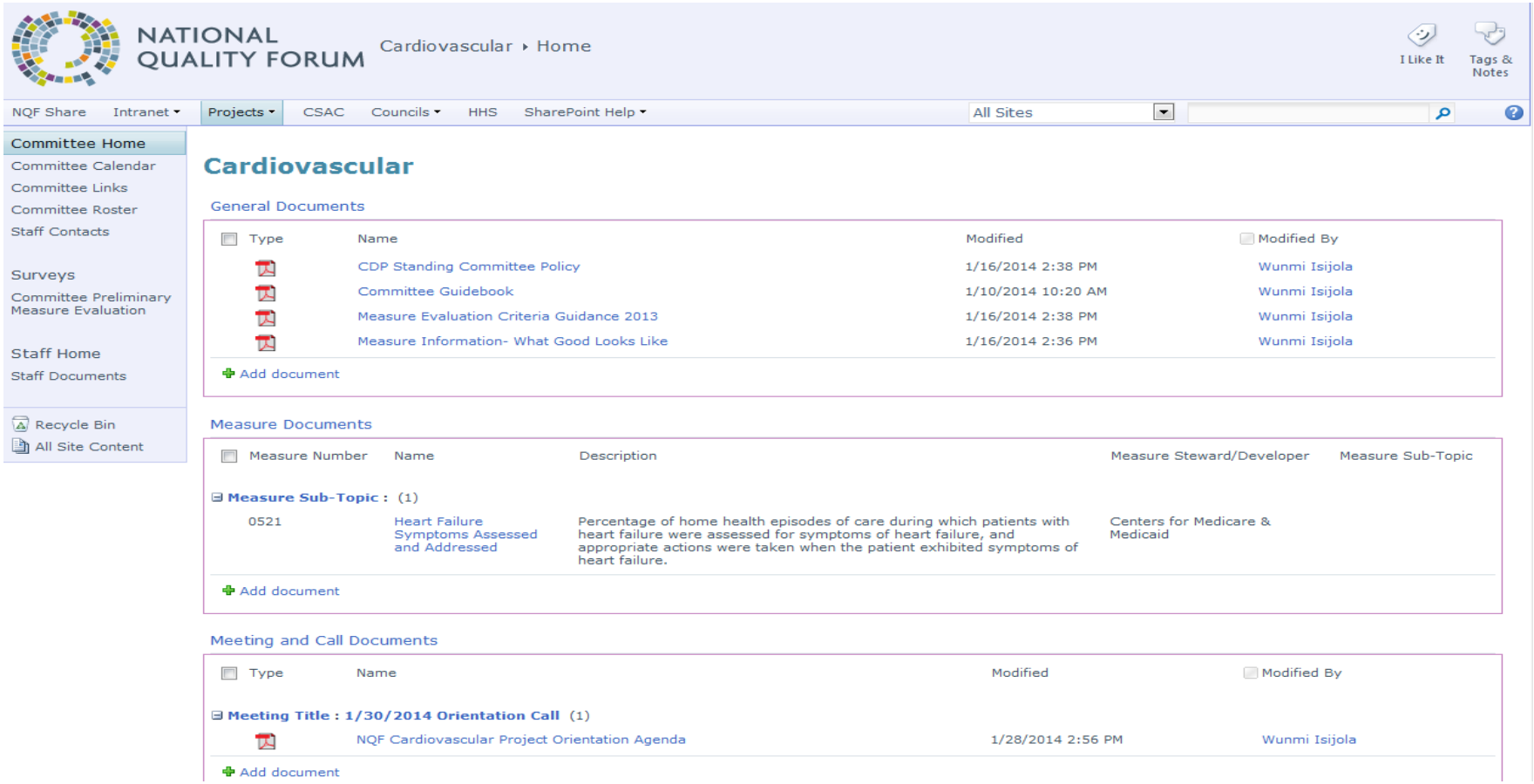
SharePoint Overview

http://share.qualityforum.org/Projects/Behavioral%20health%20and%20substance%20use/SitePages/Home.aspx

- Accessing SharePoint
- Standing Committee Policy
- Standing Committee Guidebook
- Measure Document Sets
- Meeting and Call Documents
- Committee Roster and Biographies
- Calendar of Meetings

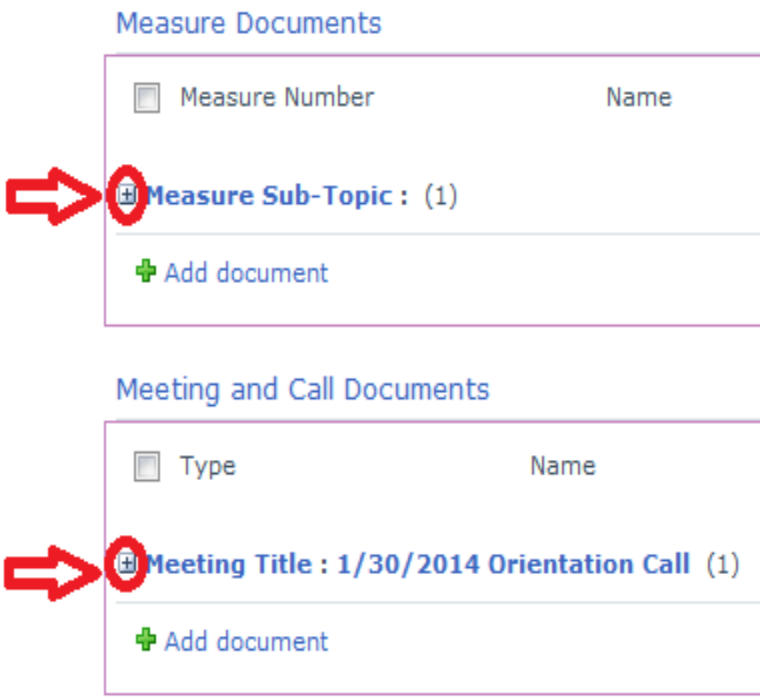
SharePoint Overview

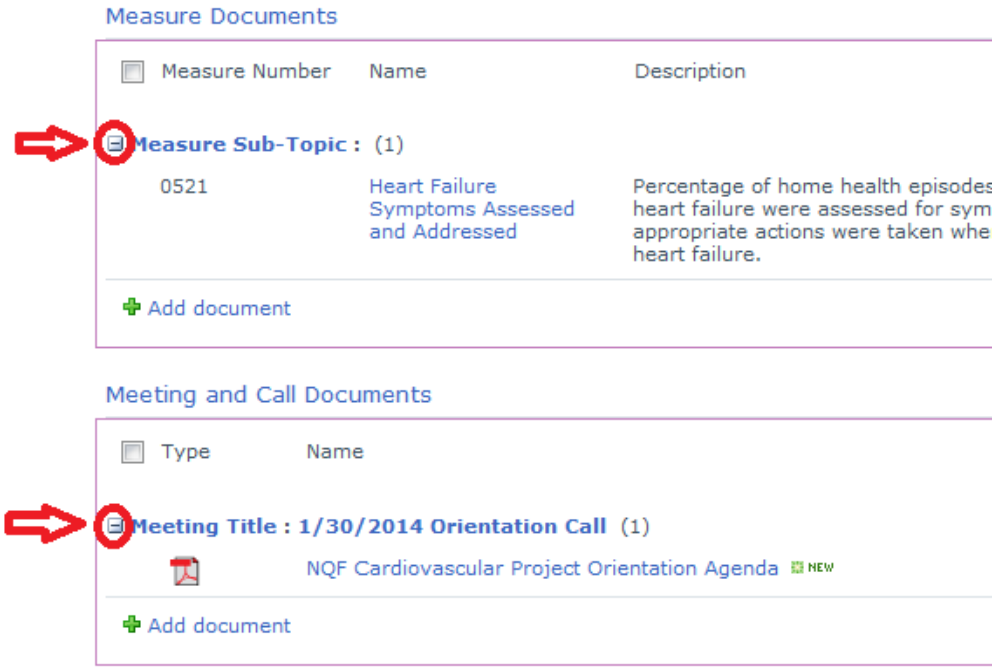
- Screen shot of homepage:



SharePoint Overview

- Please keep in mind:
- + and – signs :





Measure Worksheet and Measure Information

- Measure Worksheet
  - *Preliminary analysis, including eMeasure Technical Review if needed, and preliminary ratings*
  - *Member and Public comments*
  - *Information submitted by the developer*
    - » Evidence and testing attachments
    - » Spreadsheets
    - » Additional documents

Next Steps

Meeting	Date/Time
Measure Evaluation Web Meeting #1	January 19, 2018, 3:00 PM – 5:00 PM EST
Measure Evaluation Web Meeting #2	January 22, 2018, 2:00 PM – 4:00 PM EST
Measure Evaluation Web Meeting #3	January 24, 2018, 2:00 PM – 4:00 PM EST
Post Meeting Webinar	February 6, 2018, 12:00 PM- 2:00 PM EST
Post Comment Webinar	April 25, 2018, 12:00 PM – 2:00 PM EST

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

Questions?


THANK YOU