



Behavioral Health and Substance Use Standing Committee— Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Behavioral Health and Substance Use Standing Committee for a web meeting on January 24, 2018 to evaluate two measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Standing Committee members announced their presence, and NQF staff reviewed all recusals of Committee members due to conflicts of interest.

Measure Evaluation

During the meeting, the Behavioral Health and Substance Use Standing Committee evaluated two measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 1, 2018 for public comment for 30 days on the NQF website.

Measure Evaluation Criteria Rating Key: H – High; M – Moderate; L – Low; I – Insufficient

3312 Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs (Centers for Medicare & Medicaid Services [CMS])

Measure Steward/Developer Representatives at the Meeting

- Deborah Garnick, Brandeis University

Standing Committee Votes

- Evidence: M-16; L-1; I-0
- Performance Gap: H-12; M-5; L-0; I-0
- Reliability: H-2; M-14; L-1; I-0
- Validity: H-1; M-16; L-0; I-0
- Feasibility: H-7; M-10; L-0; I-0
- Use: Yes-17; No-0
- Usability: H-10; M-7; L-0; I-0

Standing Committee Recommendation for Endorsement: Y-17; N-0

The Standing Committee recommended the measure for NQF endorsement. The Committee asked several questions during the evidence and validity discussions regarding the types and timing of pharmacotherapy as it relates to the measure. The developer confirmed that all FDA-approved pharmacotherapies for substance use disorder (SUD) are included in the measure. However, the Committee questioned how the use of extended release naltrexone would be counted in the measure as it is administered in a once monthly treatment. There was concern that patients on extended release pharmacotherapy would not be seen within the 7- and 14-day follow-up periods. The Committee also questioned why the developer chose 7- and 14-day follow-up periods. The developer commented that these follow-up periods are consistent with SAHMSA

and other guidelines. In addition, based on feedback from numerous stakeholders and state agencies, it was suggested that 7 days might not be feasible for some organizations, so the developer balanced 7 days as clinically appropriate with 14 days as a feasible benchmark for state Medicaid. The Committee expressed concern with two additional items missing from the measure: follow-up visits same day as discharge and telehealth. The developer agreed that same day visits are important, but stated that administrative data used to calculate the measure makes it difficult, if not impossible, to identify same day visits. In addition, several years ago when the measure was tested, telehealth had not been an option, but it could be included in future versions of the measure. Overall, the Committee felt that this measure was feasible to implement and voted to recommend this measure for endorsement.

3313 Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication (Centers for Medicare & Medicaid Services [CMS])

Measure Steward/Developer Representatives at the Meeting

- Jenny Lyons, Mathematica Policy Research

Standing Committee Votes

- Evidence: H-2; M-15; L-0; I-0
- Performance Gap: H-12; M-5; L-0; I-0
- Reliability: H-3; M-14; L-0; I-0
- Validity: H-17; M-0; L-0; I-0
- Feasibility: H-13; M-4; L-0; I-0
- Use: Yes-17; No-0
- Usability: H-12; M-5; L-0; I-0

Standing Committee Recommendation for Endorsement: Y-16; N-0

The Standing Committee recommended the measure for NQF endorsement. The Committee questioned why telemedicine was not included in this measure, and the developer responded that it included codes for telephone follow-up per the recommendation of its clinical workgroup. However, specific telehealth codes are not included in the measure specifications, as the measure was developed and tested prior to the introduction of specific telehealth codes. Committee members commented that the measure captured whether a visit happened but did not specify the contents of the visit. Ultimately, the Committee agreed that any type of health monitoring is important and the follow-up required for the measure adds to adherence. Overall, the Committee agreed that this is an important measure and voted to recommend this measure for endorsement.

Public Comment

No public comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on March 1, 2018 for public comment for 30 calendar days. The continuous public comment with member support will close on March 30, 2018. NQF will re-convene the Standing Committee for the last of three web meetings on February 6, 2018 to evaluate the remaining measures.