



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

The National Quality Forum (NQF) convened the Behavioral Health and Substance Use Standing Committee for a web meeting on February 5, 2019 to have a harmonization discussion on the four measures evaluated during the January 30 and 31 measure evaluation web meetings. Additionally, the Standing Committee discussed gaps in the portfolio and activities at NQF topically related to Behavioral Health and Substance Use.

Welcome and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting and reviewed the meeting agenda.

Overview of Harmonization Discussion

NQF staff provided guidance on evaluating related measures and the harmonization of those measures. Staff briefly presented specifications for measures submitted for evaluation during the fall 2018 cycle in parallel with seemingly related NQF-endorsed measures. The co-chairs (Drs. Briss and Pincus) directed the conversation, and staff recorded Standing Committee recommendations. A measure-by-measure summary regarding related measures appears below. Note that no “purely competing” measures (i.e., those measuring the same aspects of quality) were identified for this review cycle, though many related measures were identified.

3451 Non-Acute Mental Health Services Utilization for Dual Eligible Beneficiaries

Because this measure did not pass the endorsement process, it was not necessary for the Committee to discuss related measures. Still, some Committee members noted that future work on this, and other NQF measures, should consider distinctions/similarities and comparative evidence-base for quality improvement between “follow-up” and “transition” care/processes.

2152 Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling

This measure is related to 2599 (*Alcohol Screen for Those with SMI*). The Committee discussed that rather than having multiple measures for the *same* morbidity focus and *different* patient populations, a singular measure could be created and then results on that measure could be stratified into useful subpopulations. The Committee noted this was a broad and long-standing issue evident across NQF’s measurement endorsement and quality improvement effort. A strong suggestion was thus made that this topic be re-visited with NQF leadership, including some formal and targeted activities to lead the measurement field towards a more organized approach. A Committee member noted that the Minnesota Medical Association is currently engaging in such “measurement simplifying activities,” and two recent publications co-authored by another Committee member addressed this issue.

3453 Continuity of Care After Inpatient or Residential Treatment for SUD

Four NQF-endorsed measures were identified as related: 0004 (initiation and engagement of alcohol misuse treatment), 0576 (follow-up after mental illness inpatient), 2605 (follow-up after a

behavioral health ED visit), 3312 (follow-up after a detoxification substance abuse event). Points raised in the discussion included whether same day follow-up meets each measure's requirements, and the need for clarity around follow-up timeframes (e.g., evidence base for the efficacy/effectiveness of delivering follow-up services within 7, 14, and/or 30 days post-event.) More generally during this discussion, the Committee recognized the need for standardized definitions around the broad concept of "continuity of care." Related to the conversation for measure 3451 (above), the Committee strongly encourages NQF to embark upon general and seminal activities regarding continuity of care including transitions from one level of care (or provider) to another. A Committee member noted that in New York state efforts are under way to encourage the development of data systems that coalesce information necessary for continuity of care analyses.

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

As this measure and the ones related to it (i.e., 2599, 3312, 2605, and 2152) were already considered via the discourse summarized above, little additional discussion took place about this measure. The Committee did note the different age ranges that applied (youths, adults pre-retirement or post-retirement), and thus they reiterated support for single measures that could apply to multiple populations rather than a separate measure for each population. One of the co-chairs noted that this measure especially is a reminder of the continuum of care, from diagnosis through treatment, that should be considered when designing and harmonizing measures. Committee discourse on this measure also reiterated the importance of considering telehealth encounters when designing measures moving forward.

Discussion of Gaps in the Portfolio

The Standing Committee discussed emerging priority areas and additional considerations for future measurement in behavioral health and substance use. The Committee was inspired by a previous "bullet list" slide from prior discussions and by the suggestion from staff that their discourse should consider innovation (news), exnotation (removal of previous ideas), and prioritization (the ranking of all ideas). Here is a summary of points that emerged from that discussion:

- Social determinants of health, including how mental illness and SUD interact with housing status, employment, and criminal justice involvement. One member especially noted the importance of employment considerations for those with substance use problems.
- Examining continuity of care across the full course of health to illness and recovery. Are the appropriate people screened and diagnosed? How many are treated appropriately? How many recover? How many remain in recovery? Are we missing latent cases?
- Call for total cost of care measures, for persons with behavioral health issues. This later inspired a call for total cost of care measures that are careful in how they assign attribution (i.e., responsibility) for increases or decreases in overall costs.
- Call for more patient experience of care measures. These, for example, can help programs improve their retention efforts.

- Overprescribing of opioids cited by one Committee member as a priority
- Integration of mental healthcare and substance use disorder care (in contrast to integrating primary care and behavioral health care), cited as another potential priority measure.
- Composite measures, especially those that focus on recovery and overall level of functioning, were noted as important.
- Creating measures that pair functional change with patient goals (e.g., outcome measures linked to individual recovery goals), and ones that consider the full life span and full trajectory of an illness from pre-onset through single or multiple cycles of recovery and full remission.
- Measures of healthcare efficiencies/inefficiencies advocated to reduce patient and provider “burnout” and other waste in the system.
- Novel and better inpatient measures; one Committee member noted that inpatient measures are plentiful, but “not very good.”

Finally, the Committee was reminded/educated about five recent NQF activities germane to their BHSU measurement adjudication effort (listed below). It was noted that these efforts have benefitted and continue to benefit from direct formal (i.e., membership) and other (e.g., public comment, measure use) contributions from the BHSU Committee.

1. The Medicaid and CHIP Scorecard effort
2. The Measure Applications Partnership pertaining to a variety of CMS programs (e.g., shared savings)
3. The Opioid prescription “playbook,” a guidance report regarding analgesic use of opioids for health systems, broadly
4. The serious mental illness forum, ongoing
5. A tele-behavioral health forum, anticipated

Public Comment

No public or NQF member comments were provided during the meeting.

Next Steps

NQF will post the draft technical report on March 11, 2019 for public comment for 30 calendar days. The continuous public comment with member support will close on April 9, 2019. NQF will reconvene the Standing Committee for the post-comment web meeting on May 3, 2019.