



Behavioral Health and Substance Use Standing Committee – Measure Evaluation Web Meetings

The National Quality Forum (NQF) convened the Behavioral Health and Substance Use Standing Committee for three web meetings on June 14, 15, and 19, 2018 to evaluate nine 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. Committee members each introduced themselves and disclosed any conflicts of interest.

Key Topics in the Measure Evaluation Process

Kirsten Reed, NQF project manager, discussed the key ingredients of a measure and explained that to understand a measure we need to know:

- What should happen?
- Who is the target group?
- Where should it take place?
- When should it take place?
- How should it occur?
- What, who, where, when, and how should not be measured?

To understand how to answer those questions, Ms. Reed walked through an example of how to calculate an outcome measure that is included in the Standing Committee's portfolio, NQF #2607 *Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*.

Overview of Evaluation Process

Shaonna Gorham, NQF senior project manager, presented on some of the fundamental tensions in measurement and reviewed NQF's endorsement criteria.

Measure Evaluation

During the meetings, the Behavioral Health and Substance Use Standing Committee evaluated nine 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 July 24, 2018 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

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

3400 Use of Pharmacotherapy for Opioid Use Disorder (OUD) (CMS/Mathematica Policy Research)

Measure Steward/Developer Representatives at the Meeting

- Cindy Thomas, Mathematica Policy Research
- Deb Garnick, Mathematica Policy Research

Standing Committee Votes

- Evidence: H-2; M-8; L-2; I-1
- Performance Gap: H-7; M-7; L-0; I-0
- Reliability: H-5; M-9; L-0; I-0
- Validity: H-1; M-10; L-2; I-1
- Feasibility: H-6; M-7; L-1; I-0
- Use: Pass-14; No Pass-0
- Usability: H-1; M-12; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-13; No-1

The Standing Committee recommended the measure for NQF endorsement. The measure is currently in voluntary use in CMS programs showing significant variation across states (13 percent to 76 percent) confirming that pharmacotherapy for opioid use disorder is underused. The Committee questioned why psychosocial counseling was not included in the measure, but they agreed that even without the additional counseling, access to pharmacotherapy for individuals with opioid use disorder is a priority. In addition, the Committee questioned how individuals in remission were included in the measure. In response, the developer confirmed that its testing had excluded individuals in remission, but there was minimal change as most individuals in remission tend to use a pharmacotherapy already. The Committee voted moderate on both the reliability and validity criteria due to some inconsistencies in the billing codes for methadone. Otherwise, the Committee agreed that the measure is feasible and had no other concerns.

3389 Concurrent Use of Opioids and Benzodiazepines (COB) (Pharmacy Quality Alliance (PQA))

Measure Steward/Developer Representative at the Meeting

- Lisa Hines, Pharmacy Quality Alliance

Standing Committee Votes

- Evidence: H-8; M-7; L-0; I-0
- Performance Gap: H-6; M-9; L-0; I-0
- Reliability: H-2; M-13; L-0; I-0
- Validity: H-14; M-1; L-0; I-0
- Feasibility: H-10; M-5; L-0; I-0
- Use: Pass-15; No Pass-0
- Usability: H-9; M-6; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-0

The Standing Committee recommended the measure for NQF endorsement. The Committee agreed that the evidence for the measure is strong and that the performance data showed a

significant gap in care indicating that 24 percent of the individuals in the developer's 2015 analysis had concurrent prescribing of opioids and benzodiazepines. The Committee questioned the use of the 15-day supply of a drug as a proxy for concurrent use. In response, the developer confirmed that the denominator requires two prescriptions and the numerator required two prescriptions with overlapping of 30 days or more. There were no concerns with the Scientific Acceptability criteria: The Committee voted moderate on both reliability and validity. One issue was raised around feasibility in the future in regards to missing data due to missing claims as a result of beneficiary out-of-pocket payments for prescriptions. The Committee had no concerns on Use or Usability and voted to recommend the measure for endorsement.

0105 Antidepressant Medication Management (AMM) (National Committee for Quality Assurance (NCQA))

Measure Steward/Developer Representative at the Meeting

- Junqing Liu, National Committee for Quality Assurance

Standing Committee Votes

- Evidence: Previous Evidence Evaluation Accepted
- Performance Gap: H-4; M-11; L-0; I-0
- Reliability: H-9; M-7; L-0; I-0
- Validity: H-4; M-12; L-0; I-0
- Feasibility: H-10; M-6; L-0; I-0
- Use: Pass-16; No Pass-0
- Usability: H-3; M-13; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-16; No-0

The Standing Committee recommended the measure for NQF endorsement. The Standing Committee agreed that the evidence base for the measure has not changed since the previous review in 2014, and agreed to accept the previous vote on evidence. The measure is currently used in the Medicaid Core Set, CMS' Quality Payment Program and HEDIS. The updated performance data for the measure indicated only a slight change in overall performance, but still show variation in care indicating a performance gap. The developer provided updated empirical validity testing for the maintenance of endorsement evaluation, with which the Committee had no concerns. The Committee continued to discuss the updated performance results under the Use and Usability criteria. Specifically, the Committee questioned the overall 1 percent increase in overall performance, but agreed that without implementation data (e.g., how stable is the denominator population, how is the measure being implemented, or how it is incentivized) it was difficult to determine what the increase should be. The Committee agreed that this is an important measure and voted to recommend this measure for continued endorsement.

1879 Adherence to Antipsychotic Medications for Individuals with Schizophrenia (National Committee for Quality Assurance (NCQA))

Measure Steward/Developer Representative at the Meeting

- Erin Giovannetti, National Committee for Quality Assurance

Standing Committee Votes

- Evidence: Previous Evidence Evaluation Accepted
- Performance Gap: H-0; M-16; L-0; I-0
- Reliability: H-2; M-12; L-1; I-0
- Validity: M-15; L-0; I-0
- Feasibility: H-6; M-9; L-0; I-0
- Use: Pass-14; No Pass-0
- Usability: H-3; M-12; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-14; No-0

The Standing Committee recommended the measure for NQF endorsement. The Committee agreed that the evidence base has not changed significantly since the previous review and consented to accept the prior vote. The developer provided updated performance data indicating variation and a gap in performance. During the Scientific Acceptability criteria discussion, the Committee questioned the use of two antipsychotic prescriptions as a proxy for adherence and discussed inconsistencies in adherence proxies across measures. The developer confirmed that beyond the adherence proxy, the measure also included a diagnosis code for schizophrenia. In addition, the Committee also commented that it is typical for individuals with schizophrenia to fill a prescription and not take the medication. The measure included a justification for not having updated empirical validity testing which the Committee did not discuss. The Committee voted to recommend continued endorsement of the measure.

1880 Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder (National Committee for Quality Assurance (NCQA))

Measure Steward/Developer Representative at the Meeting

- Erin Giovannetti, National Committee for Quality Assurance

Standing Committee Votes

- Evidence: Previous Evidence Evaluation Accepted
- Performance Gap: H-3; M-11; L-0; I-0
- Reliability: H-3; M-11; L-0; I-0
- Validity: M-7; L-4; I-3
- Feasibility: H-X; M-7; L-7; I-0
- Use: Pass-14; No Pass-0
- Usability: H-1; M-13; L-0; I-0

Standing Committee Recommendation for Endorsement: N/A

The Standing Committee did not vote on the recommendation for endorsement at the meeting because the Committee did not reach consensus on validity—a must-pass criterion. NQF's Measure Evaluation Criteria and Guidance was updated in August 2017 to require empirical validity testing at the time of maintenance review, or if not possible, a justification in lieu of testing. The measure developer provided a detailed justification for not providing empirical validity testing that included a timeline for completing the testing and a plan including methodological details. The Committee did not reach consensus when voting to accept the

measure developer's justification. The Committee co-chairs were concerned that measures 1880 and 1879 were not framed clearly during the evaluation meeting on June 15 causing confusion for the Committee on the requirements for evaluating maintenance measures with a justification. The Committee will discuss validity for this measure and potentially re-vote on both this measure and 1879 during the post-evaluation web meeting on June 27, 2018.

0104e Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (PCPI)

This is an electronic clinical quality measure (eCQM)

Measure Steward/Developer Representatives at the Meeting

- Jerry Halverson, PCPI
- Samantha Tierney, PCPI
- Greg Foakes, PCPI
- Courtney Hurt, PCPI

Standing Committee Votes

- Evidence: Previous Evidence Evaluation Accepted
- Performance Gap: H-6; M-9; L-0; I-0
- Reliability: H-4; M-11; L-0; I-0
- Validity: H-2; M-13; L-0; I-0
- Feasibility: H-2; M-12; L-1; I-0
- Use: Pass-15; No Pass-0
- Usability: H-1; M-14; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-0

The Standing Committee recommended the measure for NQF endorsement. The Committee agreed that the evidence base for the measure remains strong and consented to not discuss the measure or revote on evidence. Updated performance data was considered by the Committee which noted that while a gap remains, there has not been a lot of change in performance. The Committee agreed, however, that performance shows room for improvement. While overall reliability was high, the Committee expressed some concern on the lack of a standardized tool in the measure specifications to assess suicide risk. The developer noted that while the measure specifications do not indicate a standardized assessment tool, four standardized questions are included in the specifications. The Committee agreed that in the absence of a standard assessment tool, the questions were satisfactory. The Committee discussed updated empirical validity testing for which they voted moderate. The Committee summarized that the measure has been in wide use and successfully implemented and recommended that the measure retain endorsement.

1932 Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SDD) (NCQA)

Measure Steward/Developer Representative at the Meeting

- Nora Fritz, National Committee for Quality Assurance

Standing Committee Votes

- Evidence: Previous Evidence Evaluation Accepted
- Performance Gap: H-3; M-10; L-0; I-0
- Reliability: H-5; M-8; L-0; I-0
- Validity: H-3; M-10; L-0; I-0
- Feasibility: H-8; M-5; L-0; I-0
- Use: Pass-13; No Pass-0
- Usability: H-5; M-8; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-13; No-0

The Standing Committee recommended the measure for NQF endorsement. The Committee agreed that the evidence base for the measure remains strong and consented to not discuss the measure or revote on evidence. The measure is currently used in the Medicaid Adult Core set and NCQA's HEDIS programs. Updated performance data was submitted for which the Committee agreed indicated room for improvement. In addition, the developer submitted updated empirical validity testing for which the Committee agreed with the construct correlation and voted moderate. Ultimately, the Committee agreed that screening individuals with schizophrenia or bipolar disorder for diabetes leads to improved health outcomes. Overall, the Committee agreed that this is an important measure and voted to recommend this measure for continued endorsement.

1933 Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SMC) (NCQA)

Measure Steward/Developer Representative at the Meeting

- Nora Fritz, National Committee for Quality Assurance

Standing Committee Votes

- Evidence: Previous Evidence Evaluation Accepted
- Performance Gap: H-1; M-12; L-0; I-0
- Reliability: H-3; M-10; L-0; I-0
- Validity: H-4; M-9; L-0; I-0
- Feasibility: H-11; M-2; L-0; I-0
- Use: Pass-13; No Pass-0
- Usability: H-5; M-8; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-13; No-0

The Standing Committee recommended the measure for NQF endorsement. The Committee agreed that the evidence base for the measure remains strong and consented to not discuss or revote on evidence. Given that cardiovascular disease is often not diagnosed in patients with schizophrenia, the Committee questioned why the denominator requires a prior diagnosis of cardiovascular disease rather than giving all patients with schizophrenia an LDL-C test annually. The developer responded that this is based on the evidence guidelines and that NCQA has a separate cardiovascular screening measure in addition to this measure that strictly looks at individuals who already have a diagnosis of cardiovascular disease. Ultimately, the Committee

agreed that the performance results are critical to improving outcomes for individuals with schizophrenia and addressing early mortality in this population and that the benefits of this measure far outweigh any possible unintended consequences. Overall, the Committee agreed that this is an important measure and voted to recommend this measure for continued endorsement.

1934 Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD) (NCQA)

Measure Steward/Developer Representative at the Meeting

- Nora Fritz, National Committee for Quality Assurance

Standing Committee Votes

- Evidence: Previous Evidence Evaluation Accepted
- Performance Gap: H-9; M-4; L-0; I-0
- Reliability: H-5; M-8; L-0; I-0
- Validity: H-2; M-11; L-0; I-0
- Feasibility: H-12; M-1; L-0; I-0
- Use: Pass-13; No Pass-0
- Usability: H-8; M-5; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-13; No-0

The Standing Committee recommended the measure for NQF endorsement. The Standing Committee agreed that the evidence base for the measure remains strong and consented to not discuss or revote on evidence. The Committee noted that collecting data on diabetes management in this population is a critical public health priority and is essential to improving the health of people with schizophrenia and addressing early mortality. Overall, the Committee agreed that this is an important measure and voted to recommend this measure for continued endorsement.

Public Comment

No public comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on July 24, 2018 for public comment for 30 calendar days. The continuous public comment with member support will close on August 22, 2018. NQF will reconvene the Standing Committee for the post-comment web meeting on September 20, 2018.