NATIONAL QUALITY FORUM
Driving measurable health improvements together

# Meeting Summary

## Behavioral Health and Substance Use Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Behavioral Health and Substance Use (BHSU) Standing Committee for web meetings on June 15 and 17, 2020 to evaluate three 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 interests. It was noted that Committee member Constance Horgan, ScD, was recused on NQF 0108 as she served on the NCQA Behavioral Health Measurement Advisory Panel for this measure. It was also noted that Committee Co-Chair Harold Pincus, MD, was recused on NQF 0108 and NQF 2803 as he was a member of the NCQA Behavioral Health Measurement Advisory Panel for these measures. There were no recusals for NQF 3572.

Some Committee members were unable to attend the entire meeting. There were early departures and late arrivals. The vote totals reflect members present and eligible to vote. Quorum was met and maintained for the entirety of all the meetings.

## Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 41 endorsed measures in the BHSU portfolio. Additionally, NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

## Measure Evaluation

During the meeting, the BHSU Standing Committee evaluated three measures for endorsement consideration, including two maintenance measures and one new measure. A more comprehensive summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on July 6, 2020 for public comment on the NQF website. The draft technical report will be posted for 30 days.

**Rating Scale:** H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

### 0108 Follow-Up Care for Children Prescribed ADHD Medication (ADD) (NCQA)

*Measure Steward/Developer Representatives at the Meeting*

Junqing Liu, Amy Storfer-Isser

*Standing Committee Votes*

- Evidence: H-0; M-14; L-5; I-1
- Performance Gap: H-2; M-17; L-1; I-0
- Reliability: H-3; M-14; L-1; I-0

- Validity: H-0; M-17; L-2; I-0
- Feasibility: H-6; M-11; L-2; I-0
- Use: Pass-21; No Pass-0
- Usability: H-1; M-11; L-7; I-0

### *Standing Committee Recommendation for Endorsement: Yes-13; No-6*

The Standing Committee recommended the measure for continued endorsement.

The Committee began the review with a summary of the measure and the evidence submission. The Committee noted that the developer cited systematic reviews of American Academy of Pediatrics (AAP) clinical practice guidelines (strong recommendation; grade B evidence) for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents. It was noted that the measure requires fewer visits than the current AAP guidelines for prescribing ADHD medication and follow-up visits. The Committee noted that the measure requires the first follow-up visit to be in person, but subsequent ones may be performed via telemedicine. The Committee questioned whether it was in fact necessary to have the visit in person especially in light of the current COVID-19 pandemic. The Committee questioned the evidence supporting the 30-day timeframe and its linkage to improved outcomes and noted barriers to meeting this requirement; the developer said the clinical guidelines support the 30-day period and pointed to consensus from their expert panel. The Committee agreed that the measure addresses a high priority, as ADHD is one of the most prevalent behavioral health diseases in children. The Committee urged the developer and NQF to incorporate telehealth further into this and other measures.

For the discussion related to performance gap, the Committee was concerned that the measure only reports data from the last three years, but over the course of the past six years, the measure statistics haven't changed much at all. The Committee discussed whether the lack of change in the 90$^{th}$ percentile, 75$^{th}$ percentile, etc. over the last several years means this measure might not actually be measuring the correct parameters for management of ADHD.

In the discussion of the reliability criterion, the Committee discussed that the measure's performance fell below a 0.7 threshold on the commercial plan data for the mean signal-to-noise reliability, with the developer also pointing out that the reliability performance data for Medicaid plans was well above this level. For validity, the Committee observed that the analysis submitted indicated moderate correlations between NQF 0108 and external measures of quality. The Committee also discussed the exclusions, noting that patients who are admitted to in-patient settings are excluded from the denominator. The Committee expressed concerns that such patients might be admitted due to poor follow-up.

The Committee did not express concerns related to feasibility, observing that the measure data source of healthcare claims is low burden and generated during the routine delivery of care. The Committee also noted the broad adoption of the measure along with the feedback loops deployed and did not express concerns associated with usability and use.

## 2803 Tobacco Use and Help with Quitting Among Adolescents (NCQA)

### *Measure Steward/Developer Representatives at the Meeting*

Sarah Paliani, Sepheen Byron, Amy Storfer-Isser

### *Standing Committee Votes*

- Evidence: H-0; M-10; L-3; I-7

- Performance Gap: H-5; M-15; L-1; I-0
- Reliability: H-4; M-16; L-1; I-0
- Validity: H-1; M-15; L-2; I-0
- Feasibility: H-3; M-17; L-0; I-0
- Use: Pass-21; No Pass-0
- Usability: H-2; M-18; L-0; I-0

### *Standing Committee Recommendation for Endorsement: Consensus Not Reached*

The Standing Committee did not vote on the recommendation for endorsement at the meeting because the Committee did not reach consensus on evidence—a must-pass criterion. The Committee will re-vote on the measure on the post-comment web meeting on September 21, 2020.

The discussion of the measure began with a review of its description and a presentation of the evidence submitted by the developer. The Committee noted that the evidence submitted was graded and based on the United States Preventative Services Task Force (USPSTF) recommendations. The Committee focused on two recommendations from the USPSTF related to adolescent smoking cessation. First, counseling has been shown to be effective in treatment of adolescent smokers. Therefore, adolescent smokers should be provided with counseling interventions to aid them in quitting smoking. This recommendation 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. For instance, few randomized trials existed, the trials that did exist were somewhat inconsistent, or the trials were not directly relevant to the recommendation." Second, clinicians should ask pediatric and adolescent patients about tobacco use and provide a strong message regarding the importance of totally abstaining from tobacco use. USPSTF offed a Grade C Strength of Evidence for this recommendation, stating that it should be "reserved for important clinical situations in which the Panel achieved consensus on the recommendation in the absence of relevant randomized controlled trials." The panel was especially concerned on the evidence supporting the first recommendation, resulting in consensus not being reached on evidence.

For the performance gap, the Committee noted that mean performance was relatively high, but also with a fairly large standard deviation. The Committee agreed that a gap in performance still remains.

The Committee turned to a discussion on the scientific acceptability properties of the measure, noting a fairly strong signal-to-noise score level reliability result and expressing no concerns. The Committee acknowledged a moderate correlation between NQF 2803 and external measures of quality in the validity discussion.

The Committee did not express concerns related to feasibility, observing that the measure data source is low burden and generated during the routine delivery of care. The Committee also noted the adoption of the measure in the Merit-Based Incentive Payment System along with the feedback loops deployed and did not express concerns associated with usability and use. The Committee noted a need to revisit this measure to achieve consensus on evidence and potentially vote on overall endorsement during the spring 2020 post-comment meeting.

## 3572 Follow-Up After Psychiatric Hospitalization (Mathematica)

### *Measure Steward/Developer Representatives at the Meeting*

Jason Smoot, Mathematica

### *Standing Committee Votes*

- Evidence: M-18; L-2; I-1
- Performance Gap: H-12; M-9; L-0; I-0
- Reliability: H-2; M-15; L-4; I-0
- Validity: H-0; M-10; L-8; I-2
- Feasibility: H-5; M-17; L-0; I-0
- Use: Pass-19; No Pass-3
- Usability: H-2; M-12; L-7; I-1

### *Standing Committee Recommendation for Endorsement: Consensus Not Reached*

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. The Committee will re-vote on the measure on the post-comment web meeting on September 21, 2020.

The evidence submission was presented to the Committee for consideration. The Committee noted that the developer responded to its call to incorporate substance use disorders (SUD) alongside other behavioral health conditions inside of a comparable measure of follow-up after psychiatric hospitalization. Nonetheless, one Committee member questioned why these were not presented as two different rates in the measure. It was pointed out that people with psychiatric conditions often have comorbid substance use disorders that warrant a combination of the rates; separating them may not be possible. The Committee also questioned the strength of the literature that demonstrates that there is clear improvement in outcomes associated with follow-up appointments. The Committee noted several articles that indicate the strength of follow-up interventions that were not included in the developer's evidence summary.

The Committee reviewed the performance gap summary and agreed that there was an adequate gap in performance to warrant a national measure.

In the discussion of reliability, the Committee noted good signal-to-noise analysis results. During the discussion on validity, it was noted that the developer's analysis used a known-group validity analysis. The Committee expressed a number of concerns. With exclusions, the Committee was concerned that readmissions and deaths within 30 days post discharge were not included since follow-up is to prevent readmission and death, especially for opiate use disorder. The developer noted that those who died within 30 days represented 0.15% of the study sample, and those who were readmitted represented 35% of the sample. There were also concerns that the measure population focus may not be the most appropriate, noting that the Medicaid population would be more at risk and also noting the exclusion of Medicare Advantage beneficiaries.

The measure was considered by the Committee to be feasible, noting its reliance on claims data. The Committee had limited discussion on use and usability given that the measure has yet to be implemented.

## Public Comment

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

## Next Steps

NQF will post the draft technical report on July 27, 2020 for public comment for 30 calendar days. The continuous public comment with member support will close on August 25, 2020. NQF will reconvene the Standing Committee for the post-comment web meeting on September 21, 2020.