



Behavioral Health and Substance Use Standing Committee – Spring 2021 Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Behavioral Health and Substance Use Standing Committee for a web meeting on June 17, 2021, to evaluate one measure.

Welcome, Introductions, and Review of Meeting Objectives

NQF Director Poonam Bal welcomed the Standing Committee and participants to the web meeting and reviewed the meeting objectives. The Committee members each introduced themselves and disclosed any conflicts of interest. One Committee member was recused because she was employed by the same organization that developed the measure under review for this cycle.

Some Standing Committee members were unable to attend the entire meeting. There was one early departure and one late arrival. The vote totals reflect members present and eligible to vote. Quorum was met and maintained for the entirety of the meeting.

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 46 measures in the Behavioral Health and Substance Use portfolio. Additionally, NQF reviewed the [Consensus Development Process](#) (CDP) and the [measure evaluation criteria](#).

Measure Evaluation

During the meeting, the Behavioral Health and Substance Use Standing Committee evaluated one maintenance measure for endorsement consideration. The summary of Committee deliberations below will also be provided in the draft technical report. NQF will post the draft technical report on August 11, 2021, for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

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

#3175 Continuation of Pharmacotherapy for Opioid Use Disorder (University of Southern California)

Measure Steward/Developer Representatives at the Meeting

Soeren Mattke

Standing Committee Votes

- **Evidence:** The Standing Committee agreed that the evidence the developer provided was updated and directionally the same yet stronger than the evidence that was provided for the previous Standing Committee endorsement review in 2017. The Committee chose to accept the prior assessment that this measure passes on the evidence criterion. No vote was held.
- **Performance Gap:** H-6; M-11; L-0; I-0

- **Reliability:** H-2; M-15; L-0; I-0
- **Validity:** M-14; L-3; I-0
- **Feasibility:** H-11; M-6; L-0; I-0
- **Use:** Pass-17; No Pass-0
- **Usability:** H-7; M-9; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-1

The Standing Committee recommended the measure for continued endorsement.

The Standing Committee briefly discussed new guidelines provided by the developer since the 2017 review and agreed that the guidelines strengthened the measure's evidence. They decided to accept the previous Standing Committee's review using a verbal yes/no vote. If one Standing Committee member votes "no", the measure must undergo a full vote on the strength of the evidence; however, the Standing Committee was unanimous in their decision to accept the measure's prior review of evidence. One Standing Committee member requested the rationale for setting the time frame of at least 180 days of continuous treatment. In response, the developer explained that although there was a lack of data pertaining to the ideal time, anywhere from 180 days to three years appeared to be an acceptable time frame based on the available data. The Standing Committee noted that the two-year rolling period of performance scores for the measure at both the state and health plan levels from 2010–2015 as well as the individual clinician and clinician group/practice levels from 2013–2016 demonstrated a gap in performance. The Standing Committee expressed concern about disparities and inquired whether the measure was specified to decrease disparities in care. The developer noted that the ultimate goal was to encourage improvement. Therefore, they did not want to stratify the data out of concern that stratification might reduce motivation for improvement from organizations or individuals who serve more minorities. The Standing Committee passed the measure on the performance gap criterion.

During the reliability discussion, the Standing Committee noted that while the reliability results were better at the state and health plan levels of analysis compared with the clinician and group levels, all reliability scores were greater than 0.7, which indicated sufficient signal strength to discriminate performance. While reviewing the face validity results provided by the developer, a Standing Committee member expressed concern that only two-thirds of the respondents for the clinician level of analysis found this measure to be valid. The developer explained that with such small numbers, that result is still considered acceptable. The Standing Committee members agreed and highlighted that empirical validity was also conducted at the clinician levels of analysis, and the results indicated the measure was valid at the individual clinician and group levels of analysis. Although empirical validity testing was not conducted at the state and health plan levels of analysis (as is required at maintenance review), the Standing Committee agreed that the face validity was strong and the developer's rationale was acceptable, which stated that if the measure is valid at the clinician level, it will also be valid at the state and health plan levels. The Standing Committee passed the measure on the scientific acceptability criteria. The Standing Committee did not have any concerns about feasibility, use, or usability; however, they questioned whether any guidance was available to providers who were trying to improve care. The developer noted that providing more guidance was something they were interested in but not currently able to implement within the confines of this measure. The Standing Committee ultimately passed the measure on overall suitability.

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 August 11, 2021, for public comment for 30 calendar days. The continuous public commenting period with member support will close on September 9, 2021. NQF will reconvene the Standing Committee for the post-comment web meeting on October 11, 2021.