



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

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The National Quality Forum (NQF) convened the Behavioral Health and Substance Use (BHSU) Standing Committee for a web meeting on June 19, 2020 to evaluate one fall 2019 measure that did not reach consensus, and to review public comments.

#### 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. One committee member who had been inactive during the fall 2019 measure evaluation meetings that occurred on January 29 and 31, 2020 was asked not to participate in the post-comment discussion and voting.

Some Committee members were unable to attend the entire meetings. There were early departures and late arrivals. The vote totals reflect members present and eligible to vote. Although, initially, it appeared that quorum would not be met, two additional Committee members joined the call a few minutes late, allowing it to be maintained for the entirety of the discussion and voting.

#### Overview of Post-Comment Evaluation Process

NQF staff provided an overview of the process for discussing and re-voting on the criterion that did not reach consensus. NQF clarified for the Committee that during the post-comment measure review, the criterion under consideration must exceed 60% Committee votes of 'pass'; otherwise, it fails.

#### Measure Evaluation

During the meeting, the BHSU Standing Committee voted on one consensus not reached criterion for one measure from the fall 2019 evaluation cycle. A summary of the Committee deliberations is included below.

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

#### **3538 All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries Who May Benefit from Integrated Physical and Behavioral Health Care**

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

Colleen McKiernan, Lewin Group

##### *Standing Committee Votes*

- Evidence: Pass-1; No Pass-14

##### *Standing Committee Recommendation for Endorsement: N/A*

The measure failed the Standing Committee's revote on evidence so the measure was not voted on for endorsement and will not receive initial endorsement.

During the Committee measure endorsement deliberations on NQF 3538 in January, the Committee was not able to achieve consensus on evidence. Discussions on evidence were therefore the focal point of this measure. The developer reviewed the evidence that they provided suggesting the connection between integrated services and improved behavioral health outcomes as well as comparable NQF measures that have emergency department utilization as the focus for a given health topic area. The Committee asked about the evidence that supports risk adjustment, as it was noted that a regression model was used to identify condition-based variables such as comorbidities (either physical or mental), but not social risk factors.

The Committee also questioned the access to emergency services for rural populations and expressed concerns that emergency room utilization might be appropriate and that results might be skewed based on location. The developer noted that the availability of providers is not factored into the risk model. The Committee expressed concerns that this measure may reduce access to care for individuals with serious mental illness (SMI) and that a measure that assesses mortality rates would be more appropriate. The Committee expressed concerns that the measure's evidence did not suggest that there would be better outcomes for patients if implemented but risks significantly impairing access to care for persons with SMI.

## **Review and Discussion of Public Comment and General Discussion**

The [draft report](#) for this measure cycle was posted on the project webpage for public and NQF member comment on July 26, 2019 for 30 days. The commenting period closed on August 23, 2019. Michael Abrams, NQF senior director, presented to the Committee a summary of the most salient comments received during the post-evaluation public and member comment period. NQF received 14 comments from three member organizations.

### **Measure-Specific Comments**

Comments related to measure 3538 have already been described above.

Comments related to other measures in this report are summarized as follows:

#### **3539e Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting**

Commenters suggested that even with the listed exclusions, there are a number of reasons to prescribe these medications, even in the elderly, with an understanding of the implicit risks. Conditions such as delusional parasitosis are not accounted for, though their use is indicated. They are also used for treating delirium, as there are no safe alternatives and not treating patients presents a greater risk. A more useful indicator might be the use of neuroleptics in the elderly without a documented rationale. It was further suggested that exclusions do not include certain accepted uses of atypical antipsychotics (e.g., major depression with psychotic features) and the measure would promote the use of less effective and equally (or more) problematic drugs to treat severe aggression and agitation among delusional/hallucinating patients with delirium or dementia.

### **Committee Response**

The Committee wishes to thank the commenters for your thoughtful review of these measures. The Committee discussed these issues in detail during our original deliberations for measure NQF 3539e. While some Committee members proffered similar arguments, the resurfacing of these points was not sufficient to warrant reconsideration of the measure at this time. The Committee stands with its original recommendation.

### **3175 Continuity of Pharmacotherapy for Opioid Use Disorder**

Commenters suggested that they believe this is an extremely important issue. There are good treatments for OUD when patients are on them, but our ability to keep patients in treatment is poor, and this is a key opportunity for improvement in care. However, we do not yet have significant evidence supporting interventions to ensure patients are receiving continuous treatment, so we would like to express some concern about providers' ability to have an impact on this measure.

#### **Committee Response**

The Committee wishes to thank the commenters for your thoughtful review of the measure. The Committee discussed this issue during the original evaluation of measure NQF 3175. The resurfacing of these points was not sufficient to warrant reconsideration of the measure at this time. The Committee stands with its original recommendation.

#### **Next Steps**

Since the fall 2019 measure that was consensus not reached on evidence failed the Committee revote, it will not progress to a CSAC review in November 2020. The remaining Fall 2019 measures that received public comments and were discussed during the post-comment call will be voted on for endorsement during the CSAC meeting planned for July 28 and 29, 2020.