NATIONAL QUALITY FORUM
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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 Standing Committee for a web meeting on June 30, 2022, to evaluate Behavioral Health and Substance Use measures for the spring 2022 cycle.

Welcome, Review of Meeting Objectives, Introductions, and Overview of Evaluation and Voting Process

Tamara Funk, NQF director, welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. The Standing Committee members each introduced themselves and disclosed any conflicts of interest. There were no recusals on the Standing Committee pertaining to any of the measures under review. Additionally, Hannah Ingber, NQF manager, reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Some Standing Committee members were unable to attend the entire meeting due to early departures and late arrivals. The vote totals reflect members present and eligible to vote. Quorum of 16 was met and maintained during the review of evidence and performance gap for NQF #3312. Quorum was lost during the discussion of reliability of #3312. Therefore, the Standing Committee discussed all remaining criteria for measures NQF #3312, NQF #3313, NQF #0710e, NQF #0711, NQF #1884, NQF #1885, and NQF #0712 and voted after the meeting using an online voting tool. Voting results are provided below.

Measure Evaluation

During the meeting, the Behavioral Health and Substance Use Standing Committee evaluated seven maintenance measures for endorsement consideration. A more detailed summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report.

A measure is recommended for endorsement by the Standing Committee when greater than 60 percent of eligible voting members select a passing vote option (Pass, High and Moderate, Yes) on all must-pass criteria and overall suitability for endorsement. A measure is not recommended for endorsement when less than 40 percent of voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. If a measure does not pass a must-pass criterion, voting during the measure evaluation meeting will cease. The Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider the measure(s) based on submitted comments or a formal reconsideration request from the developer. The Standing Committee has not reached consensus on the measure if between 40 and 60 percent of eligible voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. The Standing Committee will revote on criteria that did not reach consensus and potentially on overall suitability for endorsement during the post-comment web meeting. The Standing Committee was not able to discuss related and competing during the meeting and that discussion will also take place during the post-comment meeting.

Voting Legend:

- *Evidence (Outcome Measures) and Use:* Pass/No Pass
- *Accepting Scientific Methods Panel (SMP) Rating and Overall Suitability for Endorsement*: Yes/No
- *All Other Criterion:* H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable
- *Maintenance Criteria Where Standing Committee Decided Additional Discussion/Vote Was Not Needed (Evidence, Reliability, Validity only):* Accepted Previous Evaluation

NQF #3312 Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs (Centers for Medicare & Medicaid Services [CMS]/Lewin Group)

Description: Percentage of discharges from a medically managed withdrawal episode for adult Medicaid beneficiaries, ages 18–64, that were followed by a treatment service for substance use disorder (including the prescription or receipt of a medication to treat a substance use disorder [pharmacotherapy]) within 7 or 14 days after discharge. **Measure Type**: Process; **Level of Analysis**: Regional and State; Population: Population; **Setting of Care**: Inpatient/Hospital, Outpatient Services; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Colleen McKiernan

Standing Committee Votes

- **Evidence**: Total Votes- 16; H-0; M-14; L-2; I-0 (14/16 – 87.5%, Pass)
- **Performance Gap**: Total Votes-16; H-6; M-10; L-0; I-0 (16/16 – 100%, Pass)
- **Reliability**: Total Votes-17; H-3; M-9; L-3; I-2 (12/17 – 71%, Pass)
- **Validity**: Total Votes-17; H-1; M-10; L-5; I-1 (11/17 – 65%, Pass)
- **Feasibility**: Total Votes-17; H-6; M-10; L-1; I-0 (16/17 – 94%, Pass)
- **Use**: Total Votes-17; Pass-15; No Pass-2 (15/17 – 88%, Pass)
- **Usability**: Total Votes-17; H-6; M-6; L-4; I-1 (12/17 – 71%, Pass)
- **Standing Committee Recommendation for Endorsement**: Total Votes-17; Yes-11; No-6 (11/17 – 65%, Pass)

The Standing Committee recommended the measure for continued endorsement.

This population-level measure was originally endorsed in 2018. This measure was previously used in the Medicaid Innovation Accelerator Program (IAP), which ended in 2020. It is planned for voluntary use by states but is not currently used in an accountability program.

The Standing Committee noted that the developer added additional evidence supporting the measure and that data showed a clear gap in performance and passed the measure on both criteria.

With respect to the measure's specifications, the Standing Committee expressed concerns about whether the measure took telephonic or telemedicine follow-up into account given the increase of these services during the coronavirus (COVID-19) pandemic. The developer clarified that the data provided were pre-pandemic and that they plan to track Medicaid telemedicine claims as a feature of the measure in the future, but that telemedicine codes are not currently included in the measure. The Standing Committee asked NQF whether there was a precedent that new information or updated data

could trigger an early review of a measure. NQF staff clarified the situations in which an endorsed measure might be reviewed earlier than scheduled but emphasized that the Standing Committee must review the measure now as currently submitted.

Quorum was lost during the discussion of reliability; therefore, a live vote was not taken. Discussion continued for the remaining criteria for this measure and all remaining votes for this and all subsequent measures under review were submitted following the meeting using an online voting platform. The Standing Committee passed the measure on reliability.

During the discussion of validity, the Standing Committee asked about patients who might be receiving a monthly medication, and how that would affect 14-day rates versus seven-day rates. The developer responded that seven-day follow-up is considered standard of care, but they allowed for some flexibility by including 14-day follow-up as well, and that encounters that occur on the day of discharge also count toward the measure, so receiving a treatment at discharge that's renewed every 30 days would still be counted in the numerator. The Standing Committee did not have any further questions and passed the measure on validity.

The Standing Committee had no concerns with feasibility and passed the measure on this criterion. The Standing Committee asked how many states currently use this measure and the developer indicated that these data are not available via Medicaid since states are allowed to choose what they want to measure under Medicaid. The data used for testing came from nine states using the measure. The Standing Committee passed the measure on use. The Standing Committee also had no concerns with and passed the measure on usability.

NQF #3313 Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication (CMS/Lewin Group)

Description: Percentage of new antipsychotic prescriptions for Medicaid beneficiaries ages 18 years and older who have completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication. **Measure Type**: Process; **Level of Analysis**: Regional and State; Population: Population; **Setting of Care**: Outpatient Services; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Colleen McKiernan

Standing Committee Votes

- **Evidence**: Total Votes-17; H-3; M-13; L-0; I-1 (16/17 – 94%, Pass)
- **Performance Gap**: Total Votes-17; H-3; M-13; L-1; I-0 (16/17 – 94%, Pass)
- **Reliability**: Total Votes-17; H-2; M-10; L-4; I-1 (12/17 – 71%, Pass)
- **Validity**: Total Votes-17; H-0; M-10; L-5; I-2 (10/17 – 59%, Consensus Not Reached)
- **Feasibility**: Total Votes-17; H-4; M-12; L-1; I-0 (16/17 – 94%, Pass)
- **Use**: Total Votes-17; Pass-15; No Pass-2 (15/17 – 88%, Pass)
- **Usability**: Total Votes-17; H-2; M-11; L-3; I-1 (13/17 – 76%, Pass)
- **Standing Committee Recommendation for Endorsement**: Vote not taken

The Standing Committee did not vote on the recommendation for endorsement because the Standing Committee did not reach consensus on performance validity—a must-pass criterion. The Standing Committee will revote on validity during the post-comment web meeting.

This population-level measure was originally endorsed in 2018. This measure was previously used in the Medicaid IAP, which ended in 2020. It is planned for voluntary use by states but is not currently used in an accountability program.

The Standing Committee had no concerns with the evidence provided and agreed that a notable performance gap remains and passed the measure on evidence and performance gap.

Regarding specifications, a Standing Committee member asked about the look-back time frame that determines whether this measure captures a new or a re-initiated prescription. The developer clarified that after 120 days, or four months, the patient would be considered a new user again. The Standing Committee raised a concern that the measure looks at whether a follow-up visit occurred at all, rather than a follow-up visit specific to the antipsychotic prescription the patient received. For instance, if an individual who receives an antipsychotic prescription from a psychiatric visit and 20 days later sees a primary care doctor, would the primary care visit count toward the measure since a primary care provider has prescribing authority? The developer confirmed that it would and acknowledged that a limitation of claims data is that it does not distinguish whether the follow-up visit covered antipsychotic use. The Standing Committee asked how telehealth was handled in this measure, and the developer noted that as with NQF #3312, telehealth codes are not accounted for in in the value sets. The Standing Committee recommended that these be considered in the future and ultimately decided to pass the measure on reliability.

The Standing Committee found the validity testing to be sufficient but discussed whether a follow-up visit within 28 days can actually address potential physical health issues, such as metabolic syndrome, or whether a longer period of time is more likely to effectively show these effects. There was an additional concern that community-based workers who don't bill under a provider's National Provider Identifier (NPI) number would not be captured by the measure. The developer responded that they would discuss these considerations with their technical expert advisory panel. Ultimately, the Standing Committee did not reach consensus on validity.

The measure is readily captured by Medicaid claims data and the Standing Committee had no concerns with and passed the measure on feasibility. The Standing Committee asked how states use the measure since this information was not available in the submission, and the developer clarified that this measure is flagged for use in the CMS section 1115 Medicaid waiver. The Standing Committee did not have any further questions and passed the measure on use. For usability, the Standing Committee thought some of the earlier discussions about the measure not being able to capture certain types of follow-up visits, such as community health workers or registered nurses, meant the measure is not counting certain types of progress, which somewhat impacts its usability, but ultimately decided to pass the measure on usability.

Since the Standing Committee did not reach consensus on the measure on validity, a must-pass criterion, the Standing Committee did not vote on overall suitability for endorsement.

NQF #0710e Depression Remission at Twelve Months (MN Community Measurement)

Description: The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reach remission twelve months (+/- 60 days)

after an index visit. **Measure Type**: Outcome: PRO-PM; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

- Collette Cole
- Julie Sonier

Standing Committee Votes

- **Evidence**: Total Votes-17; Pass-17; No Pass-0 (17/17 – 100%, Pass)
- **Performance Gap**: Total Votes-17; H-6; M-9; L-1; I-0 (15/17 – 88%, Pass)
- **Reliability**: Total Votes-17; H-0; M-15; L-1; I-1 (15/17 – 88%, Pass)
- **Validity**: Total Votes-17; H-1; M-9; L-5; I-2 (10/17 – 59%, Consensus Not Reached)
- **Feasibility**: Total Votes-17; H-2; M-11; L-3; I-1 (13/17 – 76%, Pass)
- **Use**: Total Votes-17; Pass-15; No Pass-2 (15/17 – 88%, Pass)
- **Usability**: Total Votes-17; H-0; M-14; L-3; I-0 (14/17 – 82%, Pass)
- **Standing Committee Recommendation for Endorsement**: Vote Not Taken

The Standing Committee did not vote on the recommendation for endorsement because the Standing Committee did not reach consensus on performance validity—a must-pass criterion. The Standing Committee will revote on validity during the post-comment web meeting.

This clinician group-level measure was originally endorsed in 2011 and maintained endorsement in 2016. This measure is currently in use in the CMS Quality Payment Programs Merit-based Incentive Payment System and in the electronic Clinical Quality Measure (eCQM) program. This measure is also publicly reported on MN Community Measurement's consumer-facing website MN HealthScores.

During the discussion on evidence, the Standing Committee asked for clarification regarding the developer's choice to use the Patient Health Questionnaire-9 (PHQ-9) instead of other tools such as the Ask Suicide-Screening Questions (ASQ) screening tool. The developer clarified that they did examine 21 other tools with comparable cut points for when the patient was in remission to the PHQ-9 and noted the suicidality is not in scope for this measure. The Standing Committee passed the measure on evidence. The Standing Committee agreed that there is a substantial gap to warrant this measure.

The Standing Committee had no concerns with the specifications or with reliability testing and passed the measure on reliability. For validity, a Standing Committee member asked for more information around the data point of 22 percent of individuals showing remission. The developer clarified that the data only included patients with whom a follow-up visit was conducted, noting that some remission cases may be lost due to lack of follow-up. One Standing Committee member noted that it is difficult to interpret the validity data given the high rate of missing data in the denominator that is artificially lowering performance. Other Standing Committee members agreed, noting that the goal of the measure is to improve care, and systems can be developed to aid in better follow-up. The developer noted that one goal of these measures was to address this known gap in care related to patients with depression who are lost to follow-up, estimated to be as high as 80 percent. Having a measure that removes them almost creates the status quo. Due to the concerns with missing data, the Standing Committee did not reach consensus on validity.

A Standing Committee member asked for clarification regarding whether clinics get reimbursed for sending the measure data and what organization is paying for establishing and managing the data repository. The developer clarified that the PHQ-9 data are extracted from the Epic electronic health records (EHR) and there is no cost for participation. In addition, several health plans include these measures in their pay-for-performance contracts, but MN Community Measurement does not reward providers for participation. The Standing Committee asked for clarification around maintenance and staffing of the MN Community Measurement registry and the developer clarified that MN Community Measurement was funded by health plan and medical group member dues, state government contracts, grant funding, and other various sources of funding. When asked whether this measure would be reported on a national level, the developer clarified that they are not aware of other states collecting this measure state-wide, but it is in CMS pay-for-performance programming. The developer suggested that other states may be collecting this measure as part of value-based payment contracts. A Standing Committee member raised the concern that this measure may be difficult to collect at the national level given that not everyone has the infrastructure in place. The Standing Committee had no further concerns and passed the measure on use.

No trend data were provided for usability due to recent changes in the measure, so the Standing Committee asked NQF to clarify whether that is a requirement, NQF replied that there are times when trend data may not be available for a measure and the Standing Committee would need to deliberate on whether the rationale provided by the developer is acceptable. The Standing Committee ultimately passed the measure on usability.

Since the Standing Committee did not reach consensus on the measure on validity, a must-pass criterion, the Standing Committee did not vote on overall suitability for endorsement.

NQF #0711 Depression Remission at Six Months (MN Community Measurement)

Description: The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reach remission six months (+/- 60 days) after an index visit. **Measure Type**: Outcome: PRO-PM; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

- Collette Cole
- Julie Sonier

Standing Committee Votes

- **Evidence**: Total Votes-17; Pass-17; No Pass-0 (17/17 – 100%, Pass)
- **Performance Gap**: Total Votes-17; H-3; M-14; L-0; I-0 (17/17 – 100%, Pass)
- **Reliability**: Total Votes-17; H-0; M-15; L-1; I-1 (15/17 – 88%, Pass)
- **Validity**: Total Votes-17; H-0; M-10; L-4; I-3 (10/17 – 59%, Consensus Not Reached)
- **Feasibility**: Total Votes-17; H-1; M-12; L-3; I-1 (13/17 – 76%, Pass)
- **Use**: Total Votes-17; Pass-16; No Pass-1 (16/17 – 94%, Pass)
- **Usability**: Total Votes-17; H-0; M-15; L-2; I-0 (15/17 – 88%, Pass)
- **Standing Committee Recommendation for Endorsement:** Vote Not Taken

The Standing Committee did not vote on the recommendation for endorsement because the Standing Committee did not reach consensus on validity—a must-pass criterion. The Standing Committee will revote on validity during the post-comment web meeting.

This clinician group-level measure was originally endorsed in 2011 and maintained endorsement in 2016. This measure is currently in use in the Minnesota Department of Health's Statewide Quality Reporting and Measurement System (SQRMS). This measure is also publicly reported on MN Community Measurement's consumer-facing website MN HealthScores.

The Standing Committee noted that the evidence for this measure was largely the same as that for NQF #0710e. A Standing Committee member noted that due to remission being examined at six months versus 12, clinicians are able to have more control over the outcomes. The Standing Committee had no concerns and passed the measure on evidence for both the facility- and clinician group-levels.

During the discussion on gap, a Standing Committee member noted that similar to NQF #0710e, performance may be underestimated due to missing data that is still counted in the denominator. Still, the Standing Committee noted a gap existed in the data and passed the measure on performance gap.

The Standing Committee had no concerns with and passed the measure on reliability. For validity, the Standing Committee noted similar concerns with the previous measure (NQF #0710e), namely how missing data were counted within the measure, as those patients who are lost to follow-up remained in the denominator. Therefore, the Standing Committee did not reach consensus on validity.

The Standing Committee had similar feasibility concerns as were discussed during the review of NQF #0710e, specifically that the measure is largely dependent on having a registry; however, the Standing Committee noted that the measure is currently captured in EHR and has no associated fees passed the measure on feasibility. The Standing Committee had no concerns with the measure's use and agreed that the benefits for patients being treated for depression outweighed any possible unintended consequences. Therefore, the Standing Committee passed the measure on use and usability.

Since the Standing Committee did not reach consensus on the measure on validity, a must-pass criterion, the Standing Committee did not vote on overall suitability for endorsement.

NQF #1884 Depression Response at Six Months - Progress Towards Remission (MN Community Measurement)

Description: The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reach remission twelve months (+/- 60 days) after an index visit; **Measure Type**: Outcome: PRO-PM; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

- Collette Cole
- Julie Sonier

Standing Committee Votes

- **Evidence**: Total Votes-17; Pass-14; No Pass-3 (14/17 – 82%, Pass)
- **Performance Gap**: Total Votes-17; H-2; M-12; L-2; I-1 (14/17 – 82%, Pass)
- **Reliability**: Total Votes-17; H-1; M-11; L-4; I-1 (12/17 – 71%, Pass)
- **Validity**: Total Votes-17; H-0; M-8; L-5; I-4 (8/17 – 47%, Consensus Not Reached)

- **Feasibility**: Total Votes-17; H-0; M-14; L-2; I-1 (14/17 – 82%, Pass)
- **Use**: Total Votes-17; Pass-13; No Pass-4 (13/17 – 76%, Pass)
- **Usability**: Total Votes-17; H-0; M-12; L-5; I-0 (12/17 – 71%, Pass)
- **Standing Committee Recommendation for Endorsement:** Vote Not Taken

The Standing Committee did not vote on the recommendation for endorsement because the Standing Committee did not reach consensus on performance validity—a must-pass criterion. The Standing Committee will revote on validity during the post-comment web meeting.

This clinician group-level measure was originally endorsed in 2014. This measure is currently in use in the Core Quality Measure Collaborative 2020 core measure set for the Behavioral Health specialty. This measure is also publicly reported on MN Community Measurement's consumer-facing website MN HealthScores.

The Standing Committee raised a concern that two points in time are needed to calculate the measure and asked the developer whether there were data showing the effect of follow-up frequency at six-months versus 12-months. The developer clarified that individuals with four to 12 PHQ-9 assessments during the assessment period were three times more likely to achieve response or remission at 12 months compared to patients with only one to three PHQ-9 assessments. One Standing Committee member inquired about the evidence around targeting a score decrease of five points versus a 50 percent reduction in score. The developer emphasized strong evidence related to the cut points of the PHQ-9 tool, showing zero to four as remission with mild to no depression symptoms, and a five-point drop in score is considered clinically significant. The Standing Committee member followed up by asking why the developer chose a 50 percent reduction instead of a five-point reduction. The developer stated that for higher initial PHQ-9 scores, while five points may be clinically significant, 50 percent reduction indicates more meaningful progress toward remission. The Standing Committee did not raise any additional concerns and passed the measure on evidence.

The Standing Committee agreed that measure performance data showed a sufficient gap and passed the measure on performance gap.

The Standing Committee noted that the measure's reliability was similar to the previous measure Therefore, the Standing Committee had no concerns and passed the measure on reliability. With respect to validity, the Standing Committee raised similar concerns as with the previous measure and did not reach consensus on validity.

The Standing Committee noted that this measure is captured in EHRs. The Standing Committee also raised a similar concern that the measure might only be feasible with a registry, and also that it might be challenging for providers to report on a six-month timeframe. Other Standing Committee members noted that the six-month timeframe was an advantage toward detecting treatment resistance earlier. The Standing Committee passed the measure on feasibility.

The Standing Committee noted that on a national scale, states may choose to use one measure in this suite of measures rather than all of them, which may pose some challenges. However, the measure is currently in use in Minnesota and the Standing Committee passed the measure on use. A Standing Committee member raised a concern that psychosocially complex patients may take longer to show improvement with treatment than six months and as a result are not captured in this measure, but ultimately the Standing Committee passed the measure on usability.

Since the Standing Committee did not reach consensus on the measure on validity, a must-pass criterion, the Standing Committee did not vote on overall suitability for endorsement.

NQF #1885 Depression Response at Twelve Months — Progress Towards Remission (MN Community Measurement)

Description: The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who demonstrated a response to treatment twelve months (+/- 60 days) after an index visit; **Measure Type**: Outcome: PRO-PM; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

- Collette Cole
- Julie Sonier

Standing Committee Votes

- **Evidence**: Total Votes-17; Pass-14; No Pass-3 (14/17 – 82%, Pass)
- **Performance Gap**: Total Votes-17; H-3; M-11; L-2; I-1 (14/17 – 82%, Pass)
- **Reliability**: Total Votes-17; H-0; M-12; L-4; I-1 (12/17 – 71%, Pass)
- **Validity**: Total Votes-17; H-0; M-10; L-4; I-3 (10/17 – 59%, Consensus Not Reached)
- **Feasibility**: Total Votes-17; H-1; M-13; L-2; I-1 (14/17 – 82%, Pass)
- **Use**: Total Votes-17; Pass-13; No Pass-4 (13/17 – 76%, Pass)
- **Usability**: Total Votes-17; H-1; M-10; L-5; I-1 (11/17 – 65%, Pass)
- **Standing Committee Recommendation for Endorsement:** Vote Not Taken

The Standing Committee did not vote on the recommendation for endorsement because the Standing Committee did not reach consensus on performance validity—a must-pass criterion. The Standing Committee will revote on validity during the post-comment web meeting.

This clinician group level measure was originally endorsed in 2014. This measure is currently in use as a quality metric in CMS' Center for Medicare and Medicaid Innovation (CMMI) Model Kidney Care First. This measure is also publicly reported on MN Community Measurement's consumer-facing website MN HealthScores.

The Standing Committee agreed that strong empirical evidence was provided and passed the measure on evidence. They raised no concerns during the discussion on gap, noting that it was similar to the previous measure (NQF #1884), and passed the measure on performance gap.

The Standing Committee also found the reliability to be similar to the previous measure (NQF #1884) and had no concerns and passed the measure on reliability. Regarding validity, they stated that exclusions were clinically appropriate, and risk adjustment had been handled appropriately, but Standing Committee members had some concerns with the data element testing results. Another Standing Committee member raised concerns that this measure does not account for the progress-relapse-progress nature of life, noting that the timeframe may capture relapse instead of progress. The Standing Committee again did not reach consensus on validity.

The Standing Committee noted that some of the same discussion on feasibility from NQF #1884 applied to this measure, namely that it would be easier to report for entities who maintained a data registry but had no other concerns and passed the measure on feasibility. The measure is currently in use and the Standing Committee noted that the benefits of this measure greatly outweigh the potential harms and passed it on use and usability.

Since the Standing Committee did not reach consensus on the measure on validity, a must-pass criterion, the Standing Committee did not vote on overall suitability for endorsement.

NQF #0712 Depression Assessment with PHQ-9/ PHQ-9M (MN Community Measurement)

Description: The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with a diagnosis of major depression or dysthymia who have a completed PHQ-9 or PHQ-9M tool during the measurement period. **Measure Type**: Process; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

- Collette Cole
- Julie Sonier

Standing Committee Votes

- **Evidence**: Total Votes-17; H-1; M-8; L-3; I-5 (9/17 – 53%, Consensus Not Reached)
- **Performance Gap**: Total Votes-17; H-2; M-13; L-2; I-0 (15/17 – 88%, Pass)
- **Reliability**: Total Votes-17; H-1; M-13; L-3; I-0 (14/17 – 82%, Pass)
- **Validity**: Total Votes-17; H-0; M-14; L-3; I-0 (14/17 – 82%, Pass)
- **Feasibility**: Total Votes-17; H-2; M-13; L-1; I-1 (15/17 – 88%, Pass)
- **Use**: Total Votes-17; Pass-16; No Pass-1 (16/17 – 94%, Pass)
- **Usability**: Total Votes-17; H-4; M-10; L-3; I-0 (14/17– 82%, Pass)
- **Standing Committee Recommendation for Endorsement:** Vote Not Taken

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

This clinician group-level measure was originally endorsed in 2011 and retained endorsement in 2016. This measure is also publicly reported on MN Community Measurement's consumer-facing website MN HealthScores.

The Standing Committee noted the evidence for the measure would be stronger if it were linked to improved outcomes, which would also allow for more meaningful quality improvement. They recognized the challenges of providing such evidence and discussed that not administering a PHQ-9 would result in missed diagnoses but ultimately were not able to reach consensus on evidence. The Standing Committee noted the developer provided sufficient data showing a gap and disparities exist and passed the measure on performance gap.

The Standing Committee asked for clarification regarding the statistic that patients who were frequently assessed with the PHQ-9 were about three times more likely to reach remission and response. The

developer clarified that patients were divided into those who had received only one to three PHQ-9 assessments versus those who received four to 12 PHQ-9 assessments. For patients that received one to three PHQ-9 assessments, remissions rates were 6.3 compared to 15.8 for those assessed more frequently, i.e., four to 12 times.

A Standing Committee member asked whether the completion data element was reported as a "yes" or "no" for completion of the tool, or if it is a full metric of the scoring. The developer clarified that the expectation has always been completion of the tool, and that an incomplete tool does not count. The developer also clarified that other related tools, such as the PHQ-8, PHQ-2 or PHQ-3 cannot be reported for this measure. The Standing Committee had no concerns and passed the measure on reliability.

The Standing Committee raised a concern that convergent validity testing at the accountable entity-level showed a relatively weak correlation, but ultimately decided to pass the measure on validity.

The Standing Committee noted that the data are collected during the regular course of care and are well-integrated into most EHRs, and the PHQ-9 screening tool is free and publicly available. The Standing Committee passed the measure on feasibility.

The Standing Committee noted that the measure is in use and publicly reported in all primary care clinics in Minnesota and in many bordering communities and passed the measure on use. A Standing Committee member noted that the PHQ-9 may not be a standard part of care in many settings since some accountability organizations allow for use of a variety of validate screening tools; however, another member noted that the measure has shown gradual improvement over time. The Standing Committee had no concerns about unintended consequences and passed the measure on usability.

Since the Standing Committee did not reach consensus on the measure on evidence, a must-pass criterion, the Standing Committee did not vote on overall suitability for endorsement.

Public Comment

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

Next Steps

Sean Sullivan, NQF associate, detailed next steps for the Standing Committee. NQF will post the draft technical report containing the Standing Committee's discussion and recommendations on August 15, 2022, for public comment for 30 calendar days. The continuous public commenting period with member support will close on September 13, 2022. NQF will reconvene the Standing Committee for the post-comment web meeting in October 2022.