NATIONAL QUALITY FORUM

Meeting Summary

Behavioral Health and Substance Use Standing Committee Web Meeting

The National Quality Forum (NQF) convened the Behavioral Health and Substance Use Standing Committee for a web meeting on September 20, 2018 to review and discuss the comments received on the draft report during the 30-day post-evaluation commenting period.

Welcome, Introductions, and Review of Web Meeting Objectives

NQF senior project manager, Shaconna Gorham, welcomed the Standing Committee and participants and turned the meeting over to the Committee co-chairs Harold Pincus, MD, and Peter Briss, MD, to provide an overview of the post-evaluation comments.

Review and Discuss Comments

Standing Committee co-chairs Dr. Pincus and Dr. Briss provided a summary of the post-evaluation comments received on the draft report. Five major themes were identified across the 57 comments including general comments, feasibility/data collection, expansion of measured population, unintended consequences, and measure-specific comments.

General Comments

Dr. Briss summarized the general comments, including a proposed pairing of adherence and outcome measures, concerns about measures being used inappropriately in settings for which they were not tested, and additional emphasis on patient experience and outcome measures. One Committee member commented that the Committee had previously discussed prioritizing measures in the behavioral health area and suggested that the Committee should revisit the prioritization work. Kyle Cobb, senior director, updated the Committee on the status of the prioritization work. The initial work is focused on existing measures in the portfolio, but in future iterations, it will focus on gap areas.

Feasibility/Data Collection

Dr. Pincus summarized comments related to feasibility/data collection for three measures: 0104e *Adult Major Depressive Disorder (MDD): Suicide Risk Assessment*; 3389 *Concurrent Use of Opioids and Benzodiazepines (COB)*; and 3400 *Use of Pharmacotherapy for Opioid Use Disorder (OUD)*. The comments were specific to information capture and the burden of gathering information from medical records. The Committee acknowledged developer responses and had no further discussion in this topic area.

Expansion of Measured Population

Dr. Briss summarized comments on two measures: 0104e *Adult Major Depressive Disorder (MDD): Suicide Risk Assessment* and 0105 *Antidepressant Medication Management (AMM)*. For both measures, comments proposed the expansion of the measured population beyond MDD. The Committee accepted the developer's response that there is utility in expanding the population, but it would require additional testing and technical expertise.

Unintended Consequences

Dr. Pincus provided an overview of comments received related to unintended consequences for four measures: 1879 *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*; 1880 *Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder*; 3389 *Concurrent Use of Opioids and Benzodiazepines (COB)*; and 3400 *Use of Pharmacotherapy for Opioid Use Disorder (OUD)*. In his summary of the comments, Dr. Pincus suggested that focusing solely on medication therapy, rather than on care more broadly, may lead to unintended consequences. One Committee member commented on the lack of implementation results in the evaluation process, in particular those that indicated unintended consequences. NQF staff and the Committee agreed and emphasized the importance of gathering implementation information from developers upon the submission of materials for maintenance of endorsement. Another Committee member suggested collaboration with Electronic Health Record (EHR) vendors in capturing these types of data. Elisa Munthali, NQF's senior vice president of quality measurement, suggested that the new NQF initiative on feedback loops may be an additional way to effectively collect implementation information.

Measure Specific Comments

Drs. Pincus and Briss summarized measure-specific comments starting with two measures: 1879 *Adherence to Antipsychotic Medications for Individuals with Schizophrenia* and 1880 *Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder*. The Committee agreed with the developer's response that long-acting injectable antipsychotics, FDA-approved for the respective conditions, are included in the measure specifications.

For 1933 *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)* and 1934 *Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*, the Committee discussed the behavioral health focus on these monitoring and screening measures and whether measures should be general or specifically focused on populations based on known risks or outcomes. Dr. Pincus provided his perspective that having specific measures for individuals with serious mental illness helps target disparities and does not add burden as it is essentially calculating a specific subset of a denominator or patient population. Dr. Briss provided a different perspective emphasizing more general measures that apply to broader patient populations can serve the same purpose and eliminate physician burden. Drs. Briss and Pincus agreed that the use of consistent definitions in measure specifications of related measures is essential in reducing measurement burden. Another Committee member commented on the abundance of screening measures for different populations and suggested attention be paid to connecting screening measures with outcome measures.

On the topic of measuring specific versus broader populations, one Committee member asked the Committee to consider if measure 3389 *Concurrent Use of Opioids and Benzodiazepines (COB)* should focus on a specific patient population, such as serious mental illness, as there may be additional exclusions, or considerations. The Committee had no further comments, but they were interested in discussing how the measure was related to a similar new eCQM that was evaluated by the Patient Safety Committee during the Spring 2018 cycle.

Related and Competing Discussion

Ms. Cobb provided the Committee with a summary of NQF's criteria and guidance on related and competing measures. Ms. Cobb then presented individual side-by-side comparisons of all the measures that were recommended by the Committee to all related measures identified by developers in their measure submissions as well as measures identified by NQF staff. Developers for each of the measures attended the web meeting and were available to respond to questions from NQF and the Committee about how measures were harmonized. When additional input was needed, measure developers provided rationale for decisions made in the measure specifications. The Committee discussed the related measures and provided feedback to the measure developers attending the meeting and recommendations for harmonization on the following measures:

- 0104e *Adult Major Depressive Disorder (MDD): Suicide Risk Assessment* is related to 1365e *Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment* as both measures have the same focus, but different target populations. The Committee questioned why the numerators of the measures were different. The developer responded that the frequency of assessment in the numerator is based on differences in the guidelines for these populations. The Committee agreed with the rationale for different specifications based on population, but suggested that the developer look further into the evidence base for the assessment frequency differences and consider potential future harmonization between the two measures.

- Measure 3389 *Concurrent Use of Opioids and Benzodiazepines (COB)* is related to 3316e *Safe Use of Opioids – Concurrent Prescribing*; 2940 *Use of Opioids at High Dosage in Persons Without Cancer*; 2950 *Use of Opioids from Multiple Providers in Persons Without Cancer*; and 2951 *Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer*. The developer for 3389 confirmed differences between 3389 and 3316e in populations of interest, settings, level of analysis, and data source. In addition, the developer of 3389 confirmed that measures 2940, 2950, and 2951 address different areas of focus, as they did not include concurrent use.

Overall, the Committee agreed that the developers of each of the nine recommended measures had harmonized their measures to the extent possible at this time and no further action is needed.

Public Comment

NQF staff opened the web meeting to allow for public comment. There were no public comments received.

Next Steps

Desmirra Quinnonez, NQF project analyst, reviewed the remaining spring 2018 cycle timeline and highlighted the upcoming Consensus Standards Approval Committee (CSAC) meeting, scheduled for October 23, 2018, where the CSAC will review the Committee's measure endorsement recommendations and render a final endorsement decision. Following the CSAC decision, a 30-day appeals period will open on October 26, 2018 and close on November 26, 2018.