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Meeting Summary

Behavioral Health and Substance Use Spring 2022 Measure Review Cycle Post-Comment Standing Committee Meeting

The National Quality Forum (NQF) held the Behavioral Health and Substance Use (BHSU) spring 2022 post-comment web meeting on Friday, December 2, 2022, from 2:00 – 5:00 PM ET.

Welcome, Review of Meeting Objectives, and Attendance

Erin Buchanan, NQF senior manager, welcomed the Standing Committee and provided an overview of the meeting's objectives:

- Consideration of the "consensus not reached" (CNR) measures
- Review of the related and competing measures for the endorsed measures

During the spring 2022 review cycle, the BHSU Standing Committee reviewed six measures during the measure evaluation meeting on June 30, 2022. During that meeting, the Standing Committee recommended one measure for endorsement:

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

However, the Standing Committee did not reach consensus on six measures for various must-pass criteria:

- NQF #3313 Follow-Up Care for Adult Medicaid Beneficiaries Who Are Newly Prescribed an Antipsychotic Medication (CMS/Lewin Group) – CNR on validity
- NQF #0712 Depression Assessment With PHQ-9/ PHQ-9M (Minnesota Community Measurement [MNCM]) – CNR on evidence
- NQF #0710e Depression Remission at 12 Months (MNCM) – CNR on validity
- NQF #0711 Depression Remission at Six Months (MNCM) – CNR on validity
- NQF #1884 Depression Response at 12 Months – Progress Towards Remission (MNCM) – CNR on validity
- NQF #1885 Depression Response at 12 Months – Progress Towards Remission (MNCM) – CNR on validity

The draft report was posted on the project webpage for NQF member and public comment from August 15 to September 13, 2022. During the commenting period, NQF received 43 comments.

The purpose of this meeting was for the Standing Committee to discuss the six CNR measures and re-vote on the CNR criteria. For those measures that received greater than 60 percent of votes of high and moderate on the CNR criteria, a vote on overall suitability for endorsement would also occur. In order to be recommended for endorsement, measures must receive greater than 60 percent of votes of high and moderate on the CNR criteria and overall suitability. If the measure receives 60 percent or less on the CNR criteria or overall suitability, the measure will not be recommended for endorsement. In addition, the Standing Committee discussed measure harmonization for measures that it ultimately

recommended for endorsement during this meeting. These included NQF #1884, #0710e, and #0711, all of which were recommended for endorsement during this meeting (as per the narrative below), along with #3312, which had been recommended for endorsement during the measure evaluation meeting.

Voting Legend:

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

Consensus Not Reached Measures

NQF #3313 Follow-Up Care for Adult Medicaid Beneficiaries Who Are Newly Prescribed an Antipsychotic Medication (CMS/Lewin Group) – Not Recommended

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

- **Validity**: Total Votes-15; H-0, M-1, L-12, I-2 (1/15 – 7%, No Pass)

During the measure evaluation meeting, the Standing Committee noted that while the validity testing itself was sufficient, there were concerns about aspects of the measure that may result in inaccurate results, including telemedicine visits not being included in the measure, whether follow-up visits within 28 days would be sufficient to address potential physical health issues from the medication (e.g., metabolic syndrome), and that not all providers who conduct follow-up visits (such as community health workers) would be captured. Due to these concerns, the Standing Committee was unable to reach consensus on validity during the measure evaluation meeting.

During the post-evaluation commenting period, one non-supportive comment was submitted that identified concerns regarding the age range and payer population within the measure. The concern was that the measure was limited to Medicaid patients within specific age ranges. The comment encouraged both the expansion of the age range as well as the inclusion of other payers. There was also concern that the claims data may not be accurate for this measure. This was due to the high number of dual-eligible patients, whose data may not be in Medicaid data only but also in Medicare data. Therefore, the measure may incompletely capture follow-up visits. The developer responded by explaining that the measure was developed based on expert input, evidence from the literature, and the feasibility of data collection. The developer also explained that the Centers for Medicare & Medicaid Services (CMS), the measure steward, reviewed data sources for the most accurate and complete data. Another comment expressed concern about the exclusion of telemedicine, given the high use of telemedicine during the coronavirus disease 2019 (COVID-19) pandemic, particularly for psychiatric providers. The developer responded by explaining that the measure was developed prior to the COVID-19 pandemic and that in the future, the specifications would be reconsidered for the inclusion of telemedicine.

During the post-comment meeting, the Standing Committee requested more clarity on the use of 28 days and whether the measure could be respecified to include telemedicine codes. The developer responded by explaining that 28 days were selected based on a literature review, feedback from a technical expert panel (TEP), and Medicaid data. The developer also stated that the data used to develop the measure were from 2018–19 prior to the COVID-19 pandemic and when telemedicine was not broadly used. Several Standing Committee members noted the lack of inclusion of telemedicine as a fatal flaw of the measure, given the current high use of telemedicine in psychiatry.

A Standing Committee member asked for clarification about what the process would entail if the developer were to return within a short period of time with new measure testing that included telemedicine. NQF staff clarified the process, noting that the measure would return in three years for maintenance unless a substantial change was made to the measure (e.g., adding new testing that would expand the inclusion criteria to include telemedicine visits). One Standing Committee member stated that approving the measure as it currently stands would be confusing because it does not include telemedicine and the results could therefore be misleading because the measure does not reflect contemporary practice. The developer highlighted that while they agree that the addition of telemedicine would be beneficial, they could not provide a timeline for if/when the measure would be updated because it would require additional funding, which was not guaranteed. The developer also clarified that this is an optional measure (i.e., an opt-in measure). A Standing Committee member commented that a potential future change does not change the current validity of the measure. Based upon this discussion, the Standing Committee did not pass the measure on validity.

NQF #0712 Depression Assessment With PHQ-9/PHQ-9M (MNCM) – Not Recommended

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-15; H-1; M-7; L-6; I-1 (8/15 – 53%, No Pass)

The Standing Committee did not reach consensus on evidence for this measure during the measure evaluation meeting. Its concern was that the administration of the Patient Health Questionnaire-9 (PHQ-9) in isolation had not been convincingly linked to improved outcomes. However, the Standing Committee also recognized that not administering the PHQ-9 could result in a missed diagnosis of depression. During the post-evaluation commenting period, two non-supportive comments and one supportive comment were submitted. The developer submitted new data from 26,000 patients to assess whether the frequency of the PHQ-9 assessment was associated with outcomes, noting that patients with three to 12 PHQ-9 assessments were three times more likely to achieve depression remission and response to treatment.

One Standing Committee member noted that the additional evidence the developer provided did not directly address the question about whether a single assessment of PHQ-9 was associated with improved outcomes. Specifically, the measure does not assess the number of assessments, only that an assessment was conducted. The Standing Committee suggested that creating a composite of this measure and the other suite of remission and response depression measures would strengthen this

measure. The developer responded by explaining that while this is a companion measure to the suite of measures, they did not think a composite would be appropriate. The developer noted that this measure was created to generate information for the other depression measures, and without it, participation in the associated outcome measures may be reduced. The Standing Committee questioned whether not endorsing this measure would cause the associated outcome measures to also not be endorsed. NQF clarified that the decisions made on each of the measures were independent and that even if this measure did not pass, it did not imply that the measure would no longer be available for use. The developer confirmed they intend to continue to use the measure even if endorsement was removed.

NQF #0710e Depression Remission at 12 Months (MNCM) – Recommended

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

- **Validity**: Total Votes-15; H-1, M-12, L-2, I-0 (13/15 – 87%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-15; Yes-14; No-1 (14/15 – 93%, Pass)

During the measure evaluation meeting, the Standing Committee expressed concerns about how to interpret the validity of the data, given the high rate of missingness in the denominator, which artificially lowers performance, and the lack of inclusion of telemedicine in the measure. During the post-evaluation commenting period, the developer clarified that the measure construct intentionally includes patients without follow-up to avoid bias, explicitly stating that the lack of follow-up also represents a gap in care. The developer also confirmed that telemedicine was included in the measure. One public comment suggested that there was insufficient evidence to demonstrate that scores can be reduced by 50 percent during a 12-month period and there was no evidence to directly support using 50 percent as the standard for defining remission. The developer replied, stating that the response measures are intended to demonstrate progression toward remission and that it is a reasonable expectation to have symptoms reduced between 12–14 months. The developer also cited two studies that used a response of 50 percent or greater to define outcome improvement. In addition, a comment was submitted that expressed support for the depression measure set, noting that clinicians would need to develop systems to ensure follow-up to comply with these measures, which would positively impact patient care. Based on the developer's clarification and the public comments, the Standing Committee passed the measure on validity and overall suitability.

NQF #0711 Depression Remission at Six Months (MNCM) – Recommended

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

- **Validity**: Total Votes-15; H-2, M-10, L-3, I-0 (12/15 – 87%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-15; Yes-14; No-1 (Y14/15 – 93%, Pass)

Similar comments were submitted, and the Standing Committee had similar concerns about this measure as it did with NQF #0711. The Standing Committee determined that no fundamental difference existed between this measure and NQF #0711 and passed the measure on validity and overall suitability for endorsement.

NQF #1884 Depression Response at Six Months – Progress Towards Remission (MNCM) – Recommended

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

- **Validity**: Total Votes-14; H-1; M-11; L-2; I-0 (12/14 – 86%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-14; Yes-13; No-1 (13/14 – 93%, Pass)

During the measure evaluation meeting, the Standing Committee expressed similar concerns as it did with NQF #0710e and NQF #0711, and similar comments were received during the public commenting period. During the post-comment meeting, the Standing Committee agreed that this measure was very similar to the two previous measures but expressed that this measure may not represent a uniquely important clinical concept, specifically progress toward remission rather than remission itself. The developer noted that this measure was designed to be an interim step towards depression remission. A Standing Committee member commented that the measure was indeed clinically useful because it demonstrated improvement rather than full remission, which may be harder to achieve. A Standing Committee member also noted that six months was different than 12 months clinically, where moving towards remission at six months seemed important, yet not moving towards remission at 12 months seemed more concerning and more of an issue that needed to be addressed clinically. Based upon this discussion, the Standing Committee passed the measure on validity and overall suitability for endorsement.

NQF #1885 Depression Response at 12 Months – Progress Towards Remission (MNCM) – Recommended

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

- **Validity**: Total Votes-14; H-1; M-9; L-3; I-1 (10/14 – 71%, Pass)
- **Standing Committee Recommendation for Endorsement**: Total Votes-14; Yes-8; No-6 (8/14 – 57%, No Pass)

Similar to the previous measures, the Standing Committee did not reach consensus on validity during the measure evaluation meeting due to the concerns about missing data and telemedicine. In addition, the aforementioned public comments and developer responses also apply to this measure. Similar to the other measures, the Standing Committee passed the measure on validity. During the discussion on overall suitability for endorsement, an additional concern was raised: This measure may not be as clinically important as the other measures. The Standing Committee expressed that this measure did not demonstrate sufficient effort to achieve remission, particularly at 12 months versus six months. Specifically, if there is no progress toward remission at 12 months, there is a major issue, whereas six-months would be a more reasonable expectation for progress. Based on this concern, the Standing Committee did not pass the measure on overall suitability for endorsement.

Related and Competing Measures

Poonam Bal, NQF senior director, reminded the attendees that the related and competing measures discussion will be focused on recommended measures and that the goal of this discussion was to identify the potential measurement burden due to misaligned or duplicative measures.

The Standing Committee first discussed NQF #3312 and compared it to three related measures:

1. NQF #0004 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
2. NQF #2605 Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence
3. NQF #3453 Continuity of Care after Inpatient or Residential Treatment for Substance Use Disorder (SUD)

The Standing Committee discussed the differences and similarities between the measures but did not make any explicit recommendations for harmonization for NQF #3312.

Then, a discussion of harmonization took place regarding the depression suite of the measures that the Standing Committee recommended for endorsement during this meeting: NQF #1884, #710e, and #711. The Standing Committee agreed that the measures were harmonized and suggested that a composite of the suite of the measures may be stronger and could strengthen the measures that were not recommended for endorsement (NQF #0712 and #1885).

NQF Member and Public Comment

Ms. Bal opened the meeting to allow for public comment. No public comments were provided during this time.

Next Steps

Ms. Bal informed the Standing Committee members that since they were able to discuss and vote on all of the CNR measures, the measures would move forward to the Consensus Standards Approval Committee (CSAC) meeting on December 9, 2022. Following the CSAC meeting, the 30-day Appeals period will be held from December 15, 2022, to January 13, 2023, for any endorsed measures.