NATIONAL QUALITY FORUM

Moderator: BHSU Team
September 16, 2019
5:29 pm CT

(Dessi): Hello everyone and good afternoon. Thank you for joining the Behavioral Health and Substance Use Post-Comment Web Meeting today. We'd like to just give a brief reminder for everyone if you're not speaking to make sure that you mute your line and for committee members we would like to make sure that you are logged in to the CenturyLink Web platform so that you can visually follow as well as the Poll Everywhere voting platform so that you can submit your vote.

For today's agenda, we are going to revote on Consensus not Reached Measure 1922 and we'll go into the details and give you a recap of that shortly. We will review and discuss the comments that were submitted during the comment period and we'll also give an opportunity for public and member comment and provide you with some next steps.

Okay. And just as a reminder, you have your happy project staff here. We have Michael Abrams as our senior director, Nicolette Mehas who's our director, my name is (Unintelligible), the project analyst on the project, and Hannah Bui who - this is one of her first meetings I think that she's going to address this committee.

For this time we're going to take a brief roll call just so that we can see who is on the call. And because we'll be voting today, we will need to have quorum - reach quorum to make sure that we have enough participant committee members to vote today.

So we'll start with our co-chair, Peter Briss? Let's see. Okay, Peter, a few more moment. Harold Pincus, I know you're on the line.

Harold Pincus: Yes, Harold is here.

(Dessi): Hi, Harold. Do we have (Maddie Charles)? (David Einsicht)?

(David Einsicht): Yes I'm here.

(Dessi): Hi, (David). Connie Horgan?

Connie Horgan: Hi yes I'm here.

(Dessi): Hi, Connie. And I know we're not able to - Julie Goldstein Grumet was not able to join us today. We'll move to Lisa Jensen?

Lisa Jensen: I'm here.

(Dessi): Hi, Lisa. (Jody Kelleher)?

(Jody Kelleher): I'm here.

(Dessi): Good afternoon. (Craig Nunsen)? (Michael Leviari)?

(Michael Leviari): Yes I'm here.

(Dessi): Hi, (Mike). Tami Mark?

Tami Mark: Hi. Good afternoon.

(Dessi): Thank you, Tami. (Raquel Mason Jefford)? I know (Brenda Jett) was not able to be with us today unfortunately. Do we have (Larry Mullet)? (Brooke Parish)? David Pating?

David Pating: Yes.

(Dessi): Hi, David. Vanita Pindolia? (Lisa Shay)?

(Lisa Shay): Good afternoon.

(Dessi): Andrew Sperling?

Andrew Sperling: Here but by phone only for now.

(Dessi): Yes. Thank you, Andrew. (Jeff Susman)?

(Jeff Susman): (Unintelligible).

(Dessi): Hi, (Jeffrey). (Michael Triangle)?

(Michael Triangle): Yes I'm here.

(Dessi): Awesome. Thank you. And (Bonnie Vima)?

(Bonnie Vima): Yes I'm here.

(Dessi): Okay. Welcome. And I know (Leslie Zen) was not able to join us today as well. So…

(Leslie Zen): He's actually on. I'm actually on for the first half hour or so. I'm sorry. I can only be…

(Dessi): Thank you.

(Leslie Zen): …here for short time.

(Dessi): Thank you. I appreciate that. No worries. Hopefully we'll get through this call before you have to go. Okay. So right now it looks like we have - this team, committee members, we are right at quorum. So if there's anyone else who I missed during roll call if you could announce yourself now.

(Nathan): This is (Nathan).

(Dessi): And we have a little bit of feedback on our call. We want to remind everyone to please mute your line if you're not speaking. Thank you. I know Peter should be joining us. So we'll give him just a few moments. We'll get started and we will come back to him.

So just a few housekeeping rules, please do not put your call on hold, although we love music, we don't want to interrupt the Web meeting. And if you can mute your microphones on your computer, that will help us to eliminate a lot of feedback. And before you speak, if you wouldn't mind sharing your name, that will be very helpful for the transcript and to help us to address you and as well if you're not speaking, a quick way to mute your phone is star 6 and to

unmute you can press star 7. And so NQF will be monitoring the chat room. So if you would like to put in a chat, we will be able to respond to you but we would like for you to participate verbally as much as possible.

So at this time we are going to turn things over to Nicolette Mehas to this point to give us the back and update on what was discussed previously and before we get ready to revote on our Consensus not Reached Measure 1922. Before I do that, do we have Elvira on the line? Or any other developers that will be represented? Okay.

Man: We can check at the end.

(Dessi): Okay. All right. We'll go ahead and get started. Thanks, Nicolette.

Nicolette Mehas: Great. Thank you, (Dessi). Good afternoon everyone. This is Nicolette Mehas. So our first item of business today is to re-discuss and revote on Measure 1922 which was the measure that was "consensus not reached." So as a refresher, we are currently talking about the spring 2019 cycle. And during this cycle, the committee reviewed six measures. They were all maintenance measures. The committee voted to recommend continued endorsement for four of the measures. Those include 0640, hours of physical restraint used; 0641, hours of seclusion used; 3488, follow-up after ED visit for alcohol and other drug abuse or dependence; and 3489, follow-up after ED visit for mental illness.

There was one measure that the committee did not recommend for continued endorsement and that was Measure 0560, patients discharged in multiple antipsychotic medications and that measure did not pass the evidence criterion. And that brings us to the last measure that was discussed, Measure 1922.

And this measure is admission screening for violence risk, substance use, psychological trauma history and patient strengths complete. In this measure, the committee did not come to consensus on the performance gap for this measure. And so what we plan to do today is to - staff will briefly introduce the measure, the brief specification for the measure as well as a bit of the conversation that the committee had during the last meeting and we'll try to share again the performance results that the developer submitted. And then lastly we'll talk about the public comments that we received for this measure and then we will be opening it up for discussion from the committee as needed on this measure before finally engaging in a revote on performance gap for 1922.

And so this measure the last time when the committee talks about this measure performance gap, as I mentioned, was "consensus not reached." So the voting tallies from the last meeting nine committee members voted "Moderate" for performance gap and seven committee members voted "Low." And so since "High" and "Moderate" votes are passing votes, 56% voted "Pass" and it was 43% that would not pass this criterion. So that led us to that 40% and 60% gray zone and that's why we're engaging in the re-discussion today.

And so this second time around is to explain a little bit about the process and what it means this second time around for voting. And so after discussion, we will ask everyone to vote again on performance gap. The group does need to vote at least 60 - greater than 60% for this measure to pass. So if the vote for example were to be in that 40% to 60% range, the measure would not move forward as being recommended for endorsement. So for this measure to receive a passing vote and be recommended for - and to pass the performance

gap, the committee would have to vote greater than 60% in favor that there is indeed a performance gap for this measure.

And so that's just a little bit about the process that we plan to use. I will briefly just to remind the groups here the description and some information for this measure. So Measure 1922 looks at the proportion of patients who are greater than or equal to one year of age admitted to a hospital-based inpatient psychiatric study who are screened within the first three days of hospitalization for all of the following risks and those include risk of violence to self and others - or others, substance use, psychological trauma history and patient strength.

There are two exclusions for this measure and those include patients for whom there's an inability to complete the admission screening based on the patients inability or unwillingness to answer questions and then patients with the length of stay less than three days or greater than or equal to 365 days.

This measure is specified and tested at the facility level of analysis and it's looking at the inpatient setting of care and uses either electronic health record or paper medical record data.

And so moving forward, during the last meeting, the committee went talking about performance gap, expressed some concern that the measure may be at the point of talking out and questioned whether there was still an opportunity for improvement for this measure.

And so the performance - the mean performance rates that were shared in 2009 performance - mean performance was at 87% and then in 2018, mean performance was at 93.7%. There was no evidence of disparity for this measure based on different population groups and there was additional

information shared as well. I believe the 20th percentile in 2018 performance was around 92%. And when it gets to the 60th percentile, performance is at 99%. So that provides a little bit of information about the distribution of performance.

We have also screen shared the table. It's not the most visually appealing presentation of the data but we do hope that you're able to see the information that provides some additional details about performance as you're thinking about whether or not there's a gap for this measure. And so we've shared that on the screen as well.

Also during the conversation I did want to share that there was some support -- at least one member did believe -- that performance rates although high could still be closer to 100%. And then from the developers' perspective and if the Joint Commission team - or (Elvira) is able to - I believe they were going to join the call, so if they have any additional information to share, I think we would welcome that and they're also on the line to answer any questions.

(Michael): (Unintelligible) after it gets completed with the presentation here.

Nicolette Mehas: Okay. And as (Michael) mentioned, we will allow the developers that opportunity as soon as we get through the rest of the - this introduction of material. So the developer did also share that they were aware of inter-facility differences noted that rates were not the same for freestanding facilities versus acute hospital or military facilities.

I think the other information that we wanted to share from our perspective is that there were three comments that we received for Measure 1922. One commenter supported the measure with updates to include documentation of

appropriate interventions based on positive screen. So there were some support for adding a component of follow-up to the measure that was noted by the commenter.

One commenter shared that the measure did not seem to enhance current practice absent follow-up measures.

And another commenter did state that they felt that the measure continues to be important to monitor. They did recommend identifying strategies to better link the measures to outcomes. So that is the summary of the information shared by those three commenters who weighed in on this - on the measure during the public comment period.

I think from our perspective, that's the shares a bit about the measure as well as the previous conversation around performance gap. So I think at this time we will turn it over to our co-chairs to share any information they would like and also to open it up to further discussion from the committee regarding performance gap for Measure 1922.

Man: So, Harold…

Harold Pincus: This is Harold.

Man: Thank you, Harold.

Harold Pincus: I had two questions. One was, is there any sort of acceptable - acceptability standards in terms of performance that have been developed in any way, you know, as a general policy at NQF? And number two is, what happens if we have the same inconclusive voting results as before?

Michael Abrams: So Michael Abrams here at NQF. So let me address both of those, Harold. Thank you for the questions. So there is no specific threshold at which one determines that a measure has reached - has, you know, has reached the point where it's saturated. And this one is not 100% anyway and moreover, just to add a little bit more for you all to think about as a committee, even if a measure is at 100%, if you believe - continue you as a committee believe or - and especially if you believe there's evidence to back it up, that continued monitoring is useful because you're concerned about (unintelligible), that as well could be a reason to continue to support the measure and be concerned about a future gap, okay?

So amassing that in two ways, one directly, it's not at 100%, there's no threshold. The other is that even if the order you might all decide it's a necessary measure.

With regard to your second question, if the committee remains in consensus not reached, then the measure would fail this cycle and would not be recommended for endorsement to CSAC.

Harold Pincus: Okay.

Michael Abrams: That's how it would stand if it's consensus not reached. We need average consensus 60%. Either way up or down in order for a recommendation to go at CSAC regarding the measure where we decide to say, "Don't endorse it," or to endorse it unless it's over 60% of the quorum, okay?

Harold Pincus: Thank you, Michael. Are there other comments, questions, et cetera, with regard to the issue at hand in terms of whether or not we can pursue the gap in performance?

(Michael Leviari): Yes. This is (Michael Leviari). I have a question about, is there any breakdown about which hospitals that were reviewed in the analysis? Which ones had electronic records and which one on paper?

Harold Pincus: Hey, (Mike), my sense is that if you have an electronic record, you're probably capturing this stuff and more easier to actually do it. If you're on paper, it's much harder to do and there might be discrepancies based on that.

Michael Abrams: Can the developer - is the developer on the line? This is Michael at NQF. Anybody from the Joint Commission on the line today?

Elvira Ryan: Yes hi, this is Elvira Ryan and I'm here with the Joint Commission team.

Michael Abrams: Thank you.

Elvira Ryan: In response to the question about electronic versus paper, there is no way for us to know that.

(Michael Leviari): Okay, thank you.

(Michael Triangle): This is (Michael Triangle) from the committee. I have another question. When I look at the comments that came from the public, it kind of resonated within me in a positive way and that I know some of the hospitals I worked at have worked on this mainly as a documentation thing and didn't necessarily converted to changing our treatment plan for somebody that's high risk for violence. Are we documenting what we're doing and we're doing something different to keep them safer or other patients safer? I sort of like those suggestions but are we even allowed to consider that or, you know, do we vote up or down on the measure as configured right now because the comment seemed to suggest the whole other…

((Crosstalk))

(Michael Triangle): …from that that isn't documentation screening but doing more?

Nicolette Mehas: This is Nicolette from NQF. So as we're voting today we would vote as the measure is currently specified. I think that the commenters made some suggestions for potential future iterations of the measure and I do believe the developer responded that they would take these considerations into, you know, consideration as they - in future development opportunities or maintenance opportunities. But for - as the measure - as we are voting today, we should vote on the measure as it's currently specified and as it currently stands.

(Michael Triangle): Thanks for the clarification. That's what I thought but I like the clarification.

(Maddie Charles): That was helpful. This is (Maddie).

(Jeff Susman): This is (Jeff)…

((Crosstalk))

(Jeff Susman): Go ahead, (Maddie).

Man: Yes, (Maddie)?

(Maddie Charles): I just wanted to support the previous comments about how important it is to see that if you're going to measure this that there are other - that there are appropriate interventions. So maybe we're talking about a new measure.

(Jeff Susman): This is (Jeff Susman). It seems to me while this measure, you know, has positive aspect that it is that now at the end of its useful lifespan that we need to make a transition to more outcomes-oriented measures and that, you know, there's only a finite amount of resources at any organization and we should as a group be starting to look at retiring measures and replacing them with better measures. So I'm still in favor and believe that this measure is really not fit to pass on the criteria.

Tami Mark: This is Tami…

Man: Is there anybody that would be willing to speak in favor of this measure with regard to whether there's a performance gap?

(Jody Kelleher): Yes.

Woman: Go ahead, (Jody).

(Jody Kelleher): This is (Jody Kelleher). My concern is that there seems - there'll still be a gap between facility types and, you know, I think it was referenced that even though that may be relatively high as well that non-freestanding psychiatric units don't have the same level of adherence to this kind of screening and if it were not being monitored I would be concerned that not only wouldn't they rise to the same level as the freestanding psychiatric facilities but may actually sort of lose motivation, if you will, to continue to do assessments.

But I do believe that if this were to come back without there being a new measure or this measure being joined to some sort of treatment planning outcomes that I'd be less inclined to continue to support it. That's all.

David Pating: Hi, this is David Pating. Could I ask a question? So I don't know who made the comment regarding the move from this - as a process outcome to an outcome - regular outcome. Are there other measures that are related to this as a follow-up? So if this gets sunset, are there outcomes measures that could measure not just the process but real outcomes downstream?

Michael Abrams: So, yes. So this is Michael at NQF. So there are several dimensions to this measure. It's substance use screening. So certainly there are followup measures. I can think about off the top of my head that refer to that but not necessarily to some of the other dimensions that are in there. There is violence, one of the other dimensions that are on there. You want to go back to the specifications and see.

So I think the answer to your question is that for some of them, there are other measures that look at follow-up but not necessarily for every dimension of the screening that's undertaken here.

David Pating: And that would include in the incubator there's no measures that we're considering.

Michael Abrams: You know, that's an interesting point. I want to bring up - sorry Michael here at NQF. There isn't incubator exercise going on related to violence in the workplace, okay? So that's not, you know, all inclusive of what we might hear about here and anyway this is screening in during admission. So no I can't think of any measures that are hot in the incubator right now -- and thanks for bringing that up -- that would address, you know, follow-up to all the dimensions of screening. So here it is. It'll put it back on the screening for us. The various dimensions are violence risk, substance use risk, psychological trauma history and patient strength. So, you know, again for patient strength, that's rather complicated construct to follow up with how that

- what that means in terms of, you know, the therapeutic action but, you know, certainly could exist but I don't know of any in our portfolio right now that addressed that or necessarily addressed psychological trauma either. Maybe substance use is the (single one).

David Pating: And our (unintelligible) would be three-year approval. It would come back again in three years. Is that usual product cycle?

Woman: That's correct.

Michael Abrams: Yes.

David Pating: I'm in favor of this until we get something to replace it particularly for the elements that you said there's no other tools in the pipeline. I agree we've made a lot of progress in substance use screening and there are follow-ups. I think we've passed the tobacco screening and several other ones when people get into other parts of the hospital. We could look at this again in three years. That would be my thought in order to move the system even though we're already at 97%, 98%.

Man: Yes. So let me (unintelligible).

Harold Pincus: So, Michael, can I ask you a question?

Michael Abrams: Yes.

Harold Pincus: So is it possible for us to sort of endorse this measure but with a strong kind of - sort of acknowledgement that there would need to be substantial change in this measure that would bring us more proximal to outcomes when it comes up for renewal? You waited…

Michael Abrams: So…

Harold Pincus: …to do it in that way?

Michael Abrams: Yes vis-à-vis the report and the tone of the report and the fact that we will make - bring up the comments which remember come externally supporting this notion about, you know, follow-up being an important component of the measure. So - but ultimately you will be deciding if this measure is reasonable to maintain and let me ask something here. We're talking now the only thing that you all did not pass with the 60% majority was performance gap. That is that you are concerned that the measure was topping out.

So that's really the only thing you need to revote on today. You actually did pass it on evidence otherwise last time which is to say that you felt that overall the evidentiary presentation was reasonable to connect this to distal outcomes.

Even if you're all sure at the same time expressing some reservations about that, over 60% of you last time said that there was a sufficient connection between screening per se, the process measure, and the outcome. So you kind of have already been down that but - so I want to point that out as well. Really today all you need to re-adjudicate on is the gap, can you overcome, you know, the issue that's unreasonable and then we will have you do an overall vote where you might decide, you know, all things considered, all criteria considered, it doesn't pass and you might decide it does. But again you've already adjudicated on evidence.

And then back to your specific question, Harold, you know, there's no specific status. If you endorse a measure, it will be endorsed but the report will reflect that, you know, the request in the future for a measure that does

more follow-up. Does that answer your question, Harold, and is that clarifying for the committee?

Harold Pincus: Yes it's very helpful.

Woman: I mean, part of the problem I'm having it seems like we should have a different category for measures that we believe would be retired because clearly when we first endorsed this, there was as gap. So the measure - and the measure did what we hope that we do. So rather than signaling now we don't endorse it anymore with signal something is wrong with it I would be much more comfortable in signaling we recommend that this not be used in the United States because it - we've reached its limit. But if someone in Brazil or somewhere else was looking for a measure, it's still a useful valid measure, like, it's agreed measure because it did what it was supposed to do.

(Michael Leviari): Yes. This is (Mike Leviari). I would agree with that statement but I also have a question. So if we did not approve it today, they have to wait three years before they bring it back or they can bring it back sooner with the modifications we're talking about with follow-up?

Nicolette Mehas: This is Nicolette from NQF. So if they were to modify this measure, they could bring it back before the three-year, you know, that three-year timeline.

Michael Abrams: We have - Michael here. So we have two cycles a year. They could submit to the next cycle a novel measure even if this - whether this measure is approved or not. They could - and we would welcome that. It sounds like you all would too a new measure that actually has a followup component. But that…

(Michael Leviari): Yes I think that would…

Michael Abrams: …happen either way.

(Michael Leviari): Okay. Thank you.

Harold Pincus: Okay. Any other comments?

So it sounds like we're ready to vote.

Nicolette Mehas: Harold, this is Nicolette. I think our team would welcome if there's anything that the Joint Commission team would want to share with the group before voting. If that's okay with you, we would like to open up…

Harold Pincus: Yes.

Nicolette Mehas: …that opportunity.

Harold Pincus: Yes. No that would be fine.

(Dave Morton): Hi. This is (Dave Morton). I'm one of the statisticians at the Joint Commission. And actually one of the slides you had before and I kind of was bringing this up while looking at the data, refreshing my mind, it did sound like 20% of the organizations are below 20% in the last quarter. So if you calculate that out of the 726, that's still 145 organizations that are performing below the 92 percentile. And if you look at even the 10th percentile, you have about 73 organizations that are performing below 83%. So I still think there is room for improvements within these hospitals. That's it.

(Susan): And this is (Susan). I would also like to comment from the Joint Commission standpoint is to add components of a followup measure that will take a significant amount of time to develop that as a - either a companion measure

or in addition to this measure and something that, as I said, would be a significant amount of time and not likely to come back in any cycles in the near future.

(Dessi): Thank you for that. Harold, do you have anything else that you want to bring up before we vote?

Harold Pincus: No, not specifically. I think people should, you know, vote what they think on this issue.

(Dessi): Okay. All right. We are now going to activate the vote. We are now voting on the performance gap of Measure 1922. Option A is High; Option B, Moderate; Option C, Low; and Option D, Insufficient. You may submit your vote for performance gap of Measure 1922. Option A is High; Option B, Moderate; Option C, Low; and Option D, Insufficient. And so we are looking for at least 15 votes.

Connie Horgan: This is Connie. I'm not seeing any voting on my screen. I'm not sure what's going on.

(Michael Leviari): Yes. This is (Mike Leviari). I was going to say the same thing. I'm not seeing it.

Man: I'm calling in, so I'm not even on - able to use the screen. Can we do oral vote?

(Michael): It changed for me.

(Dessi): Yes.

(Michael): This is (Michael). Now it shows my vote.

(Dessi): Yes, perfect. The vote is active. So if you're not seeing the vote, you may need to refresh your screen.

Man: You have to be on the Poll Everywhere site.

((Crosstalk))

(Dessi): Yes. To enter your vote, you need to log into the Poll Everywhere voting link that we sent you this morning. And whoever is voting on - who's not able to use the platform, if you could send us a chat or if you're open to orally submitting your vote, that would be fine as well.

Andrew Sperling: So this is Andrew Sperling. I just submitted my vote via e-mail…

((Crosstalk))

(Dessi): Thank you, Andrew.

Andrew Sperling: It should be - it should have come from asperling@nami.org to the e-mail address that (Mary) sent me a few minutes ago.

(Dessi): Perfect. We have it.

Man: Call the minute.

(Dessi): We have your vote, Andrew. Thank you.

Andrew Sperling: Thank you.

((Crosstalk))

Woman: …who's - what e-mail should I be sending it to? This is…

((Crosstalk))

(Dessi): You can send it to the Behavioral Health e-mail box, behavioralhealth…

Woman: Okay.

(Dessi): …@qualityforum.org.

Woman: Okay. Great. Thank you.

(Dessi): You're welcome.

(Michael Leviari): (Mike Leviari). I sent mine in through chat.

(Dessi): Okay. Thank you, (Mike).

Man: I'm not seeing - behavioralhealth at what again?

Woman: Qualityforum-dot-org. It's a regular project e-mail, behavioralhealth@qualityforum.org.

(Dessi): Okay. We're just going to have a couple of more seconds…

((Crosstalk))

Man: Do we have a voting forum?

(Dessi): …e-mail. Well we're waiting for just one second to see those who may have e-mailed in their vote. One second.

David Pating: One minute.

Man: Okay.

David Pating: David Pating sent by e-mail.

(Dessi): Okay.

((Crosstalk))

Woman: (Unintelligible) by e-mail.

(Dessi): (David) sent it by e-mail. Who else?

Connie Horgan: Connie. Connie Horgan.

(Dessi): Oh. Thanks, Connie. Okay.

Peter Briss: Hey guys, this is Peter. I just wanted to let you know that I've been able to join.

(Dessi): Thank you, Peter. Are you also logged into the Web platform?

Peter Briss: Yes.

(Dessi): Okay, perfect. Thank you.

Man: And, Peter, also the voting platform?

Peter Briss: Not yet. Did the voting platform come out in the invitation today or someplace else?

(Dessi): Yes. The voting link is actually in the calendar invite as well as the e-mail that we sent this morning at 9:11. So you'll have everything that you need there, the voting link, the CenturyLink platform and the dial-in information.

Harold Pincus: Nicolette, this is Harold. I voted. But I have to step out for a moment. So, Peter…

Nicolette Mehas: Okay.

Harold Pincus: …could you go ahead (unintelligible)?

Peter Briss: Sure. Yes. Sure.

Nicolette Mehas: Thanks, Harold. Thank you.

Man: You deal with the aftermath, Peter.

Peter Briss: I always do.

(Dessi): Okay. We're still looking for votes from (Mike) and David Pating and Connie. They have not come through to the box yet. So we're actually going to move forward with - while we're calculating…

((Crosstalk))

Man: Could you be clear which (Mike)?

(Dessi): I'm sorry. (Mike Leviari). Yes.

Man: Thank you.

(Dessi): Sorry about that. We're going to…

Man: I'm sorry. I sent mine in via the chat.

(Dessi): Okay. Thanks. That's helpful.

Man: Yes, in the chat. Thank you.

Michael Abrams: So I think that we're going to - so everybody, this is Michael Abrams at NQF. Because we're having a little bit of asynchrony here on the voting, I think we'll go through the last couple of slides on the material today, looking at other comments for other measures and also some, you know, future directions and stuff and give you a chance to complete your voting here. So either use the Web platform to vote or send an e-mail to behavioralhealth@qualityforum.org with your vote. And we'll return to that in a moment once we hit a quorum, okay? So…

((Crosstalk))

(Dessi): Just to be clear, the vote that you're submitting now is not on overall endorsement but it's on the performance gap of Measure 1922.

Michael Abrams: Yes. Very good clarification. If it passes this criteria, then we will go to an overall vote as well.

Man: So you're asking us to vote again now, to clear our screens and vote…

(Dessi): No. If you've already submitted your vote, then you are totally fine. We're going to continue with the presentation. Because everyone did not submit their votes through the platform, we are going to manually calculate them and make sure that we have everyone's vote included from the chat and e-mail. But we are going to - if you've submitted your vote, then that's fine. And we will come back and give you the tallies of the votes momentarily.

Peter Briss: And sorry, this is Peter. I hate to be disruptive. But the options for voting, again for those of us who aren't on the Web voting platform, what are the options?

(Dessi): Okay. So for performance gap of Measure 1922, Option A is High; Option B is Moderate; Option is Low; and Option D is Insufficient.

Peter Briss: Okay. Thanks.

(Dessi): So we have a High, Moderate, Low and Insufficient option.

Peter Briss: Thank you.

(Dessi): You're welcome.

Peter Briss: I just sent you an e-mail vote.

(Dessi): Okay. Thank you.

((Crosstalk))

David Pating: Have you received David Pating yet?

(Dessi): Yes, we just received your vote. Thank you, David.

Connie Horgan: You received Connie Horgan's?

(Dessi): Not yet, Connie. We're still looking. Did you do it via e-mail or chat?

Connie Horgan: I did it by e-mail and I just did it on the voting platform. I was able to get on.

(Dessi): Okay. Perfect. We'll check and get right back to you.

Man: Anyone else remember how easy it was when we were face-to-face?

(Dessi): Yes. Very much so.

Man: That's an anonymous comment. Not - no names attached.

Man: You know, it's always a bad practice to sort of hearken back to a better bygone era, right?

Woman: I don't know why…

Woman: For those who are voting late, is it coming through? I did vote and it says, "Response Recorded."

(Dessi): Perfect. If it says, "Response Recorded," then we have your vote.

Woman: Okay. Thank you.

Michael Abrams: All right. So this is Michael Abrams again back here at NQF. So while staff is checking the election results here, we'll move on and we'll talk about other public comments we received on other measures outside of the one we were just talking about from the last cycle. So as always, we review these comments with you and briefly tell you how did the developer respond and/or how NQF is responding to those comments. And in addition to reviewing them here, we received as usual, a memo about this that describes the entirety of the comments we received and a spreadsheet also that sort of row by row goes through each of the comments and says who they were from and what the comment was and what our response was.

With this slide here - and if you're following on the PDF this is Slide Number 11 I think. Is that right?

((Crosstalk))

Michael Abrams: Slide Number 13. Slide 13. Sorry. That's entitled, "Public Comments Received." So let me just briefly go through these and see if anybody has any additional, you know, discussions we want to do about them. Otherwise, we'll move on and check with the vote tally after we review these comments.

So the first bullet there is Support for Reunification of the Mental Health and Substance Abuse Disorder, Emergency Room Followup Measures. If you recall, this cycle we received two - really they were maintenance measures but they were newly new spinoffs from a measure that was 2605 which looked at ED follow-up for either a mental health issue or a substance abuse issue. And in this cycle, two new measures were introduced, 3488 is the substance abuse

piece and then separately a measure for 3489 which was a mental health or maybe psychiatric illness follow-up in the emergency room.

So one of our - at least one comment is that they wish for a combined measure through sort of an evolution from where we've come from. We reminded that commenter that we had that prior and that the idea here was to get more specificity, if you will, precision by splitting them out. In fact, the commenter - the developer was straightforward about this and said, you know, the denominators are different for each, whether you'd come in presenting with an opioid overdose or alcohol overdose or something like that. It's different than if you'd come in with having had a psychotic break or a major depression episode, tying to commit suicide or something like that.

So the idea was…

Man: Does anybody…

((Crosstalk))

Michael Abrams: But despite that, you know, we - that is we at NQF would also welcome a composite measure later down the road if there was interest in doing so. So I just wanted to make you aware of that particular comment.

With regard to those same pair of measures, the second bullet on the slide, 3488 and 89, we specified at the fairly high level, state level I think and at - or ACO level. And the idea was that it could be specified more fine-grained and, you know, that's not how the measures - these measures are specified currently. But they certainly could be. It will just require additional testing in order to get more granular information and verify that, you know, it met NQF

criteria. But it's certainly a reasonable suggestion and we said it much in our response to developers.

The third bullet was about whether or not secondary diagnosis should apply for Measure 3488. That's the follow-up measure for substance abuse disorder in the emergency room. Whether or not a secondary diagnosis should apply to get to in the denominator of this measure, right, in the considered population. Presently it specified that only the primary diagnosis should be considered for denominator inclusion. The developers came back in response to that comment and said that their technical expert panel has advocated for that greater specificity as opposed to sensitivity. And so they insisted to continue to do it with regard to primary diagnoses exclusively. And so that's a question of how sensitive you want to be, right, to (unintelligible) pathology.

With regard to the last bullet there, the antipsychotic measure, if you recall, you all decided not to extend maintenance on that measure. This is a polypharmacy measure, right, using multiple antipsychotic but actually not using them per se but instead documenting why multiple antipsychotics would be used. Staff assessment as to why that measure did not pass evidence was principally for two reasons. One was the vagaries about defining when multiple antipsychotic was appropriate or not but more to the point I think recently, maybe even this month new guidelines were anticipated and perhaps have even come out and the committee wanted to see those new guidelines for prescribing antipsychotics generally be deployed here for this polypharmacy measure.

And then finally the last bullet on this slide, there were some comments about apply risk stratification to the two related measures of restraint or seclusion in inpatient psychiatric facilities. The commenter was suggesting that patient mix may be relevant in terms of looking at, you know, facility performance.

As a (rejoiner) to that, the developer said that they, as a general rule - this is a joint commission. As a general rule, did not risk-adjust process measures but they did remind the commenter and all of us that these measures can be stratified by age. That data is available. And moreover, they can be stratified between acute care - standard acute care hospital data as well - in comparison to more intensive inpatient psychiatric. So those opportunities were there but they were not advocating for that being necessary.

So I'll pause there. Are there any questions or additional comments about these other - public commenter received about the other measures in our portfolio last cycle?

Peter Briss: Yes, Michael, this is Peter. Just one other thing that perhaps could be said in the - with respect to that last comment in the joint commissions responses. Not - it's not only that joint commission usually risk-adjust the process measured but NQF doesn't usually recommend…

Michael Abrams: Right.

Peter Briss: …sort of risk-adjusting a process measure. So perhaps that could also be set.

Michael Abrams: Yes. Yes. Thank you. Thank you for clarifying that. That's absolutely right.

So any other comments for the…

((Crosstalk))

(Michael Triangle): This is (Michael Triangle).

Michael Abrams: …other measures? Yes.

(Michael Triangle): This is (Michael). As I recall when we did talk about potentially considering including secondary alcohol use disorder for 3488, there were support for that in our committee, too. I know I was one of the people that felt, you know, if somebody comes in and…

Michael Abrams: Okay.

(Michael Triangle): …they're there for cirrhosis or pancreatitis and they only get to primary diagnosis and you're missing a lot. I think several of us felt that a more inclusion would be better, not worse.

Michael Abrams: Very good. Making note of that. And I seem to recall that that was the case as well.

(Dessi): Michael, can I interject in just one second?

Michael Abrams: Okay.

(Dessi): Lisa Jensen, did you - we just want to check to make sure we have your vote. Did you submit your vote via the platform?

Lisa Jensen: I did.

(Dessi): Okay. Thank you.

Michael Abrams: Shall I go on? Any other comments about public comments then other than 1922 about these other ones? And let me check with staff. How are we doing with the vote tally? Are you still working a bit? So I'm going through the

next slide then. Why don't we go to the next slide? So before we have a general discussion, I just wanted - go onto the next one please. There we go.

So one of the things that we'd like to do is connect you all to other NQF activities that are going on that we think you'll be interested in. And that's what this slide does. And there are links to each one but let me briefly review some of these activities so that you are aware and aware of how to get more involved or get more information if you're interested. And there's - it should be self-evident hopefully to you why I selected these recent activities in particular as being germane to the behavioral health substance abuse work.

The first is that there was a report released just in May or June that looks at - or present a particular guide to extend medication-assisted treatment for opioid use disorder. This of course would be buprenorphine or methadone principally therapy for patient with opioid addiction. It should be obvious even from just looking at the headlines on the newspaper as to why this is important.

But NQF has a number of activities surrounding this, this being one. And it's like most of these on this slide are intended as practical guidance to providers and decision makers, leaders in healthcare delivery organizations and even payors and so forth to be able to get some direct input from our membership at large that of course represents broad stakeholder groups as well in healthcare about how you would expand or, you know, and initiate medication-assisted treatment at your facility, at your practice. And of course that would be probably largely related to buprenorphine expansion as opposed to methadone use because methadone clinics are somewhat closed network but especially buprenorphine would be relevant here in expanding that, say, among primary care physicians.

So that's what the first link is about. The second one is a how-to guide related to telebehavioral health. Of course with the expanding use of the Internet, telehealth in general has become an important portal for delivering healthcare. And dealing with everything from reimbursement to the actually the pragmatics of doing it is certainly today's issue in healthcare. And so NQF recently released a report, again a how-to guide, a practical guide for a similar level of stakeholders that I described previously, leaders in their healthcare space at clinics, at ACLs, et cetera who might want to get some ideas about how to implement or enhance their telebehavioral health in particular enterprise.

So that's the second bullet. Then the third bullet on there is a playbook that came out in May from an initiative. In fact the last - no, actually I'm incorrect about that. This is the singular National Quality Partnership exercise. Note the NQP acronym is used. This playbook exercise, what we do at the National Quality Partnerships is attempt to bring together very directly on membership, along with some external expert assistance as we see fit to create a consensus development committee to tackle a specific issue. In this case, the one that was addressed was delivering high-quality healthcare individuals who have a serious mental illness again to a broad stakeholder group, both facilities and managers of facilities as well as clinicians directly to understand how to better bring high-quality care to a serious mental illness.

This is for example is a case where specifically this group came to us, that is our Behavioral Substance Abuse Committee for ideas about composing that committee but then also for information about what the current Behavioral Health Substance Abuse Measurement portfolio look like so that they could use that as part of their discourse when they describe, you know, how you move ahead with quality enhancement work.

And then finally, the final thought on this slide is about something that co-chair Harold Pincus brought up last time, the NQF Measurement Incubator. And this is a relatively new initiative here, designed to help bring together developers, other stakeholders and then resources that is financial resources in order to come up with new measure concepts and especially bring those concepts and those ideas farther along down the process hopefully to creating bona fide measures that can ultimately meet NQF or other, you know, measure evaluation criteria so that they could be deployed in areas where there appears to be a dearth of those measures or there are gap areas.

And behavioral health specifically is noted as a gap area, broadly speaking. As part of the dissemination of material for this incubator partnership, other things like - that are existing include - or that are ongoing or emerging include looking at things like Alzheimer's disease and especially early Alzheimer's is the subject of an upcoming NQF Incubator project. So the idea there would be to, you know, come up with novel or useful measurement ideas related to that particular problem. And this is cross-cutting by the way, not just behavioral health of course but in other domains of care. There's a rheumatoid arthritis initiative that's emerging as well out of that.

So I want you to be aware of that. And with regard to that link in particular, you all as committee members, if you have ideas for specific targeted projects that might benefit especially from that incubator initiative, you can let us know. Give me a call or send me an e-mail and we can talk about ways to try to move some sort of initiative like that forward. So- and you'd have links there, pretty brief links that'll give you some descriptions if you want, some of the detailed reports. Some of them we actually do post for a fee if you need, you know, to - if you want to widely disseminate it. But if you just want to get a copy from me, you can let me know and I can try to give you a copy for you to review the entire report for some of these specific initiatives.

Any questions about any of these points or comments?

Man: No. Thank you for the update. There's a lot of great activity. Thanks.

Michael Abrams: You're welcome. Are we ready with the…

(Dessi): Yes.

Michael Abrams: Okay.

(Dessi): Thank you, Michael. So we are going to circle back to the voting results. So thank you for everyone who chatted their results and e-mailed their results. So we were able to tally them. So for the performance gap of Measure 1922, one individual voted High; seven individuals vote Moderate; eight individuals voted Low; and zero individual voted Insufficient.

So in order for this measure to pass and move forward, we would need ten votes to pass it through, which means either High or Moderate vote. Or to immediately fail it, it would need ten votes with these between Low and Insufficient. So this lies again in between the (Great Wall), which means this measure will not move forward to CSAC and we won't vote on the overall endorsement for - the overall vote for endorsement of this measure.

Michael Abrams: Yes. So this is Michael Abrams here. So we will - pursuant to several comments that were made, we will detail on the report the ambivalence that was expressed here. But the measure will not be recommended for endorsement to CSAC. And in addition to documenting the ambivalence, we will as well as document the suggestion made by several of you for interest in

a measure that adds follow-up to this measure to enhance it hopefully in a future cycle.

So with that, I think we're - we need to move into public comment. Is that where we're at?

(Dessi): Yes.

Michael Abrams: Okay. Please.

(Dessi): So we will open up the lines. Everyone should have an open line at this time. So if you like to make a public or member comment, please you can unmute your line and you may do so now. Okay. We're checking to see if there're any - there are no hands raised at this time. And it appears that there are no public comments. So thank you for that. So before we go to next steps, I'll pause to see if, Peter, if you would like to address the committee or have any final statements?

Peter Briss: No. Thanks for everybody's patience while Harold and I were tag-teaming various (unintelligible) emergency responses and family emergency. Thanks for being patient with us and thanks as always for your great work.

(Dessi): Thank you. We do appreciate our wonderful co-chairs. And as we wrap things up, we'll just want to remind you that we will be following up with the committee as well as the measure developers with a followup e-mail just to summarize the conversation and the discussion from today. And we do want to notify you there will be an in-person CSAC review meeting on October the 21st and the 22nd where our co-chairs will be representing the committee and your discussions. And then we will follow up. The project team will be

updating the report. And we will post it for an appeal's periods. We'll have appeal's period from October the 30th through November the 28th.

And in final, we - you can also look forward to hearing from us soon with our new work for the fall of 2019 Measure Cycle. So it never stops. But we'll look forward - but you can look forward to hearing from us within the next week or so. And as always, you can contact us at behavioralhealth@qualityforum.org and we'll have all of our information as well as the transcripts and the - you could find the recordings from the meetings as well within a few days. So we'll reach out to make sure that you have links to that as well.

Michael, I'll turn it over to you if you have anything - any final comments.

Michael Abrams: Yes. Thank you, (Dessi), and everybody. Appreciate everybody's engagement here on this followup call. And I think we have six measures for next cycle. Is that right, something like that?

(Dessi): Yes.

Michael Abrams: So I look forward to engaging on that. Again, if in interim you have ideas about incubator projects or other things, please feel free to reach out. And a special thanks to Harold and Peter as always for running a good meeting. So thanks so much.

(Dessi): All right. Happy Monday. You receive an hour back of your time almost. Thank you all…

Man: Thanks guys.

((Crosstalk))

Man: …everyone.

Woman: Thank you.

((Crosstalk))

Woman: Bye.

Woman: Bye-bye.

Woman: Bye.

END