



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 February 6, 2018 to evaluate two measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Standing Committee members announced their presence, and NQF staff reviewed recusals of Committee members due to conflicts of interest.

Measure Evaluation

During the meeting, the Behavioral Health and Substance Use Standing Committee evaluated two measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 1, 2018 for public comment for 30 days on the NQF website.

Measure Evaluation Criteria Rating Key: H – High; M – Moderate; L – Low; I – Insufficient

3332 Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool) (Massachusetts General Hospital)

Measure Steward/Developer Representatives at the Meeting

- Michael Murphy, Massachusetts General Hospital

Standing Committee Votes

- Evidence: M-18; L-1; I-0
- Performance Gap: H-13; M-6; L-0; I-0
- Reliability: H-12; M-8; L-0; I-0
- Validity: M-20; L-X; I-X
- Feasibility: H-12; M-8; L-0; I-0
- Use: Yes-20; No-X
- Usability: H-12; M-9; L-0; I-0

Standing Committee Recommendation for Endorsement: Y-20; N-1

The Standing Committee recommended the measure for NQF endorsement. An outcome version of the measure was endorsed in 2011, but lost maintenance of endorsement in 2015. The developer responded to the input from the Committee and respecified the measure into a process measure. The Committee agreed that this is an important measure, as there are not many tools for mental health screening for children and less than 25 percent of children with mental health disorders receive treatment. This measure allows for early identification that will help to link a child and/or the child's family to proper treatment. The Committee questioned why the developer specified the measure to use the PSC tool, instead of broadening the specifications and

using any evidence-based tool. The developer responded that while it does not include the use of other screening tools in the measure, the PSC is the most widely used and the least time consuming. The Committee agreed that this is an important measure and voted to recommend this measure for endorsement.

3317 Medication Reconciliation on Admission (Centers for Medicare & Medicaid Services)

Measure Steward/Developer Representatives at the Meeting

- Kyle Campbell, Health Services Advisory Group, Inc.
- Regina Bussing, University of Florida
- Almut Winterstein, University of Florida

Standing Committee Votes

- Evidence: H-2; M-19; L-0; I-0
- Performance Gap: H-9; M-12; L-0; I-0
- Reliability: H-0; M-14; L-7; I-0
- Validity: M-20; L-0; I-0
- Feasibility: H-1; M-14; L-7; I-0
- Use: Yes-20; No-0
- Usability: H-2; M-19; L-0; I-0

Standing Committee Recommendation for Endorsement: Y-19; N-2

The Standing Committee recommended the measure for NQF endorsement. In 2017, the Committee reviewed a composite version of the measure, and it did not recommend this measure for endorsement. The developer provided a review of the updates made to the measure, based on the feedback received from the Behavioral Health Standing Committee in 2017. Changes to the measure included reducing the complexity of the measure by changing it to a process measure with a pass/fail score; harmonizing the measure to align with other NQF-endorsed measures; and producing empirical evidence to support the outcome. The Committee questioned the level of burden due to the cost and amount of time associated with manual chart review. The developer responded that should the measure be implemented by CMS, education and tools would be provided to minimize the burden, including a *Prior to Admission* form intended to reduce the time of an average chart abstraction by providing a list of all external sources that could potentially be used for an external source in the medication reconciliation process. In response to the Committee's concern over paper medical records as the data source, the developer commented that many inpatient psychiatric facilities are still not using electronic health records (EHRs), so the measure is specified for both EHRs and paper medical records. Overall, the Committee agreed that this is an important measure and voted to recommend this measure for endorsement.

Public Comment

No public comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on March 1, 2018 for public comment for 30 calendar days. The continuous public comment with member support will close on March 30, 2018. NQF will re-convene the Standing Committee for the Post-Comment web meeting on April 25, 2018.