

# National Quality Forum

TO: Consensus Standards Approval Committee

FR: Reva Winkler, MD, MPH and Ashley Morsell, MPH

RE: Results of Voting for *National Voluntary Consensus Standards for Patient Outcomes-Phase 3 Mental Health: A Consensus Report*

DA: October 1, 2010

The CSAC will be reviewing the draft report *National Voluntary Consensus Standards for Patient Outcomes-Phase 3 Mental Health: A Consensus Report* on the October 14<sup>th</sup> conference call. This memo includes summary information about the project and the recommended measures. The complete [voting draft report](#) and supplemental materials are available on the [project page](#).

## **CSAC ACTION REQUIRED**

Pursuant to the CDP, the CSAC may consider approval of 4 candidate consensus standards as specified in the “voting draft” of *National Voluntary Consensus Standards for Patient Outcomes, Phase 3 Mental Health: A Consensus Report*. This project followed NQF’s version 1.8 of the CDP. All CDP steps were adhered to and no concerns regarding the process were received.

## **BACKGROUND**

To date NQF has endorsed more than 200 outcome measures in a variety of topic areas; however, there are few outcome measures specific to mental health and substance use (MHSU) in NQF’s measurement portfolio. As greater focus is placed on evaluating the outcome of episodes of care, additional measures of patient outcomes are needed to fill gaps in the current portfolio. The results or outcomes of an episode of healthcare are inherently important because they reflect the reason consumers seek healthcare (e.g., to improve function, decrease pain, or survive), as well as the result healthcare providers are trying to achieve. Outcome measures also provide an integrative assessment of quality reflective of multiple care processes across the continuum of care. There are a variety of types of outcome measures such as health or functional status, physiologic measurements, health related quality of life, patient and or caregiver experience with care, and morbidity and mortality. NQF’s multi-phase Patient Outcomes project seeks to expand NQF’s portfolio of outcome measures.

## **Comments and their Disposition**

NQF received comments from 18 organizations on the draft report during the public and member comment period; although, some of the same comments were received from multiple organizations. All measure-specific comments were forwarded to the measure developers, who were invited to respond. A [table](#) of detailed comments submitted during the review period, with responses and actions taken by the Steering Committee (Committee), is posted on the NQF voting web page.

## **General comments**

The Committee noted numerous comments in support of the report’s recommendations. Several comments addressed the prominent issue of measurement gaps in the Mental Health and Substance Use (MHSU) arena while others requested further clarification regarding the Committee’s recommendations for expanding currently NQF-endorsed<sup>®</sup> measures to encompass MHSU conditions and settings.

## **Measurement gaps**

The Committee discussed several comments addressing the issue of measurement gaps in the MHSU arena. The Committee agreed that these gaps represent a systemic problem in this arena and should be prioritized. The Additional Recommendations section of the *Patient Outcomes—Phase 3: Mental Health*

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report contains the Committee's recommendations to alleviate measurement gaps in MHSU arena. After further discussion of the comments, the Steering Committee elected to expand the report to provide further insight on addressing measurement gaps specifically related to Alzheimer's disease.

## **Expansion of currently NQF-endorsed measures**

The Committee considered comments requesting clarification on how NQF intends to expand currently endorsed measures to incorporate MHSU conditions or settings. The Committee supported NQF's efforts and plan to explore the expansion of currently endorsed measures at the time of measure maintenance review.

## **Measure specific comments**

### **OT3-011-10 Depression remission at twelve months (Minnesota Community Measurement)**

### **OT3-012-10 Depression remission at six months (Minnesota Community Measurement)**

### **OT3-022-10 Depression utilization of the Patient Health Questionnaire (PHQ-9) tool (Minnesota Community Measurement)**

The Committee noted that many comments were in support of the PHQ-9 depression remission measures; however, some comments expressed concerns regarding 1) why alternative depression remission tools were not considered; 2) potential copyright issues with the use of the PHQ-9; and 3) the measures lack of risk adjustment methodology.

- **Alternative depression remission tools:** The Steering Committee acknowledged alternative depression remission tools within the field; however, no other depression remission measures were submitted. Furthermore, the Committee acknowledged the PHQ-9 is a widely accepted and standardized instrument used in the diagnosis and monitoring of depression treatment.
- **Ownership of the PHQ-9:** The Steering Committee was advised that the PHQ-9 was developed with an educational grant from Pfizer, Inc. The Committee affirmed the value of the PHQ-9 in monitoring depression treatment and reiterated that it is available in the public domain at no charge. The Committee noted that in recommending the measures for endorsement they were in no way attributing care or outcomes to Pfizer, Inc.
- **Lack of risk adjustment:** Some Committee members expressed reservations about using unadjusted outcome measures for public reporting while others reiterated the importance of these measures that are currently being used for public reporting in Minnesota.

*Action taken:* A majority of the Committee voted to recommend measures OT3-011-10, OT3-012-10, and OT3-022-10. Additional explanation of the Committee's rationale for recommending the measures is included in the report.

### **OT3-047-10: Inpatient Consumer Survey (ICS) (National Association of State Mental Health Program Directors Research Institute, Inc.)**

The Committee discussed several comments requesting clarification between the relation of the ICS and similar consumer surveys. The Committee reviewed a [crosswalk](#) between ICS and HCAHPS. The Committee noted differences in the ICS that made it unique to and of value for the mental health community. The Committee elected to more explicitly state their rationale in the draft report.

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## NQF MEMBER VOTING

The 30-day voting period for the *Patient Outcomes—Phase 3: Mental Health* draft voting report closed on September 14, 2010.

Voting results for the four candidate consensus standards are provided below. No comments during the voting period were received from organizations.

**Measure OT3-011-10:** Depression remission at twelve months (Minnesota Community Measurement) This measure is paired with OT3-022-10: Depression utilization of the Patient Health Questionnaire (PHQ-9) tool.

Measure OT3-011-10						
Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	3	0	0	3	100%	86%
Health Plan	2	0	0	2	100%	
Health Professional	5	1	0	6	83%	
Provider Organizations	5	0	0	5	100%	
Public/Community Health Agency	1	0	0	1	100%	Average Council Approval Rate 90%
Purchaser	3	0	0	3	100%	
QMRI	2	2	0	4	50%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>21</b>	<b>3</b>	<b>0</b>	<b>24</b>	<b>88%</b>	

**Measure OT3-012-10:** Depression remission at six months (Minnesota Community Measurement) This measure is paired with OT3-022-10: Depression utilization of the Patient Health Questionnaire (PHQ-9) tool.

Measure OT3-012-10						
Measure Council	Yes	No	Abstain	Total Votes	% Approval Yes/(Total - Abstain)	% of Councils Approving (>50%)
Consumer	3	0	0	3	100%	86%
Health Plan	2	0	0	2	100%	
Health Professional	5	1	0	6	83%	
Provider Organizations	5	0	0	5	100%	
Public/Community Health Agency	1	0	0	1	100%	Average Council Approval Rate 90%
Purchaser	3	0	0	3	100%	
QMRI	2	2	0	4	50%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>21</b>	<b>3</b>	<b>0</b>	<b>24</b>	<b>88%</b>	

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**Measure OT3-022-10:** Depression utilization of the Patient Health Questionnaire (PHQ-9) tool (Minnesota Community Measurement)

<b>Measure OT3-022-10</b>						
<b>Measure Council</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>	<b>Total Votes</b>	<b>% Approval Yes/(Total - Abstain)</b>	<b>% of Councils Approving (&gt;50%)</b>
Consumer	3	0	0	3	100%	100%
Health Plan	2	0	0	2	100%	
Health Professional	6	0	0	6	100%	
Provider Organizations	5	0	0	5	100%	
Public/Community Health Agency	1	0	0	1	100%	<b>Average Council Approval Rate</b>
Purchaser	3	0	0	3	100%	
QMRI	3	1	0	4	75%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>23</b>	<b>1</b>	<b>0</b>	<b>24</b>	<b>96%</b>	

**Measure OT3-047-10:** Inpatient Consumer Survey (ICS) (National Association of State Mental Health Program Directors Research Institute, Inc.)

<b>Measure OT3-047-10</b>						
<b>Measure Council</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>	<b>Total Votes</b>	<b>% Approval Yes/(Total - Abstain)</b>	<b>% of Councils Approving (&gt;50%)</b>
Consumer	3	0	0	3	100%	100%
Health Plan	2	0	0	2	100%	
Health Professional	6	0	0	6	100%	
Provider Organizations	5	0	0	5	100%	
Public/Community Health Agency	1	0	0	1	100%	<b>Average Council Approval Rate</b>
Purchaser	3	0	0	3	100%	
QMRI	4	0	0	4	100%	
Supplier/Industry	0	0	0	0		
<b>All Councils</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>100%</b>	