

THE NATIONAL QUALITY FORUM

CALL FOR MEASURES

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR PATIENT OUTCOMES: MENTAL ILLNESS, ALZHEIMER'S DISEASE AND RELATED ILLNESSES

BACKGROUND: To achieve quality healthcare across the full continuum, there is a need for additional measures which specifically address various outcomes of mental health care provided in our nation's healthcare system. Many outcome measures are inherently relevant because they reflect the reason consumers seek healthcare or health enhancing services (e.g., to improve function, decrease pain, survive), as well as reflect the result healthcare providers and community health-related services are trying to achieve. To date, NQF has endorsed few outcome measures specifically targeting mental health. Major gaps remain for more patient-focused outcomes, such as patient-reported health-related quality of life, functional status (e.g., activities of daily living) and productivity (e.g., presenteeism within the workforce). These cross-cutting measures have the advantage of applicability across a wide range of patients, conditions and complement disease-specific outcomes. Outcome measures should reflect the care provided by the healthcare system, as well as various health enhancing services, across settings and patient-focused episodes.

CALL FOR MEASURES: To enlarge NQF's portfolio of outcome measures for mental health conditions, such as **depression and other serious mental illnesses, and Alzheimer's disease and related illnesses**, NQF is soliciting outcome measures in these topic areas applicable to any setting of care, level of analysis (e.g., system, plan, practice, community), individual or composite measures and use of any data source(s). Measures which assess the entire population of a practice, plan, system or community are particularly desirable.

Candidate outcome measures may be cross-cutting (not condition specific) or condition/disease specific (e.g., depression and Alzheimer's) including, but not limited to, measures of:

PATIENT, CAREGIVER, & POPULATION OUTCOMES	EXAMPLES
Symptoms	Improvement or remission of pain, anxiety, depression, psychosis, unhealthy use of alcohol or other substances; Symptom, frequency, severity, and longitudinal trajectory; Sleep disorders; medical and other co-morbidities (e.g., smoking, metabolic

All notices of intent to submit measures must be submitted by
6:00 p.m. ET on (Tuesday, February 2, 2010).

THE NATIONAL QUALITY FORUM

	syndrome, and cardiovascular disorders)
Function	Improvement in or maintenance of ability/disability ; Basic and instrumental activities of daily living and ability to function in social roles (work, school, play, family and social interaction)
Health Related Quality of Life/Global Well-being	Improvement or change in objective psychometrically sound symptom checklists
Change in Health Related Behaviors	Patient self-management; use of advanced directives; Medication adherence; physical activity and nutrition; Smoking cessation; decrease in unhealthy alcohol or substance use; Improved health decision-making; enhanced willingness or readiness to change; Change in high-risk behaviors
Social Determinants of Health / Built Environment (effects on populations & individuals)	Decrease in homelessness and improved housing stability; enhanced foster care / out-of-home placement; absence of violence in the home-setting; stable and age-appropriate (e.g. with family or independent) home environment; improved social support and network; ability to engage in safe recreation; access to affordable, culturally appropriate food; improved promotion of social engagement; reduction in legal consequences / incarceration; positive changes in absenteeism / presenteeism
Service Utilization (appropriate & inappropriate use)	Emergency Department (ED) visits and hospitalizations (both medical and psychiatric); visits to primary care provider; use of sobering/detox centers; improved continuity of care (hand-offs between providers) and care coordination; use of evidence-based care; care for medical conditions
Direct Physiologic Measures	Drug screening and therapeutic drug monitoring; blood glucose, lipid level, blood pressure, renal and liver function; body mass index (BMI) according to patients health needs and appropriate waist circumference
Patient/Caregiver Experience	Satisfaction/perceptions of care; health literacy; cultural competency; Understanding of treatment changes/transitions; understanding of potential hazards to patient; care giver burden/distress/health status and outcomes
Patient Safety /Adverse Events	Medication side effects/complications/errors; suicide attempts/completions and self-harm; restraint; elopements; injury, violence and motor vehicle crashes; falls and wandering; delirium; pain medication management
Non-mental Health Medical Outcomes (general medical)	Management of co-morbidities; preventive care medical outcomes associated with mental health treatment and enhanced outcomes of medical illnesses; disability; oral health
Mortality	Suicide and alcohol/drug mortality; change in life expectancy
Recovery	Recovery model specific elements; shared decision-making; enhanced perception of hopefulness/optimism; patients meeting self-directed wellness goals; absence of disease or reduction in disease status and patient reported happiness
Incidence/Prevalence of Mental & Substance Use Conditions	Longitudinal prevalence and incidence on conditions at a population level; screening in medical populations; improved treatment rates
End of Life/Palliative Care	Use of hospice and advanced directives; pain control and well-being; patient perception of self-efficacy/control

All notices of intent to submit measures must be submitted by
6:00 p.m. ET on (Tuesday, February 2, 2010).

THE NATIONAL QUALITY FORUM

Composite Measures Combined medical, mental health, dental, and other health outcome measures

Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must meet the following general criteria:

- be fully developed for use (e.g., research and testing have been completed)
- be open source or in the public domain¹
- have an identified measure steward²
- be intended for both public reporting and quality improvement

Candidate measures are evaluated using NQF's standard evaluation criteria. For details on NQF's measure evaluation criteria, please refer to, [Measure Evaluation Criteria August 2008](#).

To submit a measure, please complete the following:

- [Online Measure Submission Form](#)
Clicking on this link will redirect you to the webpage for this project, from which you can access the online measure submission form.
- [Measure Steward Agreement Form](#)

Please note that no material will be accepted without fully executing the attached *Measure Steward Agreement Form*. All materials not meeting this requirement will be returned to the sender.

Materials must be submitted using the online measure submission form by 6:00 pm, ET on Tuesday, February 2, 2010. If you have any questions, please contact Ian Corbridge, MPH, RN the Project Manager at 202.783.1300 or at the project email address, outcomes@qualityforum.org. Thank you for your assistance with this project!

¹ NQF requires any organization submitting a measure for endorsement to execute an intellectual property agreement that addresses disclosure of the measure's proprietary components, including but not limited to specifications, risk adjustment methodologies, data collection instrument, data collection or analysis software, and database access. For details, please see our [Policy on Endorsement of Proprietary Measures](#)

² NQF requires any measure considered for endorsement to have an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years.

All notices of intent to submit measures must be submitted by
6:00 p.m. ET on (Tuesday, February 2, 2010).