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TO: NQF Members and Public

FR: NQF Staff

RE: Pre-voting review for *National Voluntary Consensus Standards for Patient Outcomes Measures: Mental Health (Phase III): A Consensus Report*

DA: May 28, 2010

This draft report is from NQF's multiphase Patient Outcomes project. The project seeks to endorse additional consensus standards for patient outcomes in a variety of high impact (high volume, high cost, high morbidity, or mortality) conditions:

- Phase 1—pulmonary and some cardiovascular conditions;
- Phase 2—cross-cutting measures, diabetes, GI/biliary conditions, cancer, bone and joint, eye care, surgery, infectious disease, and additional cardiovascular measures; and
- Phase 3—child health and mental health.

A Steering Committee of 18 individuals representing a diverse range of stakeholder perspectives reviewed and considered for endorsement a total of 18 candidate mental health outcome standards. This draft report recommends four measures be considered for endorsement.

The draft document, *National Voluntary Consensus Standards for Patient Outcomes Measures: Mental Health (Phase III): A Consensus Report* is posted on the NQF website ([click here for the report](#)) along with the following additional information:

- measure submission forms, and
- meeting and call summaries for the Steering Committee.

Pursuant to section II.A of the Consensus Development Process v. 1.8, this draft document, along with the accompanying material, is being provided to you at this time for purposes of review and comment only—not voting. You may post your comments and view the comments of others on the NQF website.

NQF Member comments must be submitted no later than 6:00 pm ET, July 6, 2010.

Public comments must be submitted no later than 6:00 pm ET, June 28, 2010.

NQF is now using a program that facilitates electronic submission of comments on this draft report. **All comments must be submitted using the online submission process.**

Supporting documents related to your comments may be submitted by **e-mail** to outcomes@qualityforum.org, with “*Comment—Patient Outcomes Mental Health*” in the subject line and your contact information in the body of the e-mail.

Thank you for your interest in NQF's work. We look forward to your review and comments.

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NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR PATIENT OUTCOMES—

PHASE 3 MENTAL HEALTH: A CONSENSUS REPORT

DRAFT REPORT

June 7, 2010

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NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR PATIENT OUTCOMES—PHASE 3 MENTAL HEALTH: A CONSENSUS REPORT

TABLE OF CONTENTS

| | |
|--|-----|
| Executive Summary | |
| Background | |
| Strategic Directions for NQF | |
| National Priorities Partnership | |
| NQF’s Consensus Development Process | |
| Evaluating Potential Consensus Standards | |
| Recommendations for Endorsement | |
| Candidate Consensus Standards Recommended for Endorsement | |
| Candidate Consensus Standards Not Recommended for Endorsement | |
| Candidate Consensus Standards Deemed Out of Scope..... | |
| Additional Recommendations | |
| Notes | |
| Appendix A—Specifications for the National Voluntary Consensus Standards for Patient Outcomes: Phase 3 | A-1 |
| Appendix B—Steering Committee and NQF Staff | B-1 |
| Appendix C—NQF-Endorsed Consensus Standards: Outcome Measures..... | C-1 |

NATIONAL QUALITY FORUM

1
2
3
4
5
6
7
8
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10
11
12
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NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR PATIENT OUTCOMES— PHASE 3: MENTAL HEALTH

EXECUTIVE SUMMARY

The results or outcome of an episode of healthcare are inherently important because they reflect the reason consumers seek healthcare (e.g., to improve function, reduce symptoms, decrease pain, and improve well-being), as well as the results 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, adverse outcomes, patient and caregiver experience with care, and morbidity and mortality. To date, the National Quality Forum (NQF) has endorsed few outcome measures specific to mental health and substance use (see Appendix C). Major gaps remain for basic outcomes of response to treatment or remission of core mental health disorders, as well as for more patient-focused outcomes, such as patient-reported health-related quality of life issues, benefits accruing from health services and care coordination, and productivity.

This report presents the results of the evaluation of 18 measures considered under NQF's Consensus Development Process (CDP). Four measures are recommended for endorsement as voluntary consensus standards suitable for public reporting and quality improvement.

- OT3-012-10: Depression remission at six months (Minnesota Community Measurement)
- OT3-011-10: Depression remission at twelve months (Minnesota Community Measurement)
- OT3-022-10: Depression utilization of the Patient Health Questionnaire (PHQ-9) tool (Minnesota Community Measurement)
- OT3-047-10: Inpatient Consumer Survey (ICS) (National Association of State Mental Health Program Directors Research Institute, Inc.)

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30 NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR PATIENT OUTCOMES— 31 PHASE 3: MENTAL HEALTH

32 BACKGROUND

33 To achieve quality healthcare across a full continuum of conditions, settings, and structures of
34 care, there is a need for additional measures which specifically address various outcomes of
35 mental health and substance use (MHSU) care provided in our nation’s healthcare system and
36 their impact on physical illnesses. The results or outcome of an episode of healthcare are
37 inherently important because they reflect the reasons why consumers seek healthcare (e.g., to
38 improve function, and well-being, reduce symptoms, decrease pain), as well as the results
39 healthcare providers are trying to achieve. Outcome measures should reflect the care provided by
40 all caregivers, as well as various health enhancing services, across settings and throughout
41 patient-focused episodes of care.

42

43 Donabedian defined outcomes as “changes (desirable or undesirable) in individuals and
44 populations that are attributed to healthcare.”¹ Outcome measures provide an integrative
45 assessment of quality, reflective of multiple care processes across the continuum of care. There
46 are a variety of types of outcome measures. Some represent an end result such as mortality or
47 function; others are considered intermediate outcomes (e.g., physiologic or biochemical values
48 such as blood pressure or Lithium or antidepressant serum levels) that precede and may lead to
49 more long-term outcomes. At times, proxies are used to indicate an outcome (e.g., hospital
50 readmission indicates deterioration in health status since discharge).

51

52 To date, NQF has endorsed few outcome measures specific to mental health or substance abuse
53 (see Appendix C). Major gaps remain for basic outcomes of response to treatment or remission
54 of core mental health disorders, as well as for more patient-focused outcomes, such as patient-
55 reported health-related quality of life issues, benefits accruing from health services and care
56 coordination, and productivity. With approximately one in four Americans 18 years and older
57 suffering from some form of a mental illness, the need for targeted mental health outcome
58 measures is paramount.²

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59 While mental illness is prevalent throughout the general population, the substantial burden of
60 disease is concentrated in the 6 percent who suffer from a serious mental illness (SMI).³ People
61 with a serious mental illness are now dying 25 years earlier than the general population.⁴
62 Although most of the years of lost life due to premature death can be attributed to medical
63 illnesses, an individual's mental health status has a significant impact on engagement in
64 treatment of medical conditions, therapeutic response and overall outcome.⁵

65
66 Despite the widespread prevalence of mental health disorders in the U.S., significant barriers—
67 lack of access to services, low socioeconomic status, social isolation (stigma), and the explicit
68 separation of “health” and mental health services—have hindered treatment and improvements in
69 quality of care.⁶ In order to implement change and improve the health and well-being of those
70 with a mental illness, the field will need strong measures of quality that target both the healthcare
71 and community settings.

72
73

74 **STRATEGIC DIRECTIONS FOR NQF**

75 NQF's mission includes three parts: 1) setting national priorities and goals for performance
76 improvement, 2) endorsing national consensus standards for measuring and publicly reporting on
77 performance, and 3) promoting the attainment of national goals through education and outreach
78 programs. As greater numbers of quality measures are developed and brought to NQF for
79 consideration of endorsement, it is incumbent on NQF to assist stakeholders to “measure what
80 makes a difference” and address what is important in order to achieve the best outcomes for
81 patients and populations.

82

83 Several strategic issues have been identified to guide consideration of candidate consensus
84 standards:

85 **DRIVE TOWARD HIGH PERFORMANCE.** Over time, the bar of performance expectations
86 should be raised to encourage achievement of higher levels of system performance.

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87 **EMPHASIZE COMPOSITES.** Composite measures provide much needed summary
88 information pertaining to multiple dimensions of performance and are more comprehensible to
89 patients and consumers.

90 **MOVE TOWARD OUTCOME MEASUREMENT.** Outcome measures provide information
91 of keen interest to consumers and purchasers, and when coupled with healthcare process
92 measures, they provide useful and actionable information to providers. Outcome measures also
93 focus attention on much-needed system-level improvements, since achieving the best patient
94 outcomes often requires carefully designed care process, teamwork, and coordinated action on
95 the part of many providers.

96 **CONSIDER DISPARITIES IN ALL THAT WE DO.** Some of the greatest performance gaps
97 relate to care of minority populations. Particular attention should be focused on identifying
98 disparities-sensitive performance measures and on identifying the most relevant
99 race/ethnicity/language strata for reporting purposes.

100

101 **NATIONAL PRIORITIES PARTNERSHIP**

102 NQF seeks to endorse measures that address the National Priorities and Goals of the National
103 Priorities Partnership.⁷ The National Priorities Partnership represents those who receive, pay for,
104 provide, and evaluate healthcare. The National Priorities and Goals focus on these areas:

- 105 • patient and family engagement,
- 106 • population health,
- 107 • safety,
- 108 • care coordination,
- 109 • palliative and end-of-life care, and
- 110 • overuse.

111 **NQF'S CONSENSUS DEVELOPMENT PROCESS**

112 Patient Outcomes Project

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113 NQF's *National Voluntary Consensus Standards for Patient Outcomes* project⁸ seeks to endorse
114 additional outcome measures with an emphasis on high impact (high volume, high morbidity,
115 high cost) conditions and cross-cutting areas. The Patient Outcomes project is structured in
116 several phases:

- 117 • Phase 1—pulmonary and some cardiovascular conditions;
- 118 • Phase 2—cross-cutting measures, diabetes, GI/biliary conditions, cancer, bone and joint,
119 eye care, surgery, infectious disease, and additional cardiovascular measures; and
- 120 • Phase 3—child health and mental health.

121 Additionally, the project will identify gaps in important outcome measures.

122 **Scope of Patient Outcomes**

123 As part of the Patient Outcomes Project the Steering Committee was tasked to identify and
124 develop a framework for MHSU outcome measures. The Steering Committee reviewed and
125 discussed at length current measures, research, interventions, policies and health trends in the
126 MHSU arena. The Committee also considered the connection between performance measures in
127 the healthcare arena with activities in the community setting, specifically focusing on areas of
128 dual accountability. Ultimately the Steering Committee identified five important characteristics
129 that should be considered in a “MHSU outcome framework:”

- 130 1. Mental health, including substance use disorders, should always be included in broad,
131 cross-cutting measures whenever appropriate such as patient safety and some adverse
132 events. Mental health should not be viewed as something apart but should be included in
133 measured population whenever possible;
- 134 2. Consumer, patient, family and caregiver satisfaction represents a critical feedback
135 mechanism for assessing quality;
- 136 3. The promotion of health behaviors and environment in relation to persons afflicted by a
137 MHSU disorder(s);

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138 4. Use of non-traditional measures (e.g., homelessness or the interaction with the justice
139 system) as a domain of measurement; and

140 5. The promotion of accountability across episodes of care with special attention on care
141 coordination.

142 This discussion led to the development of the Patient Outcomes, Phase 3: Mental Health project
143 scope, which the Steering Committee defined broadly to encompass a variety of types of patient
144 and or caregiver outcomes.

145

146 **Table A**

| PATIENT, CAREGIVER, & POPULATION OUTCOMES | EXAMPLES OF POTENTIAL MENTAL HEALTH OUTCOMES |
|---|---|
| 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 syndrome, and cardiovascular disorders) |
| Function | Improvement in or maintenance of ability/diminishing 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, as measured by objective psychometrically-sound symptom checklists |
| Change in Health-Related Behaviors | Patient engagement and 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 |

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| | |
|---|---|
| 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) | Reduction in 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; enhancing care for medical conditions |
| Direct Physiologic Measures | Appropriate drug screening and therapeutic drug monitoring; appropriate BMI, blood glucose, lipid level, blood pressure, renal and liver function testing or monitoring |
| Patient/Caregiver Experience | Enhanced satisfaction/perceptions of care; improved health literacy/numeracy; cultural competency; Understanding of treatment changes/transitions; understanding of potential hazards to patient; caregiver burden/distress/health status and outcomes |
| Patient Safety /Adverse Events | Reducing medication side effects/complications/errors; reduction of suicide attempts/completions and self-harm; restraint; elopements; avoiding injury, violence, and motor vehicle crashes; reduced falls and wandering; reduced delirium; appropriate pain medication management |
| Non-mental Health Medical Outcomes (general medical) | Appropriate management of co-morbidities; enhancing preventive care medical outcomes associated with mental health treatment and enhanced outcomes of medical illnesses; reducing disability; improved oral health |
| Mortality | Reducing suicide and alcohol/drug mortality; improved life expectancy |
| Recovery | Enhancing recovery model specific elements; improving shared decision-making; enhanced perception of hopefulness/optimism; patient's 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 of conditions at a population level; screening in medical populations; improved treatment rates |

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NQF MEMBER comments due July 06, 2010, 6:00 PM ET; PUBLIC comments due June 29, 2010 by 6:00 PM ET

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| | |
|------------------------------------|---|
| End of Life/Palliative Care | Enhanced use of hospice and advanced directives; improved pain control and well-being and patient perception of self-efficacy/control |
| Composite Measures | Enhancing combined medical, mental health, substance use, dental, and other health outcome measures |

147

148

149 **Evaluating Potential Consensus Standards**

150 This report presents the evaluation of an initial group of 18 mental health measures in the
151 following clinical focus areas: depression, psychosis, and other serious mental illnesses.
152 Candidate consensus standards were solicited through a Call for Measures in December 2009
153 and actively sought through searches of the National Quality Measures Clearinghouse, NQF
154 Member websites, and an environmental scan. The Call for Measures explicitly solicited
155 measures for Alzheimer’s and other dementias as they were identified as gap areas in the NQF
156 portfolio; yet, no Alzheimer’s or dementia measures were submitted to the project for
157 consideration. NQF staff contacted potential measure owners to encourage submission of
158 measures for this project.

159 Eighteen measures were evaluated on their suitability as voluntary consensus standards for
160 accountability and public reporting in the third phase of the project. The measures were
161 evaluated using NQF’s standard evaluation criteria.⁹ The multi-stakeholder Steering Committee
162 evaluated the 18 measures on the four main NQF criteria: importance to measure and report,
163 scientific acceptability of the measure properties, usability, and feasibility and recommended for
164 endorsement those measures which met the NQF criteria. Measure developers participated in
165 Steering Committee discussions to respond to questions and clarify any issues or concerns.

166 **RECOMMENDATIONS FOR ENDORSEMENT**

167 This report presents the results of the evaluation of 18 measures considered under NQF’s
168 Consensus Development Process (CDP). (For more detailed specifications, see Appendix A.)

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169 Four measures are recommended for endorsement as voluntary consensus standards suitable for
170 public reporting and quality improvement.

171

172 **Candidate Consensus Standards Recommended for Endorsement**

173 **Minnesota Community Measurement Depression Remission Measures**

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

177 *Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score*
178 *>9 who demonstrate remission at six months defined as a PHQ-9 score less than 5. This measure*
179 *applies to both patients with newly diagnosed and existing depression whose current PHQ-9*
180 *score indicates a need for treatment.*

181 This candidate standard was recommended for NQF endorsement and is to be paired with the
182 Depression utilization of the Patient Health Questionnaire (PHQ-9) tool (OT3-022-10) submitted
183 by Minnesota Community Measurement

184 **OT3-011-10: Depression remission at 12months (Minnesota Community Measurement)**
185 **This measure is paired with OT3-022-10: Depression utilization of the Patient Health**
186 **Questionnaire (PHQ-9) tool.**

187 *Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score*
188 *>9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. This*
189 *measure applies to both patients with newly diagnosed and existing depression whose current*
190 *PHQ-9 score indicates a need for treatment.*

191 This standard was recommended for NQF endorsement and is to be paired with the Depression
192 utilization of the Patient Health Questionnaire (PHQ-9) tool (OT3-022-10) submitted by
193 Minnesota Community Measurement.

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

196 *Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9*
197 *296.2x, 296.3x, or 300.4) who have a PHQ-9 tool administered at least once during the four*
198 *month measurement period. The PHQ-9 tool is a widely accepted, standardized tool (Copyright*

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199 © 2005 Pfizer, Inc. All rights reserved.) that is completed by the patient, ideally at each visit,
200 and utilized by the provider to monitor treatment progress.

201 This standard was recommended for NQF endorsement and is to be paired with the measure
202 number OT3-012-10, Depression remission at six months and paired with measure number OT3-
203 011-10, Depression remission at twelve months). Two of the three measures: OT3-012-10,
204 Depression remission at six months and OT3-011-10, Depression remission at twelve months
205 were identical in their constructs except for variations in their timeframes assessing depression
206 remission. These measures assess a patient’s longitudinal change in the PHQ-9 score at six and
207 twelve months. The PHQ-9 tool is a widely accepted and standardized instrument used in the
208 diagnosis and monitoring of depression treatment. The Steering Committee acknowledged the
209 value of the PHQ-9 to document a baseline and monitor symptoms and signs of major
210 depression, and to catalyze standardized measurement of response and remission for depression
211 care. The measures are currently being implemented on a voluntary basis throughout the state of
212 Minnesota. The measures are being considered for use in “pay-for-performance” models within
213 the state.

214 The Committee discussed in detail the time specifications outlined in the measure. The measure
215 developer explained the rationale for selecting the 6 month and 12 month measurement points,
216 indicating earlier tests assessing remission in timeframes less than 6 months were often
217 uninformative, since insufficient time had elapsed to adequately treat a patient. When the
218 Steering Committee inquired about the average numbers of patients who continued treatment at 6
219 and 12 months, the developer attested that the follow-up rate between 6 and 12 months is about
220 the same, at approximately 20 percent.

221 The Committee acknowledged that the Depression utilization of the PHQ-9 Tool (OT3-022-10)
222 measure is a process measure; however, the Steering Committee noted the measure forms the
223 basis of the denominator for the two Minnesota Community Measurement depression remission
224 measures (OT3-011-10, Depression remission at 12 months and OT3-012-10, Depression
225 remission at six months). For this reason, the Committee recommended that it be endorsed as a
226 paired measure to each of the two depression remission measures. The pairing of these measures

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227 is critical as it ensures that clinicians are administering the PHQ-9, building the denominator for
228 the two depression remission measures.

229 Overall, the Committee rated the measures highly and agreed they address a critical
230 measurement area. The Committee was encouraged by the level of testing and current use of the
231 measure and noted that the score captured from the PHQ-9 can be used for patient care as well as
232 quality measurement. Moreover, the Committee deemed these standards important as they reflect
233 a byproduct of care. While extended timeframes (6 and 12 months) are measured, current
234 guidelines specify achieving remission for a period of at least four to nine months following
235 acute phase treatment—a period corresponding to the measurement period. Overall, the PHQ-9 is
236 an easy instrument to administer with relatively low burden. The Minnesota Community
237 Measurement measures submitted to the NQF Mental Health Outcomes project were
238 recommended for NQF endorsement as paired consensus standards.

239

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

242 *Survey developed to gather client's evaluation of their inpatient care. Each domain is scored as*
243 *the percentage of adolescent clients aged 13-17 years and adult clients at time of discharge or at*
244 *annual review who respond positively to the domain on the survey for a given month. Five*
245 *domains in the survey include outcome, dignity, rights, treatment, and environment. Questions in*
246 *each domain are based on a standard 5-point scale, ranging from strongly disagree to strongly*
247 *agree.*

248 The Committee acknowledged this measure addresses an area that is important to measure and
249 publicly report. While the Committee suggested the measure developer explore reliability and
250 validity testing in broader settings and not solely at state hospitals, they found the level of testing
251 already completed sufficient for evaluation and recommendation for endorsement. The measure
252 developer offered data about the current use of this survey, stating that the responses were
253 captured at discharge. Variability in response rates range from 20 percent to 80 percent with an
254 average around 45 percent. The developer noted that facilities with large population of patients
255 with low health literacy may be more likely to have lower response rates; thus contributing to the
256 variability. The Committee was in favor of the measure as it was developed via consumer

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257 workgroups and there is an existing infrastructure to support the measure. This candidate
258 standard is recommended for endorsement.

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260

261 **Candidate Consensus Standards Not Recommended for Endorsement**

262 **OT3-001-10: Suicide deaths of “at risk” adult psychiatric inpatients within 30 days of** 263 **discharge. (Psychiatric Solutions Inc.)**

264 *Rate of suicide deaths within 30 days of discharge from an inpatient psychiatric setting of adult*
265 *patients (aged 18 and older) rated as “at risk.”*

266

267 The Committee believed that the measure addressed an important area, but had limitations,
268 specifically feasibility and usability. Concerns focused on the measure specifications for
269 capturing suicide deaths at 30 days following discharge as the measure relied on collecting
270 patient status information through follow-up phone calls. In addition, the Committee strongly
271 suggested that risk adjustment was essential for this measure as there are many exogenous
272 factors that can affect the outcome of an individual’s suicidal ideations or completion. Overall,
273 the Committee believes this measure needs additional refinement, including testing in additional
274 settings and inclusion of risk adjustment. This measure was not recommended for NQF
275 endorsement.

276

277 **OT3-002-10: Patient attitudes toward and ratings of care for depression (PARC-D 30)** 278 **questionnaire (Johns Hopkins University School of Medicine)**

279

280 *A comprehensive, patient-centered approach to develop an instrument to measure primary care*
281 *patients’ attitudes toward and ratings of care for depression (PARC-D questionnaire).*

282

283 Patients’ and caregivers’ attitudes toward care are essential outcomes necessary to assessing
284 quality within the healthcare system. This measure starts to address this important measurement
285 area, but as currently constructed is used to evaluate the process of assessing patient values and
286 is not an actual performance measure to assess outcomes. The tool lacks the necessary link from

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287 patient attitudes to actual outcomes of care. Because this measure lacks a demonstrated relation
288 to patient outcomes, the Committee determined that this tool fails to meet the NQF's threshold
289 criterion of *Importance to Measure and Report* and was not recommended for endorsement.

290 **Western Psychiatric Institute and Clinic of UPMC Presby Shadyside Readmission**
291 **Measures**

292 **OT3-003-10: 30 Day readmissions (Western Psychiatric Institute and Clinic of UPMC**
293 **Presby Shadyside)**

294 *Percentage of patients readmitted within 30 days of discharge reported as a percent of*
295 *discharges for an inpatient psychiatric hospital or unit. The patient is admitted to the hospital*
296 *within 30 days after being discharged from an earlier hospital stay.*

297 **OT3-004-10: 7 Day readmissions (Western Psychiatric Institute and Clinic of UPMC**
298 **Presby Shadyside)**

299 *Percentage of patients readmitted within 7 days of discharge reported as a percent of discharges*
300 *for an inpatient psychiatric hospital or unit. The patient is admitted to the hospital within 7 days*
301 *after being discharged from an earlier hospital stay.*

302 **OT3-006-10: 48 Hour readmissions (Western Psychiatric Institute and Clinic of UPMC**
303 **Presby Shadyside)**

304 *Percentage of patients readmitted within 48 hours of discharge reported as a percent of*
305 *discharges for an inpatient psychiatric hospital or unit. The patient is admitted to the hospital*
306 *within 48 hours after being discharged from an earlier hospital stay.*

307 Western Psychiatric Institute and Clinic of UPMC Presby Shadyside submitted three measures to
308 the NQF Mental Health Outcomes project pertaining to psychiatric readmission. The measures,
309 **30 day Readmissions (OT3-003-10), 7 Day readmissions (OT3-004-10), and 48 Hour**
310 **readmissions (OT3-006-10)**, were identical in their constructs except for variations in the
311 timeframes used for measuring readmissions. Deliberations on all three measures highlighted
312 concerns with the lack of testing and risk adjustment model and the overall scientific
313 acceptability of the measures. The Committee highlighted the need for risk adjustment for
314 outcome measures particularly when a measure specifies a long time interval which might
315 increase the likelihood of readmission rates as a result of exogenous factors regardless of the
316 quality of care provided during a patient's hospital stay.

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317 The Committee noted these candidate standards are similar in their constructs to other hospital
318 readmission measures currently in use (NQF endorsed an All-cause readmission index (risk
319 adjusted) [#0329] from the United Health Group) and did not support isolating mental health
320 readmissions from broader care settings. For this reason, the Committee recommended that
321 current NQF measures should consider expanding the types of readmissions to include MHSU
322 conditions at the time of maintenance review. Measures that delineate specific care settings
323 inevitably create a conceptual barrier, limiting measurement and broad adoption. The Steering
324 Committee believes the focus on strictly mental health settings runs counter to the value of
325 integrating MHSU care into broader medical care settings, an important Committee goal.

326 The readmission standards submitted by Western Psychiatric Institute and Clinic of UPMC
327 Presby Shadyside were not recommended for NQF endorsement. The Committee believes that
328 the measures are potentially of great value but require additional refinement before they should
329 be considered for public reporting.

330

331 **OT3-008-10: Fall rate per 1,000 patient days (Western Psychiatric Institute and Clinic of**
332 **UPMC Presby Shadyside)**

333 *All documented falls, with or without injury, experienced by patients on an eligible behavioral*
334 *health or psychiatric inpatient unit.*

335 The Committee agreed that this candidate standard is focused in an area where performance
336 measurement is lacking because there is no existing national database to assess fall rates among
337 psychiatric patients. This standard is similar to two existing NQF measures (NQF #0141: Patient
338 fall rates and NQF #0202: Falls with injury), but they do not include the MHSU arena. In an
339 effort to determine “best in class” the Committee recommended that the NQF-endorsed measures
340 be expanded to include psychiatric settings and then perhaps stratified by relevant variables such
341 as the presence of substance abuse or medical co-morbidity. The measure developer of the
342 currently endorsed measures was present at the meeting and indicated a willingness to expand
343 the measure to include inpatient mental health settings. Because it is expected that the endorsed
344 measures characteristics will be expanded, this standard was not recommended for NQF

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345 endorsement.

346

347 **OT3-009-10: Adverse/serious event (Western Psychiatric Institute and Clinic of UPMC**
348 **Presby Shadyside)**

349 *Incidents that resulted in serious injury or death reported as a rate per 1,000 patient days.*

350 The Committee noted this measure addressed an important topic area that has not been addressed
351 by measurement in the mental health area. While the Committee agrees that the measure targets
352 an important area, the measure as submitted was not adequately tested or specified. Inadequate
353 testing and a lack of standardized specifications across care settings hinders the adoption or
354 implementation of the measure as “serious” or “adverse” may be interpreted or recorded
355 differently. The Committee affirmed further testing was needed for the measure to be ready for
356 broad implementation. This standard was not recommended for NQF endorsement.

357

358 **OT3-010-10: Milestones of Recovery Scale (MORS) (Mental Health America of Los**
359 **Angeles)**

360 *The Milestones of Recovery Scale (MORS) is a one-item staff-administered scale that indicates*
361 *where an individual is in the process of recovery from severe and persistent mental illness. The*
362 *scale is designed for use with adults with severe and persistent mental illnesses 18 years of age*
363 *and above. The scale measures three underlying constructs: 1) level of risk, 2) level of*
364 *engagement, and 3) level of skills and supports.*

365 The Committee noted the merit of this standard is its approach to examining the recovery process
366 from the patient perspective, a point of view often overlooked in the mental health arena. The
367 Steering Committee was pleased by the fact that the measure is currently in use in existing
368 programs. Despite the measure’s importance, the Committee had substantial concerns regarding
369 the measure’s scientific acceptability and usability. Concerns centered on the measure’s lack of
370 testing for validity and reliability, lack of risk adjustment, and lack of attention to health
371 disparities. Separate, but equally important concerns centered on the measure’s link between
372 improvement and important patient-oriented outcomes and being able to assign accountability.

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373 The Committee was enthusiastic about the potential concept of the measure and encouraged the
374 developer to address the Committee's suggestions and submit a revised measure to NQF at a
375 later date. This standard was not recommended for NQF endorsement.

376

377 **OT3-013-10: Time from first face-to-face treatment encounter to buprenorphine dosing**
378 **(Baltimore Substance Abuse Systems, Inc.)**

379 *Number of hours opioid dependent, non-pregnant adults aged 18 or older have to wait between*
380 *their first face-to-face treatment encounter and receiving their first dose of buprenorphine*
381 *medication (i.e. medication induction).*

382 The Committee acknowledged this measure's attempt to improve treatment times for patients
383 with a substance abuse problem, but had concerns about the lack of testing of the measure and
384 the link between this measure and patient outcomes. While the Committee acknowledged there
385 could be obvious gains from moving toward shorter time intervals, the relationship between the
386 first face-to-face encounter and the time when the first dose of buprenorphine is received to
387 patient outcomes has not been demonstrated. The developer explained that the measure
388 addressed an intermediate outcome, but with no formal reliability or validity testing the
389 Committee questioned the measure's use in public reporting at this time. The Committee was
390 supportive of the concept and encouraged the developer to make improvements for future
391 submission. This standard was not recommended for NQF endorsement.

392

393 **OT3-016-10: Retention in treatment (Western Psychiatric Institute and Clinic of UPMC**
394 **Presby Shadyside)**

395 *Percentage of patients who complete (minimum) of 3 additional ambulatory sessions within 90*
396 *days of intake assessment over all patients who complete an intake assessment. An ambulatory*
397 *session includes any session with a doctor, clinician, or a medication management appointment.*

398 While the Committee acknowledged the value of assessing treatment retention, the connection
399 between patient outcomes and treatment retention was not demonstrated. For example, a patient
400 can be seen multiple times (treatment retention), but if the quality of care provided is sub-optimal
401 then patient outcomes may not improve. Because testing, including the need to assess for risk

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402 adjustment, has not been completed, the Committee could not support moving the measure
403 forward for endorsement at this time. The Committee is supportive of the concept and
404 encourages the developer to make improvements for future submission. This standard was not
405 recommended for NQF endorsement.

406

407 **Candidate Consensus Standards Deemed Out of Scope**

408

409 The scope of the NQF Outcomes Project: Mental Health was to enlarge NQF's portfolio of
410 outcome measures for mental health conditions, such as depression, psychosis, and other serious
411 mental illnesses, substance use disorders, and Alzheimer's disease and related illnesses. In the
412 "Call for Measures" the Steering Committee established a broad framework for the Mental
413 Health Outcomes Project (Table A). All measures were first evaluated to determine whether they
414 addressed the scope of the project and were deemed either "in or out of scope." All process
415 measures were indicated as "out of scope." Below is the list of measure deemed to be "out of
416 scope" for this project:

417

418 OT3-005-10: Services offered for psychosocial needs (paired with Measure OT3-021,
419 Assessment of psychosocial needs) (RAND Corporation)

420

421 OT3-014: Psychiatrist-rated assessment of psychiatric inpatients' clinical status (Department of
422 Psychiatry & Behavioral Sciences at Harborview Medical Center)

423

424 OT3-017: Percentage of eligible patients who transfer from a substance abuse treatment program
425 to a continuing care physician for ongoing buprenorphine maintenance therapy (Baltimore
426 Substance Abuse Systems, Inc.)

427

428 OT3-021: Assessment of psychosocial needs (paired with Measure OT3-005, Services offered
429 for psychosocial needs) (RAND Corporation)

430

431

432 **Additional Recommendations**

433 **1. Development of a [broad definition]for mental health outcomes**

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434 The Steering Committee supports the development of a concise definition for m MHSU
435 outcomes to be used as a standard within the field. Such a definition would enable more
436 effective measurement of patient outcomes across care settings.

437

438 **2. When appropriate, apply measures across care settings rather than developing MHSU**
439 **specific measures**

440 The Steering Committee strongly recommends measure developers consider the broadest
441 application of measures, assuring applicability across care settings (i.e., a measure of
442 patient fall rates should be applicable in both a mental health and other care settings). The
443 Steering Committee recommended NQF examine their portfolio of existing outcome
444 measures and consider stratification for the MHSU populations, thereby allowing these
445 measures to be applied to persons with various MHSU conditions across care settings.

446

447 **3. Immediate support for efforts to develop Alzheimer’s and dementia outcome**
448 **measures**

449 The Steering Committee strongly affirms the need for measure developers and the MHSU
450 arena to develop Alzheimer’s and dementia outcome measures. With Alzheimer’s as one
451 of the top 20 Medicare condition priorities the Steering Committee was troubled by the
452 lack of Alzheimer’s or dementia outcome measures submitted to the project. The Steering
453 Committee has identified potential Alzheimer’s outcome measures and encourages their
454 submission to future NQF projects.

455

456 **4. Alignment of measures with the National Priorities Partnership**

457 The National Priorities Partnership established a clear set of principles for improving the
458 health and well-being of all Americans. The Steering Committee affirmed the need for
459 the mental health community to align their work in the performance measurement arena
460 with the initiatives currently underway within NQF in association with the National
461 Priorities Partnership.

462

463 **5. Important measurement focus areas in the MHSU arena**

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464 The Steering Committee identified five key measurement focus areas needed to help
465 improve the quality and value of care in the mental health arena. Further, the Committee
466 indicated the need to use not only individual, but population-based measures in the
467 measurement of behavioral health outcomes.

- 468 • initiatives geared towards the inclusion of MHSU care into the broader healthcare
469 setting;
- 470 • Alzheimer's and dementia;
- 471 • the relationship of environment (e.g., housing) to mental health disorders;
- 472 • evidence-based measures which address larger social determinates of health (e.g.,
473 employment or incarceration status); and
- 474 • overuse/under-use of mental health and supporting services.

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NATIONAL QUALITY FORUM

504 Notes

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- 506 1. Donabedian, A, The quality of care. How can it be assessed? *JAMA*, 1988;
507 260(12):1743-1748.
- 508 2. Kessler RC, Chiu WT, Demler O, et al., Prevalence, severity, and comorbidity of twelve-
509 month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R),
510 *Archives of General Psychiatry*, 2005;62(6):617-627.
- 511 3. Parks, J, Radke, A, Mazade, N, *Measurement of Health Status for People with Serious*
512 *Mental Illness. National Association of State Mental Health Program Directors.*
513 Available at
514 [http://www.nasmhpd.org/general_files/publications/med_directors_pubs/NASMHPD%20](http://www.nasmhpd.org/general_files/publications/med_directors_pubs/NASMHPD%20Medical%20Directors%20Health%20Indicators%20Report%202011-19-08.pdf)
515 [Medical%20Directors%20Health%20Indicators%20Report%202011-19-08.pdf](http://www.nasmhpd.org/general_files/publications/med_directors_pubs/NASMHPD%20Medical%20Directors%20Health%20Indicators%20Report%202011-19-08.pdf). Last
516 accessed November 2009.
- 517 4. Ibid.
- 518 5. Ibid.
- 519 6. Ibid.
- 520 7. National Quality Forum (NQF), *National Priorities Partnership*, Washington, DC: NQF.
521 Available at www.nationalprioritiespartnership.org. Last accessed May 2010.
- 522 8. http://www.qualityforum.org/projects/Patient_Outcome_Measures_Phase3.aspx
- 523 9. National Quality Forum (NQF), *Measure Evaluation Criteria*, Washington, DC: NQF;
524 2008. Available at www.qualityforum.org/docs/measure_evaluation_criteria.aspx. Last
525 accessed May 2010.

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NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR IMAGING EFFICIENCY

APPENDIX A: MEASURE SPECIFICATIONS

Appendix A: Specifications of the National Voluntary Consensus Standards for Patient Outcomes: Mental Health

The following table presents the detailed specifications for the Nation Quality Forum (NQF)-endorsed[®] *National Voluntary Consensus Standards for Imaging Efficiency*. All information presented has been derived directly from measure sources/developers without modification or alteration (except when the measure developed agreed to such modification during the NQF Consensus Development Process) and is current as of May 4, 2010. All NQF-endorsed voluntary consensus standards are open source, meaning they are fully accessible and disclosed. Measures were developed by the American College of Radiology, Brigham and Women’s Hospital, Centers for Medicare and Medicaid Services, and the American College of Cardiology.

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|--------------------------|--|-----------------|--|--|--|--|---|-------------------|
| Measure ID #: OT3-022-10 | Depression utilization of the PHQ-9 tool | MN Community | Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x, or 300.4) who have a PHQ-9 tool administered at least once during the four month measurement period. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress. This process measure is related to the outcome measures of “Depression Remission at Six Months” and “Depression Remission at Twelve Months.” This measure was selected by stakeholders for public reporting to promote the implementation of processes within the provider’s office to ensure that the patient is being assessed on a routine basis with a standardized tool that supports the outcome measures for depression. Currently, only about 20% of the patients eligible for the denominator of remission at 6 or 12 months actually have a follow-up PHQ-9 score for calculating remission (PHQ-9 score <5). | Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x, or 300.4) who have a PHQ-9 tool administered at least once during the four month measurement period. Adults age 18 and older; no upper age limit Have the diagnosis of major depression or dysthymia defined by any of the following ICD-9* codes: 296.2x Major depressive disorder, single episode 296.3x Major depressive disorder, recurrent episode 300.4 Dysthymic disorder * For primary care providers the diagnosis codes can be in any position (primary or secondary). For behavioral health providers the diagnosis codes need to be in the primary position. This is to more accurately define major depression and exclude patients who may have other more serious mental health diagnoses (e.g., schizophrenia, psychosis) with a secondary diagnosis of | Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4 Adults age 18 and older; no upper age limit. | There are no exclusions for this process measure. No risk adjustment necessary. | Survey: Patient, lab data, organizational policies and procedures | Clinicians: Other |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|--------------------------|---------------------------------------|--------------------------|--|--|--|---|---|-------------------|
| | | | | depression. Of the patients meeting the above inclusion criteria, the numerator is defined as those patients who had at least one PHQ-9 tool administered during the four month measurement period. The numerator rate is calculated as follows: # adult pts with major depression or dysthymia (296.2x, 296.3x or 300.4) with at least one PHQ-9 tool administered during the four month measurement period/ # adult pts with major depression or dysthymia (296.2x, 296.3x or 300.4) | | | | |
| Measure ID #: OT3-011-10 | Depression remission at twelve months | MN Community Measurement | Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score >9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator. | Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five. Adults age 18 and older; no upper age limit Have the diagnosis of major depression or dysthymia defined by any of the following ICD-9* codes: 296.2x Major depressive disorder, single episode 296.3x Major depressive disorder, recurrent episode 300.4 Dysthymic disorder AND PHQ-9 Score is greater than nine. Of the patients meeting the above inclusion criteria, the numerator is defined as those patients with a twelve month (+/- | Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine. Adults age 18 and older; no upper age limit | Patients who die, are a permanent resident of a nursing home, or are enrolled in hospice are excluded from this measure. Additionally, patients who are initially diagnosed with major depression and after further treatment are determined to have bipolar or personal disorders are excluded. •Patients who die during the measurement time frame •Patients who are a permanent nursing home resident during the measurement time frame •Patients who are enrolled in hospice during the measurement time frame •Bipolar Disorder (Principal Diagnosis; initially diagnosed as depression but upon | Lab data, survey: patient, organizational policies and procedures | Clinicians: Other |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|-----------------|---------------|-----------------|---------------------|---|-------------|---|-------------|-------------------|
| | | | | <p>30 days) PHQ-9 score of less than five. The numerator rate is calculated as follows: # adult pts with major depression or dysthymia (296.2x, 296.3x or 300.4) with a PHQ-9 score <5 at 12 months(+/- 30 days)/ # adult pts with major depression or dysthymia (296.2x, 296.3x or 300.4) with index contact PHQ-9 > 9 Patients who do not have a twelve month +/- 30 day PHQ-9 score obtained are included in the denominator for this measure. * For primary care providers the diagnosis codes can be in any position (primary or secondary). For behavioral health providers the diagnosis codes need to be in the primary position. This is to more accurately define major depression and exclude patients who may have other more serious mental health diagnoses (e.g., schizophrenia, psychosis) with a secondary diagnosis of depression.</p> | | <p>further treatment & evaluation primary diagnosis changed to bipolar disorder). See bipolar disorder codes below. •Personality Disorder (Principal Diagnosis; initially diagnosed as depression but upon further treatment & evaluation primary diagnosis changed to personality disorder). See personality disorder codes below. For patients with bipolar or personality disorder: Do not exclude patients who have these bipolar or personality codes just because the codes are present. If the patient has major depression codes and bipolar or personality codes, the patient needs to be included. Exclusions are only to be used if the patient is initially thought to have major depression or dysthymia and it is determined at a later date that the patient has bipolar or personality disorder. For example, a patient is diagnosed in April with major depression and a PHQ-9 score of 23, therefore meeting the inclusion criteria. Several visits/ contacts with PHQ-9s occur in April and May. In June the patient has a first manic episode and is determined to have bipolar disorder. At this point the patient can be excluded from the denominator.</p> | | |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|-----------------|---------------|-----------------|---------------------|-----------|-------------|---|-------------|-------------------|
| | | | | | | Bipolar Disorder Codes: 296.00 Bipolar I disorder, single manic Episode, unspecified 296.01 Bipolar I disorder, single manic episode, mild 296.02 Bipolar I disorder, single manic episode, moderate 296.03 Bipolar I disorder, single manic episode, severe without psychotic features 296.04 Bipolar I disorder, single manic episode, severe with psychotic features 296.05 Bipolar I disorder, single manic episode, in partial remission 296.06 Bipolar I disorder, single manic episode, in full remission 296.10 Manic disorder, recurrent episode; unspecified 296.11 Manic disorder, recurrent episode; mild 296.12 Manic disorder, recurrent episode; moderate 296.13 Manic disorder, recurrent episode; severe without psychotic features 296.14 Manic disorder, recurrent episode; severe with psychotic features 296.15 Manic disorder, recurrent episode; in partial remission 296.16 Manic disorder, recurrent episode; in full remission 296.40 Bipolar I disorder, most recent | | |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|-----------------|---------------|-----------------|---------------------|-----------|-------------|--|-------------|-------------------|
| | | | | | | episode manic, unspecified 296.41 Bipolar I disorder, most recent episode manic, mild 296.42 Bipolar I disorder, most recent episode manic, moderate 296.43 Bipolar I disorder, most recent episode manic, severe without psychotic features 296.44 Bipolar I disorder, most recent episode manic, severe with psychotic features 296.45 Bipolar I disorder, most recent episode manic, in partial remission 296.46 Bipolar I disorder, most recent episode manic, in full remission 296.50 Bipolar I disorder, most recent episode depressed, unspecified 296.51 Bipolar I disorder, most recent episode depressed, mild 296.52 Bipolar I disorder, most recent episode depressed, moderate 296.53 Bipolar I disorder, most recent episode depressed, severe without psychotic features 296.54 Bipolar I disorder, most recent episode depressed, severe with psychotic features 296.55 Bipolar I disorder, most recent episode depressed, in partial remission 296.56 Bipolar I disorder, most recent episode depressed, in | | |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|-----------------|---------------|-----------------|---------------------|-----------|-------------|---|-------------|-------------------|
| | | | | | | full remission 296.60 Bipolar I disorder, most recent episode mixed, unspecified 296.61 Bipolar I disorder, most recent episode mixed, mild 296.62 Bipolar I disorder, most recent episode mixed, moderate 296.63 Bipolar I disorder, most recent episode mixed, severe without psychotic features 296.64 Bipolar I disorder, most recent episode mixed, severe with psychotic features 296.65 Bipolar I disorder, most recent episode mixed, in partial remission 296.66 Bipolar I disorder, most recent episode mixed, in full remission 296.7 Bipolar I disorder, most recent episode unspecified 296.80 Bipolar disorder NOS 296.89 Bipolar II disorder Personality Disorder Codes: 301.0 Paranoid personality disorder 301.1 Affective personality disorder 301.10 Affective personality disorder unspecified 301.11 Chronic hypomanic personality disorder 301.12 Chronic depressive personality disorder 301.13 Cyclothymic disorder 301.2 Schizoid personality disorder | | |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|-----------------|---------------|-----------------|---------------------|-----------|-------------|---|-------------|-------------------|
| | | | | | | 301.20 Schizoid personality disorder unspecified 301.21 Introverted personality 301.22 Schizotypal personality disorder 301.3 Explosive personality disorder 301.4 Obsessive-compulsive personality disorder 301.5 Histrionic personality disorder 301.50 Histrionic personality disorder unspecified 301.51 Chronic factitious illness with physical symptoms 301.59 Other histrionic personality disorder 301.6 Dependent personality disorder 301.7 Antisocial personality disorder 301.8 Other personality disorders 301.81 Narcissistic personality disorder 301.82 Avoidant personality disorder 301.83 Borderline personality disorder 301.84 Passive-aggressive personality 301.89 Other personality disorders 301.9 Unspecified personality disorder Adjustments? Other (specify) Currently under exploration. We are currently assessing the best variables for risk adjustment in this population. In preparing for this we are starting to collect gender, zip code, race & ethnicity, country of origin and primary | | |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|--------------------------|------------------------------------|--------------------------|--|--|---|---|---|-------------------|
| | | | | | | language. We will be convening a workgroup in the spring of 2010 determine the best variables for risk adjustment for this population. | | |
| Measure ID #: OT3-012-10 | Depression remission at six Months | MN Community Measurement | <p>Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score >9 who demonstrate remission at six months defined as a PHQ-9 score <5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.</p> <p>The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress.</p> <p>This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) are also included in the denominator.</p> | <p>Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score >9 who achieve remission at six months as demonstrated by a six month (+/- 30 days) PHQ-9 score of <5.</p> <p>Adults age 18 and older; no upper age limit Have the diagnosis of major depression or dysthymia defined by any of the following ICD-9* codes: 296.2x Major depressive disorder, single episode 296.3x Major depressive disorder, recurrent episode 300.4 Dysthymic disorder AND PHQ-9 Score is >9. Of the patients meeting the above inclusion criteria, the numerator is defined as those patients with a six month (+/- 30 days) PHQ-9 score of <5.</p> <p>The numerator rate is calculated as follows: # adult pts with major depression or dysthymia (296.2x, 296.3x or 300.4) with a PHQ-9 score < 5 at 6 months(+/- 30 days)/ # adult pts with major depression or dysthymia (296.2x, 296.3x or 300.4)with index contact PHQ-9 > 9</p> | <p>Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score > .</p> <p>Adults age 18 and older; no upper age limit</p> | <p>Patients who die, are a permanent resident of a nursing home, or are enrolled in hospice are excluded from this measure. Additionally, patients who are initially diagnosed with major depression and after further treatment are determined to have bipolar or personal disorders are excluded.</p> <ul style="list-style-type: none"> •Patients who die during the measurement time frame •Patients who are a permanent nursing home resident during the measurement time frame •Patients who are enrolled in hospice during the measurement time frame •Bipolar Disorder (Principal Diagnosis; initially diagnosed as depression but upon further treatment & evaluation primary diagnosis changed to bipolar disorder). See bipolar disorder codes below. •Personality Disorder (Principal Diagnosis; initially diagnosed as depression but upon further treatment & evaluation primary diagnosis changed to personality disorder). | Survey: Patient, lab data, organizational policies and procedures | Clinicians: Other |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|-----------------|---------------|-----------------|---------------------|---|-------------|---|-------------|-------------------|
| | | | | <p>Patients who do not have a six month +/- 30 day PHQ-9 score obtained are included in the denominator for this measure.</p> <p>* For primary care providers the diagnosis codes can be in any position (primary or secondary). For behavioral health providers the diagnosis codes need to be in the primary position. This is to more accurately define major depression and exclude patients who may have other more serious mental health diagnoses (e.g., schizophrenia, psychosis) with a secondary diagnosis of depression.</p> | | <p>See personality disorder codes below. For patients with bipolar or personality disorder:</p> <p>Do not exclude patients who have these bipolar or personality codes just because the codes are present. If the patient has major depression codes and bipolar or personality codes, the patient needs to be included. Exclusions are only to be used if the patient is initially thought to have major depression or dysthymia and it is determined at a later date that the patient has bipolar or personality disorder. For example, a patient is diagnosed in April with major depression and a PHQ-9 score of 23, therefore meeting the inclusion criteria. Several visits/ contacts with PHQ-9s occur in April and May. In June the patient has a first manic episode and is determined to have bipolar disorder. At this point the patient can be excluded from the denominator.</p> <p>Bipolar Disorder Codes: 296.00 Bipolar I disorder, single manic episode, unspecified 296.01 Bipolar I disorder, single manic episode, mild 296.02 Bipolar I disorder, single manic episode, moderate 296.03 Bipolar I disorder, single manic episode, severe</p> | | |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|-----------------|---------------|-----------------|---------------------|-----------|-------------|---|-------------|-------------------|
| | | | | | | without psychotic features 296.04 Bipolar I disorder, single manic episode, severe with psychotic features 296.05 Bipolar I disorder, single manic episode, in partial remission 296.06 Bipolar I disorder, single manic episode, in full remission 296.10 Manic disorder, recurrent episode; unspecified 296.11 Manic disorder, recurrent episode; mild 296.12 Manic disorder, recurrent episode; moderate 296.13 Manic disorder, recurrent episode; severe without psychotic features 296.14 Manic disorder, recurrent episode; severe with psychotic features 296.15 Manic disorder, recurrent episode; in partial remission 296.16 Manic disorder, recurrent episode; in full remission 296.40 Bipolar I disorder, most recent episode manic, unspecified 296.41 Bipolar I disorder, most recent episode manic, mild 296.42 Bipolar I disorder, most recent episode manic, moderate 296.43 Bipolar I disorder, most recent episode manic, severe without psychotic features | | |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|-----------------|---------------|-----------------|---------------------|-----------|-------------|---|-------------|-------------------|
| | | | | | | 296.44 Bipolar I disorder, most recent episode manic, severe with psychotic features 296.45 Bipolar I disorder, most recent episode manic, in partial remission 296.46 Bipolar I disorder, most recent episode manic, in full remission 296.50 Bipolar I disorder, most recent episode depressed, unspecified 296.51 Bipolar I disorder, most recent episode depressed, mild 296.52 Bipolar I disorder, most recent episode depressed, moderate 296.53 Bipolar I disorder, most recent episode depressed, severe without psychotic features 296.54 Bipolar I disorder, most recent episode depressed, severe with psychotic features 296.55 Bipolar I disorder, most recent episode depressed, in partial remission 296.56 Bipolar I disorder, most recent episode depressed, in full remission 296.60 Bipolar I disorder, most recent episode mixed, unspecified 296.61 Bipolar I disorder, most recent episode mixed, mild 296.62 Bipolar I disorder, most recent episode mixed, moderate 296.63 Bipolar I disorder, most recent | | |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|-----------------|---------------|-----------------|---------------------|-----------|-------------|--|-------------|-------------------|
| | | | | | | episode mixed, severe without psychotic features 296.64 Bipolar I disorder, most recent episode mixed, severe with psychotic features 296.65 Bipolar I disorder, most recent episode mixed, in partial remission 296.66 Bipolar I disorder, most recent episode mixed, in full remission 296.7 Bipolar I disorder, most recent episode unspecified 296.80 Bipolar disorder NOS 296.89 Bipolar II Disorder Personality Disorder Codes: 301.0 Paranoid personality disorder 301.1 Affective personality disorder 301.10 Affective personality disorder unspecified 301.11 Chronic hypomanic personality disorder 301.12 Chronic depressive personality disorder 301.13 Cyclothymic disorder 301.2 Schizoid personality disorder 301.20 Schizoid personality disorder unspecified 301.21 Introverted personality 301.22 Schizotypal personality disorder 301.3 Explosive personality disorder 301.4 Obsessive-compulsive personality disorder 301.5 Histrionic personality disorder | | |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|--------------------------|---------------------------------|-----------------|--|--|---|---|---------------|--|
| | | | | | | 301.50 Histrionic personality disorder unspecified 301.51 Chronic factitious illness with physical symptoms 301.59 Other histrionic personality disorder 301.6 Dependent personality disorder 301.7 Antisocial personality disorder 301.8 Other personality disorders 301.81 Narcissistic personality disorder 301.82 Avoidant personality disorder 301.83 Borderline personality disorder 301.84 Passive-aggressive personality 301.89 Other personality disorders 301.9 Unspecified personality disorder Adjustments? Other (specify) Currently under exploration. We are currently assessing the best variables for risk adjustment in this population. In preparing for this we are starting to collect gender, zip code, race & ethnicity, country of origin and primary language. We will be convening a workgroup in the spring of 2010 determine the best variables for risk adjustment for this population. | | |
| Measure ID #: OT3-047-10 | Inpatient Consumer Survey (ICS) | | Survey developed to gather client's evaluation of their inpatient care. Each domain is scored as the percentage of adolescent clients aged 13-17 years and adult clients at time | Number of clients who respond positively to the domain. Domains include outcome, dignity, rights, treatment, and | Number of clients completing at least 2 items in the domain. Domains include outcome, dignity, rights, treatment, and | N/A | Registry data | Facility/Agency, Population: national, Other |

| Measure Numbers | Measure Title | Measure Steward | Measure Description | Numerator | Denominator | Exclusions | Data Source | Level of Analysis |
|-----------------|---------------|-----------------|--|--|--|------------|-------------|-------------------|
| | | | <p>of discharge or at annual review who respond positively to the domain on the survey for a given month. Five domains in the survey include outcome, dignity, rights, treatment, and environment. Questions in each domain are based on a standard 5-pt scale, evaluated on a scale from strongly disagree to strongly agree.</p> | <p>environment. Each domain is calculated separately.</p> <p>Clients who are discharged or have an annual review during the month, complete at least 2 questions in the domain, and average a positive rating for those questions.</p> <p>A positive rating is a categorization of the responses in the domain. Each item is evaluated on a 5-point scale where 1 represents strongly disagree and 5 represents strongly agree. The values for items in the domain are averaged. When the average score for a domain is greater than 3.5, the response is categorized as responded positively.</p> | <p>environment. Each domain is calculated separately.</p> <p>Clients who were discharged or had an annual review during the month and completed at least 2 questions in the domain. The count of clients is determined separately for each domain.</p> | | | |

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Patient Outcomes: Mental Health

Appendix B— Steering Committee

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NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR MENTAL HEALTH
Appendix C: Other NQF-Endorsed Mental Health Outcomes Consensus Standards

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
|--|--|---|---|------------|
| Measure ID #: 0003 Bipolar disorder: assessment for diabetes | Center for Quality Assessment and Improvement in Mental Health | <p>Assessment for diabetes must include documentation of one of the following:</p> <ul style="list-style-type: none"> • Reference in chart that test was ordered and results or information about results was obtained <p>OR</p> <ul style="list-style-type: none"> • Lab results filed in chart or available in patient’s electronic medical record <p>Reference: Tests used to screen/assess for diabetes:</p> <p>Preferred Fasting plasma glucose; Non-fasting plasma glucose; Glucose tolerance Also Accepted: Glycosylated hemoglobin (Hb A1c; glycated hemoglobin) Random glucose AND</p> <p>Timeframe: Test results/information from test conducted within 16 weeks after the initiation of a second generation atypical antipsychotic agent</p> <p>OR</p> <p>Measurement EXCLUSION FROM COMPLIANCE Issues</p> <p>Numerator criteria not applicable and exclusion from compliance as stated below:</p> <ol style="list-style-type: none"> 1. Documentation by physician that test was not clinically indicated for this patient <p>OR</p> <ol style="list-style-type: none"> 2. Documentation that test was requested but patient failed to comply with request to obtain test | <p>Patients 18 years of age or older with an initial or new episode of bipolar disorder</p> <p>AND</p> <p>Documentation of a diagnosis of bipolar disorder; to include at least one of the following:</p> <ul style="list-style-type: none"> • Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms <p>OR</p> <ul style="list-style-type: none"> • Diagnosis or Impression or “working diagnosis” documented in chart indicating bipolar disorder <p>OR</p> <ul style="list-style-type: none"> • Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and documentation that this information is used to establish or substantiate the diagnosis <p>AND</p> <p>Documentation of treatment with an atypical antipsychotic agent. (See reference list below)</p> <p>Note: It is not the intent to indicate preferred pharmacotherapy. The reference list is inclusive of those atypical antipsychotic medications that are reasonably construed to be appropriate in accordance with current guidelines. (Reference list of medications also included in data collection form)</p> <p>Atypical Antipsychotic Agents</p> <ul style="list-style-type: none"> • aripiprazole • quetiapine • clozapine • risperidone • olanzapine • ziprasidone | N/A |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
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| | | | <ul style="list-style-type: none"> • olanzapine-fluoxetine (combination) <p>None. New diagnosis” or a “new episode,” is defined as cases where the patient has not been involved in active treatment for 6 months. Active treatment includes being hospitalized or under the out-patient care of a physician.</p> | |
| <p>Measure ID #: 0004</p> <p>Initiation and engagement of alcohol and other drug dependence treatment: a. initiation, b. engagement</p> | <p>National Committee for Quality Assurance</p> | <p>a. Initiation of AOD Dependence Treatment: The number of patients with documentation that Initiation of AOD treatment occurred through any of the following mechanisms. If the Index Episode was an inpatient discharge, the inpatient stay is considered initiation of treatment, or if the Index Episode was a detoxification, ED visit, or outpatient visit, the patient must have a subsequent service within 14 days of the Index Episode Start Date to be considered initiated.</p> <p>ED and detoxification visits count only toward the denominator and should not be included as the initiation visit.</p> <p>Step 1: Identify all patients in the denominator population whose Index Episode Start Date was an inpatient discharge with a primary or secondary AOD diagnosis. This visit counts as the initiation event.</p> <p>Step 2: Identify all patients in the denominator whose Index Episode Start Date was an outpatient visit, detoxification visit or emergency department visit.</p> <p>Step 3: Determine if the patients in step 2 had an additional outpatient visit or inpatient admission with any AOD diagnosis within 14 days of the Index Episode Start Date (inclusive).</p> <p>To determine if the 14-day criterion is met for inpatient stays, use the admission date, not the discharge date.</p> <p>Step 4: Exclude from the denominator patients whose initiation service was an inpatient stay with a discharge date after December 1.</p> <p>b. Identify patients who had documentation of an initiation of AOD treatment visit and two or more services with AOD dependence diagnosis within 30 days after the date of the initiation visit (inclusive):</p> <p>For patients who initiated treatment via inpatient stay, 30 days starts at the patient’s inpatient discharge date. To determine if the 30-day criterion is met for engagement inpatient stays, count days to</p> | <p>a. All patients with documentation of meeting the following criteria, and stratified by age group according to the age classifications below:</p> <ul style="list-style-type: none"> o 13 years and older as of December 31 of the measurement year o Adolescent Age Band: 13 – 17 year-olds o Adult Age Bands: 18 – 25 years old, 26-24 years old, 35-64 years old, 65+ years old o Total <p>The following steps should be followed to identify the eligible population which is the denominator for this measure:</p> <p>Step 1: Identify all patients 13 years and older who:</p> <ul style="list-style-type: none"> o Had an outpatient claim/encounter or intermediate AOD claim/encounter between January 1 and November 15 of the measurement year, or o Had a detoxification or ED visit between January 1 and November 15 of the measurement year, or o Had an inpatient discharge between January 1 and November 15 of the measurement year. <p>Step 2: For each patient identified in step 1, determine the Index Episode Start Date by identifying the date of the patient’s earliest encounter during the measurement year (e.g. outpatient, detoxification or ED visit date, inpatient discharge date) with any qualifying AOD dependence diagnosis</p> <p>Step 3: Determine if the Index Episode Start Date is a New Episode. Patients with a New Episode of AOD dependence have a Negative Diagnosis History of 60 days without an AOD diagnosis. For patients with an inpatient visit, use the admission date to determine Negative Diagnosis History.</p> | <p>N/A</p> |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
|--|--|---|--|------------|
| | | <p>the next outpatient service or the admission date of the subsequent inpatient stay, not the discharge date</p> <p>ED and detoxification visits count only toward the denominator and should not be included as an engagement visit.</p> | <p>b.All patients with documentation of meeting the following criteria, and stratified by age group according to the age classifications below:</p> <ul style="list-style-type: none"> o 13 years and older as of December 31 of the measurement year o Adolescent Age Band: 13 – 17 year-olds o Adult Age Bands: 18 – 25 years old, 26-24 years old, 35-64 years old, 65+ years old o Total <p>The following steps should be followed to identify the eligible population which is the denominator for this measure:</p> <p>Step 1: Identify all patients 13 years and older who:</p> <ul style="list-style-type: none"> o Had an outpatient claim/encounter or intermediate AOD claim/encounter between January 1 and November 15 of the measurement year, or o Had a detoxification or ED visit between January 1 and November 15 of the measurement year, or o Had an inpatient discharge between January 1 and November 15 of the measurement year. <p>Step 2: For each patient identified in step 1, determine the Index Episode Start Date by identifying the date of the patient’s earliest encounter during the measurement year (e.g. outpatient, detoxification or ED visit date, inpatient discharge date) with any qualifying AOD dependence diagnosis</p> <p>Step 3: Determine if the Index Episode Start Date is a New Episode. Patients with a New Episode of AOD dependence have a Negative Diagnosis History of 60 days without an AOD diagnosis. For patients with an inpatient visit, use the admission date to determine Negative Diagnosis History.</p> | |
| <p>Measure ID #: 0008</p> <p>Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions)</p> | <p>Agency for Healthcare Research and Quality</p> | <p>Download survey tool and instructions:</p> <p>www.qualityforum.org/pdf/ambulatory/txECHOALL(onepager&specs&survey)03-23-07.pdf</p> <p>Measure developer/instrument web site:</p> <p>www.cahps.ahrq.gov/content/products/ECHO/PROD_ECHO_MBHO.asp?p=1021&s=214</p> | | <p>N/A</p> |
| <p>Measure ID #: 0095</p> | <p>American Medical Association Physician Consortium for</p> | <p>Patients with mental status assessed Medical record may include documentation by physician that</p> | <p>All patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia. For</p> | <p>N/A</p> |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
|--|---|---|--|--|
| Assessment mental status for community-acquired bacterial pneumonia | Performance Improvement | patient's mental status was noted (e.g., patient is oriented or disoriented) | purposes of measurement in the emergency department, this measure is intended to include only those patients with an emergency department discharge diagnosis of community-acquired bacterial pneumonia. | |
| Measure ID #: 0103 Major depressive disorder: diagnostic Evaluation | American Medical Association Physician Consortium for Performance Improvement | <p>Patients with documented evidence that they met the DSM-IV™ criteria [at least 5 elements (including 1) depressed mood or 2) loss of interest or pleasure] with symptom duration of two weeks or longer] during the visit in which the new diagnosis or recurrent episode was identified.</p> <p>-CPT-II code: 1040F DSM-IV™ criteria for MDD documented</p> <p>-The criteria for a MDD episode includes five (or more) of nine specific symptoms which have been present during the same two-weeks period and represent a change from previous functioning; at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure:</p> <ul style="list-style-type: none"> -depressed mood; -marked diminished interest/pleasure; -significant weight loss or gain; -insomnia or hypersomnia; -psychomotor agitation/ retardation; -fatigue or lost of energy; -feelings of worthlessness; -diminished ability to concentrate; and -recurrent suicidal ideation | <p>All patients aged >18 years with a new diagnosis or recurrent episode of MDD during the reporting year</p> <p>Patient Selection: ICD-9-CM Codes for MDD: 296.20-296.24, 296.30-296.34</p> <p>And Documentation of new episode of MDD CPT-II code: 3093F Documentation of a new diagnosis or recurrent episode of MDD</p> <p>And CPT codes for patient visits: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404</p> <p>Or CPT codes for psychiatric visits: 90801, 90802]</p> <p>And Patient's age is = 18 years</p> | N/A |
| Measure ID #: 0104 Major depressive disorder: suicide risk assessment | American Medical Association Physician Consortium for Performance Improvement | Patients who had a suicide risk assessment completed at each visit; CPT-II code: Suicide risk assessed | <p>All patients aged >18 years with a new diagnosis or recurrent episode of MDD during the reporting year. Patient Selection:</p> <p>ICD-9-CM Codes for MDD: 296.20-296.24, 296.30-296.34</p> <p>AND</p> <p>[Documentation of new episode of MDD</p> <p>CPT-II code: 3093F Documentation of a new diagnosis or recurrent episode of MDD</p> <p>AND</p> <p>CPT codes for patient visits: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387,</p> | <p>Documentation that patient is in remission (no longer meeting DSM-IV™ criteria)</p> <p>OR CPT II code 3092F-Major depressive disorder, in remission</p> |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
|---|---|--|---|------------|
| | | | 99395-99397, 99401-99404, 90862, 90805, 90807, 90809, 90811, 90813, 90815, 90804, 90806, 90808, 90810, 90812, 90814, 90845, 90847, 90849, 90853, 90857] And Patient's age is = 18 years | |
| Measure ID #: 0105 New episode of depression: (a) optimal practitioner contacts for medication management, (b) effective acute phase treatment, (c) effective continuation phase treatment | National Committee for Quality Assurance | <p>a-- Optimal Contacts for Medication Management</p> <p>Three or more outpatient follow-up visits or intermediate treatment with a practitioner (at least one of which is a prescribing practitioner) within 84 days (i.e., within the 12-week acute treatment phase) after a new diagnosis of major depression. All three follow-up visits are expected to be for mental health. Two of the three follow-up visits must be face-to-face. Case management services should not be counted toward this measure.</p> <p>Identify all patients in the denominator population who had:</p> <ul style="list-style-type: none"> • three face-to-face follow-up office visits or intermediate treatment with a practitioner within 84 days (12 weeks) after the Index Episode Start Date, or • two face-to-face visits and one telephone visit with either a practitioner within 84 days (12 weeks) after the Index Episode Start Date. <p>Do not count the Index Episode Start Date visit in cases where the patient had two visits with a secondary diagnosis of depression. Include the second visit with a secondary diagnosis of depression toward the optimal contacts rate. Emergency room visits do not count toward the numerator. Visits (in person or over the telephone) with non-mental health practitioners should be for a psychiatric visit or for a mental health diagnosis</p> <p>b- Effective Acute Phase reatment (medical record)</p> <p>An 84-day (12-week) acute treatment of antidepressant medication.</p> <p>Identify all patients in the denominator population who have sufficient documentation in their medical record of a sufficient number of separate prescriptions/refills of antidepressant medication</p> | <p>A systematic sample of patients 18 years and older as of April 30th of the measurement year diagnosed with a New Episode of Major Depressive Disorder during the Intake Period and who were prescribed antidepressant medication.</p> <p>Definitions are as follows:</p> <p>Intake Period: The 12 month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year. Used to capture New Episodes of treatment.</p> <p>Index Episode Start Date: The earliest episode during the Intake Period with a qualifying diagnosis of major depression.</p> <p>Index Prescription Date: The earliest prescription for antidepressants filled within a 44-day period, defined as 30 days prior to through 14 days on or after the Index Episode Start Date.</p> <p>Negative Diagnosis History: A period of 120 days (4 months) on or before the Index Episode Start Date, during which time the patient had no claims/encounters containing either a principal or secondary diagnosis of depression</p> <p>Negative Medication History: A period of 90 days (3 months) prior to the Index Prescription Date, during which time the patient had no new or refill prescriptions for a listed antidepressant drug</p> <p>New Episode: To qualify as a new episode, two criteria must be met:</p> <p>a 120-day (4-month) Negative Diagnosis History on or</p> | N/A |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
|---------|-----------------|---|---|------------|
| | | <p>treatment to provide continuous treatment for at least 84 days. The continuous treatment definition allows gaps in medication treatment up to a total of 30 days during the 84-day period. Allowable medication changes or gaps include:</p> <ul style="list-style-type: none"> •“washout” period gaps to change medication •“treatment” gaps to refill the same medication. <p>Regardless of the number of gaps, the total gap days may be no more than 30 days. Any combination of gaps may be counted (e.g., two washout gaps, each 15 days, or two washout gaps of 10 days each and one treatment gap of 10 days). The total gap days may not exceed 30 days. To determine continuity of treatment during the 84-day period, sum the number of gap days to the number of treatment days for a maximum of 114 days (i.e., 84 treatment days + 30 gap days = 114 days). For all prescriptions prescribed within 114 days of the Index Prescription Date, count treatment days from the Index Prescription Date and continue to count until a total of 84 treatment days has been established. Patients whose gap days exceed 30 or who do not have 84 treatment days within 114 days after the Index Prescription Date are not counted in the numerator.</p> <p>Antidepressant Medication Prescriptions: (NCQA will provide a comprehensive list of medications and NDC codes on its website)</p> <ul style="list-style-type: none"> •Tricyclic antidepressants (TCA) and other cyclic antidepressants •Selective serotonin reuptake inhibitors (SSRI) •Monoamine oxidase inhibitors (MAOI) •Serotonin-norepinephrine reuptake inhibitors (SNRI) •Other antidepressants <p>c- Effective Continuation Phase Treatment (medical record)</p> <p>A 180-day treatment of antidepressant medication.</p> <p>Identify all patients in the denominator population who have sufficient documentation in their medical record of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days. The</p> | <p>before the Index Episode Start Date</p> <p>A 90-day (3-month) Negative Medication History on or before the Index Prescription Date</p> <p>Prescribing Practitioner: A practitioner with prescribing privileges</p> <p>Treatment Days: The actual number of calendar days covered with prescriptions within the specified 180-day measurement interval.</p> | |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
|---|---|---|---|------------|
| | | <p>continuous treatment definition allows gaps in medication treatment up to a total of 51 days during the 180-day period. Allowable medication changes or gaps include:</p> <ul style="list-style-type: none"> • “washout” period gap to change medication • “treatment” gaps to refill the same medication. <p>Regardless of the number of gaps, the total gap days may be no more than 51 days. Any combination of gaps may be counted (e.g., two washout gaps, each 25 days or two washout gaps of 10 days each and one treatment gap of 10 days). Total gap days may not exceed 51 days.</p> <p>To determine continuity of treatment during the 180-day period, sum the number of allowed gap days to the number of treatment days for a maximum of 231 days (i.e., 180 treatment days + 51 gap days = 231 days); identify all prescriptions filled within the 231 days of the Index Prescription Date.</p> <p>Count treatment days from the Index Prescription Date and continue to count until a total of 180 treatment days has been established. Patients whose gap days exceed 51 or who do not have 180 treatment days within 231 days after the Index Prescription Date are not counted in the numerator.</p> | | |
| <p>Measure ID #: 0109</p> <p>Bipolar disorder and major depression: assessment for manic or hypomanic behaviors</p> | <p>Center for Quality Assessment and Improvement in Mental Health</p> | <p>Documentation of an assessment that considers the presence or absence of current and/or prior symptoms or behaviors of mania or hypomania. Sources of documentation may include the following:</p> <p>Documentation of presence or absence of the symptoms/behaviors associated with mania/hypomania (Reference List of Symptoms/Behaviors of Mania or Hypomania included in data collection form-will be available to TAP review)</p> <p>OR</p> <p>Use of a bipolar disorder screening or assessment tool :</p> <p>Clinical Global Impression - Bipolar</p> <p>MDQ: Mood Disorder Questionnaire</p> <p>BSDS: Bipolar Spectrum Diagnostic Scale</p> <p>YMRS: Young Mania Rating Scale</p> | <p>Patients 18 years of age or older with an initial diagnosis or new presentation/episode of depression</p> <p>AND</p> <p>Documentation of a diagnosis of depression; to include at least one of the following:</p> <ul style="list-style-type: none"> • Codes 296.2x; 296.3x. 300.4 or 311 (ICD9CM or DSM-IV-TR) documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms • Diagnosis or Impression or “working diagnosis” documented in chart indicating depression • Use of a screening/assessment tool for depression with a score or conclusion that patient is depressed and documentation that this information is used to establish or substantiate the diagnosis <p>AND</p> <p>Documentation of treatment for depression; to include at least one of the following:</p> | <p>N/A</p> |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
|---|---|--|---|------------|
| | | <p>BDSS: Brief Bipolar disorder Symptom Scale</p> <p>Hypomanic Personality Scale</p> <p>Self Report Mania Inventory</p> <p>Altman Self Report Mania Scale</p> <p>Bech-Rafaelsen Mania Rating Scale</p> <p>Or, Other scale used & documented at site</p> <p>AND</p> <p>Timeframe for chart documentation of the assessment for mania/hypomania must be present prior to, or concurrent with, the visit where the treatment plan is documented as being initiated</p> | <p>Antidepressant pharmacotherapy (Reference List of Antidepressant Medications included in data collection form)</p> <p>AND/OR</p> <p>Psychotherapy for depression; provided at practice site or through referral</p> <p>New diagnosis” or a “new episode,” is defined as cases where the patient has not been involved in active treatment for 6 months. Active treatment includes being hospitalized or under the out-patient care of a physician.</p> | |
| <p>Measure ID #: 0110</p> <p>Bipolar disorder and major depression: appraisal for alcohol or chemical substance use</p> | <p>Center for Quality Assessment and Improvement in Mental Health</p> | <p>Documented assessment for use of alcohol and chemical substance use; to include at least one of the following:</p> <ul style="list-style-type: none"> •Clinician documentation regarding presence or absence of alcohol and chemical substance use •Patient completed history/assessment form that addresses alcohol and chemical substance use that is documented as being acknowledged by clinician performing the assessment •Use of screening tools that address alcohol and chemical substance use <p>AND</p> <p>Timeframe for chart documentation of the assessment for alcohol/chemical substance use must be present prior to, or concurrent with, the visit where the treatment plan is documented as being initiated</p> | <p>UNIPOLAR DEPRESSION</p> <p>Patients 18 years of age or older with an initial diagnosis or new presentation/episode of depression</p> <p>AND</p> <p>Documentation of a diagnosis of depression; to include at least one of the following:</p> <ul style="list-style-type: none"> • Codes 296.2x; 296.3x. 300.4 or 311 (ICD9CM or DSM-IV-TR) documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms such as a problem list. <p>OR</p> <p>Diagnosis or Impression or working diagnosis documented in chart indicating depression</p> <p>OR</p> <p>Use of a screening/assessment tool for depression with a score or conclusion that patient is depressed and documentation that this information is used to establish or substantiate the diagnosis</p> <p>BIPOLAR DISORDER</p> <p>Patients 18 years of age or older with an initial or new episode of bipolar disorder</p> <p>AND</p> <p>Documentation of a diagnosis of bipolar disorder; to include at least one of the following:</p> | <p>N/A</p> |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
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| | | | <ul style="list-style-type: none"> • Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms <p>OR</p> <ul style="list-style-type: none"> • Diagnosis or Impression or “working diagnosis” documented in chart indicating bipolar disorder <p>OR</p> <ul style="list-style-type: none"> • Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and documentation that this information is used to establish or substantiate the diagnosis | |
| <p>Measure ID # : 0111</p> <p>Bipolar disorder: appraisal for risk of suicide</p> | <p>Center for Quality Assessment and Improvement in Mental Health</p> | <p>Documentation of an assessment for risk of suicide; to include at least one of the following:</p> <ul style="list-style-type: none"> • Documented clinician evaluation of the presence or absence of suicidal ideation, intention or plans • Documented reference to comments the patient made that relate to the presence or absence of thoughts of suicide/death • Documented reference to use, or presence in the chart of, a screening tool or patient assessment form that addresses suicide (e.g., PHQ-9; Beck Hopelessness Scale; Beck Scale for Suicide) <p>AND</p> <p>Timeframe for chart documentation of the assessment for risk of suicide must be present on the date of the initial assessment/evaluation visit</p> | <p>Patients 18 years of age or older with an initial or new episode of bipolar disorder</p> <p>AND Documentation of a diagnosis of bipolar disorder; to include at least one of the following:</p> <ul style="list-style-type: none"> • Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms <p>OR</p> <ul style="list-style-type: none"> • Diagnosis or Impression or “working diagnosis” documented in chart indicating bipolar disorder <p>OR</p> <ul style="list-style-type: none"> • Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and documentation that this information is used to establish or substantiate the diagnosis <p>New diagnosis” or a “new episode,” is defined as cases where the patient has not been involved in active treatment for 6 months. Active treatment includes being hospitalized or under the out-patient care of a physician.</p> | <p>N/A</p> |
| <p>Measure ID #: 0112</p> <p>Bipolar disorder: level-of-function evaluation</p> | <p>Center for Quality Assessment and Improvement in Mental Health</p> | <p>Documentation of monitoring the patient’s level-of-functioning in one of the following ways:</p> <ul style="list-style-type: none"> • Patient self-report documented by clinician in record OR • Clinician documented review of patient-completed monitoring form/diary/tool OR | <p>Patients 18 years of age or older with an initial or new episode of bipolar disorder</p> <p>AND</p> <p>Documentation of a diagnosis of bipolar disorder; to include at least one of the following:</p> | <p>N/A</p> |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
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| | | <ul style="list-style-type: none"> • Documentation in patient chart of the use of ONE level-of-functioning monitoring tool, examples are as follows: <ul style="list-style-type: none"> o SOFAS: Social and Occupational Functioning Assessment Scale o GARF: Global Assessment of Relationship Functioning o GAF: Global Assessment of Functioning o WASA: Workload and Social Adjustment Assessment o PDS: Progressive Deterioration Scale (functional impairment; activities of daily living) o PHQ-9: Question 2 (How difficult has it been for you...) o SF 12 or SF 36 <p>AND</p> <p>Timeframe for numerator chart documentation</p> <p>Documentation of assessment of level-of-functions at time of initial assessment and within 12 weeks of initiating treatment for bipolar disorder</p> <p>(Note: While the acute phase of treatment varies per individual, it is during this period that the clinician attempts to closely monitor the patient progress and has the opportunity to interact with the patient to assess level-of-functioning. This acute phase has been defined by the Project’s content experts as having the possibility of lasting through the first 3 months of treatment/therapy; thus the 12 week period)</p> | <ul style="list-style-type: none"> • Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms • Diagnosis or Impression or “working diagnosis” documented in chart indicating bipolar disorder • Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and documentation that this information is used to establish or substantiate the diagnosis <p>AND</p> <p>Documentation of treatment for bipolar disorder with pharmacotherapy; mood stabilizing agent and/or an antipsychotic agent.</p> <p>New diagnosis” or a “new episode,” is defined as cases where the patient has not been involved in active treatment for 6 months. Active treatment includes being hospitalized or under the out-patient care of a physician.</p> | |
| <p>Measure ID #: 0197</p> <p>Residents with worsening of a depressed or anxious mood</p> | <p>Centers for Medicare & Medicaid Services</p> | <p>The total number of residents whose Mood Scale score is greater on target assessment relative to prior assessment (Mood Scale [t] > Mood Scale [t-1]).</p> | <p>All residents with a valid target assessment and a valid prior assessment.</p> | <p>Exclusions:</p> <p>Residents satisfying any of the following conditions:</p> <ol style="list-style-type: none"> 1. The Mood Scale score is missing on the target assessment [t]. 2. The Mood Scale score is missing on the prior assessment [t-1] and the Mood Scale score indicates symptoms present on the target assessment (Mood Scale[t] >0). 3. The Mood Scale score is at a maximum |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
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| | | | | <p>(value 8) on the prior assessment.</p> <p>4. The resident is comatose (B1=1) or comatose status is unknown (B1=missing) on the target assessment.</p> <p>5. The resident is in a facility with a Chronic Care Admission Sample size of 0 (i.e., there are no admission assessments with AA8a = 01 in the facility over the previous 12 months).</p> |
| <p>Measure ID #: 0260</p> <p>Assessment of health-related quality of life (physical & mental functioning)</p> | <p>RAND</p> | <p>Number of patients who complete a KDQOL-36 with or without assistance at least once per year</p> | <p>Number of eligible prevalent dialysis patients (peritoneal dialysis, in-center hemodialysis, home hemodialysis)</p> | <p>< Age 18</p> <p>Unable to complete due to cognitive impairment, dementia, or active psychosis</p> <p>Non-English speaking/reading (no native language translation or interpreter available)</p> <p>Patients under the facility's care for <3 months</p> <p>Patients who refuse to complete the questionnaire</p> |
| <p>Measure ID #: 0316</p> <p>LBP: mental health assessment</p> | <p>National Committee for Quality Assurance</p> | <p>The number of patients with at least one mental health assessment during the eligible episode.</p> <p>Frequency:</p> <p>At least once during the eligible episode; timing is dependent on denominator criteria as specified below.</p> <p>Documentation requirements:</p> <ul style="list-style-type: none"> • Determine if the patient has had back surgery or epidural steroid injection, which indicates an intervention has occurred. • If the patient has evidence of a back pain intervention, determine if a mental health assessment occurred prior to the date of intervention. <p>– Count only patients with documentation of a mental health assessment prior to intervention toward the numerator</p> <ul style="list-style-type: none"> • If there is no evidence of a back pain intervention, determine if the patient's pain duration is six weeks or more at any time during the eligible episode. | <p>Back pain patients who meet either of the following criteria.</p> <ul style="list-style-type: none"> • Evidence of back surgery or epidural steroid injection, or • More than six weeks pain duration | <p>N/A</p> |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
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| | | <ul style="list-style-type: none"> – If the patient’s pain duration is six weeks or more, determine if a mental health assessment occurred at least once during the treatment eligible episode – Count a mental health assessment that occurs any time during the eligible episode toward the numerator • Date of assessment. • Use of the following assessment tools will satisfy this requirement. <ul style="list-style-type: none"> – SF-36 or SF-12 – Sickness Impact Profile – Multidimensional Pain Inventory • If there is no evidence of any of the above comprehensive assessment tools in the medical record, evidence of the following mental health assessment tools will satisfy this requirement. <ul style="list-style-type: none"> – PHQ-9 – PHQ-2 (mood or anhedonia screener) – Distress and Risk Assessment Method (DRAM) – Zung Scale – Symptom Check List (SCL-90-R) – Beck Depression Inventory – Millon Behavioral Health Inventory – Minnesota Multiphasic Personality Inventory – Other • If there is no evidence of any of the above tools in the medical record, elements of a mental health assessment can be counted. Documentation of any of the following elements count as a mental health assessment. <ul style="list-style-type: none"> – Affect – Cognition – Anxiety/stress – Coping | | |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
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| | | <ul style="list-style-type: none"> - Fear - Depression - Distress - Anger <p>Documentation of active depression treatment by a physician or behavioral health practitioner counts toward this numerator.</p> | | |
| <p>Measure ID #: 0418</p> <p>Screening for clinical depression</p> | <p>Centers for Medicare & Medicaid Services</p> | <p>Patient's screening for clinical depression is documented and follow up plan is documented.</p> | <p>Patient 18 years of age and older</p> | <p>A patient is not eligible if one or more of the following conditions exist:</p> <ul style="list-style-type: none"> Patient refuses to participate Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status Situations where the patient's motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court appointed cases Patient was referred with a diagnosis of depression Patient has been participating in ongoing treatment with screening of clinical depression in a preceding reporting period Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example: cases such as delirium or severe cognitive impairment, where depression cannot be accurately assessed through use of nationally recognized standardized depression assessment tools. |
| <p>Measure ID #: 0518</p> <p>Depression assessment conducted</p> | <p>Centers for Medicare & Medicaid Services</p> | <p>Number of home health episodes where at start of episode, patient was screened for depression, using a standardized depression screening tool.</p> <p>Number of patient episodes where at start of episode:</p> <p>-Where (M0100) Reason for Assessment = 1 (Start</p> | <p>All home health episodes OTHER THAN those covered by denominator exclusions (Q6).</p> <p>Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> | <p>All episodes where</p> <ul style="list-style-type: none"> - the episode did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home -patients who receive a recertification (RFA 04) OASIS assessment between SOC/ROC (01/03) to Discharge OASIS. |

| Measure | Measure Steward | Numerator | Denominator | Exclusions |
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| | | <p>of care) or 3 (Resumption of care) AND</p> <p>-(M1120) Depression Screening conducted = 1 (yes) or 2 (yes)</p> <p>Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.</p> <p>Number of patient episodes where at start of episode:</p> <p>- Where (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND</p> <p>- (M1120) Depression Screening conducted = 1 (yes) or 2 (yes)</p> | | |
| <p>Measure ID #: 0544</p> <p>Use and adherence to antipsychotics among members with schizophrenia</p> | <p>Health Benchmarks, Inc</p> | <p>Calculate the % adherence to antipsychotic medications during the measurement year. Adherence will be measured by the medication possession ratio (MPR).</p> <p>Individuals with 0% MPR did not fill any prescription for antipsychotic medications.</p> <p>Time Window: 6 month period prior to the measurement year and the measurement year. Of note, the 6 month period prior to the measurement year is needed to differentiate new users of antipsychotic medication from continuous users of antipsychotic medication. The MPR is calculated in the measurement year.</p> | <p>Continuously enrolled members ages 19 years or older by the end of the measurement year with schizophrenia.</p> <p>Time Window: Year prior to the measurement year</p> | <p>Women who were pregnant during the measurement year.</p> |