

National Quality Forum

Conference Call for the Patient Outcomes-Mental Health Steering Committee

July 29, 2010

Steering Committee Members Participating: Jeffrey Susman, MD, (co-chair); Sheila Botts, PharmD, BCPP; Richard Goldberg, MD, MS; Eric Goplerud, MD; Daniel Kaufer, MD; Anne Manton, PhD, APRN; Katie Maslow, MSW; Luc Pelletier, MSN, APRN; Glen Phillips, PhD; Harold Pincus, MD; Robert Roca, MD, MPH, MBA; Joel Streim, MD

NQF Staff Members Participating: Reva Winkler, MD, MPH (Clinical Consultant); Ian Corbridge, MPH, RN (Project Manager); Heidi Bossley, MSN, MBA (Senior Advisor-Performance Measures); Ashley Morsell, MPH (Research Analyst)

Measure Developers Participating: Collette Pitzen of Minnesota Community Measurement; Diane Mayberry of Minnesota Community Measurement; Lucille Schacht of the National Association of State Mental Health Program Directors Research Institute, Inc.

WELCOME AND DISCUSSION OF COMMENTS

After welcoming the participants, the Steering Committee co-chair lead a discussion of the Committee to address public and Member comments submitted to the Mental Health Patient Outcomes project. The 76 comments from 18 organizations were organized into a sortable spreadsheet to facilitate review. The Committee noted that numerous comments supported the report's recommendations. Several comments addressed the prominent issue of measurement gaps in the mental health substance use (MHSU) arena while others requested further clarification regarding the Steering Committee's request for expanding currently endorsed National Quality Forum (NQF) measures to encompass MHSU conditions and settings. Committee members agreed that these gaps are a systemic problem and require immediate attention. Members of the Committee encouraged the expansion of the Patient Outcomes—Phase 3: Mental Health gaps analysis. The Committee reiterated the need to incorporate MHSU conditions and settings into the broader healthcare arena when appropriate and approved NQF's plan to explore the expansion of currently endorsed measures at the time of measure maintenance to include mental health whenever appropriate.

Review of Comments

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

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

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

The Committee reviewed the comments and discussed three issues:

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- Alternative depression screening tools – The Steering Committee acknowledged alternative depression remission tools exist within the field; however, no other depression remission measures were submitted. Furthermore, the Committee acknowledged the PHQ-9 is a widely accepted and standardized instrument used in the diagnosis and monitoring of depression treatment.
- Ownership of the PHQ-9 tool – The Steering Committee was advised that the PHQ-9 was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. The Committee affirmed the value of the PHQ-9 in monitoring depression treatment and that it is in the public domain. The Committee noted that, in recommending the measures for endorsement, they were in no way connecting care or outcomes to Pfizer Inc.
- Lack of risk adjustment – Some Committee members expressed reservations about using unadjusted outcome measures for public reporting while others reiterated the importance of these measures that are currently being used for public reporting in Minnesota.

NQF staff reminded the Committee that standards must meet the four NQF evaluation criteria (importance, scientific acceptability, usability, and feasibility) and should be suitable for public reporting and quality improvement. The Committee formally voted again whether to recommend the measures for endorsement after reviewing the comments using a Survey Monkey tool. The Committee noted that measure OT3-022-10 Depression utilization of the Patient Health Questionnaire (PHQ-9) tool is a process measure and was recommended to be paired with both outcome measures. The results of the voting:

OT3-011-10: Yes—10 No—4

OT3-012-10: Yes—10 No—4

OT3-022-10: Yes—14 No—0

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

The Committee noted that numerous comments were in support of the report’s recommendations for measure OT3-047-10. Specific comments requested clarification regarding the relation of the Inpatient Consumer Survey measure to similar consumer surveys. The Committee compared a crosswalk of the ICS measure and the HCAHPS survey (see below) and noted differences in the ICS that made it unique to and of value for the mental health community. The Committee elected to more explicitly state their recommendations in the draft report.

Public Comment

No comments were offered.

CROSS WALK of the Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) and OT3-047-09 Inpatient Care Survey (ICS)

HCAHPS	ICS
Responses: Never – Sometimes – Usually – Always	Responses: Strongly Disagree I am Neutral Strongly Agree Does Not Apply
	As a direct result of the services I received 1. I am better able to deal with crisis. 2. My symptoms are not bothering me as much. 3. The medications I am taking help me control symptoms that used to bother me. 4. I do better in social situations. 5. I deal more effectively with daily problems.
1. During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u> ? 2. During this hospital stay, how often did nurses <u>listen carefully to you</u> ? 3. During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand? 4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? 5. During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u> ? 6. During this hospital stay, how often did doctors <u>listen carefully to you</u> ? 7. During this hospital stay, how often did doctors <u>explain things</u> in a way you could understand?	6. I was treated with dignity and respect. 23. Staff were sensitive to my cultural background. 25. I had a choice of treatment options. 26. My contact with my doctor was helpful. 27. My contact with nurses and therapists was helpful. 8. I felt comfortable asking questions about my treatment and medications.
	7. Staff here believed that I could grow, change, and recover. 9. I was encouraged to use self-help/support groups.
8. During this hospital stay, how often were your room and bathroom kept clean?	19. The surroundings and atmosphere at the hospital helped me get better.

CROSS WALK of the Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) and OT3-047-09 Inpatient Care Survey (ICS)

<p>9. During this hospital stay, how often was the area around your room quiet at night?</p> <p>10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan? If yes, 11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?</p>	<p>24. My family and/or friends were able to visit me.</p> <p>20. I felt I had enough privacy in the hospital.</p> <p>21. I felt safe while I was in the hospital.</p> <p>22. The hospital environment was clean and comfortable.</p>
<p>12. During this hospital stay, did you need medicine for pain? If yes,</p> <p>13. During this hospital stay, how often was your pain well controlled?</p> <p>14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?</p>	
<p>15. During this hospital stay, were you given any medicine that you had not taken before? If yes,</p> <p>16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?</p> <p>17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?</p>	<p>10. I was given information about how to manage my medication side effects.</p> <p>14. I felt safe to refuse medication or treatment during my hospital stay.</p>
	<p>11. My other medical conditions were treated.</p> <p>12. I felt this hospital stay was necessary.</p> <p>13. I felt free to complain without fear of retaliation.</p> <p>15. My complaints and grievances were addressed.</p>
<p>18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility? 1 Own home 2 Someone else's home 3 Another health facility If Another, go to Question 21</p>	<p>16. I participated in planning my discharge.</p> <p>17. Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.</p>

CROSS WALK of the Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) and OT3-047-09 Inpatient Care Survey (ICS)

<p>19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital? 1 Yes 2 No</p> <p>20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? 1 Yes 2 No</p> <p>21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?</p> <p>22. Would you recommend this hospital to your friends and family? 1 Definitely no 2 Probably no 3 Probably yes 4 Definitely yes</p>	<p>18. I had an opportunity to talk with my doctor or therapist from the community prior to discharge.</p> <p>28. If I had a choice of hospitals, I would still choose this one.</p>
<p>23. In general, how would you rate your overall health? 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor</p> <p>24. What is the highest grade or level of school that you have <u>completed</u>? 1 8th grade or less 2 Some high school, but did not graduate 3 High school graduate or GED 4 Some college or 2-year degree 5 4-year college graduate 6 More than 4-year college degree</p> <p>25. Are you of Spanish, Hispanic, or Latino origin or descent? 1 No, not Spanish/Hispanic/Latino 2 Yes, Puerto Rican 3 Yes, Mexican, Mexican American, Chicano 4 Yes, Cuban 5 Yes, other Spanish/Hispanic/Latino</p> <p>26. What is your race? Please choose one or more.</p>	<p>29. Age 13-17 18-24 25-34 35-54 55-64 65 and older</p> <p>30. Gender Male Female</p> <p>31. I am completing this survey at discharge? Yes No</p> <p>32. Length of stay (this episode) 1 week or less 1 month or less 3 months or less More than 3 months</p> <p>33. Race/Ethnicity (check one) Native American/Alaskan Native Asian/Pacific Islander African American Hispanic/Latino White/Caucasian Other</p> <p>34. Marital Status</p>

CROSS WALK of the Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) and OT3-047-09 Inpatient Care Survey (ICS)

<p>1 White 2 Black or African American 3 Asian 4 Native Hawaiian or other Pacific Islander 5 American Indian or Alaska Native</p> <p>27. What language do you <u>mainly</u> speak at home? 1 English 2 Spanish 3 Some other language (please print): _____</p>	<p>Never Married Married Separated Divorced Widowed</p> <p>35. Legal Status</p> <p>Voluntary patient Voluntary by parent, guardian, etc.</p> <p>Involuntary: civil Involuntary: criminal</p> <p>Involuntary: juvenile justice Other: _____</p> <p>Comments:</p>
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