THE NATIONAL QUALITY FORUM

TO: NQF Members

FR: NQF Staff

RE: Voting draft for *National Voluntary Consensus Standards for Patient Outcomes Patient Outcomes—Phase 3 Mental Health: A Consensus Report*

DA: August 16, 2010

BACKGROUND

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

COMMENTS AND REVISED DRAFT REPORT

The comment period for the draft report, *National Voluntary Consensus Standards for Patient Outcomes—Phase 3: Mental Health* concluded on June 6, 2010. NQF received 76 comments from 18 organizations on the draft reports. The breakdown of the comments by Member Council is, as follows:

Consumers – 0	Health Professionals – 9
Purchasers – 23	Public Health/Community – 0
Health Plans – 9	QMRI – 15
Providers – 4	Supplier and Industry – 0
Non-members – 16	

All measure-specific comments were forwarded to the measure developers, who were invited to respond.

A table of detailed comments submitted during the review period, with responses and actions taken by the Steering Committee, is posted on the NQF voting web page.

COMMENTS AND THEIR DISPOSITION

General comments

The Committee noted that numerous comments supported the report's recommendations. Several comments addressed the prominent issue of measurement gaps in the MHSU arena while others requested further clarification regarding the Steering Committee's request for expanding currently endorsed NQF measures to encompass MHSU conditions and settings.

Measurement gaps

The Committee discussed comments regarding the issue of measurement gaps in the MHSU arena. Committee members agreed that these gaps are a systemic problem and require immediate attention. The Committee highlighted the Additional Recommendations section of the *Patient Outcomes—Phase 3: Mental Health* report and encouraged NQF to continue its efforts.

Action taken: After discussion of the comments, the Additional Recommendations section of the *Patient Outcomes—Phase 3: Mental Health* report was expanded to provide further insight in regards to measurement gaps specifically related to Alzheimer's disease.

Expansion of currently endorsed NQF measures

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

Action taken: After discussion of the comments, the Steering Committee decided that they supported their original recommendation to incorporate MHSU into currently NQF-endorsed® measures. Committee members have offered to provide support to NQF and those measure stewards working to expand their measures.

Measure specific comments

PHQ-9 Depression remission measures (OT3-011-10, OT3-012-10, and OT3-022-10)

The Steering Committee addressed several comments:

- alternative depression remission tools beyond the PHQ-9: The Steering Committee acknowledged alternative depression remission tools within the field; however, the Committee's charge was to review measures submitted to NQF under the *Patient Outcomes—Phase 3: Mental Health* project. 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.

- questions relating to the ownership of the PHQ-9: 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 reiterated that it is available in the public domain at no charge. The Committee noted that in recommending the measures for endorsement they were in no way connecting care or outcomes to Pfizer Inc.

- issues pertaining to the measure's lack of risk adjustment: Some Committee members expressed reservations about using unadjusted outcome measures for public reporting while others reiterated the importance of these measures that are currently being used for public reporting in Minnesota.

Action taken: The Committee re-voted on measures OT3-011-10, OT3-012-10, and OT3-022-10 after reviewing the public comments. The results of the voting were:

OT3-011-10: Yes—10 No—4

OT3-12-010: Yes—10 No—4

OT3-022-10: Yes—14 No—0

Additional explanation of the Committee's rationale for recommending the measures is included in the report.

Inpatient Consumer Survey (ICS) OT3-047-10

In response to comments that requested clarification regarding the relation of similar consumer surveys, the Committee noted differences in the ICS that made it unique to and of value for the mental health community. The Committee elected to more explicitly state their findings in the draft report.

Action taken: Additional explanation of the Committee's rationale for recommending the measures is included in the report.

NQF MEMBER VOTING

Information for electronic voting has been sent to NQF Member organization primary contacts. Accompanying comments must be submitted by e-mail and identify submitter, organization, and the specific ballot item that the comments accompany.

Please note that voting concludes on Tuesday, September 14, 2010 at 6:00 pm (ET)—no exceptions.

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.)

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

BACKGROUND

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

Donabedian defined outcomes as "changes (desirable or undesirable) in individuals and populations that are attributed to healthcare."[1] Outcome measures 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. Some represent an end result such as mortality or function; others are considered intermediate outcomes (e.g., physiologic or biochemical values such as blood pressure or lithium or antidepressant serum levels) that precede and may lead to more long-term outcomes. At times, proxies are used to indicate an outcome (e.g., hospital readmission indicates deterioration in health status since discharge).

To date, NQF has endorsed few outcome measures specific to mental health or substance abuse (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. With approximately one in four Americans 18 years and older suffering from some form of a mental illness, the need for targeted mental health outcome measures is paramount.[2]

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

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

STRATEGIC DIRECTIONS FOR NQF

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

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

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

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

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

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

NATIONAL PRIORITIES PARTNERSHIP

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

- patient and family engagement,
- population health,
- safety,
- care coordination,
- palliative and end-of-life care, and
- overuse.

NQF'S CONSENSUS DEVELOPMENT PROCESS

Patient Outcomes Project

NQF's *National Voluntary Consensus Standards for Patient Outcomes* project[8] seeks to endorse additional outcome measures with an emphasis on high impact (high volume, high morbidity, high cost) conditions and cross-cutting areas. The Patient Outcomes project has three phases:

- 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.

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

Scope of Patient Outcomes

As part of the Patient Outcomes project the Steering Committee was tasked to identify and develop a framework for MHSU outcome measures. The Steering Committee reviewed and discussed at length current measures, research, interventions, policies, and health trends in the MHSU arena. The Committee also considered the connection between performance measures in the healthcare arena with activities in the community setting, specifically focusing on areas of duel accountability. Ultimately the Steering Committee identified five important characteristics that should be considered in an "MHSU outcome framework:"

1. Mental health, including substance use disorders, should always be included in broad, cross-cutting measures whenever appropriate such as patient safety and some adverse events. Mental health should not be viewed as something apart but should be included in the measured population whenever possible;

2. Consumer, patient, family, and caregiver satisfaction represents a critical feedback mechanism for assessing quality;

3. Health behaviors and environment should be promoted in relation to persons afflicted by an MHSU disorder(s);

4. Non-traditional measures (e.g., homelessness or interaction with the justice system) should be used as a domain of measurement; and

5. Accountability should be promoted across episodes of care with special attention on care coordination.

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

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 decisionmaking; enhanced willingness or readiness to change; change in high-risk behaviors
Social determinants of health/built environment (effects on populations & individuals)	Decrease in homelessness and improved housing stability; enhanced foster care/out-of-home placement; absence of violence in the home setting; stable and age-appropriate (e.g., with family or independent) home environment; improved social support and network; ability to engage in safe recreation; access to affordable, culturally appropriate food; improved promotion of social engagement; reduction in legal consequences/incarceration; positive changes in absenteeism/presenteeism
Service use (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 decisionmaking; 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
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

Evaluating Potential Consensus Standards

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

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

RECOMMENDATIONS FOR ENDORSEMENT

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

Candidate Consensus Standards Recommended for Endorsement

Minnesota Community Measurement Depression Remission Measures

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

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 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.

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

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

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.

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

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

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

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

The Steering Committee explicitly discussed the absence of any risk-adjustment methodology. While the Committee affirmed the need for most outcome measures to employ some degree of risk adjustment, the Committee believed the PHQ-9 depression remission measures as currently written meet NQF's measure evaluation criteria. The Committee was encouraged by the measure

developer's current efforts to explore the value and potential use of risk adjustment in the future and supports their efforts in moving the field of quality measurement forward.

-In response to public and Member comments the Steering Committee revisited the discussion surrounding the measure's lack of risk-adjustment methodology. -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. The Committee noted that mental health lags behind in having good performance measures. After reviewing the submitted comments and their previous deliberations and discussions with the measure developer, the majority of the Committee again voted to recommend the three PHQ-9 depression remission measures.

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

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

recommended for NQF endorsement as paired consensus standards.

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

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 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-point scale, ranging from strongly disagree to strongly agree.

The Committee acknowledged this measure addresses an area that is important to measure and publicly report. The Steering Committee discussed the existence, commonalities, and value of similar tools (i.e., Hospital Consumer Assessment of Healthcare Provider and Systems [HCAHPS]), but after performing a crosswalk between the ICS and HCAHPS found unique differences supporting the value of the ICS in the mental health arena. While the Committee affirmed the need for measures to have a broad range of applicability, the Committee identified unique components of the measure which would be irrelevant to other care settings.

While the Committee suggested the measure developer explore reliability and validity testing in broader settings and not solely at state hospitals, they found the level of testing already completed sufficient for evaluation and recommendation for endorsement. The measure developer offered data about the current use of this survey, stating that the responses were captured at discharge. Variability in response rates range from 20 percent to 80 percent with an average around 45 percent. The developer noted that facilities with large populations of patients with low health literacy may be more likely to have lower response rates; thus contributing to the variability. The Committee was in favor of the measure as it was developed via consumer workgroups and there is an existing infrastructure to support the measure. This candidate standard is recommended for endorsement.

Candidate Consensus Standards Not Recommended for Endorsement

OT3-001-10: Suicide deaths of "at risk" adult psychiatric inpatients within 30 days of discharge. (Psychiatric Solutions Inc.)

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

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

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

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

Patients' and caregivers' attitudes toward care are essential outcomes necessary to assessing quality within the healthcare system. This measure starts to address this important measurement area, but as currently constructed is used to evaluate the process of assessing patient values and

is not an actual performance measure to assess outcomes. The tool lacks the necessary link from patient attitudes to actual outcomes of care. Because this measure lacks a demonstrated relation to patient outcomes, the Committee determined that this tool fails to meet the NQF's threshold criterion of importance to measure and report and was not recommended for endorsement.

Western Psychiatric Institute and Clinic of UPMC Presby Shadyside Readmission Measures

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

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

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

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

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

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

Western Psychiatric Institute and Clinic of UPMC Presby Shadyside submitted three measures to the NQF Mental Health Outcomes project pertaining to psychiatric readmission. The measures, **30 Day readmissions (OT3-003-10), 7 Day readmissions (OT3-004-10), and 48 Hour readmissions (OT3-006-10),** were identical in their constructs except for variations in the timeframes used for measuring readmissions. Deliberations on all three measures highlighted concerns with the lack of testing and risk-adjustment model and the overall scientific acceptability of the measures. The Committee highlighted the need for risk adjustment for

outcome measures particularly when a measure specifies a long time interval which might increase the likelihood of readmission rates as a result of exogenous factors regardless of the quality of care provided during a patient's hospital stay.

The Committee noted these candidate standards are similar in their constructs to other hospital readmission measures currently in use (NQF endorsed an All-cause readmission index (risk adjusted) [#0329] from the United Health Group) and did not support isolating mental health readmissions from broader care settings. For this reason, the Committee recommended that current NQF measures should consider expanding the types of readmissions to include MHSU conditions at the time of maintenance review. NQF has initiated discussions with the measure steward and anticipates the steward will address the inclusion of MHSU conditions at the time of measure maintenance[i1]. Measures that delineate specific care settings inevitably create a conceptual barrier, limiting measurement and broad adoption. The Steering Committee believes the focus on strictly mental health settings runs counter to the value of integrating MHSU care into broader medical care settings, an important Committee goal.

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

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

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

The Committee agreed that this candidate standard is focused in an area where performance measurement is lacking because there is no existing national database to assess fall rates among psychiatric patients. This standard is similar to two existing NQF measures (NQF #0141: Patient fall rates and NQF #0202: Falls with injury), but they do not include the MHSU arena. In an

effort to determine "best in class" the Committee recommended that the NQF-endorsed® measures be expanded to include psychiatric settings and then perhaps stratified by relevant variables such as the presence of substance abuse or medical co-morbidity. The measure developer of the currently endorsed measures was present at the meeting and indicated a willingness to expand the measure to include inpatient mental health settings. NQF has initiated discussions with the measure steward and anticipates the steward will address the inclusion of MHSU settings at the time of measure maintenance. Because it is expected that the endorsed measure's characteristics will be expanded, this standard was not recommended for NQF endorsement.

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

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

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

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

The Milestones of Recovery Scale (MORS) is a one-item staff-administered scale that indicates where an individual is in the process of recovery from severe and persistent mental illness. The scale is designed for use with adults with severe and persistent mental illnesses 18 years of age

and above. The scale measures three underlying constructs: 1) level of risk, 2) level of engagement, and 3) level of skills and supports.

The Committee noted the merit of this standard is its approach to examining the recovery process from the patient perspective, a point of view often overlooked in the mental health arena. The Steering Committee was pleased by the fact that the measure is currently in use in existing programs. Despite the measure's importance, the Committee had substantial concerns regarding the measure's scientific acceptability and usability. Concerns centered on the measure's lack of testing for validity and reliability, lack of risk adjustment, and lack of attention to health disparities. Separate, but equally important concerns centered on the measure's link between improvement and important patient-oriented outcomes and being able to assign accountability. The Committee was enthusiastic about the potential concept of the measure and encouraged the developer to address the Committee's suggestions and submit a revised measure to NQF at a later date. This standard was not recommended for NQF endorsement.

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

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

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

submission. This standard was not recommended for NQF endorsement.

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

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

While the Committee acknowledged the value of assessing treatment retention, the connection between patient outcomes and treatment retention was not demonstrated. For example, a patient can be seen multiple times (treatment retention), but if the quality of care provided is sub-optimal then patient outcomes may not improve. Because testing, including the need to assess for risk adjustment, has not been completed, the Committee could not support moving the measure forward for endorsement at this time. The Committee is supportive of the concept and encourages the developer to make improvements for future submission. This standard was not recommended for NQF endorsement.

Candidate Consensus Standards Deemed Out of Scope

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

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

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

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

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

Additional Recommendations

1. **Develop abroad definition for mental health outcomes**

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

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

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

3. **Support efforts to develop Alzheimer's and dementia outcome measures**

   The Steering Committee strongly affirms the need for measure developers and the MHSU arena to develop Alzheimer's and dementia outcome measures. With Alzheimer's as one of the top 20 Medicare condition priorities the Steering Committee was troubled by the lack of Alzheimer's or dementia outcome measures submitted to the project. The Steering

Committee identified potential Alzheimer's outcome measures and made efforts to solicit their submission. The Steering Committee encourages their submission to future NQF projects.

In an effort to facilitate the development and future submission of Alzheimer's and dementia related outcome measures, the Committee believed it necessary to further extend the discussion on this clinical area. Measure development for Alzheimer's and dementia requires a different approach than traditional perspectives to measure development.– With no proven intervention to arrest or reverse the prognosis of Alzheimer's or dementia, the focus of measure development must narrow in on factors that can be influenced or changed.– Examples of potential Alzheimer's or dementia related measurement themes are:

- Patient safety/adverse events;
- Patient/caregiver experience or burden;
- Service utilization (appropriate and inappropriate use), e.g., number of emergency consultations in dementia patients;
- Satisfaction of the patient and the informal caregiver; and
- Continuity of care.

4. Align measures with the National Priorities Partnership

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

5. Establish important measurement focus areas in the MHSU arena

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

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

Notes

1. Donabedian, A, The quality of care. How can it be assessed? *JAMA*, 1988; 260(12):1743-1748.
2. Kessler RC, Chiu WT, Demler O, et al., Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R), *Arch Gen Psychiatry*, 2005;62(6):617-627.
3. Parks, J, Radke, A, Mazade, N, *Measurement of Health Status for People with Serious Mental Illness.* Alexandria, VA:National Association of State Mental Health Program Directors, 2008. Available at www.nasmhpd.org/general_files/publications/med_directors_pubs/NASMHPD%20Medical%20Directors%20Health%20Indicators%20Report%2011-19-08.pdf. Last accessed November 2009.
4. Ibid.
5. Ibid.
6. Ibid.
7. National Quality Forum (NQF), *National Priorities Partnership*, Washington, DC: NQF. Available at www.nationalprioritiespartnership.org. Last accessed May 2010.
8. NQF. Patient Outcome Measures: Child Health and Mental Health (Phase III).), Washington, DC:NQF, 2010. Available at :www.qualityforum.org/projects/Patient_Outcome_Measures_Phase3.aspx. Last accessed August 2010.

9. NQF, *Measure Evaluation Criteria*, Washington, DC: NQF; 2008. Available at www.qualityforum.org/docs/measure_evaluation_criteria.aspx. Last accessed May 2010.
10. The PHQ-9 is publically available and is free of charge. The instrument was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. For more information of the PHQ-9 click (here)

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 #: OT3-012-10	Depression remission at six 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 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. 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 six 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 >9 who achieve remission at six months as demonstrated by a six month (+/- 30 days) PHQ-9 score of <5. 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. 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)/	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score >. 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 further treatment & evaluation primary diagnosis changed to bipolar disorder). See bipolar disorder codes below. •Personality Disorder (Principal Diagnosis; initially diagnosed as	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
				# 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 six 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.		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. 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		

Measure Numbers	Measure Title	Measure Steward	Measure Description	Numerator	Denominator	Exclusions	Data Source	Level of Analysis
						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 episode manic, unspecified 296.41 Bipolar I disorder, most recent episode manic, mild 296.42 Bipolar I disorder, most recent episode manic, moderate		

Measure Numbers	Measure Title	Measure Steward	Measure Description	Numerator	Denominator	Exclusions	Data Source	Level of Analysis
						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 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		

Measure Numbers	Measure Title	Measure Steward	Measure Description	Numerator	Denominator	Exclusions	Data Source	Level of Analysis
						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 301.20 Schizoid personality disorder unspecified 301.21 Introverted personality 301.22 Schizotypal personality disorder 301.3 Explosive personality disorder		

Measure Numbers	Measure Title	Measure Steward	Measure Description	Numerator	Denominator	Exclusions	Data Source	Level of Analysis
						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 language. We will be convening a workgroup in the spring of 2010 determine the best variables for risk adjustment for this population.		
Measure ID #:	Depression	MN Community	Adult patients age 18 and older	Adults age 18 and older	Adults age 18 and older	Patients who die, are a	Lab data, survey:	Clinicians: Other

Measure Numbers	Measure Title	Measure Steward	Measure Description	Numerator	Denominator	Exclusions	Data Source	Level of Analysis
OT3-011-10	remission at twelve months	Measurement	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.	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 (+/- 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	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	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 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	patient, organizational policies and procedures	

Measure Numbers	Measure Title	Measure Steward	Measure Description	Numerator	Denominator	Exclusions	Data Source	Level of Analysis
				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.		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. 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		

Measure Numbers	Measure Title	Measure Steward	Measure Description	Numerator	Denominator	Exclusions	Data Source	Level of Analysis
						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 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		

Measure Numbers	Measure Title	Measure Steward	Measure Description	Numerator	Denominator	Exclusions	Data Source	Level of Analysis
						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 episode mixed, severe without psychotic features 296.64 Bipolar I disorder, most recent episode mixed, severe with psychotic features 296.65 Bipolar I		

Measure Numbers	Measure Title	Measure Steward	Measure Description	Numerator	Denominator	Exclusions	Data Source	Level of Analysis
						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 301.50 Histrionic personality disorder unspecified 301.51 Chronic factitious illness with physical symptoms 301.59 Other histrionic personality disorder		

Measure Numbers	Measure Title	Measure Steward	Measure Description	Numerator	Denominator	Exclusions	Data Source	Level of Analysis
						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 #: OT3-022-10	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	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	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
			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).	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 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 #: OT3-047-10	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
			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.	environment. Each domain is calculated separately. 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. 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.	environment. Each domain is calculated separately. 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.			

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	Assessment for diabetes must include documentation of one of the following: • Reference in chart that test was ordered and results or information about results was obtained OR • Lab results filed in chart or available in patient's electronic medical record Reference: Tests used to screen/assess for diabetes: Preferred Fasting plasma glucose; Non-fasting plasma glucose; Glucose tolerance Also Accepted: Glycosylated hemoglobin (Hb A1c; glycated hemoglobin) Random glucose AND Timeframe: Test results/information from test conducted within 16 weeks after the initiation of a second generation atypical antipsychotic agent OR Measurement EXCLUSION FROM COMPLIANCE Issues Numerator criteria not applicable and exclusion from compliance as stated below: 1. Documentation by physician that test was not clinically indicated for this patient OR 2. Documentation that test was requested but patient failed to comply with request to obtain test	Patients 18 years of age or older with an initial or new episode of bipolar disorder AND Documentation of a diagnosis of bipolar disorder; to include at least one of the following: • 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 OR • Diagnosis or Impression or "working diagnosis" documented in chart indicating bipolar disorder OR • 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 AND Documentation of treatment with an atypical antipsychotic agent. (See reference list below) 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) Atypical Antipsychotic Agents • aripiprazole • quetiapine • clozapine • risperidone • olanzapine • ziprasidone	N/A

Measure	Measure Steward	Numerator	Denominator	Exclusions
			• olanzapine-fluoxetine (combination) 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.	
Measure ID #: 0004 Initiation and engagement of alcohol and other drug dependence treatment: a. initiation, b. engagement	National Committee for Quality Assurance	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. ED and detoxification visits count only toward the denominator and should not be included as the initiation visit. 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. Step 2: Identify all patients in the denominator whose Index Episode Start Date was an outpatient visit, detoxification visit or emergency department visit. 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). To determine if the 14-day criterion is met for inpatient stays, use the admission date, not the discharge date. Step 4: Exclude from the denominator patients whose initiation service was an inpatient stay with a discharge date after December 1. 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): 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	a. All patients with documentation of meeting the following criteria, and stratified by age group according to the age classifications below: o13 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 The following steps should be followed to identify the eligible population which is the denominator for this measure: Step 1: Identify all patients 13 years and older who: 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. 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 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.	N/A

Measure	Measure Steward	Numerator	Denominator	Exclusions
		the next outpatient service or the admission date of the subsequent inpatient stay, not the discharge date ED and detoxification visits count only toward the denominator and should not be included as an engagement visit.	b.All patients with documeation of meeting the following criteria, and stratified by age group according to the age classifications below: 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 The following steps should be followed to identify the eligible population which is the denominator for this measure: Step 1: Identify all patients 13 years and older who: 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. 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 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.	
Measure ID #: 0008 Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions)	Agency for Healthcare Research and Quality	Download survey tool and instructions: www.qualityforum.org/pdf/ambulatory/txECHOALL(onepager&specs&survey)03-23-07.pdf Measure developer/instrument web site: www.cahps.ahrq.gov/content/products/ECHO/PROD_ECHO_MBHO.asp?p=1021&s=214		N/A
Measure ID #: 0095	American Medical Association Physician Consortium for	Patients with mental status assessed Medical record may include documentation by physician that	All patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia. For	N/A

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	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. -CPT-II code: 1040F DSM-IV™ criteria for MDD documented -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: -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	All patients aged >18 years with a new diagnosis or recurrent episode of MDD during the reporting year Patient Selection: ICD-9-CM Codes for MDD: 296.20-296.24, 296.30-296.34 And Documentation of new episode of MDD CPT-II code: 3093F Documentation of a new diagnosis or recurrent episode of MDD And CPT codes for patient visits: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404 Or CPT codes for psychiatric visits: 90801, 90802] And Patient's age is = 18 years	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	All patients aged >18 years with a new diagnosis or recurrent episode of MDD during the reporting year. Patient Selection: ICD-9-CM Codes for MDD: 296.20-296.24, 296.30-296.34 AND [Documentation of new episode of MDD CPT-II code: 3093F Documentation of a new diagnosis or recurrent episode of MDD AND CPT codes for patient visits: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387,	Documentation that patient is in remission (no longer meeting DSM-IV™ criteria) OR CPT II code 3092F-Major depressive disorder, in remission

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	a-- Optimal Contacts for Medication Management 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. Identify all patients in the denominator population who had: • 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. 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 b- Effective Acute Phase reatment (medical record) An 84-day (12-week) acute treatment of antidepressant medication. 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	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. Definitions are as follows: 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. Index Episode Start Date: The earliest episode during the Intake Period with a qualifying diagnosis of major depression. 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. 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 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 New Episode: To qualify as a new episode, two criteria must be met: a 120-day (4-month) Negative Diagnosis History on or	N/A

Measure	Measure Steward	Numerator	Denominator	Exclusions
		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: •"washout" period gaps to change medication •"treatment" gaps to refill the same medication. 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. Antidepressant Medication Prescriptions: (NCQA will provide a comprehensive list of medications and NDC codes on its website) •Tricyclic antidepressants (TCA) and other cyclic antidepressants •Selective serotonin reuptake inhibitors (SSRI) •Monoamine oxidase inhibitors (MAOI) •Serotonin-norepinepherine reuptake inhibitors (SNRI) •Other antidepressants c- Effective Continuation Phase Treatment (medical record) A 180-day treatment of antidepressant medication. 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	before the Index Episode Start Date A 90-day (3-month) Negative Medication History on or before the Index Prescription Date Prescribing Practitioner: A practitioner with prescribing privileges Treatment Days: The actual number of calendar days covered with prescriptions within the specified 180-day measurement interval.	

Measure	Measure Steward	Numerator	Denominator	Exclusions
		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: • "washout" period gap to change medication • "treatment" gaps to refill the same medication. 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. 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. 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.		
Measure ID #: 0109 Bipolar disorder and major depression: assessment for manic or hypomanic behaviors	Center for Quality Assessment and Improvement in Mental Health	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: 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) OR Use of a bipolar disorder screening or assessment tool : Clinical Global Impression - Bipolar MDQ: Mood Disorder Questionnaire BSDS: Bipolar Spectrum Diagnostic Scale YMRS: Young Mania Rating Scale	Patients 18 years of age or older with an initial diagnosis or new presentation/episode of depression AND Documentation of a diagnosis of depression; to include at least one of the following: • 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 AND Documentation of treatment for depression; to include at least one of the following:	N/A

Measure	Measure Steward	Numerator	Denominator	Exclusions
		BDSS: Brief Bipolar disorder Symptom Scale Hypomanic Personality Scale Self Report Mania Inventory Altman Self Report Mania Scale Bech-Rafaelsen Mania Rating Scale Or, Other scale used & documented at site AND 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	Antidepressant pharmacotherapy (Reference List of Antidepressant Medications included in data collection form) AND/OR Psychotherapy for depression; provided at practice site or through referral 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.	
Measure ID #: 0110 Bipolar disorder and major depression: appraisal for alcohol or chemical substance use	Center for Quality Assessment and Improvement in Mental Health	Documented assessment for use of alcohol and chemical substance use; to include at least one of the following: •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 AND 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	UNIPOLAR DEPRESSION Patients 18 years of age or older with an initial diagnosis or new presentation/episode of depression AND Documentation of a diagnosis of depression; to include at least one of the following: • 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. OR Diagnosis or Impression or working diagnosis documented in chart indicating depression OR 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 BIPOLAR DISORDER Patients 18 years of age or older with an initial or new episode of bipolar disorder AND Documentation of a diagnosis of bipolar disorder; to include at least one of the following:	N/A

Measure	Measure Steward	Numerator	Denominator	Exclusions
			• 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 OR • Diagnosis or Impression or "working diagnosis" documented in chart indicating bipolar disorder OR • 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	
Measure ID # : 0111 Bipolar disorder: appraisal for risk of suicide	Center for Quality Assessment and Improvement in Mental Health	Documentation of an assessment for risk of suicide; to include at least one of the following: • 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) AND Timeframe for chart documentation of the assessment for risk of suicide must be present on the date of the initial assessment/evaluation visit	Patients 18 years of age or older with an initial or new episode of bipolar disorder AND Documentation of a diagnosis of bipolar disorder; to include at least one of the following: • 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 OR • Diagnosis or Impression or "working diagnosis" documented in chart indicating bipolar disorder OR • 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 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.	N/A
Measure ID #: 0112 Bipolar disorder: level-of-function evaluation	Center for Quality Assessment and Improvement in Mental Health	Documentation of monitoring the patient's level-of-functioning in one of the following ways: • Patient self-report documented by clinician in record OR • Clinician documented review of patient-completed monitoring form/diary/tool OR	Patients 18 years of age or older with an initial or new episode of bipolar disorder AND Documentation of a diagnosis of bipolar disorder; to include at least one of the following:	N/A

Measure	Measure Steward	Numerator	Denominator	Exclusions
		• Documentation in patient chart of the use of ONE level-of-functioning monitoring tool, examples are as follows: 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 AND Timeframe for numerator chart documentation Documentation of assessment of level-of-functions at time of initial assessment and within 12 weeks of initiating treatment for bipolar disorder (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)	• 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 AND Documentation of treatment for bipolar disorder with pharmacotherapy; mood stabilizing agent and/or an antipsychotic agent. 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.	
Measure ID #: 0197 Residents with worsening of a depressed or anxious mood	Centers for Medicare & Medicaid Services	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].	All residents with a valid target assessment and a valid prior assessment.	Exclusions: Residents satisfying any of the following conditions: 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
				(value 8) on the prior assessment. 4. The resident is comatose (B1=1) or comatose status is unknown (B1=missing) on the target assessment. 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).
Measure ID #: 0260 Assessment of health-related quality of life (physical & mental functioning)	RAND	Number of patients who complete a KDQOL-36 with or without assistance at least once per year	Number of eligible prevalent dialysis patients (peritoneal dialysis, in-center hemodialysis, home hemodialysis)	< Age 18 Unable to complete due to cognitive impairment, dementia, or active psychosis Non-English speaking/reading (no native language translation or interpreter available) Patients under the facility's care for <3 months Patients who refuse to complete the questionnaire
Measure ID #: 0316 LBP: mental health assessment	National Committee for Quality Assurance	The number of patients with at least one mental health assessment during the eligible episode. Frequency: At least once during the eligible episode; timing is dependent on denominator criteria as specified below. Documentation requirements: • 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. – Count only patients with documentation of a mental health assessment prior to intervention toward the numerator • 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.	Back pain patients who meet either of the following criteria. •Evidence of back surgery or epidural steroid injection, or •More than six weeks pain duration	N/A

Measure	Measure Steward	Numerator	Denominator	Exclusions
		– 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. – 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. – 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. – Affect – Cognition – Anxiety/stress – Coping		

Measure	Measure Steward	Numerator	Denominator	Exclusions
		– Fear – Depression – Distress – Anger Documentation of active depression treatment by a physician or behavioral health practitioner counts toward this numerator.		
Measure ID #: 0418 Screening for clinical depression	Centers for Medicare & Medicaid Services	Patient's screening for clinical depression is documented and follow up plan is documented.	Patient 18 years of age and older	A patient is not eligible if one or more of the following conditions exist: 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.
Measure ID #: 0518 Depression assessment conducted	Centers for Medicare & Medicaid Services	Number of home health episodes where at start of episode, patient was screened for depression, using a standardized depression screening tool. Number of patient episodes where at start of episode: -Where (M0100) Reason for Assessment = 1 (Start	All home health episodes OTHER THAN those covered by denominator exclusions (Q6). Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	All episodes where - 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
		of care) or 3 (Resumption of care) AND -(M1120) Depression Screening conducted = 1 (yes) or 2 (yes) Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. Number of patient episodes where at start of episode: - Where (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND - (M1120) Depression Screening conducted = 1 (yes) or 2 (yes)		
Measure ID #: 0544 Use and adherence to antipsychotics among members with schizophrenia	Health Benchmarks, Inc	Calculate the % adherence to antipsychotic medications during the measurement year. Adherence will be measured by the medication possession ratio (MPR). Individuals with 0% MPR did not fill any prescription for antipsychotic medications. 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.	Continuously enrolled members ages 19 years or older by the end of the measurement year with schizophrenia. Time Window: Year prior to the measurement year	Women who were pregnant during the measurement year.