THE NATIONAL QUALITY FORUM

NOTICE OF INTENT TO SUMBIT STANDARDS
NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR PATIENT OUTCOMES: MENTAL ILLNESS AND ALZHEIMER'S DISEASE & RELATED ILLNESSES

NQF is initiating a consensus development project seeking endorsement of outcome measures for mental health conditions, including **depression, psychosis, and other serious mental illnesses, and Alzheimer's disease and related illnesses**.

NOTICE TO MEASURE STEWARDS

If, after reviewing this Notice of Intent, your organization believes it has one or more measures that address the scope and objectives of this project as described below and would like NQF to evaluate them for possible endorsement, please submit a **notice of intent to submit candidate standards** Tuesday, December 23, 2009. Instructions for submitting this information are given at the end of this document.

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 care provided in our nation's healthcare system and their impact on physical illnesses. Many outcome measures are inherently relevant because they reflect the reason consumers seek healthcare or health-enhancing services (e.g., to improve function, decrease pain, survive), as well as the result healthcare providers and community health-related services are trying to achieve. To date, NQF has endorsed few outcome measures specific to mental health. Major gaps remain for basic outcomes of response or remission of core mental health disorders, as well as for more patient-focused outcomes, such as patient-reported health-related quality of life, benefits accruing from health services and care coordination, and productivity. Opportunities exist to develop cross-cutting measures which have the advantage of applying across a wide range of patients, populations, conditions and settings as well as complementing disease-specific outcomes. Outcome measures should reflect the care provided by the healthcare system, as well as various health enhancing services, across settings and throughout patient-focused episodes.

SCOPE OF ACTIVITIES

To enlarge NQF's portfolio of outcome measures for mental health conditions, such as **depression, psychosis, and other serious mental illnesses, and Alzheimer's disease**

and related illnesses, NQF is soliciting outcome measures in these topic areas applicable to any setting of care and level of analysis (e.g., system, plan, practice, community), including individual or composite measures and use of any data source(s). Outcome measures can ultimately be derived from different perspectives within a setting of care. Measures which capture client or caregiver reported outcomes, clinician-observed outcomes, or objective outcomes are applicable across all outcome categories. Measures which assess the entire population of a practice, plan, system or community are particularly desirable.

Candidate outcome measures may be cross-cutting (not condition specific) or disease specific addressing depression, psychoses and other serious mental illnesses and Alzheimer's disease and related conditions including, but not limited to, measures of:

PATIENT, CAREGIVER, & POPULATION OUTCOMES	EXAMPLES
Symptoms	Improvement or remission of pain, anxiety, depression, psychosis, unhealthy use of alcohol or other substances; Symptom, frequency, severity, and longitudinal trajectory; Sleep disorders; medical and other co-morbidities (e.g., smoking, metabolic syndrome, and cardiovascular disorders)
Function	Improvement in or maintenance of ability/disability ; Basic and instrumental activities of daily living and ability to function in social roles (work, school, play, family and social interaction)
Health Related Quality of Life/Global Well-being	Improvement or change in objective psychometrically sound symptom checklists
Change in Health Related Behaviors	Patient self-management; use of advanced directives; Medication adherence; physical activity and nutrition; Smoking cessation; decrease in unhealthy alcohol or substance use; Improved health decision-making; enhanced willingness or readiness to change; Change in high-risk behaviors
Social Determinants of Health / Built Environment (effects on populations & individuals)	Decrease in homelessness and improved housing stability; enhanced foster care / out-of-home placement; absence of violence in the home-setting; stable and age-appropriate (e.g. with family or independent) home environment; improved social support and network; ability to engage in safe recreation; access to affordable, culturally appropriate food; improved promotion of social engagement; reduction in legal consequences / incarceration; positive changes in absenteeism / presenteeism
Service Utilization (appropriate & inappropriate use)	Emergency Department (ED) visits and hospitalizations (both medical and psychiatric); visits to primary care provider; use of sobering/detox centers; improved continuity of care (hand-offs between providers) and care coordination; use of evidence-based care; care for medical conditions

Direct Physiologic Measures	Drug screening and therapeutic drug monitoring; blood glucose, lipid level, blood pressure, renal and liver function; body mass index (BMI) according to patients health needs and appropriate waist circumference
Patient/Caregiver Experience	Satisfaction/perceptions of care; health literacy; cultural competency; Understanding of treatment changes/transitions; understanding of potential hazards to patient; care giver burden/distress/health status and outcomes
Patient Safety /Adverse Events	Medication side effects/complications/errors; suicide attempts/completions and self-harm; restraint; elopements; injury, violence and motor vehicle crashes; falls and wandering; delirium; pain medication management
Non-mental Health Medical Outcomes (general medical)	Management of co-morbidities; preventive care medical outcomes associated with mental health treatment and enhanced outcomes of medical illnesses; disability; oral health
Mortality	Suicide and alcohol/drug mortality; change in life expectancy
Recovery	Recovery model specific elements; shared decision-making; enhanced perception of hopefulness/optimism; patients meeting self-directed wellness goals; absence of disease or reduction in disease status and patient reported happiness
Incidence/Prevalence of Mental & Substance Use Conditions	Longitudinal prevalence and incidence on conditions at a population level; screening in medical populations; improved treatment rates
End of Life/Palliative Care	Use of hospice and advanced directives; pain control and well-being; patient perception of self-efficacy/control
Composite Measures	Combined medical, mental health, dental, and other health outcome measures

THE NQF PROCESS

The candidate measures will be considered for NQF endorsement as voluntary consensus standards. Agreement around the recommendations will be developed through NQF's formal Consensus Development Process (CDP). This project will be guided by a Steering Committee, consisting of representatives from across the spectrum of healthcare stakeholders.

Any organization or individual may submit measures for consideration. To be evaluated, candidate consensus standards must meet the following general criteria:

- Be fully developed for use (e.g., research and testing have been completed);
- Be intended for use in both public reporting and quality improvement;
- Be open source or in the public domain[1]; and
- Have an identified measure steward[2].

1 NQF requires any non-government organization submitting a measure for endorsement to execute a Measure Steward Agreement that addresses intellectual property protection and disclosure of the measure's proprietary components, including but not limited to specifications, risk adjustment methodologies, data collection instrument, data collection or analysis software, and database access. For details, please see our Policy on Endorsement of Proprietary Measures.

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Measure stewards must also have a fully executed Measure Steward Agreement with NQF. Information on submitting measures to NQF can be found on the NQF website.

FUNDING

This project is supported under a contract provided by the Department of Health and Human Services.

MEASURE STEWARDS: NOTICE OF INTENT TO SUBMIT CANDIDATE STANDARDS

Measures stewards anticipating submission of candidate measures to NQF for this project should submit a notice of intent. A Microsoft Word document containing a list of measures should be sent to outcomes@qualityforum.org no later than **Tuesday, December 23, 2009 at 6 p.m. ET**. This list should include:

- Title and description of the measure;
- Organization (indicate whether developer or steward); and
- Contact person (name, e-mail address, and telephone number)

CONTACT INFORMATION

For more information, contact Ian Corbridge, Project Manager at (202) 783-1300 or via e-mail at outcomes@qualityforum.org.

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