

# NATIONAL QUALITY FORUM

## CONFERENCE CALL OF THE MENTAL HEALTH STEERING COMMITTEE

November 4, 2010

***Committee Members Participating:*** Jeffrey Susman, MD, (co-chair); Sheila Botts, PharmD, BCPP; Richard Goldberg, MD, MS; William Golden, MD; Maureen Hennessey, PhD, CPCC; Harold Pincus, MD; Robert Roca, MD, MPH, MBA; Carol Wilkins, MPP

***NQF Staff Participating:*** Reva Winkler, MD, MPH (clinical consultant); Ashley Morsell, MPH (research analyst)

***Others Participating:*** Mark Antman (The American Medical Association); David Small (The American Medical Association); Sepheen Byron (National Committee for Quality Assurance)

### 2009 MAINTENANCE PROCESS

In May 2010, the NQF Board of Directors approved a new process that standardized reviews of existing measures in a regular cycle of topic-based measure evaluation. Prior to implementation of the new Endorsement Maintenance Process, NQF had begun reviews for measures under the following topic areas: Diabetes, Mental Health, and Musculoskeletal. Existing Steering Committees and Technical Advisory Panels (TAPs) from the Patient Outcomes project carried out these reviews. The 2009 maintenance process for these measures is described below:

#### ***Three-Year Maintenance Reviews***

1. *Email Measure Steward up to 2 months prior to the beginning of the review quarter with a list of measures requiring maintenance review*
  - a. *Include table with NQF #, Title, Description, Specifications & Endorsement Date*
  - b. *Include Maintenance Review Form*
  - c. *Include links to Maintenance webpage for Policies and Criteria*
2. *Measure Steward has 30 calendar days to provide updates*
3. *Measures posted for Public Comment for 30 days*
4. ***Maintenance Committee reviews Measures & makes recommendations to CSAC***
5. ***CSAC reviews Measures and makes decision regarding continued endorsement***
6. *Update database and formal notification sent to Measure Steward of CSAC decision; Public notification of CSAC decision posted to website*
7. *30-day Appeals Period*

In this process, the Maintenance Committee was asked to review the information submitted by the developers and determine whether the measures still meet the NQF measure evaluation criteria. The summary of the Committee evaluation and recommendations are included in the tables below.

### MENTAL HEALTH

The Mental Health Outcomes Steering Committee reviewed 12 measures. The Committee again expressed general dismay at the lack of a comprehensive set of measures for mental health and substance

**NQF DOCUMENT – DO NOT CITE, QUOTE, REPRODUCE OR DISTRIBUTE**

# NATIONAL QUALITY FORUM

use. The Committee noted that although many of the measures could be improved, the current measures are better than no measures and so was reluctant to recommend removing endorsement. The Committee recommended that 11 of the 12 measures maintain endorsement.

Table 1. Committee Comments on Measures

Measure	Steering Committee Evaluation
<p><b>0004: Initiation and engagement of alcohol and other drug dependence treatment: a. initiation, b. engagement</b></p> <p><i>a. Percentage of adults aged 18 and over diagnosed with AOD abuse or dependence and receiving a related service who initiate treatment</i></p> <p><i>b. Assessment of the degree to which members engage in treatment with two additional AOD treatments within 30 days after initiating treatment.</i></p> <p>Data Source: administrative data Level of Analysis: plan, system, hospital Measure Developer/Steward: NCQA</p>	<p><b>IMPORTANCE</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Yes</li> <li>• Current performance: Commercial, Medicare and Medicaid plans Initiation rate: 44.5-56.5% Engagement rate: 4.5-15.2%</li> </ul> <p><b>SCIENTIFIC ACCEPTABILITY</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Partially</li> <li>• Testing—no data provided; SC members support the face validity and note the reliability of administrative data</li> </ul> <p><b>USABILITY</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Completely</li> <li>• Current use: HEDIS measure since 2004</li> </ul> <p><b>FEASIBILITY</b></p> <p>Meets criteria: Completely</p> <p><b>DISCUSSION</b></p> <p>Dr. Harold Pincus has a grant to perform a formal validation of the measure; the measure is used in VA and Medicaid plans; plans showing improvement; no risk-adjustment yet, although it is clear that VA populations and commercial plans have different patient populations; SC believes this to be a good and useful measure.</p> <p><b>SC RECOMMENDATION</b></p> <p>Maintain endorsement</p>
<p><b>0103: Major depressive disorder: diagnostic evaluation</b></p> <p><i>Percentage of patients with a diagnosis of major depressive disorder who met the DSM–IV™ criteria during the visit in which the new diagnosis or recurrent episode was identified</i></p> <p>Data Source: claims, registry Level of Analysis: clinician, group Measure Developer/Steward: AMA/PCPI</p>	<p><b>IMPORTANCE</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: No</li> <li>• 2008 PQRI data: Clinician performance ranged from 0 to 100% (n=1,328), with an estimated average of 86%.</li> <li>• There is no evidence to suggest that documenting DSM IV is related to outcomes.</li> </ul> <p><b>DISCUSSION</b></p> <p>Clinicians should better spend their time on screening and follow-up. “Successful” screening programs have &lt;10% follow-up.</p> <p><b>SC RECOMMENDATION</b></p>

# NATIONAL QUALITY FORUM

Measure	Steering Committee Evaluation
	Do not maintain endorsement
<p><b>0104: Major depressive disorder: suicide risk assessment</b></p> <p><i>Percentage of patients who had a suicide risk assessment completed at each visit</i></p> <p>Data Source: claims, registry Level of Analysis: clinician, group Measure Developer/Steward: AMA/PCPI</p>	<p><b>IMPORTANCE</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Yes</li> <li>2008 PQRI data: Clinician performance ranged from 0 to 100% (n=5,440), with an estimated average of 81%</li> </ul> <p><b>SCIENTIFIC ACCEPTABILITY</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Partially</li> <li>Less specificity in “suicide risk assessment” compared to measure #111</li> <li>No testing information on reliability; face validity only</li> </ul> <p><b>USABILITY</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Partially</li> <li>Harmonization with measure #111</li> <li>In use in 2008-2010 PQRI</li> </ul> <p><b>FEASIBILITY</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Partially-Completely</li> <li>Used in PQRI with CPT II codes</li> </ul> <p><b>DISCUSSION</b></p> <p>Assessment without follow-up for abnormal screening is not optimal. A broader measure including depression and bipolar would be better than two separate measures.</p> <p><b>SC RECOMMENDATION</b></p> <p>Maintain endorsement</p>
<p><b>0105: New episode of depression: (a) Optimal Practitioner Contacts for Medication Management, (b) effective acute phase treatment, (c) effective continuation phase treatment</b></p> <p><del>a. Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner during the 84-day (12-week) Acute Treatment Phase.</del></p> <p><i>a. Percentage of patients who were diagnosed with a new episode of depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day Acute Treatment Phase.</i></p> <p><i>b. Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant drug for at</i></p>	<p>Revised measure—part a has been removed.</p> <p><b>IMPORTANCE</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Yes</li> <li>This is a measure of medication adherence—an intermediate outcome measure.</li> <li>Current performance (2009): Commercial: Acute—63.1%, Continuation—46.3%; Medicare: Acute—62.5%, Continuation—49.3%; Medicaid: Acute—48.2%, Continuation—31.8%</li> </ul> <p><b>SCIENTIFIC ACCEPTABILITY</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Partially</li> <li>Testing—no data provided; SC members support the face validity and note the reliability of administrative data</li> </ul> <p><b>USABILITY</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Completely</li> <li>HEDIS measure</li> </ul> <p><b>FEASIBILITY</b></p>

# NATIONAL QUALITY FORUM

<b>Measure</b>	<b>Steering Committee Evaluation</b>
<p><i>least 180 days.</i></p> <p>Data Source: administrative data Level of Analysis: Measure Developer/Steward: NCQA</p>	<ul style="list-style-type: none"> <li>• Meets criteria: Completely</li> <li>• Based on administrative data</li> </ul> <p><b>DISCUSSION</b> Everyone cannot do the depression outcome measures. so medication adherence is a reasonable alternative. The measure doesn't allow for non-medication intervention.</p> <p><b>SC RECOMMENDATION</b> Maintain endorsement</p>
<p><b>0106: Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents</b></p> <p><i>Percentage of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed.</i></p> <p>Data Source: medical record/EHR Level of Analysis: integrated delivery system, clinic Measure Developer/Steward: ICSI</p>	<p><b>IMPORTANCE</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Yes</li> <li>• Over diagnosis and overuse of meds in kids is a problem. Diagnostic criteria should be met before initiating medication.</li> <li>• No data on current performance</li> </ul> <p><b>SCIENTIFIC ACCEPTABILITY</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Partially</li> <li>• Uses codes 314.01/02; does not include “NOS” code of 314.9; theoretically more precise in diagnosis of ADHD but acknowledge that diagnostic coding is random; 314.9 is likely used a lot for kids on meds that will not be captured</li> <li>• No testing information</li> </ul> <p><b>USABILITY</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Partially</li> <li>• No information on current use; measures are “made available to users”</li> </ul> <p><b>FEASIBILITY</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Partially</li> <li>• Record review via EHRs</li> </ul> <p><b>DISCUSSION</b> ADHD is different than depression—concern for overuse; limited to DSM—doesn't include Connors rating scale that can be used for longitudinal assessment; a better measure would use a standard tool to follow patient longitudinally</p> <p><b>SC RECOMMENDATION</b> Maintain endorsement</p>
<p><b>0107: Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents</b></p> <p><i>Percentage of patients diagnosed with attention deficit hyperactivity disorder (ADHD) and on first-line medication whose medical record contains documentation of a follow-up</i></p>	<p><b>IMPORTANCE</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Yes</li> <li>• No data on current performance</li> <li>• Medication management measure—multiple guidelines with different recommendations—this is based on ICSI guidelines: K-12th grades—follow closely in first weeks; once stable visit every 3-6 months</li> </ul>

# NATIONAL QUALITY FORUM

Measure	Steering Committee Evaluation															
<p><i>visit twice a year.</i></p> <p>Data Source: medical record/EHR                      Level of Analysis: integrated delivery system, clinic                      Measure Developer/Steward: ICSI</p>	<p><b>SCIENTIFIC ACCEPTABILITY</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Partially</li> <li>Uses codes 314.01/02; does not include “NOS” code of 314.9; theoretically more precise in diagnosis of ADHD but acknowledge that diagnostic coding is random; 314.9 is likely used a lot for kids on meds that will not be captured</li> <li>No testing information</li> </ul> <p><b>USABILITY</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Partially</li> <li>No information on current use; measures are “made available to users” by developer</li> <li>Harmonization with measure 108</li> </ul> <p><b>FEASIBILITY</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Partially</li> <li>Record review via EHRs</li> </ul> <p><b>DISCUSSION</b>                      Twice yearly follow-up is probably not enough.</p> <p><b>SC RECOMMENDATION</b>                      Maintain endorsement</p>															
<p><b>0108: ADHD: Follow-Up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication</b></p> <p><i>a. Initiation Phase: Percentage of children 6-12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for and ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</i></p> <p><i>b. Continuation and Maintenance (C&amp;M) Phase: Percentage of children 6-12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who in addition to the visit in the Initiation Phase had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ends.</i></p> <p>Data Source: administrative data                      Level of Analysis: plan, system, hospital                      Measure Developer/Steward: NCQA</p>	<p><b>IMPORTANCE</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Yes</li> <li>Current performance:</li> </ul> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Commercial</th> <th style="width: 20%; text-align: center;">Medicaid</th> </tr> </thead> <tbody> <tr> <td>Initiation (2009)</td> <td style="text-align: center;">36.6%</td> <td style="text-align: center;">36.6%</td> </tr> <tr> <td style="padding-left: 20px;">(2007)</td> <td style="text-align: center;">33.7%</td> <td style="text-align: center;">33.5%</td> </tr> <tr> <td>Continuation (2009)</td> <td style="text-align: center;">41.7%</td> <td style="text-align: center;">41.7%</td> </tr> <tr> <td style="padding-left: 20px;">(2007)</td> <td style="text-align: center;">38.7%</td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>38.9% AAP guidelines: “The clinician should periodically provide a systematic follow-up for the child (ages 6-12) with ADHD. Monitoring should be directed to target outcomes and adverse effects, with information gathered from parents, teachers, and the child.”</li> </ul> <p><b>SCIENTIFIC ACCEPTABILITY</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Partially</li> <li>Testing—no data provided; SC members support the face validity and note the reliability of administrative data</li> </ul> <p><b>USABILITY</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Partially</li> <li>HEDIS measure</li> <li>Harmonization with 107 (age; frequency)</li> </ul> <p><b>FEASIBILITY</b></p> <ul style="list-style-type: none"> <li>Meets criteria: Completely</li> <li>Based on administrative data</li> </ul>		Commercial	Medicaid	Initiation (2009)	36.6%	36.6%	(2007)	33.7%	33.5%	Continuation (2009)	41.7%	41.7%	(2007)	38.7%	
	Commercial	Medicaid														
Initiation (2009)	36.6%	36.6%														
(2007)	33.7%	33.5%														
Continuation (2009)	41.7%	41.7%														
(2007)	38.7%															

# NATIONAL QUALITY FORUM

Measure	Steering Committee Evaluation
	<p><b>SC RECOMMENDATION</b> Maintain endorsement</p> <p><b>STAFF NOTE</b> Harmonization challenges—widely conflicting guidelines regarding age and frequency</p>
<p><b>0003: Bipolar disorder: assessment for diabetes<sup>a</sup></b> <i>Percentage of patients treated for bipolar disorder who are assessed for diabetes within 16 weeks after initiating treatment with an atypical antipsychotic agent.</i></p> <p>Data Source: medical record Level of Analysis: individual, group, facility, system, plan Measure Developer/Steward: Center for Quality Assessment and Improvement in Mental Health (CQIMH)</p>	<p><b>IMPORTANCE</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Yes</li> <li>• No data on current performance</li> <li>• Abnormal glucose and other metabolic abnormalities are common with antipsychotic medication</li> </ul> <p><b>SCIENTIFIC ACCEPTABILITY</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Completely</li> <li>• Good testing for reliability and validity in 2005 during development, but no data since then</li> </ul> <p><b>USABILITY</b> Committee members aware that measure being used locally—usually through EHRs; Developer has no current data</p> <p><b>FEASIBILITY</b> Usually via EHRs</p> <p><b>DISCUSSION</b> Abnormal glucose is important but so are other metabolic abnormalities—measure should include screening for more risk factors; alternatively use of antipsychotic medications would be an indication for glucose and cholesterol screening in a general population measure</p> <p><b>SC RECOMMENDATION</b> Maintain endorsement. Recommendations to developer—update the measure to include screening for other metabolic abnormalities.</p> <p>MEASURE DEVELOPER RESPONSE (11/23/10): “With the exception of an annual review to ensure these measures remain up-to-date in what they measure, no enhancement of them is currently planned. I don't personally have more recent data. Some of these measures are being/will be absorbed and improved by forthcoming initiatives.”</p>
<p><b>0109: Bipolar disorder and major depression: assessment for manic or hypomanic behaviors<sup>a</sup></b></p> <p><i>Percentage of patients treated for depression who were assessed, prior to treatment, for the presence of current and/or prior manic or</i></p>	<p><b>IMPORTANCE</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Yes</li> <li>• No data on current performance</li> </ul> <p><b>SCIENTIFIC ACCEPTABILITY</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Completely</li> <li>• Good testing for reliability and validity in 2005</li> </ul>

# NATIONAL QUALITY FORUM

Measure	Steering Committee Evaluation
<p><i>hypomanic behaviors.</i></p> <p>Data Source: medical record            Level of Analysis: individual, group, facility, system, plan            Measure Developer/Steward: Center for Quality Assessment and Improvement in Mental Health (CQIMH)</p>	<p>during development, but no data since then</p> <p><b>USABILITY</b>            Committee members aware that measure being used locally, usually though EHRs; Developer has no current data.</p> <p><b>FEASIBILITY</b>            Usually via EHRs</p> <p><b>DISCUSSION</b>            Assessment measures should include the action/follow-up in response to a positive assessment.</p> <p><b>SC RECOMMENDATION</b>            Maintain endorsement. See developer response to #003.</p>
<p><b>0110: Bipolar disorder and major depression: appraisal for alcohol or chemical substance use<sup>a</sup></b></p> <p><i>Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use</i></p> <p>Data Source: medical record            Level of Analysis: individual, group, facility, system, plan            Measure Developer/Steward: Center for Quality Assessment and Improvement in Mental Health (CQIMH)</p>	<p><b>IMPORTANCE</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Yes</li> <li>• No data on current performance</li> </ul> <p><b>SCIENTIFIC ACCEPTABILITY</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Completely</li> <li>• Good testing for reliability and validity in 2005 during development, but no data since then</li> </ul> <p><b>USABILITY</b>            Committee members aware that measure being used locally, usually though EHRs; Developer has no current data.</p> <p><b>FEASIBILITY</b>            Usually via EHRs</p> <p><b>DISCUSSION</b>            Assessment measures should include the action/follow-up in response to a positive assessment.</p> <p><b>SC RECOMMENDATION</b>            Maintain endorsement. See developer response to #003.</p>
<p><b>0111: Bipolar disorder: appraisal for risk of suicide<sup>a</sup></b></p> <p><i>Percentage of patients with bipolar disorder with evidence of an initial assessment that includes an appraisal for risk of suicide.</i></p> <p>Data Source: medical record            Level of Analysis: individual, group, facility, system, plan            Measure Developer/Steward: Center for Quality Assessment and Improvement in Mental Health (CQIMH)</p>	<p><b>IMPORTANCE</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Yes</li> <li>• No data on current performance</li> </ul> <p><b>SCIENTIFIC ACCEPTABILITY</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Completely</li> <li>• Good testing for reliability and validity in 2005 during development, but no data since then</li> </ul> <p><b>USABILITY</b></p> <ul style="list-style-type: none"> <li>• Committee members aware that measure being used locally, usually though EHRs. Developer has no current data.</li> </ul>

# NATIONAL QUALITY FORUM

Measure	Steering Committee Evaluation
	<ul style="list-style-type: none"> <li>• Harmonization—more specificity on risk appraisal than measure #104</li> </ul> <p><b>FEASIBILITY</b> Usually via EHRs</p> <p><b>DISCUSSION</b> A broader measure including both depression and bipolar would be better than two measures.</p> <p><b>SC RECOMMENDATION</b> Maintain endorsement. See developer’s response to #003.</p>
<p><b>0112: Bipolar disorder: Level-of-function evaluation<sup>a</sup></b></p> <p><i>Percentage of patients treated for bipolar disorder with evidence of level-of-function evaluation at the time of the initial assessment and again within 12 weeks of initiating treatment</i></p> <p>Data Source: medical record Level of Analysis: individual, group, facility, system, plan Measure Developer/Steward: Center for Quality Assessment and Improvement in Mental Health (CQIMH)</p>	<p><b>IMPORTANCE</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Yes</li> <li>• No data on current performance</li> </ul> <p><b>SCIENTIFIC ACCEPTABILITY</b></p> <ul style="list-style-type: none"> <li>• Meets criteria: Completely</li> <li>• Good testing for reliability and validity in 2005 during development, but no data since then</li> </ul> <p><b>USABILITY</b> Committee members aware that measure being used locally, usually through EHRs; Developer has no current data.</p> <p><b>FEASIBILITY</b> Usually via EHRs</p> <p><b>DISCUSSION</b> Weakest of the bipolar measures but better than nothing. Multiple tools available. Longitudinal, sequential assessment would be a meter measure.</p> <p><b>SC RECOMMENDATION</b> Maintain endorsement. See developer’s response to #003.</p>

<sup>a</sup> Dr. Bill Golden disclosed to the Committee that he participated in the development workgroup for the STABLE measures in 2005 although he no longer is involved with the measures. Dr. Golden recused himself from the decisionmaking and offered factual background information only.