

The National Quality Forum

National Voluntary Consensus Standards for Patient Outcomes

Table of Measures Submitted-Phase 3: Mental Health

As of February, 19 2010

Note: This information is for personal and noncommercial use only. You may not modify, reformat, copy, display, distribute, transmit, publish, license, create derivative works from, transfer or sell any information, products or services obtained from this document.

Measure Number	Title	Description	IP Owner/ Measure Steward -ALL RIGHTS RESERVED
OT3-001-10	Suicide deaths of "at risk" adult psychiatric inpatients within 30 days of discharge.	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".	Psychiatric Solutions, INC
OT3-002-10	Patient Attitudes Toward and Ratings of Care for Depression (PARC-D 30) Questionnaire	The developers employed 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). To help prioritize attitudinal domains, including 126 items identified previously in focus groups, we asked patients to rate the importance of each aspect of depression care on a five-point scale. Items were ranked according to mean scores and the percentage of patients ranking the items as extremely important. The items were selected for inclusion in an instrument to measure patients' attitudes toward depression care based on their importance ratings. We performed reliability and validity testing of scales comprising the 30 most important items and a shortened version that includes 16 items. The top 30 items for the overall sample came from the following domains: 1) health care providers' interpersonal skills, 2) primary care provider recognition of depression, 3) treatment effectiveness, 4) treatment problems, 5) patient understanding about treatment, 6) intrinsic spirituality, and 7) financial access to services. Scales comprising items from these domains show adequate internal consistency (Cronbach's alpha >0.70) as well as convergent and discriminant validity. The PARC-D is a brief patient-centered instrument for measuring attitudes toward depression care that has evidence for internal item consistency reliability and discriminant validity.	Johns Hopkins Bloomberg School of Public Health
OT3-003-10	30 Day Readmissions	Percentage of patients readmitted within 30 days of discharge reported as a percent of discharges for an inpatient psychiatric hospital or unit.	WPIC of UPMC Presby Shadyside

The National Quality Forum

Measure Number	Title	Description	IP Owner/ Measure Steward -ALL RIGHTS RESERVED
		The patient is admitted to the hospital within 30 days after being discharged from an earlier hospital stay.	
OT3-004-10	7 Day Readmissions	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.	WPIC of UPMC Presby Shadyside
OT3-005-10	Services offered for Psychosocial needs	Proportion of patients with a New Treatment Episode (NTE) and have evidence of need/ deficit for Housing or Employment status who are offered services for their needs.	The RAND Corporation
OT3-006-10	48 Hour Readmissions	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.	WPIC of UPMC Presby Shadyside
OT3-007-10	NOS diagnostic Rate, at admission and discharge	Proportion, number of patients with a diagnosis of NOS divided by all patients with any diagnosis, at admission and discharge.	WPIC of UPMC Presby Shadyside
OT3-008-10	Fall Rate per 1,000 patient days	All documented falls, with or without injury, experienced by patients on an eligible behavioral health or psychiatric inpatient unit	WPIC of UPMC Presby Shadyside
OT3-009-10	Adverse/Serious Event	Incidents that resulted in serious injury or death reported as a rate per 1,000 patient days	WPIC of UPMC Presby Shadyside
OT3-010-10	Milestones of Recovery Scale (MORS)	<p>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. These constructs are combined to create the following eight categories:</p> <ol style="list-style-type: none"> 1. Extreme Risk 2. High Risk, Not Engaged 3. High Risk, Engaged 4. Poorly Coping, Not Engaged 5. Poorly Coping, Engaged 6. Coping, Rehabilitating 7. Early Recovery 8. Advanced Recovery <p>The scale takes about 15 seconds to administer and requires that the rating staff must have had some contact (face-to-face or</p>	MHALA

The National Quality Forum

Measure Number	Title	Description	IP Owner/ Measure Steward -ALL RIGHTS RESERVED
		telecommunication) with the client being rated within the past two weeks. Ratings can be done individually or by consensus among several staff who have had contact with the client. It is recommended that the ratings be administered monthly but can be done as seldom as quarterly. The data produced by the scale will allow us to compare the performance of mental health providers (programs, systems) in helping their clients to recover.	
OT3-011-10	Depression Remission at Twelve Months	<p>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.</p> <p>The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress.</p> <p>This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.</p>	Minnesota Community Measurement
OT3-012-10	Depression Remission at Six Months	<p>Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score 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.</p> <p>The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress.</p> <p>This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) are also included in the denominator.</p>	Minnesota Community Measurement
OT3-013-10	Time from first face-to-face treatment encounter to buprenorphine dosing	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).	Baltimore Substance Abuse Systems Inc
OT3-014-10	Psychiatrist-Rated Assessment of Psychiatric Inpatients' Clinical	The measure provides a standardized, psychiatrist-rated, 36-item tool to assess adult inpatient psychiatric patients with respect to their	University of Washington

The National Quality Forum

Measure Number	Title	Description	IP Owner/ Measure Steward -ALL RIGHTS RESERVED
	Status	clinical status (symptom and behavior domains).	
OT3-015-10	Bipolar NOS diagnostic rate	Number of patients with a diagnosis of Bipolar NOS divided by all patients with diagnosis of bipolar, at discharge	WPIC of UPMC Presby Shadyside
OT3-016-10	Retention in Treatment	Percent of patients who complete (min) of 3 additional ambulatory sessions w/in 90 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.	WPIC of UPMC Presby Shadyside
OT3-017-10	Percent of eligible patients who transfer from a substance abuse treatment program to a continuing care physician for ongoing buprenorphine maintenance therapy	Percent of adult patients 18 years of age or older who meet eligibility criteria to transfer from a substance abuse treatment program where they have been inducted/stabilized on buprenorphine and received counseling services to a continuing care physician in the community who will continue the patient's buprenorphine therapy and will provide other needed mental health and/or somatic health services.	Baltimore Substance Abuse Systems Inc
OT3-18-10	Identification of Alcohol and Other Drug Services	This measure summarizes the number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year. <ul style="list-style-type: none"> • Any services • Inpatient • Intensive outpatient or partial hospitalization • Outpatient or ED 	NCQA
OT3-019-10	Psychiatric Disorders or Disturbances Assessment (Parkinson's Disease Patients)	Percentage of patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (eg psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually.	American Academy of Neurology
OT3-020-10	Cognitive Impairment or Dysfunction Assessment (Parkinson's Disease Patients)	Percentage of patients with diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction at least annually.	American Academy of Neurology
OT3-021-10	Assessment of Psychosocial needs	Proportion of patients with a New Treatment Episode (NTE) who receive a baseline assessment of Psychosocial Needs or Deficits (Axis IV) across the domains of Housing and Employment.	The RAND Corporation
OT3-022-10	Depression Utilization of the PHQ-9 Tool	Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4) who have a PHQ-9 tool administered at least once during the four month measurement period. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress.	Minnesota Community Measurement

The National Quality Forum

Measure Number	Title	Description	IP Owner/ Measure Steward -ALL RIGHTS RESERVED
		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 insure 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).	
OT3-023-10	HBIPS-1: Admission screening for violence risk, substance use, psychological trauma history and patient strengths completed	Proportion of patients admitted to a hospital-based inpatient psychiatric setting who are screened within the first three days of admission for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths.	The Joint Commission
OT3-024-10	Blood level monitoring for lithium for Bipolar I Disorder patients	Proportion of Bipolar I Disorder patients receiving serum drug level monitoring for Lithium at least once in the 12 weeks following the start of a new prescription during the New Treatment Episode (NTE).	The RAND Corporation
OT3-025-10	Use of mood stabilizing agents in maintenance phase treatment for Bipolar I Disorder	Proportion of Bipolar I Disorder patients who have evidence of use of a mood stabilizer during maintenance phase treatment.	The RAND Corporation
OT3-026-10	Side effect monitoring for mood stabilizer and anti-psychotic medications	The proportion of patients taking mood stabilizer or anti-psychotic medications who are monitored for side effects.	The RAND Corporation
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 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.	NRI