

Meeting Summary

Behavioral Health Workgroup Web Meeting 2

The National Quality Forum (NQF) convened a closed session web meeting for the Behavioral Health Workgroup on June 5, 2020.

Welcome and Review of Web Meeting Objectives

NQF staff and workgroup co-chairs welcomed participants to the meeting. NQF staff reviewed the following meeting objectives:

- Evaluate potential core set measures
- Identify potential sources for new measures

Evaluation of Potential Core Set Measures

Tobacco, Alcohol and Other Substance Use

0028/0028e: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

This measure was originally developed by PCPI and is in the ACO CQMC core set. One workgroup member noted that when their organization compared this measure to measure 2803, they preferred this measure as it extends beyond just screening. At least one Workgroup member expressed concern over who will steward this measure going forward as it would disadvantageous to include a measure without a future steward. It was also noted that the MIPS claims data showed that this measure is potentially topped out, but data reported to MIPS using other methods shows room for improvement.

2803: Tobacco Use and Help with Quitting Among Adolescents

A workgroup member noted that this measure does not address vaping and e-cigarettes, which is a major point of focus when considering the 12 to 20 year old age group. The age group included in this measure's focus is younger than that of the previously discussed measure (0028).

2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

A medical association noted their organization uses this measure for their registry. The MIPS data presented shows that there are opportunities to improve. The population for this measure is broader than others similar to it. At least one workgroup member noted a potential concern about who will steward the measure in the future.

0004: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

This measure includes follow-up which may be preferable to measures that only address screening. One workgroup member pointed out, however, that the measure does not include risk stratification.

Workgroup members noted that they would like to hear more from the perspective of the measure steward (NCQA) regarding the accountability falling to primary care settings.

2599: Alcohol Screening and Follow-up for People with Serious Mental Illness

This measure was taken over by NCQA from PCPI. This measure brought up discussion among the group regarding the importance of screening for this population. One workgroup member noted that patients with Serious Mental Illness are far less likely to receive treatment for their alcohol use disorders. One workgroup member noted that while measures similar to this may be high performing in the general population, it may be advantageous to include a more focused measure such as this in a core set focused on behavioral health. Other workgroup members expressed their support for a measure with a broader target population. The workgroup discussed that the core set should not be setting or specialist specific, but should include measures that address the broad range of care and outcomes for people with behavioral health needs.

2600: Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence

This measure is stewarded by NCQA and was adapted from measure 0028. There is relatively little publicly available performance data, but the data available does identify room for improvement. The workgroup discussed the gap in treating tobacco use in patients with SMI.

N/A: MIPS ID 414: Evaluation or Interview for Risk of Opioid Misuse

This is not an NQF endorsed measure, but is used in the MIPS program. AAN is the measure steward, and the workgroup representative stated this measure has been retired by their organization and suggested that the group does not include this measure in the core set. The workgroup reached consensus to remove this measure from voting consideration.

2940: Use of Opioids at High Dosage in Persons Without Cancer

This measure is stewarded by the Pharmacy Quality Alliance (PQA). One workgroup member noted that the main focus of this measure is not about patients with opioid use disorders, but patients with chronic pain. This measure sparked discussion around whether measures in this topic area should be included in the Behavioral Health core set or under another topic area. Other workgroup members felt the Behavioral Health core set was the best fit for this topic area as the measure (and the other related measures) aim to address unsafe prescribing and associated consequences for patients. A workgroup member specified that this measure is included in the 2020 Medicaid Adult Core Set.

2950: Use of Opioids from Multiple Providers in Persons Without Cancer

There was discussion that this measure (along with the similar HEDIS measure) focuses on an important topic and can be used as an indicator that a patient is abusing their medication. A member shared they thought this measure is a more consistent indicator than the high dosage opioid measure that patients may be abusing medication, but they noted it is still downstream from an opioid use disorder. Workgroup members noted that receiving medication from multiple providers is a prime indicator of substance abuse. The workgroup supported that the measure focuses on prescriptions for opioids from four (4) or more prescribers **AND** four (4) or more pharmacies (rather than either prescribers or pharmacies).

3389: Concurrent Use of Opioids & Benzodiazepines

This measure is currently used in the Medicaid Adult Core Set. There is currently no performance data readily available for this measure, and the measure is not risk adjusted. One workgroup member noted that the focus of this measure is strong because this medication combination can lead to mortality. Another member stated that the mortality correlation was a driving factor in adding this measure to the Medicaid core set. Another member pointed out that many pharmacies have methods in place to discourage the co-prescription of opioids and benzodiazepines, including hard

stops that do not allow pharmacists to dispense. This measure was not recommended for addition to the ACO Core Set during their workgroup voting. Some members of the ACO group thought the measure would be more appropriate as a Behavioral Health core measure.

N/A: Use of Opioids From Multiple Providers (UOP) (HEDIS)

This measure was discussed in conjunction with measure 2950 and is described as the proportion of members receiving prescriptions for greater than 15 days from multiple providers, reporting both the number of prescribers and the number of facilities. Prior to implementing, the measure steward thought these would be rare events, measured in events per thousand, but they were reported by percentages between 5% and 20%. The workgroup determined that this measure and 2950 were “slightly different but the same idea.”

N/A: Use of Opioids at High Dosage (HDO) (HEDIS)

The workgroup discussed whether this measure would fit in the Behavioral Health core set or a different set of measures. One member said they would prefer the measure to be in multiple sets rather than included in none. This measure was closely compared to measure 2940. It was noted that the CQMC ACO/PCMH workgroup preferred this opioid measure to the others, but that some members were concerned about the unintended consequences associated with the measure (e.g., abrupt discontinuation of opioids).

The workgroup will continue discussing the remaining measures related to opioids during the next meeting. A workgroup member suggested the group add measure 3400: *Use of pharmacotherapy for opioid use disorder (OUD)* to the list of measures for review during the next meeting.

Schizophrenia and Bipolar Disorder, Serious Mental Illness

1879: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

This is a HEDIS measure. The Workgroup discussed if other adherence measures exist for behavioral health. Most workgroup members agreed there are no other adherence measures specific to behavioral health to consider. One workgroup member noted there is a very strong correlation between medication adherence and positive outcomes for patients with schizophrenia. Other workgroup members agreed.

Next Steps

The Behavioral Health workgroup will continue measure discussion during their next convening on Monday, June 8.