

Meeting Summary

Behavioral Health Workgroup Web Meeting 1

The National Quality Forum (NQF) convened a web meeting for the Behavioral Health Workgroup on June 7, 2021.

Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff facilitated roll call and reviewed the meeting objectives:

- Review the CQMC's work from last year, including the 2020 Behavioral Health Core Set
- Begin discussion on potential additions and removals to the Behavioral Health Core Set as part of ad-hoc maintenance

Last Year's Work

NQF staff provided a brief overview of the CQMC's achievements in 2019-2020. During the past year, the CQMC Workgroups reviewed and released updated versions of the eight original, condition-specific core sets, including the ACO/PCMH/Primary Care, Cardiology, Gastroenterology, HIV/Hepatitis C, Medical Oncology, Obstetrics/Gynecology, Orthopedics, and Pediatrics core sets. The CQMC also created two new condition-specific core sets: the Behavioral Health and Neurology core sets. The CQMC also released several guiding documents: [Approaches to Future Core Set Prioritization](#), [Analysis of Measurement Gap Areas and Measure Alignment Report](#), and an [Implementation Guide](#) for stakeholders working on implementing the core sets as part of value-based payment programs.

NQF staff shared that in 2021 the CQMC will build on prior work by developing new guides on measure model alignment and digital measurement, developing a new cross-cutting measure set, updating the Implementation Guide, and maintaining the current core sets.

The Workgroup was reminded that they convened five times last year to create the core set. As a result of the discussions, the Workgroup voted to include 11 measures in the first CQMC core set for Behavioral Health. Clinical areas covered by the core set include Attention Deficit Hyperactivity Disorder (ADHD); Depression; Serious Mental Illness (SMI); Tobacco, Alcohol, and Other Substance Use; and Other.

The Workgroup also previously identified the following measurement gap areas for future consideration:

- Coordinated care, including bi-directional integrated behavioral healthcare and general healthcare, primary care

- Patient-reported measures, including patient experience with psychiatric care
- Suicide risk measures independent of a major depressive disorder diagnosis, specific age group, or care setting
- Anxiety disorder measures
- Depression remission measures that span beyond 6 months, but count remission if it is achieved earlier than 12 months

Considerations for Ad-Hoc Maintenance

NQF staff opened the discussion on ad-hoc maintenance of the core sets by reminding Workgroup members of the measure selection principles for the CQMC core sets. Maintaining the core sets each year helps ensure that the measures in the core sets meet these principles: person-centered and holistic; relevant, meaningful, and actionable; parsimonious; scientifically sound; feasible; and unlikely to promote unintended adverse consequences. During ad-hoc maintenance, NQF will not conduct a comprehensive literature review of relevant measures to consider for the core set. NQF will do the following:

1. Flag major updates (e.g., measures that have lost endorsement, topped out measures, recently endorsed measures in topic area, fully developed measures that meet a gap area, measures recommended for use in the Centers for Medicare & Medicaid Services' [CMS] Merit-based Incentive Payment System [MIPS] or Medicare Shared Savings Program).
2. Review any measures that Workgroup members identify for urgent consideration for addition or removal.

Before discussing specific measures, NQF staff reminded the Workgroup that the measures identified for potential removal do not need to be removed. The Workgroup should discuss and decide if they should remain in the core set or be removed. NQF also reminded Workgroup members that based on feedback from CQMC members, all final voting will be conducted after the meetings via an online survey rather than verbally during the call. If the Workgroup is in consensus that a measure should not be considered further for addition or removal, the measure does not require a formal vote.

Measures for Potential Removal

0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan

The Workgroup was notified that the measure was flagged due to the change in NQF endorsement status, as well as high performance in MIPS based on claims data. NQF shared that the measure steward did not submit the measure for NQF endorsement maintenance, but they plan to maintain it outside of NQF. Performance was noted as high based only on MIPS Medicare Part B claims data, not based on eCQM or CQM data. NQF staff shared that the measure is also in the OB/GYN, ACO/PCMH, Medical Oncology, and Pediatrics core sets. During this year's ad hoc maintenance, the OB/GYN and Pediatrics Workgroups decided to keep the measure in their respective core sets (the other workgroups have not yet convened)

There was broad agreement on the importance of including a depression screening measure in the core set and aligning with other CQMC core sets and external programs. Several members noted areas of opportunity for this measure. A Workgroup member noted that a challenge for providers

with this measure is the documentation of a follow-up plan. A Workgroup member shared that in the future a broader measure that considers both anxiety and depression would be useful, especially based on an increase in anxiety diagnoses.

A Workgroup member asked if primary care providers (PCPs) push back on mental health screenings due to a lack of resources available for patients who screen positive. Another member responded that while there is not a surplus of mental health resources, screening patients for depression is a component of providing high-quality care. High-performing, high-quality systems should have the capability to connect patients with resources. A representative from a medical association supported screening for anxiety and depression by PCPs, while acknowledging there may be difficulties connecting patients to higher-level care.

NQF staff stated that the core set presentation document could include notes to highlight certain points about a measure for core set implementers. Notes for this measure could address resource allocation and the threshold for a high-quality system. A co-chair and NQF shared that since there is agreement to keep this measure in the core set and there were no dissenting comments, #0418/0418e will remain in the core set.

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

NQF staff shared that this measure was high performing in MIPS based on CQM and Medicare Part B claims data. This is the only measure in the core set focused on tobacco use screening/intervention. The Workgroup asked if other routes of smoking or nicotine use are included in the measure specifications, specifically vaping and e-cigarette use. The Workgroup emphasized that smoking is still an important health issue as it is the most preventable cause of death in the U.S. The Workgroup further discussed that a large portion of the population smokes and there is opportunity to improve on this measure area. NQF will follow-up with the measure steward regarding whether they are considering updating the measure to include vaping and/or e-cigarettes. The Workgroup agreed that this measure should remain in the core set.

Measures for Potential Addition

One newly endorsed measure was identified for Workgroup review. NQF also provided updates on two measures identified for future consideration during last year's core set work.

3541: Annual Monitoring for Persons on Long-Term Opioid Therapy

This measure was identified for future consideration during last year's discussion. NQF staff shared that measure 3541 is a newly NQF-endorsed process measure that is specified at the health plan and uses claims and enrollment data. The measure is currently used in the Marketplace Quality Rating System (QRS). NQF staff reminded the Workgroup that several opioid measures were discussed last year. The Pharmacotherapy for Opioid Use Disorder measure is currently included in the core set. NQF shared that the measure steward, the Pharmacy Quality Alliance (PQA), was present to answer any specific questions from the Workgroup.

A Workgroup member asked the measure steward what qualifies as a drug test and if the design of

the measure could possibly lead to additional testing that may not be necessary. The steward shared that the measure includes flexibility around test types and timing, using Healthcare Common Procedural Coding System (HCPCS) claims to search separate classes of drugs at any point during the year.

A co-chair asked about the performance data related to drug test rates throughout the year. The measure steward shared that performance data is still being collected and analyzed as the measure is newly implemented in the Marketplace QRS, but testing data showed an average of 70 percent of people were not being drug tested within the year. The steward shared that these rates reflect a gap in quality of care and drug testing is generally used as a risk management technique. A Workgroup member shared their interest in seeing the data build over time. A co-chair asked if a measure specified and implemented at the health plan level is appropriate for the core set. The steward confirmed that the measure is fully tested at the health plan level, but that it is reasonable to conclude that physicians can influence the measure. The steward offered to share testing results with the CQMC, and NQF stated they would share additional measure details before the next meeting. NQF shared that the Workgroup would continue discussion of this measure during the next meeting, and it would remain on the list for potential addition.

Measure on Opioid Overdoses in the Emergency Department (Wisconsin Collaborative for Healthcare Quality)

This measure was identified for future consideration during last year's discussion. NQF provided an update from the measure steward, stating that the measure is currently undergoing testing. Testing is estimated to be completed by summer 2021. The Workgroup will consider this measure in the future.

New CAHPS Mental Health Care Survey

This measure was identified for future consideration during last year's discussion. NQF provided an update from the measure steward, stating that the survey is undergoing development and testing. Testing is estimated to be completed by late summer 2021. This survey and measure will replace measure 0008: Experience of Care and Health Outcomes (ECHO) Survey. There was wide support for the development of this measure. Members expressed that patients' experience with their mental health care is a high-priority gap area for the core set. A Workgroup member asked about the targeted provider audience for this survey (e.g., if the survey is focused only on specialized care provided by psychiatrists or also includes behavioral health care provided in the primary care setting). NQF will follow-up with the measure developer to answer this question. The Workgroup shared that there is a major gap in coordinated and integrated behavioral health care and that care should be bidirectional. The Workgroup will consider this measure in the future once it is fully developed and tested.

Measures Brought Forward by Workgroup Members for Review or Potential Addition

Prior to the meeting, NQF asked the Workgroup to share information about new measures or measures being used in programs that may be applicable for inclusion and generally align with the measure selection principles. The following five measures were provided by Workgroup members for consideration.

0027: Medical Assistance with Smoking and Tobacco Use Cessation

This measure was brought forward because it is being used in the 2021 Medicaid Behavioral Health core set. NQF shared that this measure is no longer NQF endorsed. Measure 0028 is the measure in the CQMC core set focused on tobacco cessation intervention. The Workgroup did not have additional comments on this measure, and it will not be considered for inclusion.

1932: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) and 2607: Diabetes Care for People with Serious Mental Illness (SMI): Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

NQF shared that these measures are used in the 2021 Medicaid Behavioral Health core set and have not been previously discussed for the CQMC Behavioral Health core set. The measure developer shared that there is a tremendous gap in lifespan and early mortality suffered by this population, likely due to the lack of complementary and combined treatment between behavioral health treatment and medical care. A co-chair agreed that these measures were very important from a managed care perspective. A Workgroup member asked if there were potential redundancies between the measures (e.g., overlap in topic area between the measures or if the population would be covered in more general measures of diabetes screening and control). The same Workgroup member, however, agreed that these measures address an important area when managing SMI.

A Workgroup member recognized that screening for diabetes care is important (measure 1932) but asked if a psychiatrist would be the correct provider to manage HbA1c (measure 2607). A co-chair responded that an important incentive of the measure would be to encourage communication and collaboration between the PCP and the psychiatrist. A Workgroup member stated that screening appropriately aligns with providing more comprehensive care for people with SMI who are at higher risk of comorbidities. A Workgroup member noted that limited lab resources may be a potential limitation to routine testing.

NQF asked the measure steward if the specifications for 2607 were aligned with measure 0059: Comprehensive Diabetes Care: Hemoglobin A1c Poor Control > 9.0% for the general population. The measure steward confirmed that the two measures are aligned. NQF shared that based on Workgroup support for both measures, they will remain on the list for potential inclusion in the core set. NQF encouraged the Workgroup to review the measure details for further discussion during the next meeting.

3488: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence and 3489: Follow-Up After Emergency Department Visit for Mental Illness

NQF shared that these two measures were recommended for inclusion in the Medicaid core set for 2022. The CQMC Behavioral Health Workgroup discussed these measures last year, opting to include measure 3489 but not 3488. NQF will follow-up during the next meeting with additional detail on previous Workgroup discussion on these measures.

Core Set Presentation Document Notes

NQF staff asked the Workgroup whether the information in the “Notes” column of the current core set presentation was still accurate and relevant, or if any of the notes should be updated or deleted. A Workgroup member asked if the Pharmacotherapy for Opioid Use Disorder (POD) measure is telehealth eligible. NQF will review whether this measure is telehealth eligible, provide an update to the Workgroup, and update the presentation document if appropriate.

Behavioral Health Measurement Gaps

NQF reviewed the gaps list identified during the previous year’s discussion, inquiring if there were additional areas that should be added or that may have become more relevant due to the COVID-19 pandemic. A Workgroup member shared that coordinated care and integrated physical health, mental health, and addiction care remains an important measurement gap.

Next Steps

The Workgroup will continue the ad-hoc maintenance discussion during the next meeting on June 9. NQF will also circulate a survey to voting members by the end of next week to vote on measure additions and/or removals from the core set. The voting survey will be open for four weeks. Following Workgroup voting, the Steering Committee will review any changes to the core set recommended by the Workgroup. The updated core set will then proceed to the full Collaborative for discussion and voting. NQF and the co-chairs thanked the Workgroup for their participation and engagement before the meeting adjourned.