CQMC Core Quality Measures Collaborative

Meeting Summary

Behavioral Health Workgroup Web Meeting 4

The National Quality Forum (NQF) convened a closed session web meeting for the Behavioral Health Workgroup on July 1, 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:

- Reminder of open voting survey for Tobacco, Alcohol, and Other Substance Use, Schizophrenia and Bipolar Disorder, Serious Mental Illness, Attention Deficit Disorder
- Evaluate and discuss potential core set measures
- Discuss future considerations and gap areas

Evaluation of Potential Core Set Measures

Depression

0710: Depression Remission at Twelve Months
0711: Depression Remission at Six Months
1884: Depression Response at Six Months – Progress Towards Remission
1885: Depression Response at Twelve Months – Progress Towards Remission

These measures were discussed together due to their similarities. One workgroup member noted that their health system members in Wisconsin will be publicly reporting on measures that align very closely with 0711 and 1884, with the only change extending the 30 day window around the timeframe of six and twelve months to 60 days. (Note these measures have also been updated to +/- 60 days). Additionally, they noted the importance of including measure 0712e when reporting either of these measures.

One workgroup member shared that the six-month timeframe is the amount of time a patient would complete a full therapeutic trial for an antidepressant or an evidence based behavioral psychotherapy. However, not every individual will respond within the six-month window. The same workgroup member noted that a longer, twelve-month timeframe allows for more approaches to be taken in treatment efforts, however, the existence of a specific timeframe assumes that the patient is engaged in treatment throughout the duration of the timeframe. Patients that respond earlier than the twelve-month timeframe would not otherwise need a contact or visit within that timeframe. This member stated preference for a progress towards improvement measure over a remission measure, noting the importance trending in the right direction rather than achieving a specific score at a specific time.

Several workgroup members also noted they likely favor measures that consider "response" rather than "remission." Questions were also raised around these measures regarding whether or not patients would be included if they responded before the specified twelve months or six months. The specifications to not seem to include such patients, but NQF staff noted they will follow up with the developer to get clarification and a rationale.

A workgroup member noted their support for measure 1884 as the six-month timeframe for looking for response seems to be most effective. Several other workgroup members shared support. The group discussed that the window of twelve months seems preferable when considering remission. Another workgroup member noted their support for choosing measure 1884 and including measures around remission as a gap area. Despite at least one workgroup member advocating to remove measures 0710 and 0711 (remission measures) from consideration, the group will include these measures in the voting list as there was at least one workgroup member who was in support of these measures and focusing on the goal of remission.

0712e: Depression Utilization of the PHQ-9 Tool
The VA noted they are implementing this measure, but there has been pushback against using performance measures in this space. A workgroup member noted that some measures may cause clinicians to select patients who may be thought to score better on certain tools, therefore allowing the clinic or provider to score better on the measure. This measure is a process measure that assesses whether patients with depression have the PHQ-9 tool administered during a 4 month measurement period. This measure was discussed briefly along with the measures listed above but did not warrant much discussion on its own. The group decided to include this measure on the voting list.

0104/0104e: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
It was noted that the ACO workgroup did not choose to include this measure in their core set. One workgroup member noted that they feel there are other mechanisms that support and incentivize practice in this area (e.g., Joint Commission accreditation) better than this quality measure. It is also a "given" and should be done. One member referenced that specifications of this measure require assessment regardless of the last time it was done, creating a sense of burden both to the patient and clinician. The group agreed on the importance of greater focus on preventing suicide and supported further development in this area and targeting a larger population than only those with depression. The workgroup agreed to remove this measure from voting consideration, but the topic will be noted as an important gap area. Additionally, workgroup members felt this measure and measure 1365e should be placed in a separate category outside of "Depression".

1365e: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
It was noted that this measure is very similar to measure 0104/0104e but is focused on children and adolescents. Additionally, it was noted that the Pediatrics workgroup ultimately voted not to include this measure in their core set, the result of a close vote (votes for: 6, votes against: 6). This area was included as a gap for the Pediatrics workgroup. This measure was removed from voting consideration due to the required diagnosis of MDD, but should be labeled a very important gap area. Workgroup members felt that this was an increasingly important topic area, citing suicide as the tenth leading cause of death in the U.S. The workgroup agreed these measures do not adequately address the population. Additionally, workgroup members felt this measure and measure 0104/0104e should be placed in a separate category outside of "Depression".

0105: Anti-Depressant Medication Management
This measure is a process measure that relies on claims data, and one workgroup member shared their organization's concern about using this type of data for this topic. There were also concerns expressed about the lack of adjustment for more advanced psychiatric care, including as needed medication use for sleep or other symptom control. There were statements that the measure may be

more designed for assessing primary care management and that it can encourage 90-day prescription refills, even if not warranted. A member noted that this measure may be more appropriate as built-in decision support to guide care during an encounter rather than as a performance measure. Workgroup members shared that medication adherence measures can be an important part of the core set. Another workgroup member shared that medication adherence and medication continuity, while still very important, are not as closely linked to positive outcomes in depression than for schizophrenia, for example.

Other

0576: Follow-up After Hospitalization for Mental Illness (FUH)

It was noted that the ACO workgroup did not add this measure to their core set. One workgroup member shared that as a part of this measure, there is a timing issue that it counts follow-up meetings on the same day as discharge. The measure steward clarified that this timing loophole was fixed. The workgroup discussed that this measure is in parallel with the intention of the universal hospital readmission measures. It was discussed that this is useful for promoting care continuity, an important area with opportunity for improvement, and multiple providers play a role in facilitating greater access to follow-up care. NQF clarified that while the aim of the CQMC are measures on the clinician level, there is room to discuss and consider other levels of measures if there is a measurement gap not able to be filled. It was noted that this measure is used across various levels of analysis in multiple programs.

3205: Medication Continuation Following Inpatient Psychiatric Discharge

One workgroup member posed the question as to whether or not there is another measure that could serve as a proxy for this information. NQF staff noted that outside of the measures being discussed no other measures were identified. The workgroup discussed that the intention of this measure is to ensure the patient leaves with medication in hand from an inpatient hospitalization.

0008: Experience of Care and Health Outcomes (ECHO) Survey

It was noted that this measure is targeted for outpatient services. A workgroup member shared that they felt this is an important gap that needs to be addressed. The importance of including the patient experience as a part of quality of care was emphasized, but workgroup members were not sure if this exact survey/measure is best. A workgroup member shared that they are unsure if it is being stewarded and there is little to no performance data available publicly. There was also a question about whether the ECHO survey is part the CAHPS surveys. It was noted the VA uses various components of the ECHO survey for measurement. This is an NQF endorsed measure, but NQF staff shared that it has not went through maintenance review recently. NQF staff noted they will follow up with the developer and provide follow up information on the measure.

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

These measures were discussed together due to their similarities. A workgroup member noted that the follow-up can be with any practitioner, which makes the measure focus less on access to behavioral healthcare and more on whether or not the loop was closed after an emergency department visit. A workgroup member shared that these measures encourage the emergency department to either follow-up themselves or contact another physician to ensure follow-up through care coordination or other avenues. The Workgroup discussed whether this information would be captured in another measure with a broader population or if measures such as these with more specific populations are more appropriate. At least one workgroup member underscored the importance of quality follow-up for patients after an emergency department visit. One member expressed preference for measure 0576.

3538: All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries Who May Benefit from Integrated Physical and Behavioral Health Care (population-level measure; not yet endorsed) This measure was suggested for discussion by a workgroup member. It is currently undergoing review for NQF endorsement. NQF staff shared that consensus was not reached by the Behavioral Health and Substance Use endorsement committee on the evidence criterion, but it is still making its way through the entire process. Workgroup members noted that the measure specifications are not easily understandable. NQF staff will follow up with more detailed information about this measure to inform the workgroup's decision.

Next Steps

NQF staff will send a meeting summary, follow up information, and an electronic voting survey to the workgroup. The voting survey will be open until July 27 and include measures discussed during this meeting. NQF staff will reach out to the workgroup via email in the coming weeks about measurement gaps and future considerations, areas the workgroup still needs to discuss.