CQMC Core Quality Measures Collaborative

Meeting Summary

Behavioral Health Workgroup Web Meeting 5

The National Quality Forum (NQF) convened a closed session web meeting for the Behavioral Health Workgroup on August 10, 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:

- Review Behavioral Health Core Set voting results
- Targeted discussion questions from the Steering Committee
- Discuss future considerations and gap areas

Review Behavioral Health Core Set Workgroup Voting Results

NQF staff began the meeting by presenting the core set voting results. Voting results are presented by category (tobacco, alcohol, and other substance use; depression; schizophrenia, bipolar disorder, and other serious mental illness; ADHD; and other) in the tables below. In the Depression category, one workgroup member questioned whether the workgroup should select one of the two measures recommended, *#1884: Depression Response at Six Months – Progress towards Remission* or *#1885: Depression Response at Twelve Months – Progress Towards Remission*. Another workgroup member noted that the group originally had reason to include both measures as the six-month and twelve-month periods provide unique advantages. For example, if patients were to stop treatment early, the twelve-month measure becomes increasingly important. Members agreed that both measures provide important information and decided not to revote on these measures.

Overall, based on the voting results the workgroup recommended inclusion of 13 of the 37 measures discussed in the Behavioral Health core set. The voting results showed preference for general behavioral health measures rather than similar measures that are specific to serious mental illness. The workgroup identified the following gap areas: patient-reported measures, including patient experience with psychiatric care; coordinated care; depression remission measures that span beyond 6 months but count remission if it is achieved earlier than 12 months; and suicide risk measures independent of a major depressive disorder diagnosis.

Measure (*Tobacco, Alcohol, and Other Substance Use*)	Voting Totals	Result
#2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Add: 14 Do not add: 1 Abstain: 1	Add
#N/A: Use of Opioids at High Dosage (HDO) (HEDIS)	Add: 9 Do not add: 5 Abstain: 2	Add
#N/A: Use of Opioids From Multiple Providers (UOP) (HEDIS)	Add: 8 Do not add: 5 Abstain: 3	Add
#N/A: Pharmacotherapy for Opioid Use Disorder (POD) (HEDIS)	Add: 9 Do not add: 4 Abstain: 3	Add
#3389: Concurrent Use of Opioids & Benzodiazepines	Add: 10 Do not add: 4 Abstain: 2	Add
#3400: Use of pharmacotherapy for opioid use disorder (OUD)	Add: 7 Do not add: 7 Abstain: 2	Do not add
#3175: Continuity of Pharmacotherapy for Opioid Use Disorder	Add: 4 Do not add: 9 Abstain: 3	Do not add
#2950: Use of Opioids from Multiple Providers in Persons without Cancer	Add: 3 Do not add: 11 Abstain: 2	Do not add
Measure (*Tobacco, Alcohol, and Other Substance Use*)	**Voting Totals**	**Result**
#2940: Use of Opioids at High Dosage in Persons without Cancer	Add: 3 Do not add: 11 Abstain: 2	Do not add
#2600: Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence	Add: 8 Do not add: 7 Abstain: 1	Do not add
#2599: Alcohol Screening and Follow-up for People with Serious Mental Illness	Add: 7 Do not add: 8 Abstain: 1	Do not add
#0004: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Add: 7 Do not add: 7 Abstain: 2	Do not add
#0028/0028e: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Add: 9 Do not add: 5 Abstain: 2	Add
#2803: Tobacco Use and Help with Quitting Among Adolescents	Add: 6 Do not add: 7 Abstain: 3	Do not add

Measure (*Schizophrenia and Bipolar Disorder, Serious Mental Illness)*	Voting Totals	Result
#1879: Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Add: 11 Do not add: 3 Abstain 2	Add
#2601: Body Mass Index Screening and Follow-up for People with Serious Mental Illness	Add: 5 Do not add: 9 Abstain: 2	Do not add
#2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Add: 6 Do not add: 7 Abstain: 3	Do not add
#2800: Metabolic Monitoring for Children and Adolescents on Antipsychotics	Add: 10 Do not add: 4 Abstain: 2	Add

Measure (*Attention Deficit Hyperactivity Disorder)*	Voting Totals	Result
#0108: Follow-Up Care for Children Prescribed ADHD Medication	Add: 12 Do not add: 2 Abstain: 2	Add

Measure (*Depression*)	Voting Totals	Result
#0418/0418e: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Add: 16 Do not add: 1 Abstain: 0	Add
#0710: Depression Remission at Twelve Months	Add: 8 Do not Add: 9 Abstain: 0	Do not add
#0711: Depression Remission at Six Months	Add: 3 Do not add: 14 Abstain: 0	Do not add
#1884: Depression Response at Six Months - Progress Towards Remission	Add: 9 Do not add: 6 Abstain: 2	Add
#1885: Depression Response at Twelve Months - Progress Towards Remission	Add: 10 Do not add: 4 Abstain: 2	Add
#0712e: Depression Utilization of the PHQ-9 Tool	Add: 7 Do not add: 7 Abstain: 3	Do not add
#0105: Anti-Depressant Medication Management	Add: 8 Do not add: 7 Abstain: 1	Do not add

Measure (*Other Measures*)	Voting Totals	Result
#0576: Follow-Up After Hospitalization for Mental Illness (FUH)	Add: 13 Do not add: 3 Abstain: 1	Add
#3205: Medication Continuation Following Inpatient Psychiatric Discharge	Add: 5 Do not add: 9 Abstain: 3	Do not add
#0008: Experience of Care and Health Outcomes (ECHO) Survey	Add: 7 Do not Add: 10 Abstain: 0	Do not add
#3488: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Add: 12 Do not add: 4 Abstain: 1	Do not add (achieved >60% but did not receive affirmative vote from Medical Association)
#3489: Follow-Up After Emergency Department Visit for Mental Illness	Add: 12 Do not add: 4 Abstain: 1	Do not add (achieved >60% but did not receive affirmative vote from Medical Association)
#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)	Add: 5 Do not add: 8 Abstain: 4	Do not add

Discussion Questions from Steering Committee

NQF staff then transitioned into discussion questions from the Steering Committee. Based on concerns from other CQMC workgroups regarding the inclusion of opioid use measures and the recent finalization of voting results for these measure by the ACO workgroup, the Steering Committee directed the workgroup to re-discuss these measures to ensure any concerns are vetted. A CQMC member medical association voiced concerns about the recommendations to include #N/A: Use of Opioids at High Dosage (HDO) (HEDIS), #N/A: Use of Opioids From Multiple Providers (UOP) (HEDIS), and #3389: Concurrent Use of Opioids & Benzodiazepines. The member expressed that a focus on dose or duration of opioid prescription disregards the steps the administration has taken to address the opioid crisis and counters recommendations in the Department of Health and Human Services (HHS) Interagency Pain Management Best Practices Task Force final report, a CDC publication in the New England Journal of Medicine, and a CDC and HHS co-authored JAMA viewpoint article. The member noted support for the CMS Overutilization Monitoring System which employs a more thoughtful, patient-centered approach to potential opioid overuse and suggested the workgroup should not add these measures because just because there are no other measures on this topic available to include. The member also noted that the measures are tested at the health plan level rather than clinician or ACO level.

The Behavioral Health workgroup's opioid use measure recommendations (include 3 measures on this topic and well as a pharmacotherapy for OUD measure) do not align with the ACO/PCMH workgroup's recommendations (do not include any opioid use measures). The ACO/PCMH group had

significant concerns about the potential unintended consequences of these measures related to abrupt discontinuation of opioids. At least one member expressed that measures should instead focus on how well patients' pain is controlled and functional improvement. Several workgroup members noted they agreed with the concerns raised by the ACO/PCMH workgroup and the medical association member. One workgroup member noted they shared concern about the three opioid use measures but expressed strong support for the inclusion of the #N/A: Pharmacotherapy for Opioid Use Disorder (POD) (HEDIS) measure.

The Steering Committee also questioned whether the opioid use measures (HDO, UP, and COB) are appropriate for a behavioral health core set since behavioral health providers generally do not prescribe opioids. In previous meetings the Behavioral Health workgroup had discussed this point, and several workgroup members voiced that the Behavioral Health core set was the best fit for this topic area as the measures aim to address unsafe prescribing and associated consequences for patients.

Due to the information and concerns brought to the workgroup, members decided to initiate a revote on these four measures. One member shared they would like to follow-up and provide additional input on the #N/A: Pharmacotherapy for Opioid Use Disorder (POD) (HEDIS) measure after the meeting. During the meeting, members did not express the same concerns with this measure as the others.

The Steering Committee also wanted the workgroup to discuss whether the core set should be specialty-focused or more generalized. Measures related to this topic include Alcohol Use Screening (#2152 and #2599), Tobacco Use Screening (#0028, #2803, and #2600), BMI Screening and Follow-up for SMI (#2601) and measures #1879 and #2800. One workgroup member noted that there are advantages of including general measures and specialty-specific measure and recommended not choosing one approach over another. Another workgroup member shared that it may be a good idea to bring this question to the Full Collaborative as it may set the standard for specialty measure inclusion across workgroups. A workgroup member noted that the original intent of the group was to include both general and specialty populations and requested clarification on the scope before the group votes again. Another workgroup member proposed that the group could include the general measures and stratify them to understand performance for more specific populations (e.g., stratify to understand care and outcomes for patients with SMI). One workgroup member, also a member of the ACO/PCMH workgroup, noted that their group already identified several behavioral health measures to include in their core set, which would apply to primary care physicians.

Next the workgroup discussed measures *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*. These measures did not pass due to a lack of an affirmative vote from the medical association category, but had relatively strong support otherwise. The Steering Committee posed the question "what is the rationale of those that voted against inclusion?" and encouraged the group to ensure the voting results reflected the workgroup's intent. One workgroup member noted that there were likely concerns with the measure specifications that caused them to vote against including them. A few workgroup members questioned the relation between these measures and the focus area of the core set and questioned who would be held accountable for these measures. It was noted that the measures are specified at the health plan level of analysis. Other members supported the need for greater connection with follow-up care and the importance of these measures. The workgroup decided to re-vote on these measures. Another workgroup member shared that it would be useful to understand performance of these measure at the clinician level.

Discuss Future Considerations and Gap Areas

NQF staff will follow up via email or a survey to ensure the workgroup's recommendations regarding future considerations and gap areas are captured.

Next Steps

NQF staff will send a meeting summary, follow-up information, and an electronic voting survey to the workgroup. NQF staff will work with the workgroup to categorize the recommended measures to reflect whether they refer to the general population/care that could be provided in a primary care setting or whether they are appropriate for behavioral health specialists. NQF staff will reach out to the workgroup via email in the coming weeks about measurement gaps and future considerations. Workgroup recommendations will be presented to the Full Collaborative during the next meeting. Full Collaborative voting will take place after the workgroup's recommendations are presented.