

### Behavioral Health Workgroup Web Meeting 1

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The National Quality Forum (NQF) convened a closed session web meeting for the Behavioral Health Workgroup on February 13, 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:

- CQMC overview and workgroup charge
- Review of past CQMC work
- Discuss potential sources for new measures

#### Overview of the CQMC and Workgroup Charge

NQF staff reviewed the background and aims of the CQMC, current measure sets, project approach, and timeline. NQF, in collaboration with CMS and AHIP, convenes the workgroups over a series of web meetings to maintain the core sets, identify priority areas for new core sets, prioritize measure gaps, and provide guidance on dissemination and adoption of the core sets. The charge of this workgroup is to create a core measure set for Behavioral Health that can be used by both public and private payers.

#### Review of Past CQMC Work

NQF staff shared the Principles for Measures included in the CQMC Core Measure Sets.

- Advance health and healthcare improvement goals and align with stakeholder priorities.
  - *Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.*
- Are unlikely to promote unintended adverse consequences.
- Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
  - *The source of the evidence used to form the basis of the measure is clearly defined.*
  - *There is high quality, quantity, and consistency of evidence.*
  - *Measure specifications are clearly defined.*
- Represent a meaningful balance between measurement burden and innovation.
  - *Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).*
  - *Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.*
  - *Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.*

NQF staff shared the Principles for the CQMC Core Measure Sets.

- Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
- Provide meaningful and usable information to all stakeholders.
- Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
- Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
- Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome measures).
- Include measures relevant to the medical condition of focus (i.e., “specialty-specific measures”).

NQF staff provided an overview of the Core Set Progress to Date as follows:

- NQF convened the CQMC to update the existing eight core sets.
- CQMC workgroups, made up of subsets of CQMC members with expertise in the respective topic areas, reviewed new measures that could be added to the core sets to address high-priority areas.
- Workgroups removed measures that no longer show an opportunity for improvement, do not align with clinical guidelines, or have implementation challenges.
- HIV/Hepatitis C and Gastroenterology workgroups finalized their maintenance discussion and voted on measures to be added or removed from their respective existing core sets. Voting results for the two workgroups were presented to the Steering Committee and are waiting to be presented the Full Collaborative for final approval in early 2020.
- Voting for the Cardiology, Orthopedics, and Pediatrics core sets was finalized and is awaiting presentation to the Steering Committee and Full Collaborative in early 2020.
- Final maintenance discussions for the Medical Oncology, ACO/PCMH/Primary Care, and Obstetrics and Gynecology workgroups are expected to take place in early 2020 with all voting to be completed by spring 2020.

## Discussion on Sources of Measures and Measures to Consider

NQF staff shared with the workgroup that during the initial environmental scan staff identified the following potential sources for new measures: measures currently endorsed by NQF, measures used in public programs with specifications available, and measures suggested by the workgroup members.

NQF staff shared that during the initial environmental scan the following behavioral health measure areas were identified:

- Tobacco, alcohol, and substance use
- Depression
- Schizophrenia and bipolar disorder
- Health screening and assessment for those with serious mental illness
- Attention deficit hyperactivity disorder (ADHD)
- Safe/appropriate inpatient psychiatric care and follow-up after hospitalization

NQF staff stated that the list above was not exhaustive and that the goal is to create a core set that comprehensively covers outcomes and care provided related to behavioral health. NQF staff are open to workgroup recommendations regarding other topics and measures to consider. A member recommended including patient-reported outcome performance measures (PRO-PMs) and quality of life measures into the core set and added that there were five of these measures that include but are not exclusive to mental health that NQF and CMS are currently considering.

Another member recommended that quality of life outcome measures be given priority over diagnosis-specific measures to promote reduced burden. A member shared that the Department of Veterans Affairs (VA) has approximately 160 measures that they use and roll into a composite score. They have been collecting and analyzing these measures for the last 3 years. It was noted that the VA's aim is to prioritize measures that have use in the community and that they will share some of their priority measures with the workgroup for consideration. There was also a suggestion from a member to examine suicide-related measures.

A workgroup member inquired about how to consider social determinants of health (SDOH) or measures related to this topic in the core set. NQF staff responded that there may not be exact measures that fit that category but that SDOH can be noted in risk adjustment or measures that are disparities-sensitive. When asked how private payers are incorporating SDOH into their quality programs, a member shared that SDOH is not an area have put forth some basic measures (e.g., ensuring that patients once discharged from hospitals are not discharged without a place to go but to a conducive environment) as a way to track and improve care related to SDOH. The importance of SDOH when considering behavioral health measures was emphasized.

A member shared that HEDIS health plan measures contain child and adolescent psychiatry measures that are related to behavioral health and that the workgroup should consider them. Another member recommended pharmacological intervention measures. In response, members shared that the VA has a medication-assisted treatment (MAT) in opioid addiction measure and that the Wisconsin Collaborative for Healthcare Quality (WCHQ) is in the process of developing a measure on opioid overdoses in the emergency department.

### **SharePoint Tutorial/Next Steps**

NQF staff briefly introduced the CQMC SharePoint site and shared that all CQMC-related correspondence should be sent to [CQMC@qualityforum.org](mailto:CQMC@qualityforum.org). The workgroup was notified that the next meeting would be held on March 26, during which the workgroup will continue discussion on measures for addition to the core set.