

Meeting Summary

Behavioral Health Workgroup Web Meeting 3

The National Quality Forum (NQF) convened a closed session web meeting for the Behavioral Health workgroup on June 8, 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 (Continued from Meeting 2)

3175: Continuity of Pharmacotherapy for Opioid Use Disorder

The measure is endorsed at the health plan and state levels and has been submitted for NQF endorsement at the clinician level. Workgroup members pointed out that the use of pharmacotherapy has been a very good indicator of outcomes for OUD and indicated they believe this is a strong measure. Other workgroup members agreed that it is a very conceptually strong measure with ties to positive outcomes. One workgroup member noted that the group may have to choose between this measure and the related HEDIS measure. However, another workgroup member stated that the two are different considering one measures prevalence and the other measures incidence.

3400: Use of pharmacotherapy for opioid use disorder (OUD)

This measure is stewarded by CMS and is currently used in the Medicaid Home Health program. There is some performance information available from 2014 that showed overall performance rates were around 57.2% for 16 states with a range of 13% to 76% among those states. One workgroup member noted that it is important in regard to decision making on the part of treaters and referrers. Steering patients towards pharmacotherapy is a way to get better outcomes across the total population.

N/A: Pharmacotherapy for Opioid Use Disorder (POD) (HEDIS)

This measure was discussed closely with measure 3175. Workgroup members noted that this HEDIS measure is already established, and there is a method and protocol in place by many payers for gathering the data. At least one health plan member shared that availability and access to data is a driver for their preference of this measure over 3175.

N/A: Risk of Continued Opioid Use (COU) (HEDIS)

The workgroup agreed this measure should be removed from voting consideration. No performance data currently exists. One workgroup member noted their concern for how this measure will perform in the current system as there has been more attention at the national level to cut down on high-risk practices. There was also concern about the unintended consequences of this measure.

Schizophrenia and Bipolar Disorder, Serious Mental Illness (Continued from Meeting 2)

2800: Metabolic Monitoring for Children and Adolescents on Antipsychotics

This measure drew support from workgroup members, but produced little discussion. This measure was considered by the Pediatrics workgroup but was not added to their core set. Workgroup members agreed that it would be a better fit in the Behavioral Health core set than the Pediatrics core set.

2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

This measure was not included in the Pediatrics core set due to concern about patient volume for pediatricians. It was noted there may be bias in insurance coverage, despite behavioral health care parity, against psychosocial interventions. A workgroup member noted that psychosocial interventions are crucial and often preferred by patients and families. Another workgroup member noted that psychosocial interventions are not always properly defined. The group was interested in additional details from the measure steward (NCQA).

2601: Body Mass Index Screening and Follow-up for People with Serious Mental Illness

This measure is adapted from measure 0421. There is currently no performance data for this measure, nor is it risk adjusted. The population for this measure is patients 18 years and older with SMI. Other programs use measures similar to this one, but with broader populations.

Attention Deficit Hyperactivity Disorder

0108: Follow-Up Care for Children Prescribed ADHD Medication

The workgroup discussed the 30 days specification, as well as the 3 visits in 10 months specification. It was noted that Medicaid currently uses a similar version of the measure adapted to two visits per nine months. A workgroup member posed the question of how a visit is defined, which could have a major impact on the performance rate. NQF clarified that the specifications consider telehealth and telephone visits. For the initiation phase numerator, the specifications state, "Do not count visits billed with a telehealth modifier (Telehealth Modifier Value Set) or billed with a telehealth POS code (Telehealth POS Value Set). For the Continuation and Maintenance phase numerator, the specifications state, "One of the two visits (during days 31–300) may be a telephone visit (Telephone Visits Value Set) with any practitioner." Telehealth visits are included in the Continuation/Maintenance phase numerator.

Depression

N/A MIPS ID 325: Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions

The workgroup discussed the motive for these specific conditions to be chosen for inclusion in the measure. One workgroup member noted that these are highly prevalent conditions that have data backing their correlation to depression and impact on patient outcomes. NQF staff noted that this measure is set to be removed from MIPS in 2021. It was noted that communication is defined as, "transmission of relevant clinical information which specifies that the patient has MDD". Workgroup members supported the concept of measures on coordinated care, but decided to note the topic as a core set gap area and remove this measure from consideration. The workgroup requested that NQF look into other measure that address care for persons with co-occurring disorders.

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

This measure was reviewed and recommended for inclusion by the Pediatrics, ACO, OB/GYN, and Medical Oncology workgroups in their respective core sets. Several workgroup members emphasized their support for the inclusion of this measure in the Behavioral Health core set. A workgroup member noted that it is sometimes difficult to capture accurate data around this topic as people do not use the right administrative codes.

The workgroup will continue to discuss the remaining depression measures during the next meeting.

Next Steps

The Behavioral Health workgroup will meet again in the coming weeks to finish discussion on the remaining measures in the categories of “Depression” and “Other”. Additionally, NQF staff will send an electronic voting survey to workgroup members to vote upon measure categories already completely discussed.