

Memorandum

October 19, 2023

To: Prevention and Population Health Standing Committee, Spring 2023

From: Battelle Staff

Re: Post-comment web meeting to discuss public comments received

Background

For the Spring 2023 cycle, Battelle, a consensus-based entity (CBE), convened the Prevention and Population Health standing committee to evaluate three newly submitted measures for endorsement. The standing committee recommended two measures for endorsement but did not reach consensus on one measure.

The standing committee recommended the following measures for endorsement:

- CBE #3748 Quality of Care Composite for Implantable Cardioverter-Defibrillator (ICD)/Cardiac Resynchronization Therapy Defibrillator (CRT-D) (American College of Cardiology)
- CBE #3751 Risk Adjusted Post-Ambulance Provider Triage Emergency Department (ED) Visit Rate Measure (Centers for Medicare & Medicaid Services [CMS]/ Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation)

The standing committee did not reach consensus on the following measure:

- CBE #3747 Engagement in Community-Based Mental Health Care After a Mental Health Hospitalization (New York State Office of Mental Health)

Standing Committee Actions in Advance of the Meeting

1. Review this briefing memo and [meeting summary](#).
2. Review and consider the [full text of all comments](#) received.
3. Discuss and revote on the consensus not reached measure.

Comments Received

Following the standing committee's measure evaluation meeting on August 3, 2023, the committee endorsement recommendations were posted on the Partnership for Quality Measurement (PQM) website for public comment. The commenting period opened on August 25, 2023, and closed on September 13, 2023. The Prevention and Population Health committee received one comment from the developer of CBE #3747 pertaining to the committee's review of the measure. This memo focuses on comments received after the standing committee's evaluation. All comments are posted on the respective committee post-comment [webpage](#).

Please review this memo, agenda, and the developer's comment in advance of the meeting and consider whether you have any concerns or questions prior to the committee's revote for CBE

#3747.

Consensus Not Reached Measure

CBE #3747 Engagement in Community-Based Mental Health Care After a Mental Health Hospitalization (New York State Office of Mental Health)

Description: The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had at least five follow-up community-based mental health care visits in the 90 days after discharge.; **Measure Type:** Process; **Level of Analysis:** Health Plan; **Setting of Care:** Behavioral Health and Post- Acute Care; **Data Source:** Claims Data

- **Validity:** Total Votes-15; H-1; M-5; L-6; I-3 (6/15 – 40.0%, Consensus Not Reached)

During the Prevention and Population Health’s evaluation meeting on August 3, the committee failed to reach consensus with respect to the measure’s validity, a must-pass criterion. The committee reviewed both the face validity testing of the measure score as well as the empirical validity testing, in which the developer conducted a correlation analysis of CBE #3747 to [CBE #0576 - Follow-Up After Hospitalization for Mental Illness \(FUH\)](#). The developer also performed concordance testing with mental health inpatient readmissions, psychotropic medication adherence, and continued engagement. The committee recognized the face validity testing was sufficient, but some committee members noted the concordance results were weak, since the c-statistic was less than 0.7. When asked during the meeting, the developer did not know why the results did not provide a stronger predictability with the mental health readmission and emergency room visits and shared there could be potential confounding by socioeconomic indicators and concurrent substance use disorders. The committee did not reach consensus on validity.

During the post-measure evaluation comment period, one comment was received from the developer of CBE #3747. The comment adds additional information and context to the measure for the committee’s consideration and revote.

Developer Comment:

We wish to provide the following information and context to clarify the committee’s understanding of the validity of our measure Engagement in Community-Based Mental Health Care After a Mental Health Hospitalization (EIC). In our measure application, we presented three different forms of validity – face validity, construct validity, and empirical validity. During the August 3, 2023 Prevention and Population Health Standing Committee Measure Evaluation meeting, the committee recognized that the face validity and construct validity of our measure were sufficient. For empirical validity, we showed three concordance (C) statistics. These statistics indicated the ability of our measure to predict outcomes after the measurement period. The C statistic for engagement in care six months after discharge was predictive, for medication adherence four to six months after discharge was borderline predictive, and for inpatient mental health readmissions in months four to nine after discharge was not predictive. We feel that the committee weighed the not predictive and borderline concordance findings too heavily and did not give enough consideration to the sufficient face validity, construct validity, and partial empirical validity demonstrated by the measure. Our measure is a process measure, and even widely used process measures in behavioral health are not always predictive

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of outcomes. The claims data we used to test the measure did not allow for adjustment of potentially important confounding factors such as lack of housing. These three C statistics were included in our application to be fully transparent about the testing that we had completed during measure development.

National Quality Forum (NQF) endorsed measures of mental health follow-up widely used in HEDIS also did not show concordance with mental health readmissions in our analysis. In our 2018 NYS Medicaid cohort, when looking at the ability to predict an inpatient mental health readmission four to nine months after discharge, the C statistic for one mental health follow-up visit in the 30 days after a mental health discharge (HEDIS Follow-Up After Hospitalization for Mental Illness, FUH) is very similar to the EIC measure (C Statistic for EIC=0.5291, for FUH=0.5229). Additionally, when having at least one community-based mental health visit in month 6 is used as an outcome, FUH is less predictive than the EIC measure (C Statistic for EIC=0.7244, for FUH=0.6847).

It is important to recognize that previously endorsed measures of mental health follow-up also did not demonstrate the ability to predict outcomes in their NQF applications. In the validity section of the NQF application for FUH, NCQA described their face validity process and established construct validity through correlation of the two FUH measure components with each other and with similar measures. For EIC, we found a significant moderate positive correlation with FUH, which agreed with our hypothesis. NCQA did not show concordance statistics or correlations with outcomes for FUH. For validity of Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence, NCQA described their face validity process and showed an analysis comparing state level performance on the measure with state level rates of MH and SUD inpatient use. They hypothesized that states with better performance on the measure would have lower rates of inpatient use. Their analysis did not show a significant difference in MH or SUD inpatient rates between states in the lower and upper quartiles of the follow-up measure. Despite these failures to establish empirical validity, these measures were endorsed by NQF.

As a final point, we also note that the Standing Committee appears to have applied a higher standard for approval for the EIC measure than for the other two measures approved during the August 3, 2023 Measure Evaluation meeting. The application for the measure “Risk Adjusted Post-Ambulance Provider Triage Emergency Department (ED) Visit Rate” only presented face validity and did not demonstrate construct or empirical validity, but the committee passed the measure on the validity component. The application for the measure “Quality of Care Composite for Implantable Cardioverter-Defibrillator (ICD)/Cardiac Resynchronization Therapy Defibrillator (CRT-D)” demonstrated face validity and for empirical validity showed weak and not significant correlations with outcomes, but the committee passed the measure on the validity component.

We look forward to addressing any further comments or concerns during the Post Comment Meeting.

Committee Action Item:

Review and discuss the developer’s comment and revote on validity. If validity passes, vote on the overall suitability for endorsement recommendation. There is no consensus not reached zone for post-comment votes.