

Behavioral Health eMeasures Drugs and Alcohol Meeting 3 Technical Expert Panel • July 9, 2012



Health in the 21st Century

MITRE

Agenda

- **Introduction (5 minutes)**
 - Welcome and Roll Call
 - Review project schedule
- **Goals, Outcomes, and Context**
 - Project Goals and Outcomes (5 minutes)
 - “Meaningful Use” Program Requirements (5 minutes)
- **Today’s Domain Discussion**
 - Alcohol (35 minutes)
 - Drugs (35 minutes)
- **Next Steps and Questions (5 minutes)**



Roll Call

Core Team

■ SAMHSA

- Westley Clark, MD
- Maureen Boyle, PhD (TEP Co-lead)
- Ken Salyards
- Bob Stephenson

■ ONC

- Jesse James, MD
- Kevin Larsen, MD
- Lauren Richie (TEP Co-lead)
- Anca Tabakova
- Kate Tipping

■ CMS

- Carrie Feher

■ MITRE

- Beth Halley
- Nicole Kemper
- Saul Kravitz
- Maggie Lohnes
- Denise Sun
- Jocelyn Tafalla

Technical Expert Panel- Community

Gavin	Bart	University of Minnesota- Hennepin County Medical Center
Rhonda	Beale	Chief Medical Officer @ OptumHealth Behavioral Solutions
Lyndra	Bills	Associate Medical Director for the Northeast Pennsylvania
Gregory	Brown	UPenn
Kate	Comtois	Harborview Medical Center
Geri	Dawson	Autism Speaks
Vincent	Felitte	Kaiser Permanente
Deborah	Garnick	Brandeis U Heller School
Frank	Ghinassi	UPMC
Eric	Goplerud	NORC
Rob	Gore-Langton	EMMES
Constance	Horgan	Brandeis U Heller School
Anna Mabel	Jones	Oxford House, Inc.
Rachel	Kimerling	Veterans Administration

(Continued)

Technical Expert Panel - Community (Cont.)

Alex	Krist	Community Physician
Robert	Linblad	EMMES
Cathy	Lord	Institute for Brain Development, NY-Presbyterian Hosp
A Thomas	McLellan *	Treatment Research Institute
LaVerne	Miller	Policy Research Associates, Delmar, New York
Daniel	Mullin	UMass MHC
Keris	Myrick	Project Return Peer Support Network
Charlie	Reznikoff	University of Minnesota- Hennepin County Medical Center
Lucy	Savitz	Intermountain Healthcare
Robert	Schwartz	Friends Research Institute
Cheryl	Sharp	National Council for Community Behavioral Healthcare
Morton	Silverman	EDC
Piper	Svensson-Ranallo	University of Minnesota Institute for Health Informatics
Thomas	Swales	MetroHealth System/ Case Western Reserve University
Amy	Wetherby	Florida State University
Charles	Willis	Statewide Peer Wellness Initiative/GA Mental Health Consumer Network

(* ad hoc)

Subgroup Members – Federal Staff

ALCOHOL (3)		
Last Name	First Name	Agency
Boyle	Maureen	SAMHSA
Corbridge	Ian	HRSA
Cotter	Frances	SAMHSA
Dowling	Gaya	NIH/NIDA
Faden	Vivian	NIH/NIAAA
Forman	Reed	SAMHSA
Harris	Alex	VA
Lide	BJ	NIST
Lowman	Cheryl	NIH
McKnight-Eily	Lela	CDC
Tai	Betty	NIH/NIDA

AUTISM (2)		
Last Name	First Name	Agency
Blum	Alex	NIH
Boyle	Maureen	SAMHSA
Gilotty	Lisa	NIH
Kau	Alice	NIH/NICHD
Kavanagh	Laura	HRSA
Smith	Camille	CDC/ONDIEH/NCBDDD
Rice	Catherine	CDC/ONDIEH/NCBDDD
Wolf	Rebecca	CDC/ONDIEH/NCBDDD

DEPRESSION (6)		
Last Name	First Name	Agency
Alemu	Girma	HRSA
Azrin	Susan	NIH/NIMH
Boyle	Maureen	SAMHSA
Cotter	Fran	SAMHSA
Feher	Carrie	CMS
Harris	Yael	HRSA
LeFauve	Charlene	SAMHSA
Ross	Alex	HRSA

SUBSTANCE ABUSE (2)		
Last Name	First Name	Agency
Boyle	Maureen	SAMHSA
Dowling	Gaya	NIH/NIDA
Ghitza	Udi	NIH/NIDA
Lee	Jinhee	SAMHSA
Reuter	Nick	SAMHSA
Sivilli	June	ONDCP
Tai	Betty	NIH/NIDA

SUICIDE (2)		
Last Name	First Name	Agency
Boyle	Maureen	SAMHSA
Crosby	Alex	CDC
Grenier	Denise	IHS
Lysell	Katy	VA
McKeon	Richard	SAMHSA
Mullen	Mariquita	HRSA
Weglicki	Linda	NIH/NINR

TRAUMA (0)		
Last Name	First Name	Agency
Boyle	Maureen	SAMHSA
Cotton	Beverly	IHS
DeVoursney	David	SAMHSA
Harvell	Jennie	ASPE
Herne	Mose	IHS
Huang	Larke	SAMHSA
Ross	Alex	HRSA
Salyards	Ken	SAMHSA
Young	Elise	HRSA

Bold = Lead
(#) = High Priority Measures

TEP Phase I MEETING & TOPIC SCHEDULE

WEEK #	MEETING DAYS	TOPIC
1	OPTION 1: 4/9: 1:00pm-3:00pm OPTION 2: 4/12: 12:30pm-2:30pm	KICK-OFF
2	4/16 3-4:30pm Eastern	Suicide/Trauma – Meeting 1
3	4/23 3-4:30pm Eastern	Autism – Meeting 1
4	4/30 3-4:30pm Eastern	Depression – Meeting 1
5	5/7 3-4:30pm Eastern	Drugs/Alcohol – Meeting 1
6	5/14 3-4:30pm Eastern	Suicide/Trauma – Meeting 2
7	5/22 2:30-4:00pm Eastern	Autism – Meeting 2
8	5/29 3-4:30pm Eastern	Depression – Meeting 2
9	6/4 3-4:30pm Eastern	Drugs/Alcohol – Meeting 2
10	6/11 3-4:30pm Eastern	Suicide/Trauma – Meeting 3
11	6/21 3-4:30pm Eastern	Autism – Meeting 3
12	6/25 3-4:30pm Eastern	Depression - Meeting 3
13	7/2 3-4:30pm Eastern	<i>CANCELLED – HOLIDAY SCHEDULE</i>
14	7/9 3-4:30pm Eastern	Drugs/Alcohol–Meeting 3

TEP Phase II MEETING & TOPIC SCHEDULE

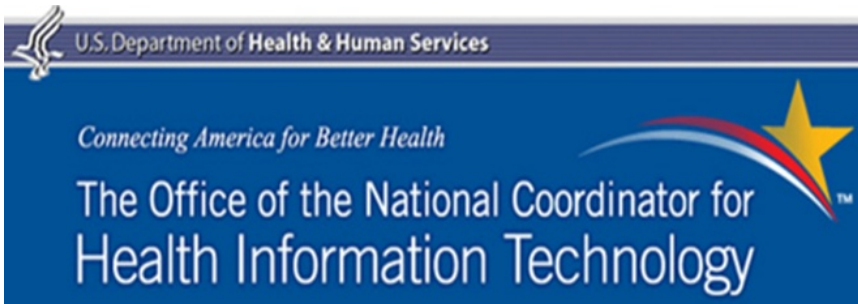
WEEK #	MEETING DAYS	TOPIC
15	7/16 3-4:30pm Eastern	Depression - Meeting 1
16	7/23 3-4:30pm Eastern	Drugs/Prescription Drug Misuse Phase II Meeting 1
17	7/30 3-4:30pm Eastern	Depression Phase II Meeting 2
18	8/6 3-4:30pm Eastern	Drugs/Prescription Drug Misuse Phase II Meeting 2
NEW ADDED	8/9 9am-5pm Eastern	IN-PERSON TEP - DC
19	8/13 3-4:30pm Eastern	Depression Phase II Meeting 3
20	8/20 3-4:30pm Eastern	Drugs/Prescription Drug Misuse Phase II Meeting 3
21	8/27 3-4:30pm Eastern	Depression Phase II Meeting 4
22	9/3 3-4:30pm Eastern	Drugs/Prescription Drug Misuse Phase II Meeting 4
23	9/10 3-4:30pm Eastern	Depression Phase II Meeting 5 *if needed
24	9/17 3-4:30pm Eastern	Drugs/Prescription Drug Misuse Phase II Meeting 5 *if needed



Goals and Outcomes

Project Goal

Develop a portfolio of behavioral health (BH) clinical quality measures (CQMs) suitable for inclusion in the EHR incentive program for Meaningful Use (MU) of Health Information Technology (IT)



Project Phase 2 – Outcomes

- **Broad review of 6 domain areas with report of findings**
 - Perform Environmental Scan for non-NQF-endorsed measures
 - Perform Clinical Literature Search for available evidence (Meeting 1)
 - TEP Review of Environmental Scan results (Meeting 2 and 3)
 - Measure Development Recommendations Report (Meeting 3 and post-meetings)

- **Research Drug Use/ Prescription Drug Misuse (DU/PDM) Clinical Evidence (Meeting 4-9)**
 - Document clinical evidence to support NQF-endorsement of effective DU/PDM care approaches
 - Document clinical evidence to support NQF-endorsement of effective SBIRT DU/PDM care approach
 - Fund clinical research of patient-entered SISQ

- **Support development of a trended Depression Outcome Clinical Quality Measure (Meeting 4-9)**

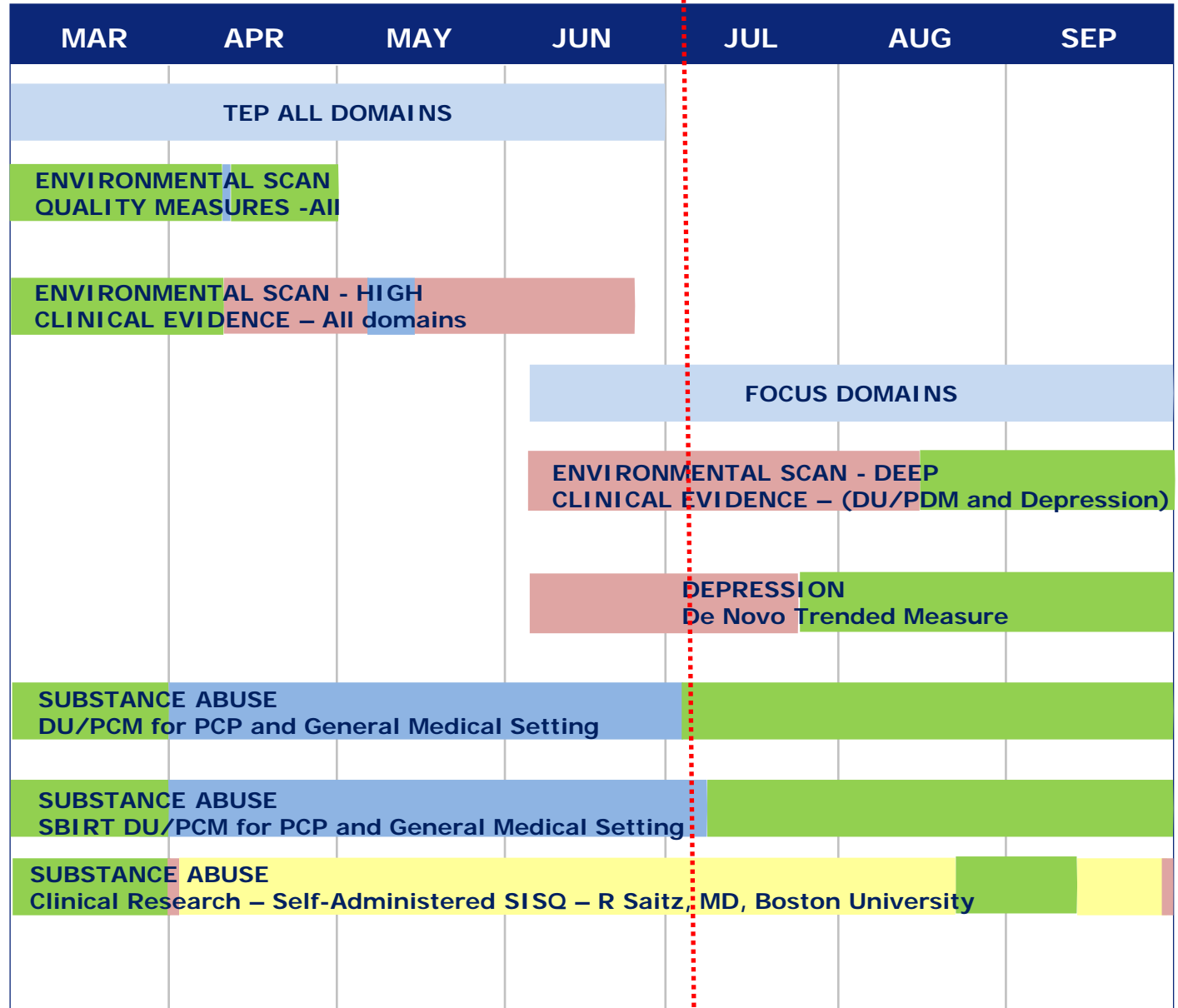
Technical Expert Panel (TEP) Schedule

MITRE

TEP

Subcontractor:
Literature Search

Subcontractor:
R. Saitz, MD





Meaningful Use EHR Incentive Program Highlights

EHR “Meaningful Use” Incentive Program

**2009 American Recovery and Reinvestment Act
(ARRA)**

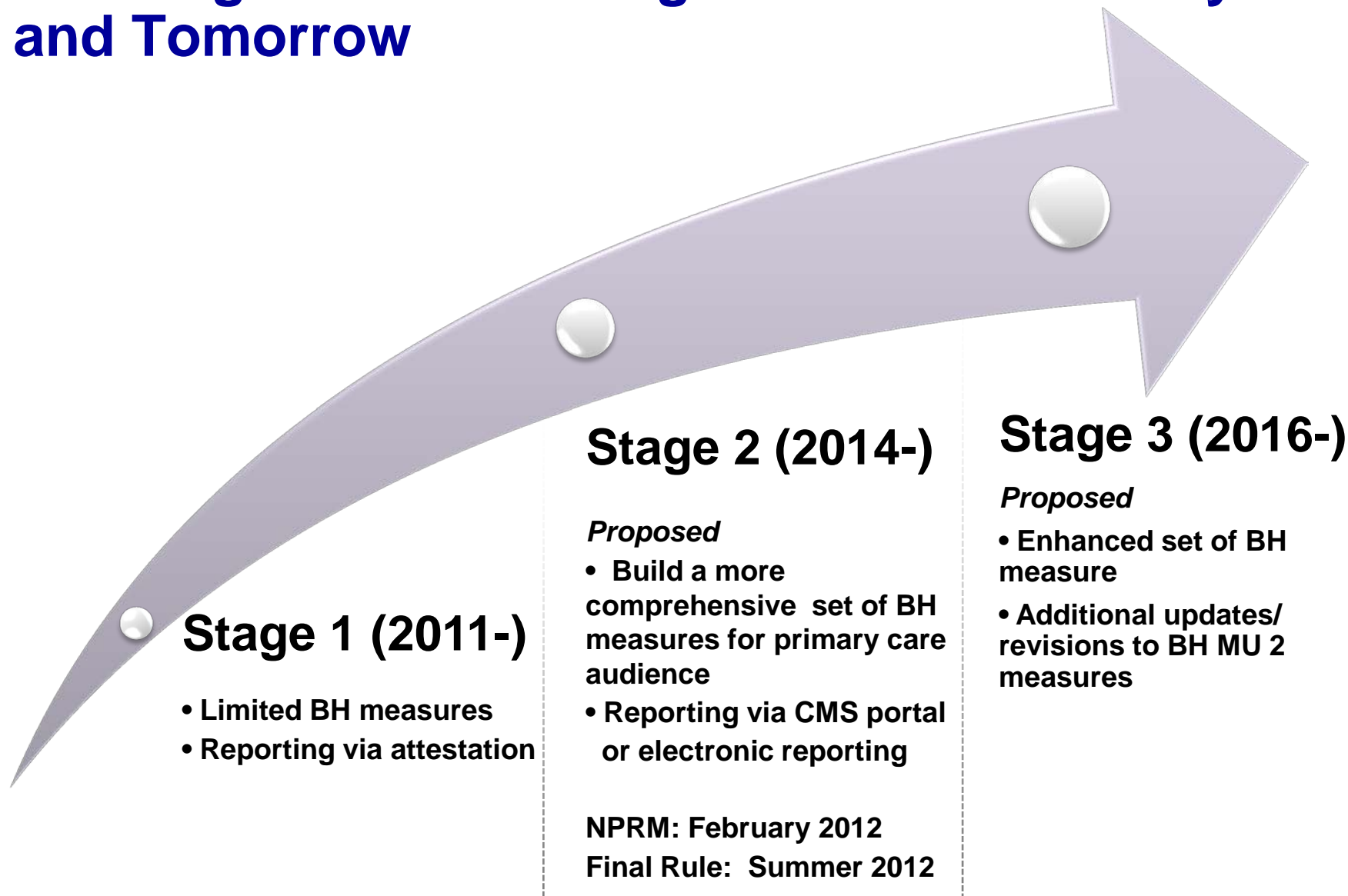
**Health Information Technology for Economic and
Clinical Health Act (HITECH)**

Provides incentive payment to eligible providers (up to \$44,000 over three years) and hospitals (\$\$\$\$ depending on patient volume) for

“The use of a certified Electronic Health Record:

- ... in a meaningful manner, such as e-prescribing.**
- ... for electronic exchange of health information to improve quality of health care.**
- ... to submit clinical quality and other measures”**

Meaningful Use: Meeting the Needs of Today and Tomorrow



Who qualifies for incentive payments?

Eligible Professionals - *Medicare* EHR Incentive Program:

Doctor of medicine or osteopathy, dental surgery, dental medicine, podiatry, optometry, chiropractic

Eligible Professionals - *Medicaid* EHR Incentive Program:

- Physicians (medicine and osteopathy) and Dentist
- Nurse practitioner, Certified nurse-midwife
- Physician assistant who furnishes services in a PA-led FQHC or Rural Health Clinic

Who qualifies for incentive payments?

Eligible Hospital - *Medicare* EHR Incentive Program:

- "Subsection (d) hospitals" in the 50 states or DC that are paid under the Inpatient Prospective Payment System (IPPS)
- Critical Access Hospitals (CAHs)
- Medicare Advantage (MA-Affiliated) Hospitals

Eligible Hospital - *Medicaid* EHR Incentive Program

- Acute care hospitals (including CAHs and cancer hospitals) with at least 10% Medicaid patient volume
- Children's hospitals (no Medicaid patient volume requirements)

NOTE: Some hospitals may receive incentive payments from both Medicare and Medicaid if they meet all eligibility criteria.

A Good “Meaningful Use” Quality Measure

- **Relates to the “Eligible Professional” or “Eligible Hospital” care setting**
- **Endorsed by the National Quality Forum (preferred)**
- **Can be collected and reported from an Electronic Health Record**

NQF Endorsement Criteria

NQF currently uses four criteria to assess a measure for endorsement:

- **Important to measure and report to keep our focus on priority areas, where the evidence is highest that measurement can have a positive impact on healthcare quality.**
- **Scientifically acceptable, so that the measure when implemented will produce consistent (reliable) and credible (valid) results about the quality of care.**
- **Useable and relevant to ensure that intended users — consumers, purchasers, providers, and policy makers — can understand the results of the measure and are likely to find them useful for quality improvement and decision making.**
- **Feasible to collect with data that can be readily available for measurement and retrievable without undue burden**
- **[FUTURE] eMeasure Specifications**



Today's Domain Discussions

Drugs and Alcohol

Domain Process

■ Meeting 1

- Outcome: Familiarity with Current Measures
- Review Recommended NQF-Endorsed High Priority Measures
- Introduce High-level Scan Non-Endorsed Measures (AHRQ Database)
- *Homework: Review AHRQ results*

■ Meeting 2

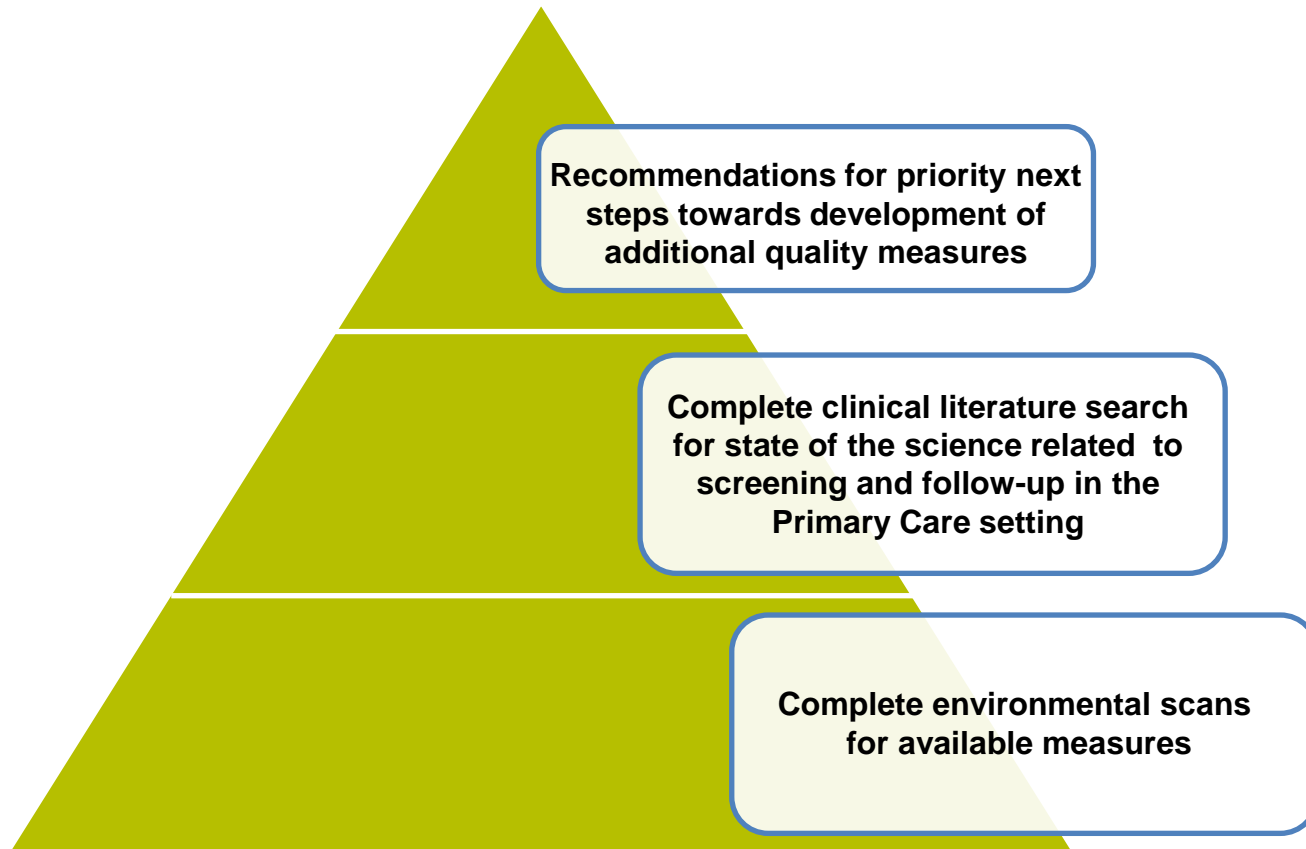
- Outcome: Non-Endorsed Measures Recommendations/Lit Search Question Formation
- Meeting Agenda
 - Review AHRQ Homework
 - Gain Consensus – Are there any non-endorsed measures that can be used?
 - Introduce The Cloudburst Group
 - Develop Questions for the Clinical Literature Search Scan
- *Homework: Receive/read Clinical Literature Search results*

■ Meeting 3

- **Outcome: Select Promising Clinical Research**
- **Discuss Clinical Literature Search Results**
- **Gain Consensus – Is there any promising Clinical Research that can be used**
- **Develop outline for final recommendations**
- ***Homework: Approval final recommendations***

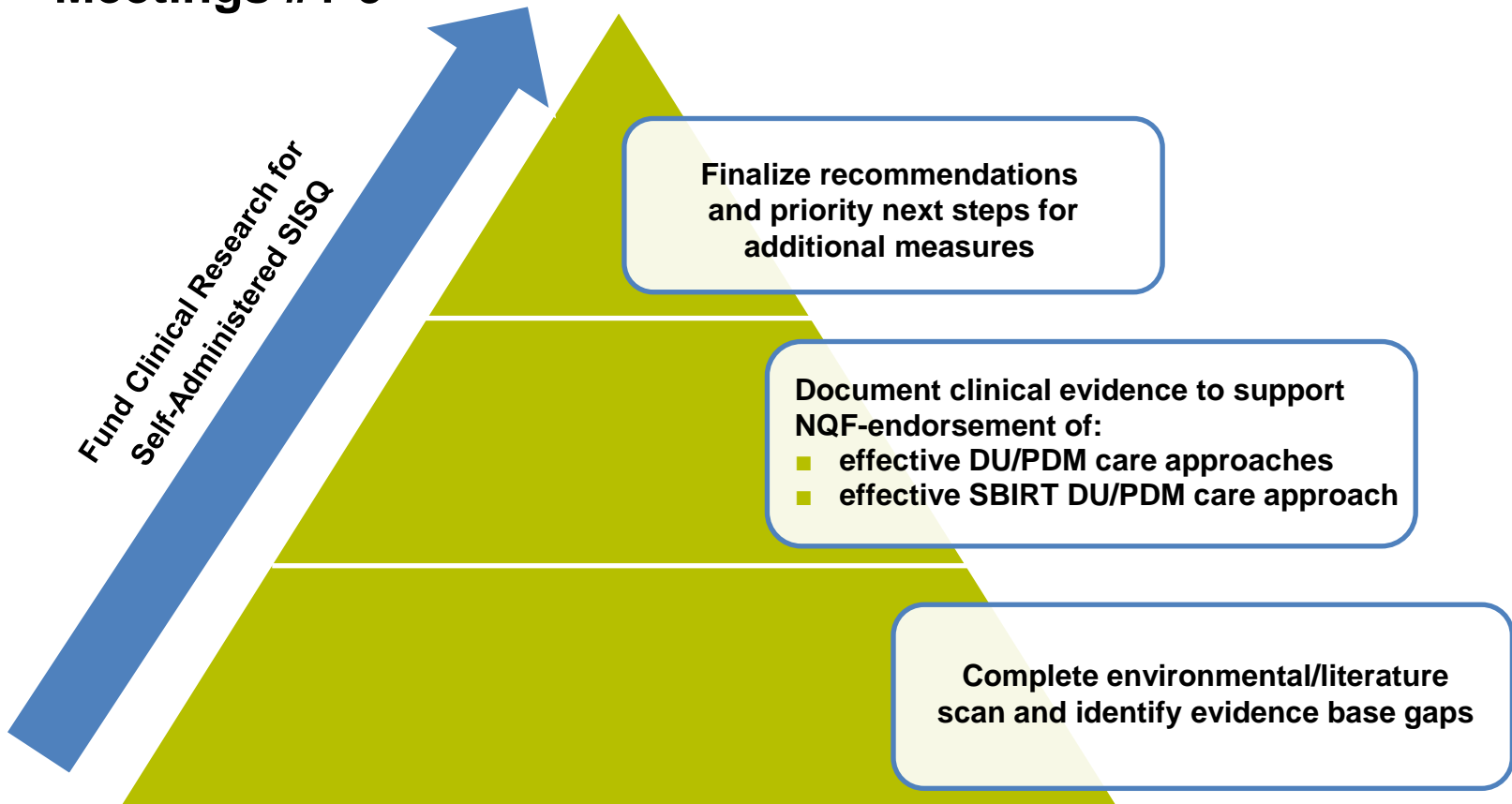
Review of TEP Domain success metrics

■ Substance Use: Drugs and Alcohol Use Meetings #1-3



Review of TEP Domain success metrics

■ Substance Use: Drug Use/Prescription Drug Misuse Meetings #1-9





Drugs and Alcohol Measures and Meaningful Use

MU Stage 1 - Final Rule Measures – Core Set

Measure Number	Title and Description	Domain
0028	Patients more than 18 years old who were seen at least twice and asked at least once about tobacco use in 24 months, and who received cessation intervention if they are users	Core Clinical Quality Measure

MU Stage 1 - Final Rule Measures – Menu Set

Measure Number	Title and Description	Domain
0027	Smokers or tobacco users more than 18 years old who were advised to quit or use cessation medications or methods	Misc. Menu Set Clinical Quality Measures
0004	Adolescent or adult patients with alcohol or drug dependency who initiate treatment within 14 days of diagnosis and who have two or more service visits within 30 days of initiating treatment	Misc. Menu Set Clinical Quality Measures

MU Stage 2 NPRM Proposed BH Measures

Measure Number	Title and Description	Domain
NQF 0004	Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	Clinical Process/ Effectiveness
NQF 0028	Title: Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention	Population/ Public Health
NQF 0103	Title: Major Depressive Disorder (MDD): Diagnostic Evaluation	Clinical Process/ Effectiveness
NQF 0104	Title: Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/ Effectiveness
NQF 0105	Title: Anti-depressant Medication Management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	Clinical Process/ Effectiveness
NQF 0106	Title: Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	Care Coordination
NQF 0107	Title: Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	Clinical Process/ Effectiveness
NQF 0108	Title: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/ Effectiveness
NQF 0110*	Title: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Clinical Process/ Effectiveness
NQF 0112	Title: Bipolar Disorder: Monitoring change in level-of-functioning	Clinical Process/ Effectiveness

(Continued)

* = Recommended in Phase 1 of this project

MU Stage 2 NPRM Proposed BH Measures (cont.)

Measure Number	Title and Description	Domain
NQF 0710	Title: Depression Remission at Twelve Months	Clinical Process/ Effectiveness
NQF 0711	Title: Depression Remission at Six Months	Clinical Process/ Effectiveness
NQF 0712	Title: Depression Utilization of the PHQ-9 Tool	Clinical Process/ Effectiveness
NQF 1365	Title: Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Patient Safety
NQF 1401	Title: Maternal depression Screening	Population/ Public Health
TBD	Title: Depression screening and follow-up assessment using patient self-reported process	Patient and Family Engagement
TBD	Title: Closing the referral loop: receipt of specialist report	Care Coordination
NQF 0024	Title: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Description	Population/ Public Health
NQF 0418	Depression Screening (PHQ-2 and PHQ-9) for primary care > age 13	Population/ Public Health
NQF 0421	Title: Adult Weight Screening and Follow-Up Description	Population/Public Health

Prioritized NQF Endorsed Measures for eSpecification

NQF Number	Measure Concept	Measure Title	Sub-group	Sub-Group Priority	Setting
1661* (not endorsed)	Alcohol Screening (Adult)	SUB-1 Alcohol Use Screening	Alcohol	1	EH
1663* (not endorsed)	Alcohol Brief Intervention (Adult)	SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention	Alcohol	1	EH
1406	Risky behavior assessment or counseling by age 13 – Alcohol, Tobacco, Substance Abuse, Sexual Activity	Risky Behavior Assessment or Counseling by Age	Substance Use Disorder (SUD)	1	EP
1507	Risky behavior assessment or counseling by age 18– Alcohol, Tobacco, Substance Abuse, Sexual Activity	Risky Behavior Assessment or Counseling by Age 18 Years	SUD	1	EP

*= eSpecification has been completed as of June 1, 2012



Literature Scan Results

Literature Search Matrix – Alcohol Results

Executive Summary of Results:

- 79 total results divided under 6 broad areas

Executive Summary*	General SBIRT results in primary care	<p>Several reviews on SBIRT in primary care demonstrate effectiveness in reducing alcohol consumption</p> <p>Patients with risky drinking and mental health comorbidity may not be effectively helped by SBIRT</p> <p>Gender studies show SBIRT effectiveness in men; evidence for effectiveness in women is weaker</p> <p>Longer duration of counseling probably has little additional effect</p>
	Implementation	<p>Wide range of rates of SBIRT implementation in primary care</p> <p>Owing to wide practice preferences variation, a range of options should be included in recommended screening procedures</p> <p>Implementation likely to be successful when proposed routines and practices are adapted to provider workflow and settings</p>
	Screening Tools	<p>AUDIT is the gold standard for detecting alcohol-related problems in primary care setting</p> <p>AUDIT shortened versions (AUDIT-C, AUDIT-3 and AUDIT-QF) have been found to perform nearly as well</p> <p>Single item: "How many times in the past year have you had X or more drinks in a day?" X = 5 for men, 4 for women, with >1 is considered positive</p>
	Youth	<p>2012 review: Unclear whether SBIRT is effective for risky alcohol use among adolescent patients in acute care</p> <p>Valid screens for youth : CRAFFT, FAST, AUDIT-C</p> <p>Modified cut-off points make screening with the AUDIT more accurate for adolescent populations.</p>
	Medication and technology-assisted treatment	<p>In clinical literature, "Medical management" appears equivalent to "brief intervention"</p> <p>Compliance-enhancement therapy led to high rates of medication compliance</p> <p>Medically trained clinicians with minimal dependence specialty training able to deliver a brief effective medication management intervention</p> <p>Interactive voice response (IVR) is a feasible technology for behavioral self-monitoring in primary care clinics</p> <p>Trauma patients (92%) found computer-assisted intervention easy and comfortable to use (87%)</p>

Discussion Questions for Alcohol TEP meeting

- 1. Considering the state of quality measure development for the domain of alcohol in the MU program, what areas are still needing to be addressed with measures?**
- 2. Does the TEP feel that a measure like NQF 1406 (see next slide) may meet the needs of screening for youth?**
- 3. What does the TEP think of a composite measure like the NQF measures 1661-1664(SUB1, SUB2, SUB3, and SUB4) for use by eligible hospitals? Can similar measures be developed for eligible providers?**
- 4. What does the TEP feel are the most pressing next steps for measure development in the domain of Alcohol?**

NQF 1406

Risky Behavior Assessment or Counseling by Age 13 Years

MEASURE DESCRIPTION:

- **Percentage of children with documentation of a risk assessment or counseling for risky behaviors by the age of 13 Years. Four rates are reported: Risk Assessment or Counseling for Alcohol Use, Risk Assessment or Counseling for Tobacco Use, Risk Assessment or Counseling for Other Substance Use, Risk Assessment or Counseling for Sexual Activity**

NUMERATOR STATEMENT:

- **Children with documentation of a risk assessment or counseling for risky behaviors by the age of 13 Years**

DENOMINATOR STATEMENT:

- **Children with a visit who turned 13 years old in the measurement year**

NQF 1661, 1663, 1664, 1665 (non-endorsed) aka TJC SUB 1, SUB2, SUB3, SUB 4

NQF 1661	NQF 1663	NQF 1664	NQF 1665
<p>Numerator Statement: The number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking.</p> <p>Denominator Statement: The number of hospitalized inpatients 18 years of age and older.</p>	<p>Numerator Statement: SUB-2: The number of patients who received or refused a brief intervention. SUB-2a: The number of patients who received a brief intervention.</p> <p>Denominator Statement: The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).</p>	<p>Numerator Statement: SUB-3: The number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment.</p> <p>SUB-3a: The number of patients who received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment.</p> <p>Denominator Statement: The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder.</p>	<p>Numerator Statement: The number of discharged patients that are contacted between 7 and 30 days after hospital discharge and follow-up information regarding alcohol or drug use status is collected.</p> <p>Denominator Statement: The number of discharged patients 18 years of age and older who screened positive for unhealthy alcohol use or who received a diagnosis of alcohol or drug use disorder during their hospital stay.</p>

Literature Search Matrix – Drug Results

Overview of Results:

- 82 total results divided under 10 broad areas – 5 highlighted below

Executive Summary*

Studies and Guidelines

SBIRT for drug use more complicated to implement and evaluate than for alcohol use

2012 guidelines provide support for use of SBIRT for drug use as an integral part of routine clinical care

American Pediatrics Association referral guidelines recommend use of validated CRAFFT screening tool integrated into a two-step adolescent SBIRT for all adolescents

2012 NIDA guidelines for adult drug use screening propose two-step use of the validated single question, NIDA Quick Screen and a NIDA-modified ASSIST screen for “Yes” answer

Drug Use Screening Tools

Single screening question tool validated as 100% sensitive and 73.5% specific for drug use disorder

TEP recommends universal single question population-based screen followed by 10-question Drug Abuse Screening Test (DAST-10)

Short Inventory of Problems—Alcohol and Drugs modified for Drug Use (SIP-DU) validated by DAST-10 as more sensitive screening for drug use consequences

National Institute on Alcohol Abuse and Alcoholism (NIAAA) daily limit 1-item screen effective in addiction-related diagnosis

Drug Use Screening / Intervention / Treatment Outcomes

In primary care settings, not yet enough substantiated evidence for the use of SBIRT and drug misuse

Economic analyses suggest that SBI interventions are cost-effective, as even small reductions of drug or alcohol use are substantial over the long-term

Research underway to focus on advancing understanding of wider implementation of BI

Drug Use Screening / Intervention / Treatment – Adolescents

SBIRT found effective for managing adolescent substance use in primary care settings

BI found to reduce drug and alcohol use in high risk adolescents

When positive, motivational interviewing, RT and family engagement should be incorporated

Physician Training

SBIRT training is effective educational tool that increased MD knowledge, confidence, and sense of responsibility

Obstacles/barriers include brief office visit, time to administer, referral wait lists or denial by various third-party payers

Discussion Questions for Drugs TEP meetings

- 1. Considering the measures already included in /proposed for in the MU program for the domain of drug use, what areas of care might need additional measure development (e.g. screening, referral, treatment)?**
- 2. Knowing that brief intervention/treatment is a target area of focus from our TEP discussions, what type of treatment measure might need to be developed for MU?**
 - How might a measure like this work in an EHR environment?**
- 3. If the TEP could recommend 1 or 2 measures for MU Stage 3 specific to the domain of drug use, what would they be?**
- 4. Thinking ahead to the coming discussions on prescription drug misuse, what are the key areas of research that the TEP members would suggest to support measure development for this domain in the MU program?**
 - E.g. screening in the primary care arena, screening in the hospital setting**



Next Steps/Questions

Next Steps and Questions

- **Weekly Workshops**
 - Wednesdays at 3pm-4pm
- **Next TEP Meeting (Topic: Depression Phase II Meeting 1):**
 - Monday, 7/16, 3-4:30pm Eastern
- **Save the Date: In-Person TEP August 9th**
 - Remote access available
- **Questions?**

Addenda

AHRQ results

Depression

Domain: Depression (Keyword: Depression Screening) – Environmental Scan

Search Criteria: Depression Screening

- 60 results initially identified
 - 19 removed (NQF endorsed)
- Final pool = 41 results for review

Full List of Original Results*

(*includes NQF endorsed measures)

[Click Here](#)

Search Criteria: Depression Screening and Hospitals

- 17 results initially identified
 - 0 removed (NQF endorsed)
- Final pool = 17 results for review

Full List of Original Results*

(*includes NQF endorsed measures)

[Click Here](#)

Domain: Depression (Keyword: Depression Screening) – Top Results

Measure Review (M= Maybe, X=No, Y = yes)	Prioritized Result Summary
1 <input type="checkbox"/>	<u>Depression: percent of Veterans with a positive score on the PHQ-2, PHQ-9 or affirmative answer to Question 9 of the PHQ-9 during their annual depression screening, who have a disposition that is timely.</u> 2010 Oct. NQMC:006059 Veterans Health Administration - Federal Government Agency [U.S.]
2 <input type="checkbox"/>	<u>Behavioral health: percent of eligible patients screened annually for depression.</u> 2010 Oct. NQMC:006011 Veterans Health Administration - Federal Government Agency
3 <input type="checkbox"/>	<u>Depression: the percentage of patients on the diabetes register and/or coronary heart disease (CHD) register for whom case finding for depression has been undertaken on one occasion during the previous 15 months using two standard screening questions.</u> 2009 Mar. [NQMC Update Pending] NQMC:005108 British Medical Association - Medical Specialty Society; National Health Service (NHS) Confederation - National Government Agency [Non-U.S.]
4 <input type="checkbox"/>	<u>Depression: percent of Veterans with a positive score on the PHQ-2, PHQ-9 or affirmative answer to Question 9 of the PHQ-9 during their annual depression screening, who have a disposition.</u> 2010 Oct. NQMC:006058 Veterans Health Administration - Federal Government Agency [U.S.].
5 <input type="checkbox"/>	<u>Major depression in adults in primary care: percentage of patients with diabetes with documentation of screening for depression.</u> 2010 May. [NQMC Update Pending] NQMC:006171 Institute for Clinical Systems Improvement - Nonprofit Organization
6 <input type="checkbox"/>	<u>Cardiac rehabilitation: percentage of patients in the healthcare system's cardiac rehabilitation program(s) who meet the specified performance measure criteria for depression.</u> 2007 Sep. NQMC:003782 American Association of Cardiovascular and Pulmonary Rehabilitation/American College of Cardiology Foundation/American Heart Association.

Domain: Depression (Keyword: Depression Screening and Hospitals) – Top Results

	Measure Review (M= Maybe, X=No, Y = yes)	Prioritized Result Summary
1	<input type="checkbox"/>	<u>Depression: percent of Veterans with a positive score on the PHQ-2, PHQ-9 or affirmative answer to Question 9 of the PHQ-9 during their annual depression screening, who have a disposition that is timely.</u> 2010 Oct. NQMC:006059 Veterans Health Administration - Federal Government Agency [U.S.].
2	<input type="checkbox"/>	<u>Behavioral health: percent of eligible patients screened annually for depression.</u> 2010 Oct. NQMC:006011 Veterans Health Administration - Federal Government Agency [U.S.]
3	<input type="checkbox"/>	<u>Behavioral health: percent of eligible patients screened annually for depression AND if positive PHQ-2 or PHQ-9 result or affirmative response to Q9 of the PHQ-9 and percent of eligible patients screened at required intervals for PTSD AND if positive PC-PTSD result, have suicide risk evaluation completed within 24 hours.</u> 2010 Oct. NQMC:006013 Veterans Health Administration - Federal Government Agency [U.S.].
4	<input type="checkbox"/>	<u>Cardiac rehabilitation: percentage of patients in the healthcare system's cardiac rehabilitation program(s) who meet the specified performance measure criteria for depression.</u> 2007 Sep. NQMC:003782 American Association of Cardiovascular and Pulmonary Rehabilitation/American College of Cardiology Foundation/American Heart Association.

*Note: Results are duplicative. Abstracts state also appropriate for care setting of hospitals.

Domain: Depression (Keyword: Depression Risk Assessment and Ambulatory) – Environmental Scan

Search Criteria: Depression Risk Assessment and Ambulatory

- 58 results initially identified
 - 32 removed (NQF endorsed)
- Final pool = 26 results for review

Full List of Original Results*

(*includes NQF endorsed measures)

[Click Here](#)

Search Criteria: Depression Risk Assessment and Hospitals

- 10 results initially identified
 - 0 removed (NQF endorsed)
- Final pool = 10 results for review

Full List of Original Results*

(*includes NQF endorsed measures)

[Click Here](#)

Domain: Depression (Keyword: Depression Risk Assessment and Ambulatory) – Top Results

	Measure Review (M= Maybe, X=No, Y = yes)	Prioritized Result Summary
1	<input type="checkbox"/>	<u>Major depression in adults in primary care: percentage of patients whose symptoms are reassessed by the use of a quantitative symptom assessment tool (such as Patient Health Questionnaire [PHQ-9]) within three months of initiating treatment.</u> 2010 May. [NQMC Update Pending] NQMC:006168 Institute for Clinical Systems Improvement - Nonprofit Organization.
2	<input type="checkbox"/>	<u>Major depression in adults in primary care: percentage of patients who have had a response to treatment at six months (+/- 30 days) after initiating treatment, e.g., have had a Patient Health Questionnaire (PHQ-9) score decreased by 50% from initial score at six months (+/- 30 days).</u> 2010 May. [NQMC Update Pending] NQMC:006169 Institute for Clinical Systems Improvement - Nonprofit Organization.
3	<input type="checkbox"/>	<u>Major depression in adults in primary care: percentage of patients who have reached remission at six months (+/- 30 days) after initiating treatment, e.g., have any PHQ-9 score less than five after six months (+/- 30 days).</u> 2010 May. [NQMC Update Pending] NQMC:006170 Institute for Clinical Systems Improvement - Nonprofit Organization.
4	<input type="checkbox"/>	<u>Major depression in adults in primary care: percentage of patients who have a depression follow-up contact within three months of initiating treatment.</u> 2010 May. [NQMC Update Pending] NQMC:006167 Institute for Clinical Systems Improvement - Nonprofit Organization.
5	<input type="checkbox"/>	<u>Preventive screening and counseling on emotional health and relationship issues: average proportion saying "yes" to six items about whether provider(s) discussed/screened for feeling sad or depressed, school performance, friends, suicide and sexual orientation.</u> 2002 Jan. NQMC:000227 Child and Adolescent Health Measurement Initiative - Nonprofit Organization.

Domain: Depression (Keyword: Depression Risk Assessment and Hospitals) – Top Results

	Measure Review (M= Maybe, X=No, Y = yes)	Prioritized Result Summary
1	<input type="checkbox"/>	<p><u>Cardiac rehabilitation: percentage of patients in the healthcare system's cardiac rehabilitation program(s) who meet the specified performance measure criteria for depression.</u> 2007 Sep. NQMC:003782 American Association of Cardiovascular and Pulmonary Rehabilitation/American College of Cardiology Foundation/American Heart Association</p>
2	<input type="checkbox"/>	<p><u>Depression: percent of eligible patients screened annually for depression and if positive PHQ-2 or PHQ-9 result or affirmative response to Question 9 of the PHQ-9, who have suicide risk evaluation completed within 24 hours.</u> 2010 Oct. NQMC:006053 Veterans Health Administration - Federal Government Agency [U.S.].</p>

*Note: Results are duplicative of results from previous searches. Abstracts state also appropriate for care setting of hospitals.

eMeasure Titles and Descriptions

NQF	Title	Description
0109 CQAIMH	Bipolar Disorder and Major Depression: Assessment for Manic or Hypomanic Behaviors	Percentage of patients treated for depression who were assessed, prior to treatment, for the presence of current and/or prior manic or hypomanic behaviors.
0110 CQAIMH	Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use
0111 CQAIMH	Bipolar Disorder: Appraisal for Risk of Suicide	Percentage of patients with bipolar disorder with evidence of an initial assessment that includes an appraisal for risk of suicide.
1385 HRSA/ OHSU	Developmental Screening Using a Parent Completed Screening Tool (Parent report, Children 0-5)	The measure assesses whether the parent or caregiver completed a developmental screening tool meant to identify children at-risk for developmental, behavioral and social delays.
0576 NCQA	Follow-Up After Hospitalization for Mental Illness	percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an Intensive outpatient encounter or partial hospitalization with a mental health practitioner.

(Continued)

eMeasure Titles and Descriptions (cont.)

NQF	Title	Description
1401 NCQA	Maternal Depression Screening	The percentage of children who turned 6 months of age during the measurement year who had documentation of a maternal depression screening for the mother.
1406 NCQA	Risky Behavior Assessment or Counseling by Age 13	Percentage of children with documentation of a risk assessment or counseling for risky behaviors by the age of 13 Years. Four rates are reported: Risk Assessment or Counseling for Alcohol Use, Risk Assessment or Counseling for Tobacco Use, Risk Assessment or Counseling for Other Substance Abuse, Risk Assessment or Counseling for Sexual Activity
1507 NCQA	Risky Behavior Assessment or Counseling by Age 18	Percentage of children with documentation of assessment or counseling for risky behavior. Four rates are reported: assessment or counseling for alcohol use, tobacco use, other substance use, and sexual activity.
0580	Bipolar Antimanic Agent	Percentage of patients with newly diagnosed bipolar disorder who have received at least 1 prescription for a mood-stabilizing agent during the measurement year.

(Continued)

eMeasure Titles and Descriptions (cont.)

NQF	Title	Description
TBD TJC 1661	SUB-1 Alcohol Use Screening	Hospitalized patients 18 years of age and older who are screened during the hospital stay using a validated screening questionnaire for unhealthy alcohol use.
TBD TJC 1663	SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention	The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom a brief intervention was provided, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received a brief intervention.

MU Stage 2 NPRM Proposed BH Measures

Measure Number	Title and Description	Domain
NQF 0004	Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	Clinical Process/ Effectiveness
NQF 0028	Title: Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention	Population/ Public Health
NQF 0103	Title: Major Depressive Disorder (MDD): Diagnostic Evaluation	Clinical Process/ Effectiveness
NQF 0104	Title: Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/ Effectiveness
NQF 0105	Title: Anti-depressant Medication Management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment	Clinical Process/ Effectiveness
NQF 0106	Title: Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	Care Coordination
NQF 0107	Title: Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	Clinical Process/ Effectiveness
NQF 0108	Title: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/ Effectiveness
NQF 0110	Title: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Clinical Process/ Effectiveness
NQF 0112	Title: Bipolar Disorder: Monitoring change in level-of-functioning	Clinical Process/ Effectiveness

(Continued)

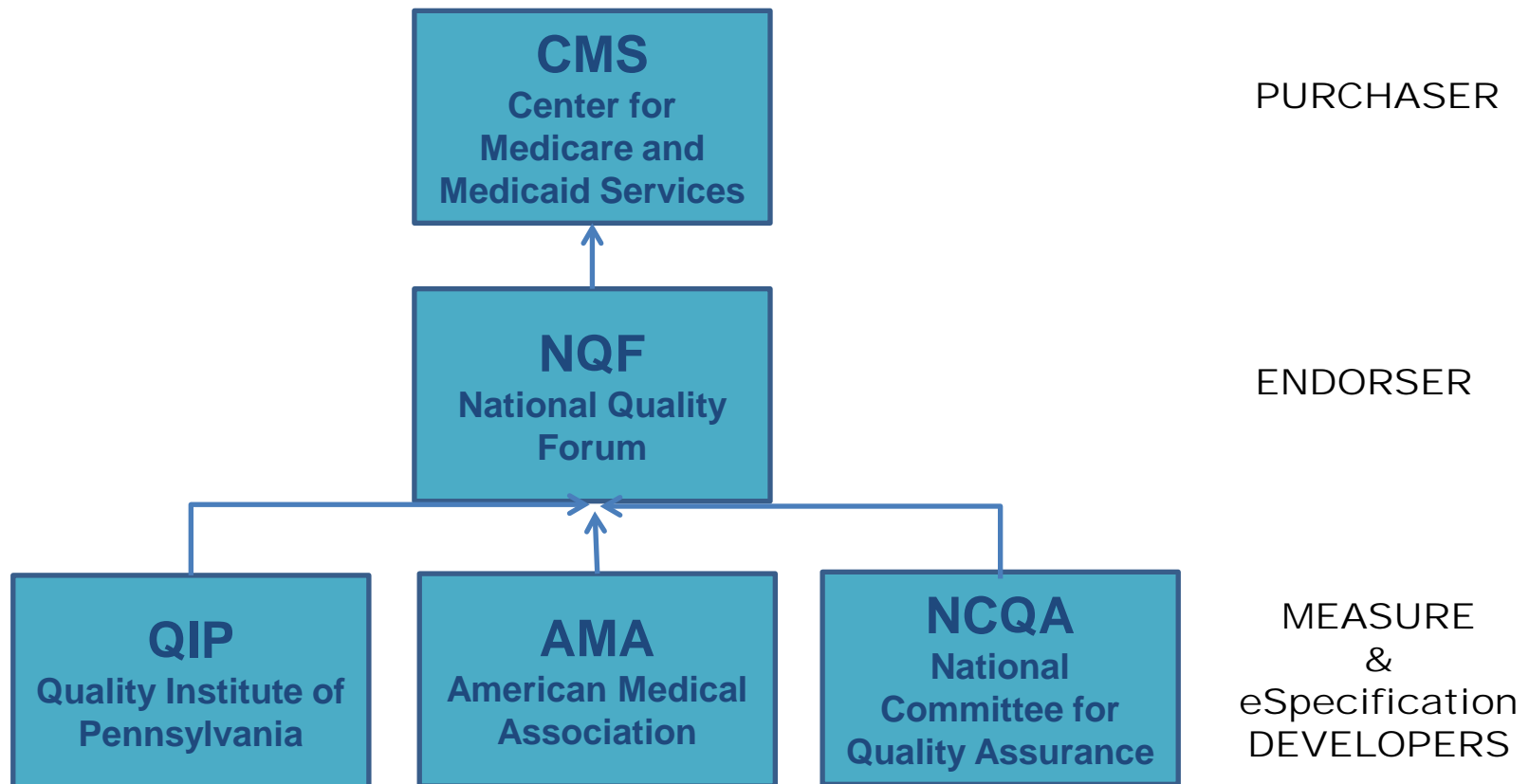
MU Stage 2 NPRM Proposed BH Measures (cont.)

Measure Number	Title and Description	Domain
NQF 0710	Title: Depression Remission at Twelve Months	Clinical Process/ Effectiveness
NQF 0711	Title: Depression Remission at Six Months	Clinical Process/ Effectiveness
NQF 0712	Title: Depression Utilization of the PHQ-9 Tool	Clinical Process/ Effectiveness
NQF 1365	Title: Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Patient Safety
NQF 1401	Title: Maternal depression Screening	Population/ Public Health
TBD	Title: Depression screening and follow-up assessment using patient self-reported process	Patient and Family Engagement
TBD	Title: Closing the referral loop: receipt of specialist report	Care Coordination
NQF 0024	Title: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Description	Population/ Public Health
NQF 0421	Title: Adult Weight Screening and Follow-Up Description	Population/Public Health

Definitions

- **Call for Measures:** A public announcement to the healthcare measures development community soliciting specific measures
- **Environmental Scan:** An examination of publically available information to identify references and resources; may be broad or focused
- **Gap Analysis:** Identification of focus areas requiring attention
- **Clinical Research:** Identification of best practice through clinical science
- **Measure Logic Documentation:** Narrative and/or human-readable definitions
- **Measure Testing:** A formal methodology to assure the feasibility, reliability and validity of measures
- **eMeasure Specifications:** Standardized electronic measures that are compatible with or 'readable' by electronic health record (EHR) systems
- **eMeasure Testing:** Process of assuring that the eMeasures Specifications can be optimally utilized by an EHR
- **National Quality Forum (NQF) Endorsement:** Currently the only consensus-based process for assuring standardized clinical measure quality
- **Technical Expert Panel:** Subject Matter Experts engaged to assure the clinical validity of measures
- **Publication:** Making available for public use

CQM Marketplace: Meaningful Use Stage 1 Example



Healthcare Measure Developers

- Agency for Healthcare Research and Quality (AHRQ)
- American Heart Association/ American College of Cardiology (AHA/ACC)
- American Medical Association/Physician Consortium for Quality Improvement (AMA/PCPI)
- Centers for Medicare and Medicaid Services (CMS)
- National Committee for Quality Assurance (NCQA) *Healthcare Effectiveness Data and Information Set (HEDIS)*
- Oklahoma Foundation for Medical Quality (OFMQ)
- Physician Consortium for Performance Improvement (PCPI) convened by the American Medical Association (AMA)
- The Joint Commission
- Others, including professional medical specialty organizations



Quality Measure Overview

Clinical Quality Measures

“A standard for measuring the performance and improvement of population health or of health plans, providers of services, and other clinicians in the delivery of health care services.”

*Patient Protection and Affordable Care Act of 2010,
Title III, Part II of the Act (Sec. 3013)*

CMS Measure Management System

END PRODUCT

“The end product of measure development is a precisely specified, high-caliber measure to aid CMS in achieving its quality goals.

The precisely specified measure must be documented in a Measure Information Form (MIF) and Measure Justification form to allow others to understand the details and rationale of the measure, and allow for consistent interpretation and implementation.”

A Blueprint for the CMS Measures Management System, Version 8-Volume 1 Page 3-3

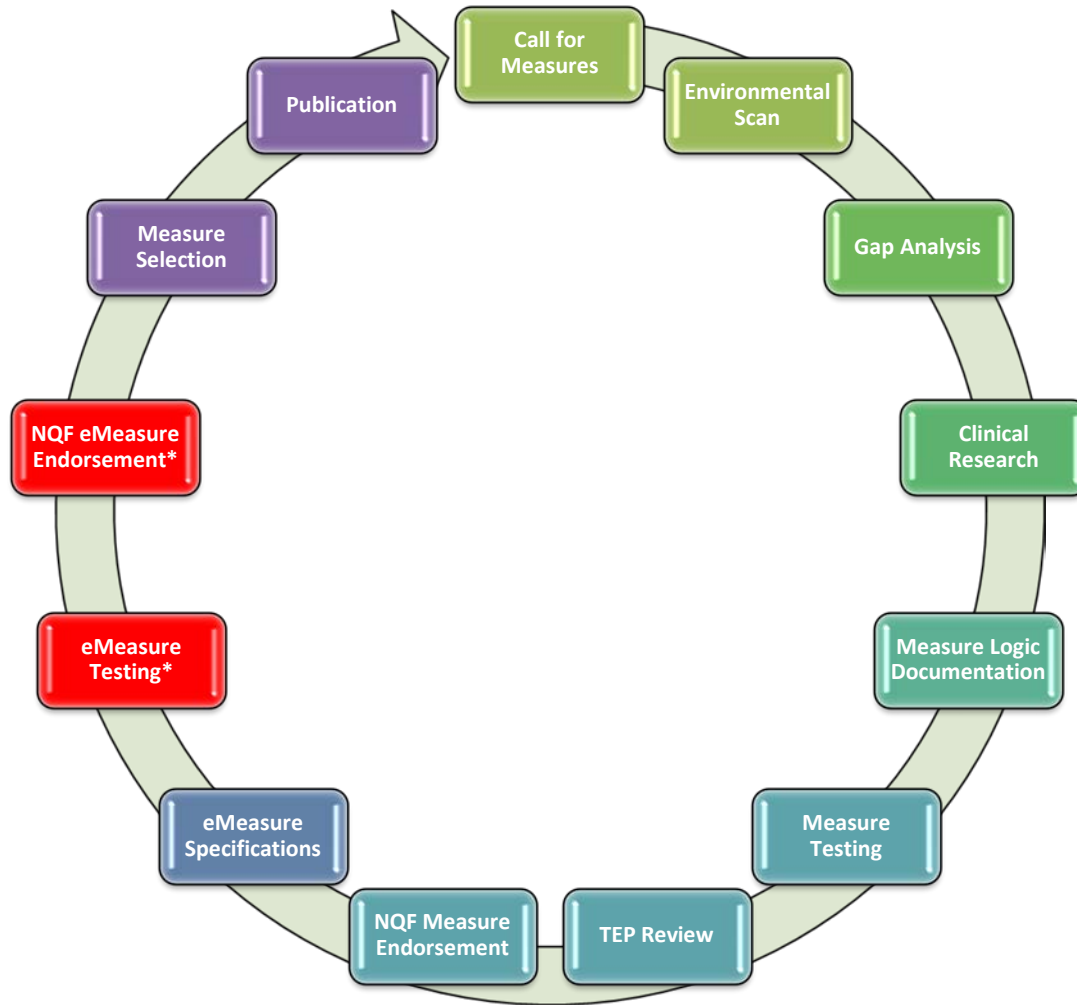
CQM Types

- **Access:** Attainment of timely and appropriate health care.
- **Efficiency:** Cost of care associated with a specified level of quality of care
- **Outcome:** A resulting particular state of health, e.g., controlled diabetes
- **Process:** Actions which increase the probability of achieving a desired outcome, e.g., controlling blood pressure reduces stroke
- **Resource use:** Comparable measures of health services counts (in terms of units or dollars) applied to a population or event
- **Structural:** Measure that focuses on a feature of a health care organization or clinician relevant to its capacity to provide health care
- **Patient Experience:** Patient report concerning observations of and participation in health care

What is a Measure Specification

- **The logic required to calculate the quality measure**
- **Contains**
 - The population criteria and measure logic for the numerator, denominator and exclusion categories.
 - The algorithm used to calculate performance.
- **Format:**
 - Typically human readable PDF with narrative concepts and measure logic
 - Excel spreadsheet with codes
- **An electronic specification (or e-measure) is a means to report clinical quality measures (CQMs) from an electronic health record (EHR)**
 - Includes the data elements, logic and definitions for that measure in a format that can be captured or stored in the EHR so that the data can be sent or shared electronically with other entities in a structured, standardized format, and unaltered.

Measure Development Process



MITRE depiction of combined CMS Blueprint v8 and NQF processes
* Developing industry standard

Measure Evolution



AHRQ Database Review Summary

■ Methodology for AHRQ Search:

- 10 discrete searches done for each domain
- Summary results reviewed for most valuable search criteria
- NQF endorsed measures removed
- Most relevant results shown on summary slides
- Notes provided on results that were omitted



AHRQ – Criteria for Measure Inclusion

- For information on the AHRQ criteria for measure inclusion, please visit:

<http://www.qualitymeasures.ahrq.gov/about/inclusion-criteria.aspx>