Behavioral Health eMeasures Drug Use/Prescription Drug Misuse Phase II Meeting 1

Technical Expert Panel ● July 23, 2012

Health in the 21st Century

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Agenda

- **Introduction (5 minutes)**
  - **Welcome and Roll Call**
  - **Review project schedule**
- **Goals, Outcomes, and Context**
  - **Project Goals and Outcomes (5 minutes)**
    - **Review work to date**
- **Today's Domain Discussion**
  - **Drug Use/Prescription Drug Misuse (60 minutes)**
    - **Review new goal and tasks**
- **Next Steps and Questions (5 minutes)**

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Roll Call

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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**

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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

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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)

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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

Bold = Lead
(#) = High Priority Measures

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

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TEP PHASE II MEETING SCHEDULE and TOPICS

TEP Meeting Number	TEP PHASE II	
15	7/16 3-4:30pm Eastern	Depression – Week 1
16	7/23 3-4:30pm Eastern	Drug Use/PCM – Week 1
17	7/30 3-4:30pm Eastern	Depression – Week 2
18	8/6 3-4:30pm Eastern	Drug Use/PCM – Week 2
NEW	**8/9 All day event**	**In-Person and Webinar**
19	8/13 3-4:30pm Eastern	Depression – Week 3 *if needed
20	8/20 3-4:30pm Eastern	Drug Use/PCM – Week 3 *if needed
21	8/27 3-4:30pm Eastern	Depression – Week 4 *if needed
22	9/3 3-4:30pm Eastern	Drug Use/PCM – Week 4 *if needed
23	9/10 3-4:30pm Eastern	Depression – Week 5 *if needed
24	9/17 3-4:30pm Eastern	Drug Use/PCM – Week 5 *if needed

Goals and Outcomes

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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)

U.S. Department of **Health & Human Services**

Connecting America for Better Health

The Office of the National Coordinator for Health Information Technology

Substance Abuse and Mental Health Services Administration

SAMHSA

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Project Phase 2 – Outcomes

TEP Phase I

- **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)**

TEP Phase II

- **Research Drug Use/ Prescription Drug Misuse (DU/PDM) Clinical Evidence (Meeting 4 and beyond)**
  - **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 and beyond)**
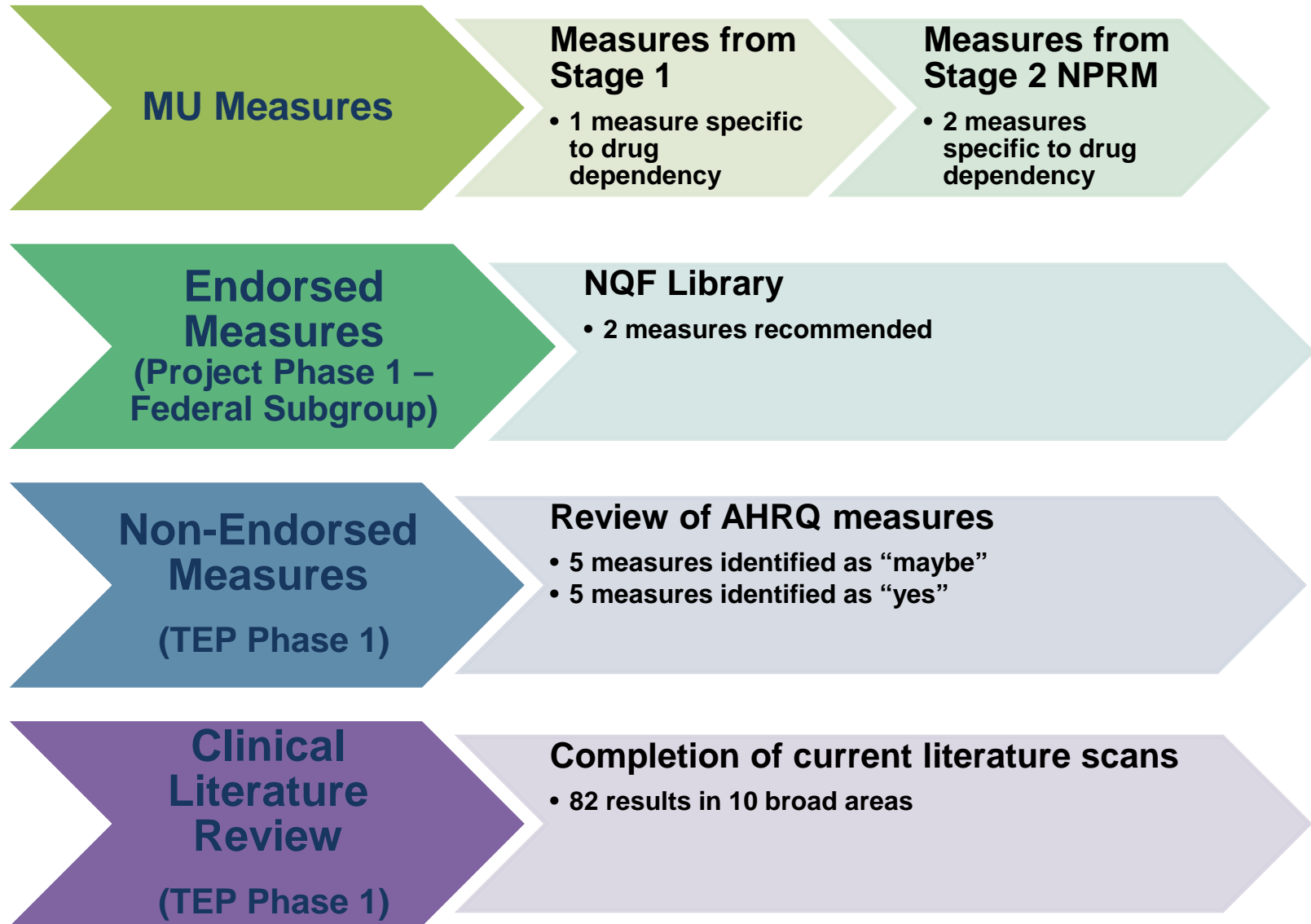
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Technical Expert Panel (TEP) Schedule

Summary of Work To Date

MU Measures

Measures from Stage 1
- 1 measure specific to drug dependency

Measures from Stage 2 NPRM
- 2 measures specific to drug dependency

Endorsed Measures
(Project Phase 1 – Federal Subgroup)

NQF Library
- 2 measures recommended

Non-Endorsed Measures

(TEP Phase 1)

Review of AHRQ measures
- 5 measures identified as "maybe"
- 5 measures identified as "yes"

Clinical Literature Review

(TEP Phase 1)

Completion of current literature scans
- 82 results in 10 broad areas

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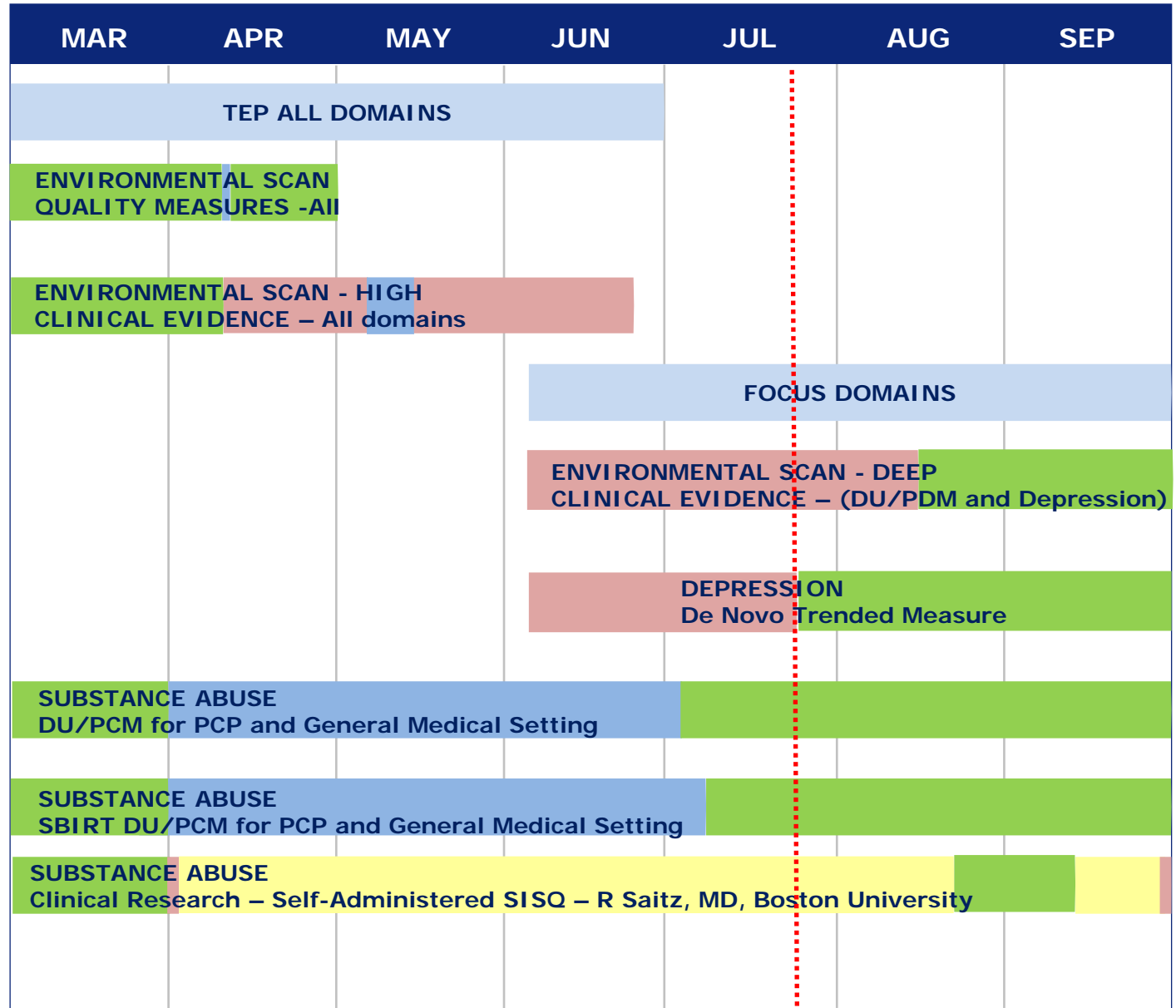
Today's Domain Discussions

Drug Use/Prescription Drug Misuse

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Review of TEP Domain success metrics

Fund Clinical Research for Self-Administered SISQ

Finalize recommendations and priority next steps for Additional measures

Document clinical evidence to support NQF-endorsement of:
- **effective DU/PDM care approaches**
- **effective SBIRT DU/PDM care approach**

Complete environmental/literature scan and identify evidence base gaps

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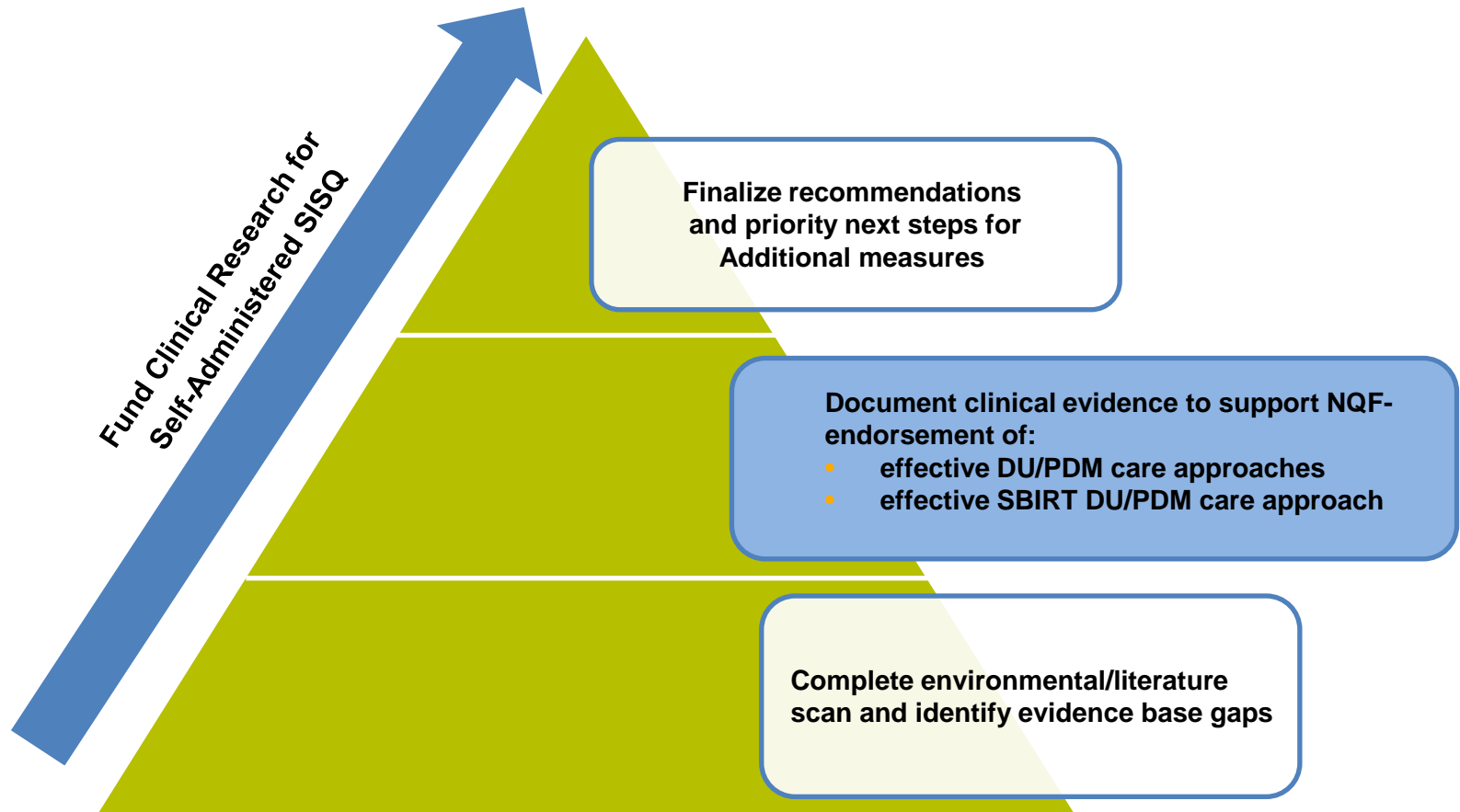
Phase II Overview and Goals

- **Phase II Goals:**
  - Review evidence and develop recommendations regarding clinical decision making steps for primary care and general medical setting based DU/PDM screening and follow up
    - SBI - General Screening and Brief Intervention
    - SBIRT – Screening, Brief Intervention, Referral to Treatment
  - Document and review clinical evidence to support NQF-endorsement of:
    - effective DU/PDM care approaches
    - effective SBIRT DU/PDM care approach
  - Review environmental scan of data sources that could be mined to generate data to support the development of clinical quality measures for DU/PDM and recommend mining approach.
  - Develop an inventory of DU/PDM evidence based clinician tools, e.g. clinical instruments, protocols, guidelines etc. that have been developed for use in primary care and general medical setting

Phase II Tasks and Outcomes

- **Task 1 – Orientation and Overview of Phase II work**
- **Task 2 –**
  - **Develop an inventory of DU/PDM evidence based clinician tools, e.g. clinical instruments, protocols, guidelines etc. that have been developed for use in primary care and general medical settings.**
  - **Convene the technical expert panel for a one day meeting to develop consensus recommendations on clinical decision making steps for primary care and general medical setting based screening and follow up for DU/PDM.**
    - **These efforts should build off of the work that is currently being done by NIDA in developing clinical decision support for the DU/PDM for the electronic health record.**
- **Task 3 - Recommendations**

Background

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Data Mining

Secondary Analysis of data collected by other researchers

- **Important Considerations**
  - **Trusted source**
  - **Documentation of research methodology**
  - **Recognition of data age and intervening influences**

Clinical Decision Support Tools

- **Instruments**
  - **Validated Questionnaires**
  - **Copyright consideration**
- **Guidelines**
  - **A document with the aim of guiding decisions and criteria regarding diagnosis, management, and treatment in specific areas of healthcare**
- **Protocols**
  - **Approved set of guidelines for operational execution**

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SBIRT

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

- **Home: http://www.samhsa.gov/prevention/SBIRT/index.aspx**

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Discussion

Research for Drug Use/Prescription Drug Misuse

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Discussion Questions for Today's TEP

- **What literature search questions will support the focus goals?**

- **What background would support best outcome at the in-person TEP meeting?**
  - **e.g., SBIRT model**
  - **e.g., Data Mining Methodologies**

- **What sources of clinical protocols, guidelines and instruments have been successfully used in the past?**

Preparation for Next Discussion

- **TEP members**
  - Prepare for in-person TEP
  - Respond to survey request for acceptances and accommodations
- **MITRE Team**
  - Perform environmental scans
  - Prepare summary analysis
  - Prepare in-person TEP sub-agendas

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Next Steps/Questions

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Next Steps and Questions

- **Weekly Workshops**
  - **Wednesdays at 3pm-4pm**
    - **THIS WEEK, 8/25, available to discuss logistics (airfare/train, hotel, reimbursement) for in-person TEP meeting on August 9th**
      - If you have administrative support staff that you would like to have participate, we are happy to talk with them.

- **Next TEP Meeting**
  - **TENTATIVE 7/30 3-4:30 Depression**

- **Questions?**

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Addenda

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AHRQ results

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Domain: Substance Use (Keyword: Alcohol Abuse) – Environmental Scan

Search Criteria: Alcohol Abuse and Ambulatory Setting

- **36 results initially identified**
  - 18 removed (NQF endorsed)
- **Final pool = 18 results for review**

Full List of Original Results*
(*includes NQF endorsed measures)

Click Here

Search Criteria: Alcohol Abuse and Hospitals Setting

- **15 results initially identified**
  - 4 removed (NQF endorsed)
- **Final pool =   11 results for review**

Full List of Original Results*
(*includes NQF endorsed measures)

Click Here

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Domain: Substance Use (Keyword: Alcohol Abuse, Ambulatory) – Top Results

	Measure Review (M= Maybe, X=No, Y = yes)	Prioritized Result Summary
1	**[M]**	**Behavioral health: percent of patients screened for alcohol misuse with AUDIT-C who meet or exceed a threshold score of 5 who have timely brief alcohol counseling.** 2010 Oct. NQMC:006015 Veterans Health Administration - Federal Government Agency [U.S.].
2	**[Y]**	**Preventive care and screening: percentage of patients aged 18 years and older who were screened for unhealthy alcohol use at least once during the two-year measurement period using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.** 2008 Sep. NQMC:004458 Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration.
3	**[M]**	**Preventive care and screening: percentage of patients aged 18 years and older who were screened for unhealthy alcohol use at least once during the two-year measurement period using a systematic screening method.** 2008 Sep. NQMC:004463 Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration.
4	**[M]**	**Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period.** 2008 Jul. NQMC:004007 American Psychiatric Association - Medical Specialty Society; National Committee for Quality Assurance - Health Care Accreditation Organization; Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration.

Domain: Substance Use (Keyword: Alcohol Abuse, Hospitals) – Top Results

	Measure Review (M= Maybe, X=No, Y = yes)	Prioritized Result Summary
1	**[M]**	**Behavioral health: percent of patients screened for alcohol misuse with AUDIT-C who meet or exceed a threshold score of 5 who have timely brief alcohol counseling.** 2010 Oct. NQMC:006015 Veterans Health Administration - Federal Government Agency [U.S.].
2	**[X]**	**Behavioral health: percent of eligible patients screened annually for alcohol misuse with AUDIT-C.** 2010 Oct. NQMC:006014 Veterans Health Administration - Federal Government Agency [U.S.].

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Domain: Substance Use (Keyword: Substance Abuse) – Environmental Scan

Search Criteria: Substance Abuse and Ambulatory

- **45 results initially identified**
  - 13 removed (NQF endorsed)
- **Final pool = 32 results for review**

Full List of Original Results*
(*includes NQF endorsed measures)

Click Here

Search Criteria: Substance Abuse and Hospitals

- **29 results initially identified**
  - 6 removed (NQF endorsed)
- **Final pool = 19 results for review**

Full List of Original Results*
(*includes NQF endorsed measures)

Click Here

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Domain: Substance Use (Keyword: Substance Abuse, Ambulatory) – Top Results

	Measure Review (M= Maybe, X=No, Y = yes)	Prioritized Result Summary
1	[X]	**Mental health/substance abuse: mean of patients' change scores on the "Substance Abuse" subscale of the BASIS-24® survey.** 2004 Oct. NQMC:002660Eisen, Susan V., PhD - Independent Author(s).
2	[X]	**Mental health/substance abuse: mean of patients' overall change scores on the BASIS-24® survey.** 2004 Oct. NQMC:002656Eisen, Susan V., PhD - Independent Author(s).
3	[X]	**Mental health/substance abuse: mean of patients' change scores on the "Depression/Functioning" subscale of the BASIS-24® survey.** 2004 Oct. NQMC:002657 Eisen, Susan V., PhD - Independent Author(s).
4	[M]	**Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period.** 2008 Jul. NQMC:004007American Psychiatric Association - Medical Specialty Society; National Committee for Quality Assurance - Health Care Accreditation Organization; Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration.
5	[Y]	**Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12 month reporting period.** 2008 Jul. NQMC:004006 American Psychiatric Association - Medical Specialty Society; National Committee for Quality Assurance - Health Care Accreditation Organization; Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration.
6	[Y]	**Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period.** 2008 Jul. NQMC:004208 American Psychiatric Association - Medical Specialty Society; National Committee for Quality Assurance - Health Care Accreditation Organization; Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration.

Domain: Substance Use (Keyword: Substance Abuse, Hospitals) – Top Results

	Measure Review (M= Maybe, X=No, Y = yes)	Prioritized Result Summary
1	[Y]	**Hospital-based inpatient psychiatric services: the percentage of patients admitted to a hospital-based inpatient psychiatric setting who are screened within the first three days of admission for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths.** 2010 Dec. **[NQMC Update Pending]** NQMC:006322 The Joint Commission - Health Care Accreditation Organization.
2	[X]	**Mental health/substance abuse: mean of patients' change scores on the "Substance Abuse" subscale of the BASIS-24® survey.** 2004 Oct. NQMC:002660 Eisen, Susan V., PhD - Independent Author(s).
3	[X]	**Mental health/substance abuse: mean of patients' overall change scores on the BASIS-24® survey.** 2004 Oct. NQMC:002656 Eisen, Susan V., PhD - Independent Author(s).
4	[X]	**Mental health/substance abuse: mean of patients' change scores on the "Depression/Functioning" subscale of the BASIS-24® survey.** 2004 Oct. NQMC:002657 Eisen, Susan V., PhD - Independent Author(s).

Domain: Substance Use (Keyword: Prescription Drug Misuse) – Environmental Scan

Search Criteria: Prescription Drug Misuse

- **6 results initially identified**
  - **5 removed (NQF endorsed)**
- **Final pool =   1 result for review**

Full List of Original Results*
(*includes NQF endorsed measures)

Click Here

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Domain: Substance Use (Keyword: Prescription Drug Misuse) – Top Result

Measure Review (M= Maybe, X=No, Y = yes)	Prioritized Result Summary
1 Y	**Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period.** 2008 Jul. NQMC:004208 American Psychiatric Association - Medical Specialty Society; National Committee for Quality Assurance - Health Care Accreditation Organization; Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration.

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Substance Use (Alcohol and Drugs) and Meaningful Use

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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

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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

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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

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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

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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.

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eMeasure Titles and Descriptions (cont.)

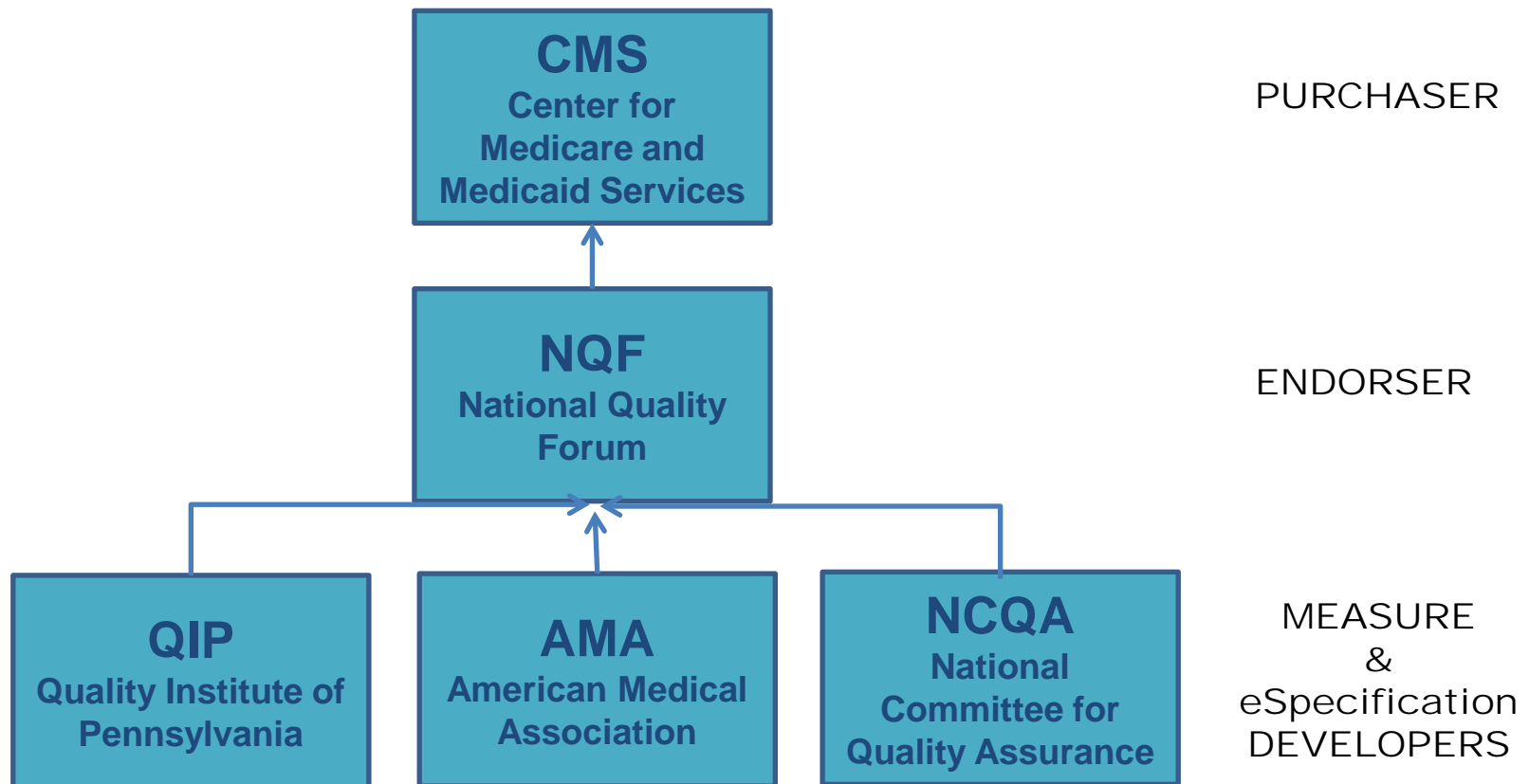| NQF	Title	Description
1401 NCQA	Maternal Depression Screening	The percentage of children who turned 6 months of age during the measurement year who had documentation of a maternal depression screening for the mother.
1406 NCQA	Risky Behavior Assessment or Counseling by Age 13	Percentage of children 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.

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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

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CQM Marketplace: Meaningful Use Stage 1 Example

CMS Center for Medicare and Medicaid Services — PURCHASER

NQF National Quality Forum — ENDORSER

QIP Quality Institute of Pennsylvania

AMA American Medical Association

NCQA National Committee for Quality Assurance

MEASURE & eSpecification DEVELOPERS

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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**

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Quality Measure Overview

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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)

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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
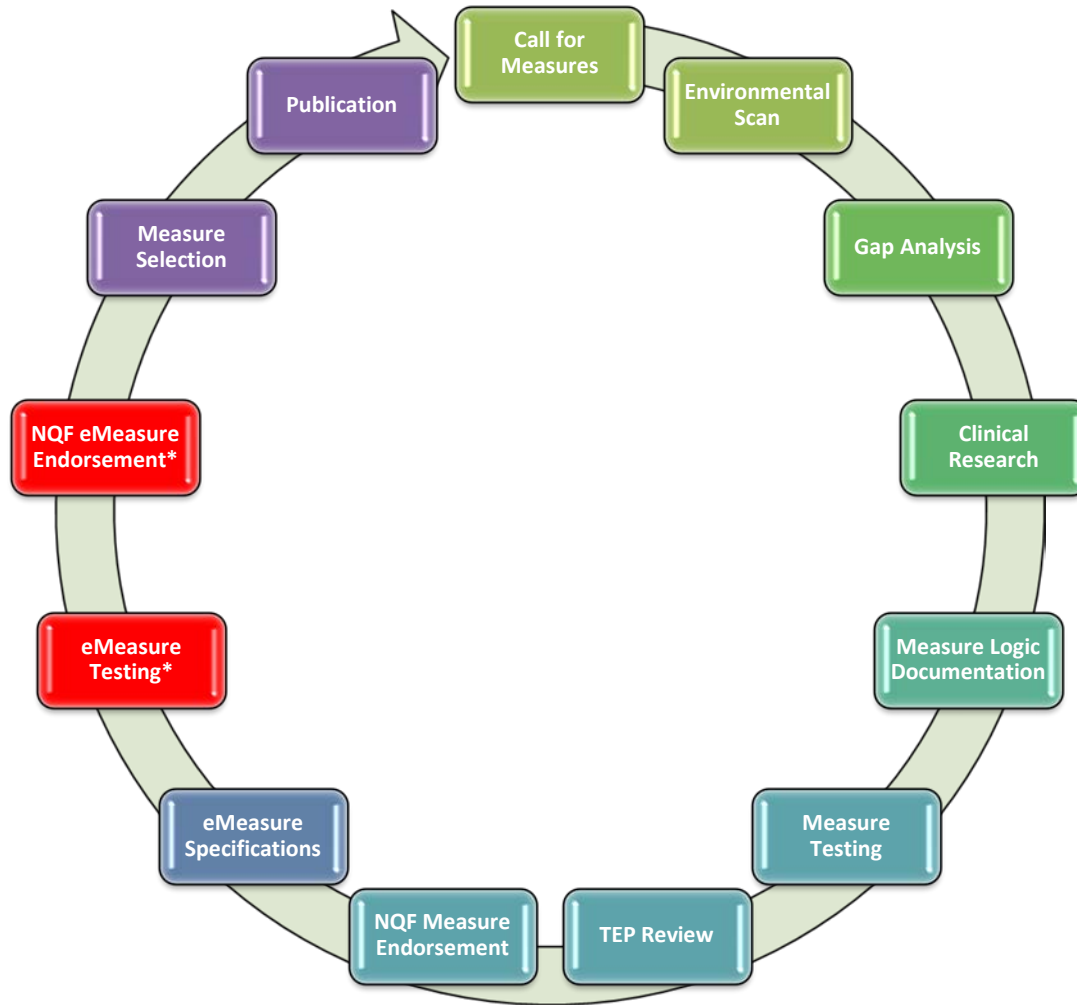
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CQM Types

- **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

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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.**

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Measure Development Process

Call for Measures

Environmental Scan

Gap Analysis

Clinical Research

Measure Logic Documentation

Measure Testing

TEP Review

NQF Measure Endorsement

eMeasure Specifications

eMeasure Testing*

NQF eMeasure Endorsement*

Measure Selection

Publication

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

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Measure Evolution

Clinical Process:
"Give Diabetics
Insulin"

Clinical Research:
"Diabetes respond
positively to
insulin"

Clinical Quality Measure:
All diabetic patients seen
during the reporting
period are prescribed
insulin

eSpecification:
Xml format of
Quality Measure

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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**

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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

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Meaningful Use EHR Incentive Program Highlights

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# 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"

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Meaningful Use: Meeting the Needs of Today and Tomorrow
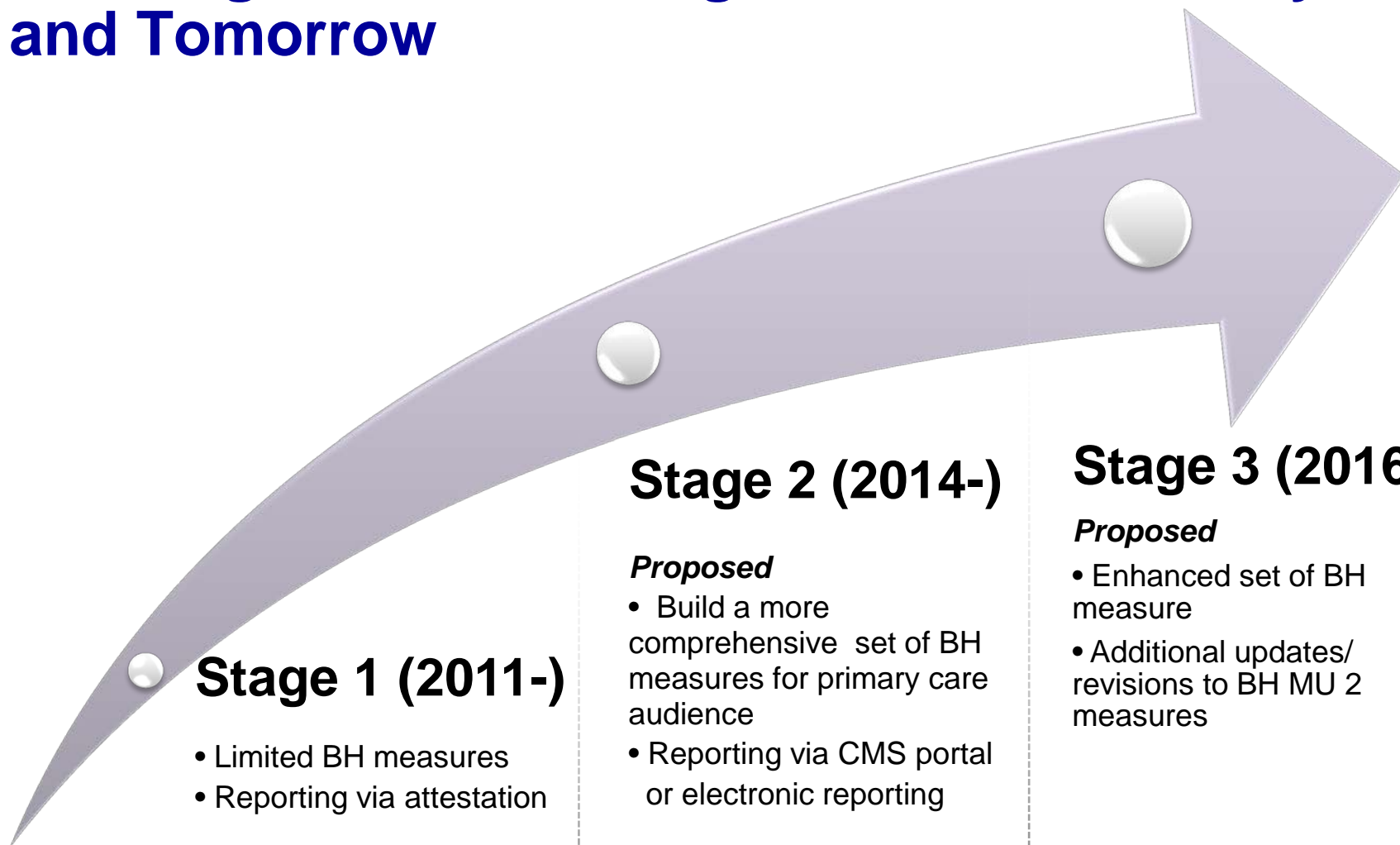
Stage 1 (2011-)

- Limited BH measures
- Reporting via attestation

Stage 2 (2014-)

Proposed

- Build a more comprehensive set of BH measures for primary care audience
- Reporting via CMS portal or electronic reporting

NPRM: February 2012
Final Rule: Summer 2012

Stage 3 (2016-)

Proposed

- Enhanced set of BH measure
- Additional updates/ revisions to BH MU 2 measures

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

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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.

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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**

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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

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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

* Summary provided by The Cloudburst Group

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