Behavioral Health eMeasures Suicide/Trauma Meeting 2

Technical Expert Panel • May 14, 2012

Health in the 21st Century

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Agenda

- Welcome (10 minutes)
  - Roll Call and Introductions – Private Sector/Federal Staff
  - Review overall meeting schedule
- Goals, Outcomes, and Timeline (5 minutes)
- Today's Domain Discussions (50 minutes) – Trauma/Suicide
- Next Steps and Questions (10 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
Mady	Chalk	Treatment Research Institute (TRI)
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)

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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
Harold	Pincus	Columbia University
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

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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

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

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FULL MEETING SCHEDULE and TOPICS

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 **TUESDAY**	Autism – Meeting 2
8	5/29 3-4:30pm Eastern **TUESDAY**	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	6/18 3-4:30pm Eastern **NOTE: Date may be moved to 6/19*	Autism – Meeting 3

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FOCUS MEETING SCHEDULE and TOPICS

WEEK #	MEETING DAYS	TOPIC
12	6/25 3-4:30pm Eastern	Depression - Meeting 3
13	7/2 3-4:30pm Eastern	Drugs/Alcohol–Meeting 3
14	7/9 3-4:30pm Eastern	Depression
15	7/16 3-4:30pm Eastern	Drugs/Prescription Drug Misuse
16	7/23 3-4:30pm Eastern	Depression
17	7/30 3-4:30pm Eastern	Drugs/Prescription Drug Misuse
18	8/6 3-4:30pm Eastern	Depression
19	8/13 3-4:30pm Eastern	Drugs/Prescription Drug Misuse
20	8/20 3-4:30pm Eastern	Depression
21	8/27 3-4:30pm Eastern	Drugs/Prescription Drug Misuse
22	9/3 3-4:30pm Eastern	Depression
23	9/10 3-4:30pm Eastern	Drugs/Prescription Drug Misuse
24	9/17 3-4:30pm Eastern	Depression
25	9/24 3-4:30pm Eastern	Drugs/Prescription Drug Misuse

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Goals and Outcomes

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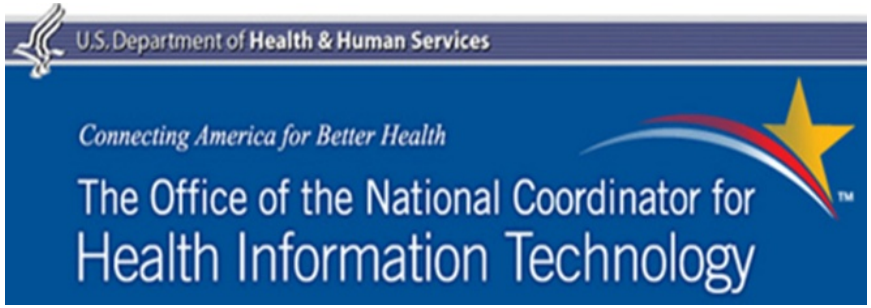
Project Goal

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)



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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)**

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Technical Expert Panel (TEP) Schedule

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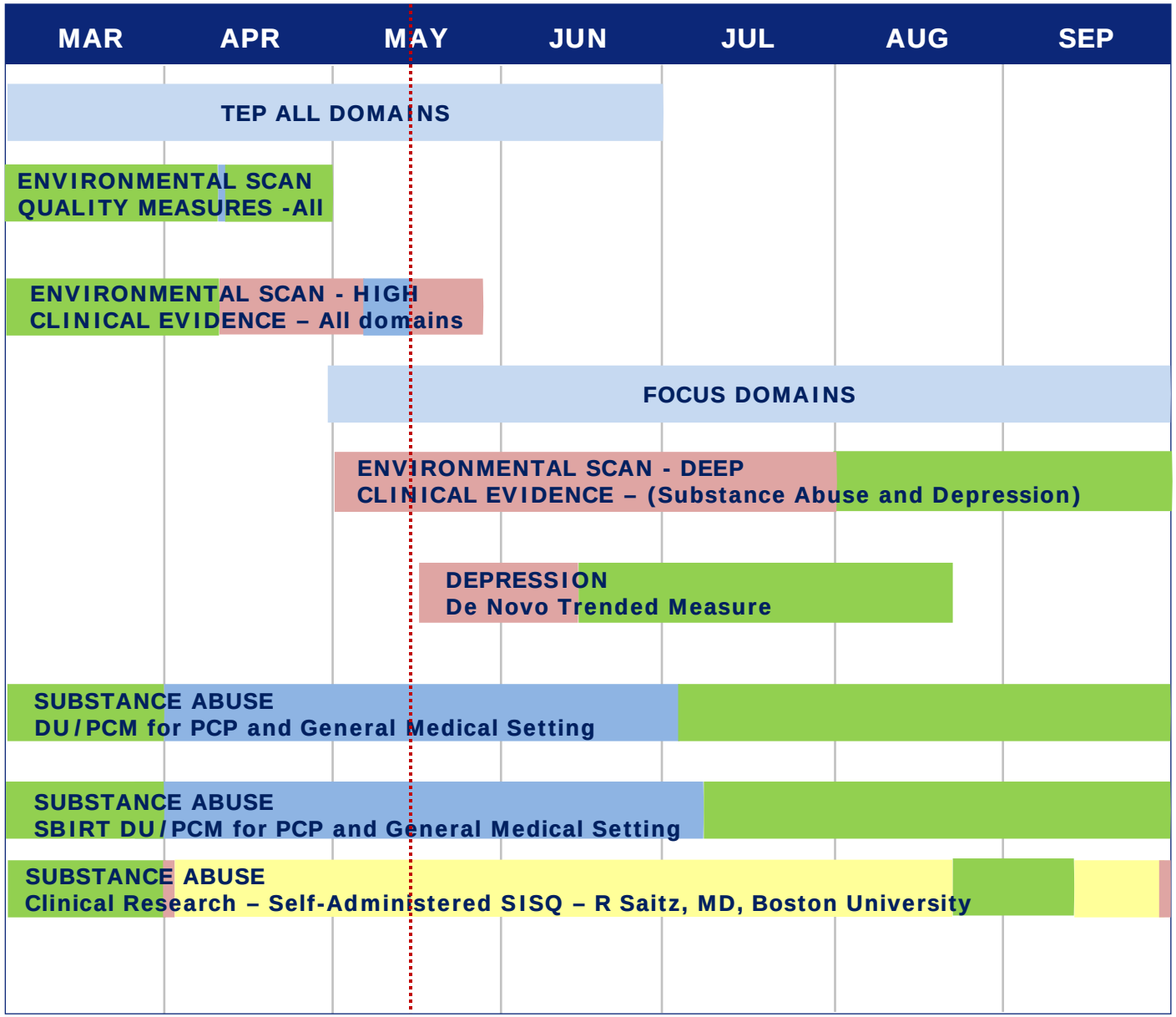
TEP

Subcontractor: Literature Search

Subcontractor: R. Saitz, MD



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Today's Domain Discussions

Trauma/Suicide

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What is success for this group?

- **Trauma Domain**
  - **Identify the state of evidence to support trauma screening in the PC setting and the state of available clinical quality measures related to trauma**
  - **Determine whether there is clear research and data to support the development of a CQM for Trauma**
  - **Determine priority next steps for measure development in this domain**
- **Suicide Domain**
  - **Identify what other populations (outside of Major Depression and Bipolar) are at risk for suicide and should be screened and the state of the evidence around these populations**
  - **Determine what follow-up/intervention should be included in the response to screening and what structural issues (e.g. chain of command for follow-up) should be addressed with quality measures**
  - **Determine priority next steps for measure development in this domain**

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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***

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Review AHRQ Homework

Trauma/Suicide

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Today's Discussion – Trauma Domain

- **Discussion Questions**
  1. **Are there questions about any of the AHRQ results?**
  2. **Can we eliminate any of the results from consideration?**
  3. **Are there any measures in the AHRQ database that the TEP would like to take forward for recommendation for consideration?**
- **Additional consideration:**
  - **Numerous results on Family Violence, how or does this impact the development of measure recommendations for this domain?**

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Domain: Trauma (Trauma Screening) – Environmental Scan

Search Criteria: Trauma Screening

- **19 results initially identified**
  - 5 removed (NQF endorsed)
- **Final pool = 14 results for review**

Full List of Original Results*

(*includes NQF endorsed measures)

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Domain: Trauma Screening – Top Results

	Measure Review (M= maybe, X=No, Y = yes)	Prioritized Result Summary
1	M	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		Behavioral health: percent of eligible patients screened at required intervals for PTSD. 2010 Oct. NQMC:006012 Veterans Health Administration - Federal Government Agency [U.S.]
3		Post-traumatic stress disorder (PTSD): percent of Veterans screened positive for PTSD symptoms with the PC-PTSD with disposition. 2010 Oct. NQMC:006055 Veterans Health Administration - Federal Government Agency [U.S.]
4	Y	Post traumatic stress disorder (PTSD): percent of patients screened positive for PTSD symptoms with the PC-PTSD with timely disposition. 2010 Oct. NQMC:006054 Veterans Health Administration - Federal Government Agency [U.S.]
5	Y	Post-traumatic stress disorder (PTSD): percent of eligible patients screened at required intervals for PTSD and, if positive PC-PTSD result, who have suicide risk evaluation completed within 24 hours. 2010 Oct. NQMC:006052 Veterans Health Administration - Federal Government Agency [U.S.]

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Domain: Trauma (PTSD) – Environmental Scan

Search Criteria: Post Traumatic Stress Disorder and Ambulatory

- 15 results initially identified
  - 0 removed (NQF endorsed)
- Final pool = 15 results for review

Full List of Original Results*

(*includes NQF endorsed measures)

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Domain: Trauma (PTSD) – Top Results

	Measure Review (M= maybe, X=No, Y = yes)	Prioritized Result Summary
1	☐	**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.** 2010 Oct. NQMC:006013 Veterans Health Administration - Federal Government Agency
2	☐	**Domestic violence: percent of adult and adolescent patients assessed who disclosed that they were victims of abuse.** 2004 Feb. NQMC:001435 Family Violence Prevention Fund - Nonprofit Organization
3	☐	**Domestic violence: percent of adult and adolescent patients seen by a provider who were assessed for intimate partner violence (IPV) during the last year.** 2004 Feb. NQMC:001434 Family Violence Prevention Fund - Nonprofit Organization
4	☐	**Domestic violence: percent of adult and adolescent patients who screened negative for current or past intimate partner violence (IPV) but whom the provider is still concerned may be a victim of IPV who were offered information about IPV and referrals.** 2004 Feb. NQMC:001736 Family Violence Prevention Fund - Nonprofit Organization
5	☐	**Domestic violence: percent of adult and adolescent patients who screened negative for current or past intimate partner violence (IPV) but whom the provider is still concerned may be a victim of IPV whose records include prompts for specific follow-up questions about IPV to occur at the patient's next visit.** 2004 Feb. NQMC:001737 Family Violence Prevention Fund - Nonprofit Organization
6	☒	**Domestic violence: percent of adult and adolescent patients who screened positive for current or past intimate partner violence (IPV) and who answered yes to initial danger assessment questions for whom records indicate that a suicide and homicide assessment was conducted.** 2004 Feb. NQMC:001734 Family Violence Prevention Fund - Nonprofit Organization

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Domain: Trauma (PTSD) – Top Results Cont.

	Measure Review (M= maybe, X=No, Y = yes)	Prioritized Result Summary
7	☐	**Domestic violence: percent of adult and adolescent patients who screened positive for current or past intimate partner violence (IPV) for whom records indicate that specified assessments were conducted.** 2004 Feb. NQMC:001733 Family Violence Prevention Fund - Nonprofit Organization
8	☐	**Domestic violence: percent of adult and adolescent patients who screened positive for current or past intimate partner violence (IPV) for whom records indicate that specified intervention and treatment plans were offered.** 2004 Feb. NQMC:001735 Family Violence Prevention Fund - Nonprofit Organization
9	☐	**Domestic violence: percent of providers of health care services to adult and adolescent patients in the clinical setting who documented that they complied with assessment protocols.** 2004 Feb. NQMC:001436 Family Violence Prevention Fund - Nonprofit Organization

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Domain: Trauma (Adverse Childhood Experiences) – Environmental Scan

Search Criteria: Adverse Childhood Experiences

- 9 results initially identified
  - 0 removed (NQF endorsed)
- Final pool = 9 results for review

Full List of Original Results*

(*includes NQF endorsed measures)

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Domain: Trauma (Adverse Childhood Experience) – Top Results

	Measure Review (M= maybe, X=No, Y = yes)	Prioritized Result Summary
1	☐	**Domestic violence: percent of adult and adolescent patients assessed who disclosed that they were victims of abuse.** 2004 Feb. NQMC:001435 Family Violence Prevention Fund - Nonprofit Organization
2	☐	**Domestic violence: percent of adult and adolescent patients seen by a provider who were assessed for intimate partner violence (IPV) during the last year.** 2004 Feb. NQMC:001434 Family Violence Prevention Fund - Nonprofit Organization
3	☐	**Domestic violence: percent of adult and adolescent patients who screened negative for current or past intimate partner violence (IPV) but whom the provider is still concerned may be a victim of IPV who were offered information about IPV and referrals.** 2004 Feb. NQMC:001736 Family Violence Prevention Fund - Nonprofit Organization
4	☐	**Domestic violence: percent of adult and adolescent patients who screened negative for current or past intimate partner violence (IPV) but whom the provider is still concerned may be a victim of IPV whose records include prompts for specific follow-up questions about IPV to occur at the patient's next visit.** 2004 Feb. NQMC:001737 Family Violence Prevention Fund - Nonprofit Organization
5	☒ Y	**Domestic violence: percent of adult and adolescent patients who screened positive for current or past intimate partner violence (IPV) and who answered yes to initial danger assessment questions for whom records indicate that a suicide and homicide assessment was conducted.** 2004 Feb. NQMC:001734 Family Violence Prevention Fund - Nonprofit Organization
6	☐	**Domestic violence: percent of adult and adolescent patients who screened positive for current or past intimate partner violence (IPV) for whom records indicate that specified assessments were conducted.** 2004 Feb. NQMC:001733 Family Violence Prevention Fund - Nonprofit Organization

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Domain: Trauma (Adverse Childhood Experiences) – Top Results Cont.

	Measure Review (M= maybe, X=No, Y = yes)	Prioritized Result Summary
7	☐	Domestic violence: percent of adult and adolescent patients who screened positive for current or past intimate partner violence (IPV) for whom records indicate that specified intervention and treatment plans were offered. 2004 Feb. NQMC:001735 Family Violence Prevention Fund - Nonprofit Organization
8	☐	Domestic violence: percent of providers of health care services to adult and adolescent patients in the clinical setting who documented that they complied with assessment protocols. 2004 Feb. NQMC:001436 Family Violence Prevention Fund - Nonprofit Organization

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Today's Discussion – Suicide Domain

- **Discussion Questions**
  - **Are there questions about any of the AHRQ results?**
  - **Can we eliminate any of the results from consideration?**
  - **Are there any measures in the AHRQ database that the TEP would like to take forward for recommendation for consideration?**
- **Additional consideration:**
  - **How does the PHQ-9/PHQ-2 play into the recommendations for this domain? Is this screening specific enough for the PC setting?**
  - **TEP discussion on looking for measure that assesses presence of ideation or risk of acting**

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PHQ-9 and PHQ-2

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:_____ DATE:_____

Over the last 2 *weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
add columns		+	+	

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

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A2663B 10-04-2005

PRIME-MD PHQ (2 Question Screen)

Name _____ Date _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Yes	No
1.During the past month, have you often been bothered by feeling down, depressed, or hopeless?	☐	☐
2.During the past month, have you often been bothered by little interest or pleasure in doing things?	☐	☐

Whooley et al. (1997) compared the 2-question screen to the Quick Diagnostic Interview Schedule (QDIS-III) and reported a sensitivity and specificity of 96% and 57% respectively.
Whooley MA, Avins AL, Miranda J, Browner WS. Case finding instruments for depression. Two questions are as good as many. *Gen Intern Med.* 1997;12:439-45. From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams,

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Domain: Suicide (Suicide Risk Assessment) – Environmental Scan

Search Criteria: Suicide Risk Assessment and Ambulatory

- 30 results initially identified
  - 10 removed (NQF endorsed)
- Final pool = 20 results for review

Full List of Original Results*

(*includes NQF endorsed measures)

Click Here

Search Criteria: Suicide Risk Assessment and Hospital

- 12 results initially identified
  - 11 already shown on ambulatory scan
- Final pool = 1 results for review

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Domain: Suicide (Suicide Risk Assessment/Ambulatory) – Top Results

	Measure Review (M= maybe, X=No, Y = yes)	Prioritized Result Summary
1	☒	**Depression: the percentage of patients diagnosed with unipolar depression who receive an initial assessment that considers the risk of suicide.** 2007 Jan. NQMC:003492 STABLE Project National Coordinating Council - Clinical Specialty Collaboration
2	☐	**Post-traumatic stress disorder (PTSD): percent of eligible patients screened at required intervals for PTSD and, if positive PC-PTSD result, who have suicide risk evaluation completed within 24 hours.** 2010 Oct. NQMC:006052 Veterans Health Administration - Federal Government Agency [U.S.]
3	☐	**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.** 2010 Oct. NQMC:006053 Veterans Health Administration - Federal Government Agency [U.S.]
4	☐	**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.** 2010 Oct. NQMC:006013 Veterans Health Administration - Federal Government Agency [U.S.]
5	☐	**Domestic violence: percent of adult and adolescent patients who screened positive for current or past intimate partner violence (IPV) and who answered yes to initial danger assessment questions for whom records indicate that a suicide and homicide assessment was conducted.** 2004 Feb. NQMC:001734 Family Violence Prevention Fund - Nonprofit Organization
6	☐	**Child and adolescent major depressive disorder: percentage of patients aged 6 through 17 years with a diagnosis of major depressive disorder for whom an antidepressant medication was considered or prescribed during an episode of major depressive disorder.** 2008 Sep. NQMC:004440 Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

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Domain: Suicide (Suicide Risk Assessment/Hospitals) – Top Result

	Measure Review (M= maybe, X=No, Y = yes)	Prioritized Result Summary
1	M	**Schizophrenia: proportion of hospitalized patients assessed for suicide risk (documented in patient record) at discharge.** 2010 May. NQMC:005515 The Danish National Indicator Project - National Government Agency [Non-U.S.]

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Domain: Suicide (Suicide Screening) – Environmental Scan

Search Criteria: Suicide Screening and Ambulatory

- 26 results initially identified
  - 10 removed (NQF endorsed)
- Final pool = 16 results for review

Full List of Original Results*

(*includes NQF endorsed measures)

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Search Criteria: Suicide Risk Assessment and Hospital

- 12 results initially identified
  - 12 already shown on ambulatory scan
- Final pool = 0 results for review

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Domain: Suicide (Suicide Screening/Ambulatory) – Top Results

	Measure Review (M= maybe, X=No, Y = yes)	Prioritized Result Summary
1	☐	**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.** 2010 Oct. NQMC:006013 Veterans Health Administration - Federal Government Agency [U.S.]
2	☐	**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.** 2010 Oct. NQMC:006053 Veterans Health Administration - Federal Government Agency [U.S.]
3	☐	**Post-traumatic stress disorder (PTSD): percent of eligible patients screened at required intervals for PTSD and, if positive PC-PTSD result, who have suicide risk evaluation completed within 24 hours.** 2010 Oct. NQMC:006052 Veterans Health Administration - Federal Government Agency [U.S.]
4	☐	**Domestic violence: percent of adult and adolescent patients who screened positive for current or past intimate partner violence (IPV) and who answered yes to initial danger assessment questions for whom records indicate that a suicide and homicide assessment was conducted.** 2004 Feb. NQMC:001734 Family Violence Prevention Fund - Nonprofit Organization
5	☐	**Depression: the percentage of patients diagnosed with unipolar depression who receive an initial assessment that considers the risk of suicide.** 2007 Jan. NQMC:003492 STABLE Project National Coordinating Council - Clinical Specialty Collaboration

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Introduce The Cloudburst Group

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Clinical Literature Search

- Excited today to introduce The Cloudburst Group
  - Introductions
- Discussed in our first meeting that we would be engaging experts in clinical literature searches to support the TEPs
- Goal of engagement:
  - Complete targeted literature searches
  - Present output of this search to TEP
  - Collaborate on creation of final recommendations
- What will The Cloudburst Group need from TEP members?
  1. Help in forming the clinical literature search questions to target their work to priority areas in this domain
     - E.g., TEP insights into current research projects or principal investigators
  2. Feedback and interpretation of outcomes of search

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Develop Literature Search Questions

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Clinical Literature Search

- What questions do the TEP feel are most valuable for The Cloudburst Group to use to inform their literature search in the domain of Trauma?
- What questions do the TEP feel are most valuable for The Cloudburst Group to use to inform their literature search in the domain of Suicide?

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Next Steps/Questions

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Next Steps and Questions

- **Weekly Workshops**
  - **Wednesdays at 2pm-3pm**
- **Next Meeting of TEP (Topic: Autism- Meeting #2):**
  - **Tentative CHANGE IN DATE: Thursday, 5/24, 3-4:30pm Eastern**
- **Questions?**

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Addenda

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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.

(Continued)

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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.

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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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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)

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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 0421	Title: Adult Weight Screening and Follow-Up Description	Population/Public Health

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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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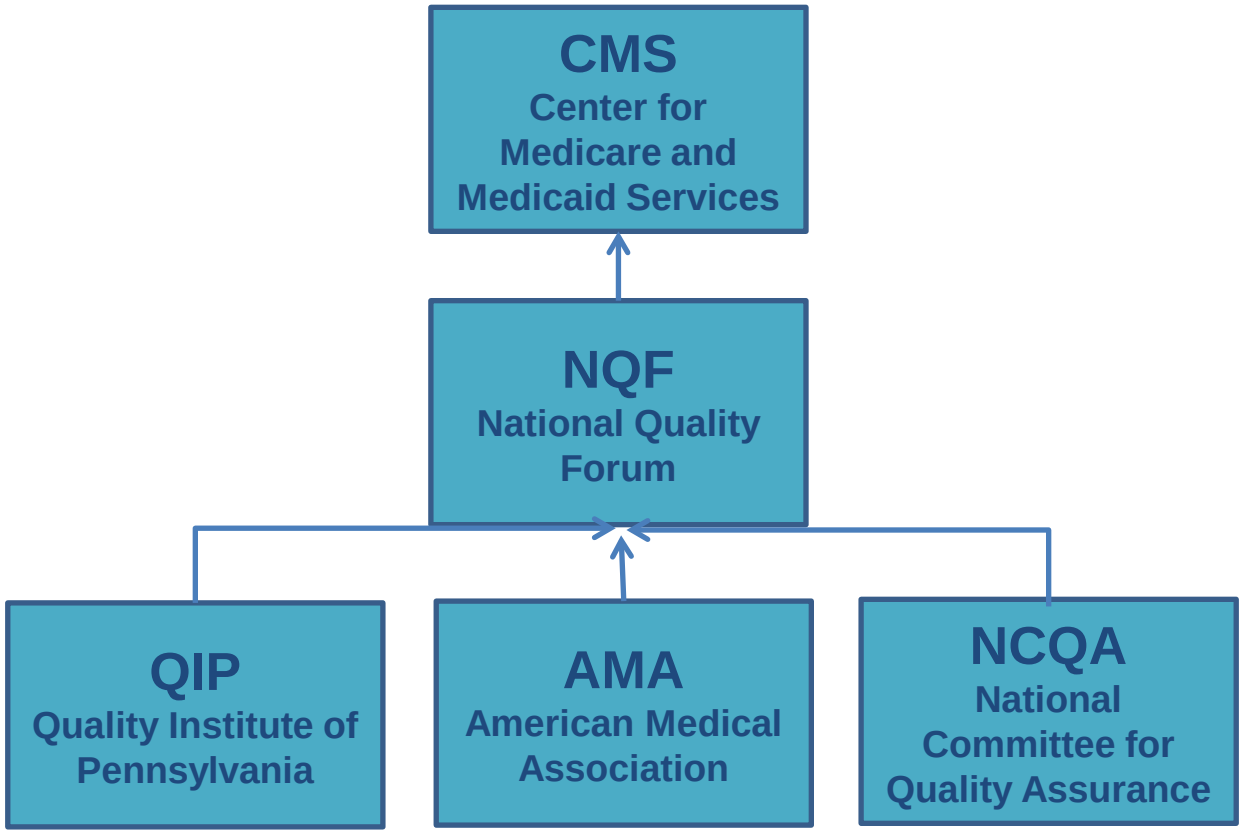
CQM Marketplace: Meaningful Use Stage 1 Example



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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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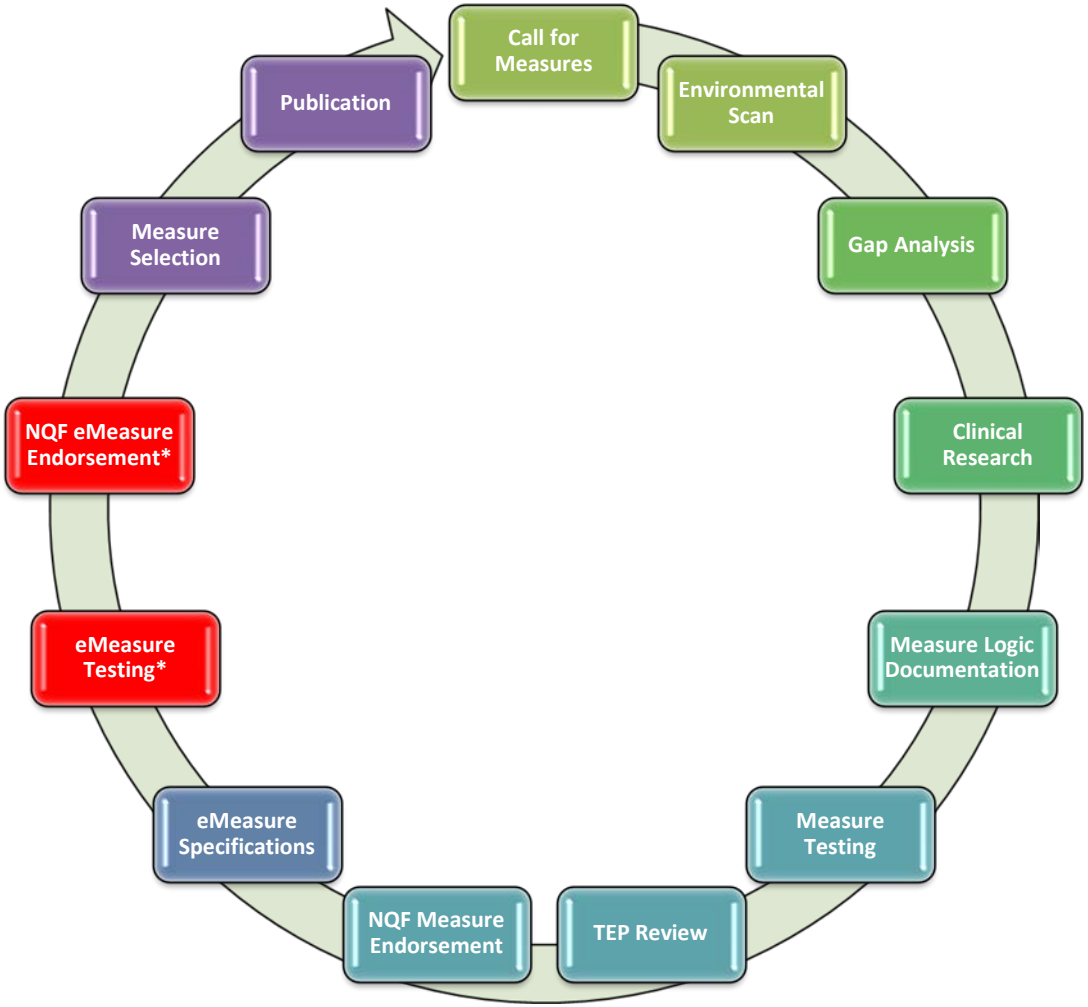
Measure Development Process



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

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Measure Evolution

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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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