NATIONAL QUALITY FORUM

Meeting Summary

Medicaid Innovation Accelerator Project 2016-2017 Coordinating Committee Post In-Person Web Meeting June 20, 2017| 1:00-3:00pm ET

The National Quality Forum (NQF) convened the members of the Coordinating Committee (CC) for a post in-person web meeting on June 20, 2017. The recording of the meeting are available using the following link: http://www.qualityforum.org/ProjectMaterials.aspx?projectID=83348

Coordinating Committee Members in Attendance

William Golden, MD, Co-Chair, Arkansas Medicaid and University of Arkansas	Sarita Mohanty, MD, MPH, MBA, Kaiser Permanente
Jennifer Moore, PhD, RN, Co-Chair Institute for Medicaid Innovation	MaryBeth Musumeci, JD, Kaiser Family Foundation
Sandra Finestone AA, BA, MA, PsyD, Association of Cancer Patient Educators	Michael Phelan, MD, JD, FACEP, RDMS, CQM, Cleveland Clinic
Allison Hamblin, MSPH, Center for Health Care Strategies, Inc.	Cheryl Powell, MPP, Truven Health Analytics
Maureen Hennessey, PhD, CPCC, Precision Advisors	Sheryl Ryan, MD, FAAP, Yale School of Medicine
David Kelley, MD, MPA, Pennsylvania Dept. of Human Services	Jeff Schiff, MD, MBA, Dept. of Human Services Minnesota
Deborah Kilstein, RN, MBA, JD, Association for Community Affiliated Plans	John Shaw, MEng, Next Wave
SreyRam Kuy, MD, MHS, FACS, Louisiana Dept. of Health	Susan Wallace, MSW, LSW, LeadingAge Ohio
Barbara McCann, BSW, MA, Interim HealthCare Inc.	Judy Zerzan, MD, MPH, Colorado Dept. of Health Care Policy and Financing

Decisions and/or Recommendations

Final Review and Recommendations of Program Area Measure Sets

The Coordinating Committee (CC) convened for a post in-person web meeting on June 20 to take a comprehensive look at the measure sets and make recommendations for future iterations. Several themes resonated across the four program areas, including the dearth of outcome measures, the lack of measures that address the social determinants of health (SDOH) and the lack of measures related to the pediatric, women and maternal care populations. The CC also discussed the need for measures that include screening for Adverse Childhood Experiences (ACEs) and trauma-informed care interventions in the SUD, PMH, and BCN program areas. Themes specific to the individual measure sets and recommendations for future iterations of the sets have been included below each program area heading.

Following the web meeting, NQF staff distributed a SurveyMonkey to ensure quorum during voting on measures recommended for inclusion across measure sets. The CC members voted via survey on the inclusion of additional measures to the Reducing Substance Use Disorders (SUD) and Supporting Physical and Mental Health Integration (PMH) program areas. The CC voted to include *Adult Access to Preventive/Ambulatory Care 20-44, 45-64, 65+* and *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)* in the SUD program area measure set. They also voted to include *Adult Access to Preventive/Ambulatory Care 20-44, 45-64, 65+* into the PMH measure set.

Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) Technical Expert Panel Measure Set Recommendations

Overall, the CC noted that there are significant gaps in the measurement field for individuals with complex care needs. The CC recommended that future measure sets include measures that promote health equity within the BCN population. Additionally, the CC noted that the measure set lacked measures that address patient and family engagement. They would like to see measures that determine the effect of patient activation in treatment outcomes as well as measures that capture family experience with care coordination. Additionally, although the CC appreciated the number of outcome measures in the measure set, they recommended the inclusion of outcome measures that assess general well- being, functional status, and role within the community.

There were no changes to the final recommended BCN Measure Set. The final set was included in the CC In-Person meeting summary submitted on June 22nd.

Reducing Substance Use Disorders (SUD) Technical Expert Panel Measure Set Recommendations

During discussion of the SUD measure set, the CC discussed barriers to Medication Assisted Treatment (MAT) including carve-out laws that may exclude SUD treatment and the lack of providers who are able to provide MAT. The CC also discussed the dearth of measures that address prevention of chronic use or prevention of addiction. The CC noted the need for measures that address pregnant women with a substance use disorder, but acknowledged the barriers that state laws create by criminalizing substance use by pregnant women, thus inhibiting women from seeking care. Finally, the CC once again discussed the need for more outcome measures in the program area, specifically those that address persistence of effect following treatment.

The final SUD Measure Set recommended to CMS' IAP includes the following 24 measures and 5 measure concepts:

Measures

- Adult Access to Preventive/Ambulatory Care 20-44, 45-64, 65+
- Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users
- Documentation of Signed Opioid Treatment Agreement
- Evaluation or Interview for Risk of Opioid Misuse
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)
- Mental Health/substance abuse: mean of patients' overall change on the BASIS 24-survey
- NQF #0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

- NQF #1654 TOB - 2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment
- NQF #1656 TOB - 3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge
- NQF #1661 SUB-1 Alcohol Use Screening
- NQF #1663 SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention
- NQF #1664 SUB-3 Alcohol and other Drug Use Disorder Treatment Provided or Offered at Discharge
- NQF #2152 Preventive Care and Screening: Unhealthy Alcohol Use
- NQF #2597 Substance Use Screening and Intervention Composite (Composite Measure)
- NQF #2599 Alcohol Screening and Follow-up for People with Serious Mental Illness
- NQF #2600 Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence
- NQF #2605 Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence
- NQF #2940 Use of Opioids at High Dosage in Persons Without Cancer
- NQF #2950 Use of Opioids from Multiple Providers in Persons Without Cancer
- NQF #2951: Use of Opioids at High Dosages from Multiple Providers in Persons Without Cancer
- NQF #3225 (formerly #0028) Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention
- 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.
- 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.
- The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user

Measure Concepts

- Percent of patients prescribed a medication for alcohol use disorder
- Percent of patients prescribed a medication for opioid use disorders (OUD)
- Presence of Screening for Psychiatric Disorder
- Primary Care Visit Follow-Up
- Substance Use Disorder Treatment Penetration (AOD)

Supporting Physical and Mental Health Integration (PMH) Technical Expert Panel Measure Set Recommendations

During their discussion of the PMH set, the CC noted several gap areas in the measurement field. Noting a need for measures that allow for segmentation by subpopulation. Segmentation will help providers and entities identify where the integration of physical and mental health currently occur and where there is opportunity for improvement. Additionally, the development of more eMeasures will reduce the

reporting burden for providers and entities. There is also a lack of measures focusing on safety and adherence to medication. Lastly, the CC recommends that future sets include measures that capture the relationship of individuals with serious mental illness to primary care providers.

The final PMH Measure Set recommended to CMS's IAP include the following 30 measures and one measure concept.

Measures

- Adult Access to Preventive/Ambulatory Care 20-44, 45-64, 65+
- Behavioral Health Risk Assessment (for Pregnant Women) (BHRA)
- Combined BH-PH Inpatient 30-Day Readmission Rate for Individuals With SMI Eligible Population, Denominator and Numerator Specifications
- Depression Remission or Response for Adolescents and Adults
- Follow-Up After Emergency Department Visit for Mental Illness
- Mental Health Service Penetration
- Mental health utilization: number and percentage of members receiving the following mental health services during the measurement year: any service, inpatient, intensive outpatient or partial hospitalization, and outpatient or ED
- NQF #0097 Medication Reconciliation Post-Discharge
- NQF #0105 Antidepressant Medication Management (AMM)
- NQF #0418 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- NQF #0419 Documentation of Current Medications in the Medical Record
- NQF #0576 Follow-Up After Hospitalization for Mental Illness (FUH)
- NQF #0710 Depression Remission at Twelve Months
- NQF #1879 Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- NQF #1880 Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder
- NQF #1922 HBIPS-1 Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed
- NQF #1927 Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications
- NQF #1932 Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
- NQF #1933 Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)
- NQF #1934 Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
- NQF #1937 Follow-Up After Hospitalization for Schizophrenia (7- and 30-day)
- NQF #2599 Alcohol Screening and Follow-up for People with Serious Mental Illness
- NQF #2600 Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence
- NQF #2602 Controlling High Blood Pressure for People with Serious Mental Illness
- NQF #2603 Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing
- NQF #2604 Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy
- NQF #2605 Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence

- NQF #2607 Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- NQF #2609 Diabetes Care for People with Serious Mental Illness: Eye Exam
- Post-Partum Follow-up and Care Coordination

Measure Concept

- PACT Utilization for Individuals with Schizophrenia

Community Integration—Community-Based Long-term Services and Supports (LTSS) Technical Expert Panel Measure Set Recommendations

The most salient theme noted throughout the LTSS discussions is the lack of measures in this nascent field of measurement. The CC discussed the breadth of defined populations and care settings for which LTSS applies, noting that each population deserves specific attention from the measurement field. Members of the CC also mentioned the need for more measures that address care plans and care plan delivery, measuring whether services are delivered and delivered in a timely manner. These potential care plan measures should also address the gap of measures that focuses on a physiological or behavioral health functioning assessment. The CC also noted the importance of including informal family caregivers in future measure considerations.

NQF received one public comment regarding the LTSS program area. Camille Dobson, Executive Director of NASUAD, commented that many organizations are using LTSS quality metrics that may not meet NQF's endorsement standards, but are in use and address some of the issues the CC discussed.

There were no changes to the final recommended LTSS Measure Set. The final set was included in the CC In-Person meeting summary submitted on June 22nd.