



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Primary Care and Chronic Illness, Fall 2021 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

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Welcome



Housekeeping Reminders

- This is a WebEx meeting with audio and video capabilities
- Please place your computer on mute when you are not speaking
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
- We encourage you to keep your video on throughout the meeting
- We encourage you to use the following features
 - ▣ Chat box: to message NQF staff or the group
 - ▣ Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at primarycare@qualityforum.org



Project Team — Primary Care and Chronic Illness Committee



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Director**



**Oroma Igwe, MPH,
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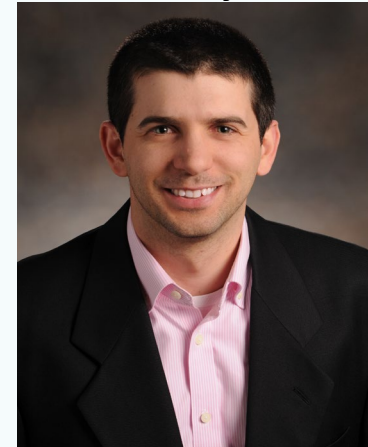
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Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Disclosures of Interest



Primary Care and Chronic Illness (PCCI) Fall 2021 Cycle Standing Committee

PCCI Standing Committee

- Dale Bratzler DO, MPH (Co-chair)
- Adam Thompson, BA (Co-chair)
- Esther Babady, PhD, D (ABMM)
- Lindsay Botsford, MD, MBA, FAAFP
- Kim Elliott, PhD
- David Lang, MD
- Katherine Gray, PhD
- William Curry, MD
- William Glomb, MD, FCCP, FAAP
- Anna McCollister

Behavioral Health Standing Committee

- Harold Pincus, MD
- Jeffery Susman, MD
- Vitka Eisen, Ed.D
- Raquel Mazon Jeffers, MPH
- Brooke Parish, MD

Cancer Standing Committee

- Karen Fields, MD
- Shelly Fuld Nasso, MPP
- Jette Hogenmiller, PhD, MN, APRN/ARNP, CDE, NTP, TNCC, CEE
- Jennifer Malin, MD, PhD
- Heidi Floyd

Overview of Evaluation Process and Voting Process



Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Primary Care and Chronic Illness measures



Meeting Ground Rules

- No rank in the room
- Remain engaged and actively participate
- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Keep comments concise and focused
- Be respectful and allow others to contribute
- Share you experiences
- Learn from others



Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion *for each criterion by:*
 - ▣ Briefly explaining information on the criterion provided by the developer
 - ▣ Providing a brief summary of the pre-meeting evaluation comments
 - ▣ Emphasizing areas of concern or differences of opinion
 - ▣ Noting, if needed, the preliminary rating by NQF staff
 - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion



Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall, less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



Voting on Endorsement Criteria

Votes will be taken after the discussion of each criterion

- **Importance to Measure and Report**
 - ▣ Vote on Evidence (must pass)
 - ▣ Vote on Performance Gap (must pass)
 - ▣ Vote on Rationale - Composite measures only (must pass)
- **Scientific Acceptability Of Measure Properties**
 - ▣ Vote on Reliability (must pass)
 - ▣ Vote on Validity (must pass)
 - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
 - ▣ Use (must pass for maintenance measures)
 - ▣ Usability
- **Overall Suitability for Endorsement**



Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Procedural Notes**
 - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, discussion continues with the next measure criterion but a vote on overall suitability will not be taken.



Achieving Consensus

- Quorum: 66% of active committee members (14 of 20 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- CNR measures move forward to public and NQF member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post-comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.



Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum unless 50% attendance is not reached.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
 - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Committee during their absence.



Evaluation Process Questions?

Voting Test

Measures Under Review



Fall 2021 Cycle Measures

- **One Maintenance Measure for Committee Review**
 - ▣ **3332** Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool) (Massachusetts General Hospital)
- **Two New Measures for Committee Review**
 - ▣ **3661** Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma (College of American Pathologists)
 - ▣ **3667** Days at Home for Patients with Complex, Chronic Conditions (Centers for Medicare & Medicaid Services/Yale Center for Outcomes Research & Evaluation)



NQF Scientific Methods Panel

- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.



NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of this measure:
 - ▣ 3667 Days at Home for Patients with Complex, Chronic Conditions
 - ▣ The measure passed reliability and validity was consensus not reached

Consideration of Candidate Measures



3667 Days at Home for Patients with Complex, Chronic Conditions

- **Measure Steward:** Centers for Medicare & Medicaid Services / Yale Center for Outcomes Research and Evaluation (CORE)
 - New measure
- **Brief Description of Measure:**
 - This is a provider group-level measure of days at home or in community settings (that is, not in acute care such as inpatient hospital or emergent care settings or post-acute settings such as Skilled Nursing Facilities (SNFs)) among adult (age 18 years or older) Medicare FFS beneficiaries with complex, chronic conditions who are aligned to participating provider groups. The measure includes risk adjustment for differences in patient mix across provider groups, with an adjustment based on patients' risk of death. An additional adjustment that accounts for patients' risk of transitioning to a long-term nursing home is also applied to encourage home- and community-based care in alignment with CMS's policy goals. A higher risk-adjusted score indicates better performance.



3661 Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma

- **Measure Steward:** College of American Pathologists
 - New measure
- **Brief Description of Measure:**
 - Percentage of surgical pathology reports for primary colorectal, endometrial, gastroesophageal or small bowel carcinoma, biopsy or resection, that contain impression or conclusion of or recommendation for testing of mismatch repair (MMR) by immunohistochemistry (biomarkers MLH1, MSH2, MSH6, and PMS2), or microsatellite instability (MSI) by DNA-based testing status, or both.



3332 Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)

- **Measure Steward:** Massachusetts General Hospital
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit.

Related and Competing Discussion



Related and Competing Measures

- If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

Target Population	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures-Harmonize on target patient population or justify differences.
Different target patient population	Related measures-Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.



Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.

3667 Related Measures

Category	3667 Days at Home for Patients with Complex, Chronic Conditions	2888 Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions
Steward/ Developer	Centers for Medicare & Medicaid Services /Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE)	Centers for Medicare & Medicaid Services/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE)
Description	This is a provider group-level measure of days at home or in community settings (that is, not in acute care such as inpatient hospital or emergent care settings or post-acute settings such as Skilled Nursing Facilities (SNFs)) among adult (age 18 years or older) Medicare FFS beneficiaries with complex, chronic conditions who are aligned to participating provider groups.	Rate of risk-standardized acute, unplanned hospital admissions among Medicare fee-for-service (FFS) beneficiaries 65 years and older with multiple chronic conditions (MCCs) who are assigned to an Accountable Care Organization (ACO).
Numerator	The outcome measured for each eligible beneficiary is days spent “at home,” adjusted for clinical and social risk factors, risk of death, and risk of transitioning to a long-term nursing home.	The number of acute unplanned hospital admissions per 100 person-years at risk for admission during the measurement period.
Denominator	Eligible beneficiaries aligned to participating provider groups.	The cohort, or group of patients included in the measure, is comprised of patients whose combinations of chronic conditions put them at high risk of admission and whose admission rates could be lowered through better care.
Target Population	Adults age >=18	<ul style="list-style-type: none"> • Patient age = 65 years at the start of the year prior to the measurement period. • Chronic Condition • Medicare FFS beneficiary • Attributed to a Medicare Shared Savings Program ACO.
Care Setting	Inpatient/hospital, post-acute care	Outpatient Services
Level of Analysis	Accountable Care Organization	Other



3661 Related Measures

- No related measures



3332 Related Measures

- 2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- 1365e: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
- 0576: Follow-Up After Hospitalization for Mental Illness (FUH)
- 0108: Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- 0710e: Depression Remission at Twelve Months
- 0711: Depression Remission at Six Months
- 0712: Depression Assessment with PHQ-9 / PHQ-9M
- 1884: Depression Response at Six Months- Progress Towards Remission
- 1885: Depression Response at Twelve Months- Progress Towards Remission



3332 Related Measures -1

Category	3332: Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)	2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
Steward/Developer	Massachusetts General Hospital	National Committee for Quality Assurance
Description	Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit.	Percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication, but no U.S. Food and Drug Administration primary indication for antipsychotics and had documentation of psychosocial care as first-line treatment.
Numerator	Number of patients with documentation that the PSC tool was administered as part of the well child visit.	Children and adolescents 1-17 years of age who had psychosocial care as first-line treatment prior to (or immediately following) a new prescription of an antipsychotic without a U.S. Food and Drug Administration primary indication for antipsychotic use.
Denominator	Number of patients aged 3.00 to 17.99 seen for a pediatric well-child visit.	Children and adolescents age 1-17 year as of December 31 of the measurement year who had a new prescription for an antipsychotic medication (Table APP-A) during the Intake Period.
Target Population	Children <18yrs old	Children and adolescents age 1-17 years
Care Setting	Outpatient Services	Outpatient Services
Level of Analysis	Facility, Health Plan, Population: Regional and State	Health Plan



3332 Related Measures -2

Category	3332: Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)	1365e: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
Steward/Developer	Massachusetts General Hospital	Mathematica Policy Research
Description	Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit.	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk
Numerator	Number of patients with documentation that the PSC tool was administered as part of the well child visit.	Patient visits with an assessment for suicide risk
Denominator	Number of patients aged 3.00 to 17.99 seen for a pediatric well-child visit.	All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder
Target Population	Children <18yrs old	Children <18 years of age
Care Setting	Outpatient Services	Outpatient Services
Level of Analysis	Facility, Health Plan, Population: Regional and State	Clinician: Group/Practice, Individual

3332 Related Measures -3

Category	3332: Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)	0576: Follow-Up After Hospitalization for Mental Illness (FUH)
Steward/Developer	Massachusetts General Hospital	National Committee for Quality Assurance
Description	Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit.	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.
Numerator	Number of patients with documentation that the PSC tool was administered as part of the well child visit.	<ul style="list-style-type: none"> • 30-Day Follow-Up: A follow-up visit with a mental health provider within 30 days after discharge. • 7-Day Follow-Up: A follow-up visit with a mental health provider within 7 days after discharge.
Denominator	Number of patients aged 3.00 to 17.99 seen for a pediatric well-child visit.	An acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm (Mental Illness Value Set; Intentional Self-Harm Value Set) on the discharge claim on or between January 1 and December 1 of the measurement year.
Target Population	Children <18yrs old	Patients 6 year of age and older
Care Setting	Outpatient Services	Outpatient Services, Inpatient/Hospital
Level of Analysis	Facility, Health Plan, Population: Regional and State	Health Plan

3332 Related Measures -4

Category	3332: Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)	0108: Follow-Up Care for Children Prescribed ADHD Medication (ADD)
Steward/Developer	Massachusetts General Hospital	National Committee for Quality Assurance
Description	Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit.	Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed.
Numerator	Number of patients with documentation that the PSC tool was administered as part of the well child visit.	Among children newly prescribed ADHD medication, those who had timely and continuous follow-up visits.
Denominator	Number of patients aged 3.00 to 17.99 seen for a pediatric well-child visit.	Children 6-12 years of age newly prescribed ADHD medication.
Target Population	Children <18yrs old	Children 6-12 years of age
Care Setting	Outpatient Services	Outpatient Services
Level of Analysis	Facility, Health Plan, Population: Regional and State	Health Plan



3332 Related Measures -5

Category	3332: Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)	0710e: Depression Remission at Twelve Months
Steward/Developer	Massachusetts General Hospital	MN Community Measurement
Description	Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit.	The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reach remission twelve months (+/- 60 days) after an index visit.
Numerator	Number of patients with documentation that the PSC tool was administered as part of the well child visit.	The number of patients in the denominator who reached remission, with a PHQ-9 or PHQ-9M result less than five, twelve months (+/- 60 days) after an index visit.
Denominator	Number of patients aged 3.00 to 17.99 seen for a pediatric well-child visit.	Adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia and an initial (index) PHQ-9 or PHQ-9M score greater than nine.
Target Population	Children <18yrs old	<ul style="list-style-type: none"> • Adults >=18yrs old • Children < 18yrs old • Elderly >=65 yrs old
Care Setting	Outpatient Services	Outpatient Services
Level of Analysis	Facility, Health Plan, Population: Regional and State	Clinician: Group/Practice

3332 Related Measures -6

Category	3332: Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)	0711: Depression Remission at Six Months
Steward/Developer	Massachusetts General Hospital	MN Community Measurement
Description	Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit.	The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reach remission six months (+/- 60 days) after an index visit.
Numerator	Number of patients with documentation that the PSC tool was administered as part of the well child visit.	The number of patients in the denominator who reached remission, with a PHQ-9 or PHQ-9M result less than five, six months (+/- 60 days) after an index visit.
Denominator	Number of patients aged 3.00 to 17.99 seen for a pediatric well-child visit.	Adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia and an initial (index) PHQ-9 or PHQ-9M score greater than nine.
Target Population	Children <18yrs old	Adult >=18 yrs of age; Children < 18 yrs of age; Elderly >=65 yrs of age
Care Setting	Outpatient Services	Outpatient Services
Level of Analysis	Facility, Health Plan, Population: Regional and State	Clinician: Group/Practice

3332 Related Measures -7

Category	3332: Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)	0712: Depression Assessment with PHQ-9 / PHQ-9M
Steward/Developer	Massachusetts General Hospital	MN Community Measurement
Description	Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit.	The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with a diagnosis of major depression or dysthymia who have a completed PHQ-9 or PHQ-9M tool during a four-month measurement period.
Numerator	Number of patients with documentation that the PSC tool was administered as part of the well child visit.	Adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) included in the denominator who have at least one PHQ-9 or PHQ-9M tool administered and completed during a four-month measurement period.
Denominator	Number of patients aged 3.00 to 17.99 seen for a pediatric well-child visit.	Adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with a diagnosis of major depression or dysthymia.
Target Population	Children <18yrs old	Adult >=18 yrs of age; Children < 18 yrs of age; Elderly >=65 yrs of age
Care Setting	Outpatient Services	Outpatient Services
Level of Analysis	Facility, Health Plan, Population: Regional and State	Clinician: Group/Practice



3332 Related Measures -8

Category	3332: Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)	1884: Depression Response at Six Months-Progress Towards Remission
Steward/Developer	Massachusetts General Hospital	MN Community Measurement
Description	Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit.	The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who are progressing towards remission by achieving a response (PHQ-9 or PHQ-9M score reduced by 50% or greater) six months (+/- 60 days) after an index visit.
Numerator	Number of patients with documentation that the PSC tool was administered as part of the well child visit.	The number of patients in the denominator who achieved a response as demonstrated by a PHQ-9 or PHQ-9M score reduced by 50% or greater six months (+/- 60 days) after an index visit.
Denominator	Number of patients aged 3.00 to 17.99 seen for a pediatric well-child visit.	Adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia and an initial (index) PHQ-9 or PHQ-9M score greater than nine.
Target Population	Children <18yrs old	Adult >=18 yrs of age; Children < 18 yrs of age; Elderly >=65 yrs of age
Care Setting	Outpatient Services	Outpatient Services
Level of Analysis	Facility, Health Plan, Population: Regional and State	Clinician: Group/Practice



3332 Related Measures -9

Category	3332: Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)	1885: Depression Response at Twelve Months-Progress Towards Remission
Steward/Developer	Massachusetts General Hospital	MN Community Measurement
Description	Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit.	The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who are progressing towards remission by achieving a response (PHQ-9 or PHQ-9M score reduced by 50% or greater) twelve months (+/- 60 days) after an index visit.
Numerator	Number of patients with documentation that the PSC tool was administered as part of the well child visit.	The number of patients in the denominator who achieved a response as demonstrated by a PHQ-9 or PHQ-9M score reduced by 50% or greater twelve months (+/- 60 days) after an index visit.
Denominator	Number of patients aged 3.00 to 17.99 seen for a pediatric well-child visit.	Adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia and an initial (index) PHQ-9 or PHQ-9M score greater than nine.
Target Population	Children <18yrs old	Adult >=18 yrs of age; Children < 18 yrs of age; Elderly >=65 yrs of age
Care Setting	Outpatient Services	Outpatient Services
Level of Analysis	Facility, Health Plan, Population: Regional and State	Clinician: Group/Practice

NQF Member and Public Comment

Next Steps



Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Committee's discussion and recommendations
 - ▣ This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment table which is shared with developers and Committee members
- Post-comment call: The Committee will reconvene for a post-comment call to discuss comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision



Activities and Timeline –Fall 2021 Cycle

*All times ET

Meeting	Date, Time
Measure Evaluation Follow-up Web Meeting	February 17th 10am-12pm
Draft Report Comment Period	March 25 – April 25
Committee Post-Comment Web Meeting	May 25th 2pm-5pm
CSAC Review	Late July
Appeals Period (30 days)	July 21 – August 19



Spring 2022 Cycle Updates

- Intent to submit deadline was January 5, 2022
- Three measures were submitted
 - ▣ Two maintenance and one new measure
 - ▣ No complex measures sent to the Scientific Methods Panel for review of scientific acceptability criterion



Project Contact Info

- Email: primarycare@qualityforum.org
- NQF phone: 202-783-1300
- Project page:

http://www.qualityforum.org/Primary_Care_and_Chronic_Illness.aspx

- SharePoint site:

<https://prod.qualityforum.org/portfolio/PrimaryCareChronicIllness/SitePages>

Questions?

THANK YOU.

NATIONAL QUALITY FORUM

<http://www.qualityforum.org>

Appendix