



## American Association on Health & Disability

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**AAHD** - Dedicated to better health for people with disabilities through health promotion and wellness



# LAKESHORE

April 6, 2017

### **Re: NQF National Voluntary Consensus Standards for Behavioral Health; Draft Report for Public Comment**

[BehavioralHealth@qualityforum.org](mailto:BehavioralHealth@qualityforum.org)

Submit comments to: [http://www.qualityforum.org/Behavioral Health Project 2016-2017.aspx](http://www.qualityforum.org/Behavioral_Health_Project_2016-2017.aspx)

Dear Colleagues:

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments.

The American Association on Health and Disability (AAHD) ([www.aahd.us](http://www.aahd.us)) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities.

The Lakeshore Foundation ([www.lakeshore.org](http://www.lakeshore.org)) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

## **March NQF Measures Application Partnership Final Report to CMS – A Behavioral Health Reference**

We reinforce the significance and importance of 2 of the NQF MAP 6 “high value measures” submitted to CMS:

Item 2 – “Patient-reported outcomes where the patient provides the data about their treatment, level of function, and health status.”

Item 3 – “Measures addressing patient experience, care coordination, population health, quality of life, and impact on equity.”

The NQF behavioral health report should repeat the emphasis of these two NQF recommendations.

### **Additional Data References**

We respectfully request that the following attached resources be referenced:

1. NADD co-occurring mental illness and intellectual disability prevalence data - attached. This data has been routinely reported by state Developmental Disabilities authorities for a decade but the state Mental Health authorities do not collect or report this data.
2. Serious mental illness and/or substance abuse disorders as a December 2012 NQF report to CMS on persons dually eligible for Medicare and Medicaid – one of the 4 high-need subgroups. December 2012 NQF report excerpt is attached.
3. Independent Nonprofit Mental Health Peer Quality Monitoring Programs. Attached are March 31 memo exchanges with NQF staff on these teams.

These additional references will enhance the completeness of the NQF behavioral health report.

### **Integrated Behavioral Health-Physical Health-Primary Care Quality Measures**

We agree with the page 8 additional needed measures – integrated behavioral health and physical care and strongly encourage a NQF priority to be the development of meaningful measures in this area.

### **Patient-Reported Outcomes-Patient Experience Measures – Revise the ECHO As Soon as Possible**

As stated earlier, PROs and documented patient experience are high priority measure gaps and goals. This is particularly true in the area of behavioral health.

We strongly encourage NQF to analyze the application to behavioral health of three existing beneficiary oriented measure sets that currently apply to behavioral health, even though their primary purpose is with other populations. These three measure sets are:

1. CAHPS trademark, NQF endorsed, CMS-AHRQ Home and Community-Based Services Experience Survey
2. National Core Indicators
3. Personal Outcome Measures

These three measure sets are described in other NQF reports to HHS, CMS, and ACL.

We sadly acknowledge the significant limitations of considered measure 0008 – Experience of Care and Health Outcomes (ECHO) Survey and encourage both AHRQ and NQF to prioritize revisions and updating, consistent with the lessons from the 3 beneficiary oriented measure sets listed above.

Our comments will be summarized and submitted through the NQF comment portal.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at [clarkross10@comcast.net](mailto:clarkross10@comcast.net).

Sincerely,



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<http://www.qualityforum.org/>) and NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports ( <http://www.c-c-d.org/>).

2017 member, NQF MAP workgroup on Medicaid adult measures. 2016-2017 NQF duals workgroup liaison to the NQF clinician workgroup. 2015-2016 and 2014-2015 NQF duals workgroup liaison to the NQF PAC/LTC workgroup. Member, ONC (Office of the National Coordinator for Health Information Technology) Health IT Policy Committee, Consumer Workgroup, March 2013-November 2015; Consumer Task Force, November 2015-April 2016. (<http://www.healthit.gov/policy-researchers-implementers/federal-advisory-committees-facas/consumer-empowerment-workgroup>). Member, SAMHSA Wellness Campaign National

Steering Committee – January 2011-September 2014.  
(<http://promoteacceptance.samhsa.gov/10by10/>).

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