No Health without Mental Health
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PUBLIC COMMENT SUBMITTAL

TO: **National Quality Forum**

FROM: **NHMH – No Health without Mental Health**
Clinical Social Work Association
International Society for Psychiatric Mental Health Nurses

DATE: **December 7, 2022**

RE: **Behavioral Health Performance Quality Measures**

Introduction:

Please find below the undersigned organizations' collective comments regarding the 52 unique measures (and 81 measure combinations) being considered by the NQF Measure Applications Partnership (MAP) affecting 17 public programs overseen by the U.S. Department of Health & Human Services. We comment specifically on behavioral health (BH) measures to be deployed in HHS payment programs and public reporting of provider and health plan performance. That said, we do support the proposed BH quality measures under current consideration (MUC 27, 50, 53, 58, 78, 83, 85, 86, 87, 98, 101, 114, 120, 122, 125, 126, 129 and 131).

The subject of performance quality measure development is of the highest importance to our organizations as it is a key strategy to progress that ACA's goal to move the U.S. healthcare system towards value-based payment (VBP) and delivery models. This shift to VBP necessarily involves giving/requiring systems and practices the key ingredients of flexibility and accountability. Accountability for health plans and practices can take the form of meeting certain quality standards e.g. reporting of certain quality standards. Further, we view NQF MAP efforts regarding performance quality measure development as integral to advancing integrated medical-behavioral healthcare.

Our comments focus on gap areas in the existing in the behavioral health quality measurement process. We address the following key areas: BH measures development; provider incentives; and informatics.

Behavioral Health Quality Measures Gaps & Challenges:

There is a lack of valid and feasible quality metrics in behavioral health and a lack of investment in BH-measurement development which prevents value-based purchasing from being applied successfully (Pincus, *JAMA Psychiatry*, November 2022). This represents an enormous gap in our national mental healthcare system since quality measurement is an essential first step in delivering effective care for mental health/substance use patients.

MUC ID	Measure Title	Description
MUC2022-007[1]	Excessive Radiation Dose or Inadequate	This electronic clinical quality
MUC2022-014	Ambulatory Palliative Care Patients' Exp	The percentage of top-box re
MUC2022-018[1]	Excessive Radiation Dose or Inadequate	This electronic clinical quality
MUC2022-020[1]	Excessive Radiation Dose or Inadequate	This electronic clinical quality
MUC2022-024	Hospital Harm - Acute Kidney Injury	The proportion of inpatient h
MUC2022-026	Risk-Standardized Patient-Reported Out	The measure will estimate a
MUC2022-027	Facility Commitment to Health Equity	This structural measure asse
MUC2022-028*	ASC Facility Volume Data on Selected Su	Structural measure of facility
MUC2022-030*	Hospital Outpatient Department Volum	Structural measure of facility
MUC2022-032	Geriatrics Surgical Measure	This programmatic measure
MUC2022-035	Percent of Residents Experiencing One	This one-year measure repor
MUC2022-039	Median Time from Emergency Departm	Median time from ED arrival
MUC2022-043	Kidney Health Evaluation for Patients w	This measure assesses the pe
MUC2022-048	Cardiovascular Disease (CVD) Risk Asses	This measure determines the
MUC2022-050	Screen Positive Rate for Social Drivers o	The Screen Positive Rate for
MUC2022-052	Adult COVID-19 Vaccination Status	Percentage of patients aged
MUC2022-053	Screening for Social Drivers of Health	The Screening for Social Drive
MUC2022-055*	Hybrid Hospital-Wide All-Cause Risk Sta	Hospital-level, risk-standardi
MUC2022-057*	Hybrid Hospital-Wide All-Cause Risk Sta	Hospital-level, risk-standardi
MUC2022-058	Hospital Disparity Index (HDI)	This is a composite measure,
MUC2022-060	First Year Standardized Waitlist Ratio (F	The FYSWR measure tracks th
MUC2022-063	Percentage of Prevalent Patients Waitli	This measure tracks the perc
MUC2022-064	Hospital Harm - Pressure Injury	The proportion of inpatient h
MUC2022-065	Preventive Care and Wellness (composi	Percentage of patients who r
MUC2022-066	Facility 7-Day Risk-Standardized Hospita	Facility-level risk-standardize
MUC2022-067	Risk-standardized Hospital Visits Within	Facility-level risk-standardize
MUC2022-075	Standardized Modality Switch Ratio for	The standardized modality sv
MUC2022-076	Standardized Fistula Rate for Incident P	The Standardized Fistula Rate
MUC2022-078	Psychiatric Inpatient Experience Measu	The measure is a 23-item five
MUC2022-079	Standardized Emergency Department E	The Standardized Emergency
MUC2022-081	Abdomen Computed Tomography (CT) I	This measure calculates the p
MUC2022-082	Severe Sepsis and Septic Shock: Manage	This measure focuses on adu
MUC2022-083[2]	Cross-Setting Discharge Function Score	This measure estimates the p
MUC2022-084*	COVID-19 Vaccination Coverage Among	Percentage of healthcare per
MUC2022-085[2]	Cross-Setting Discharge Function Score	This measure estimates the p
MUC2022-086[2]	Cross-Setting Discharge Function Score	This measure estimates the p
MUC2022-087[2]	Cross-Setting Discharge Function Score	This measure estimates the p
MUC2022-089[3]	COVID-19 Vaccine: Percent of Patients/I	This one quarter measure rep
MUC2022-090[3]	COVID-19 Vaccine: Percent of Patients/I	The measure assesses the pe
MUC2022-091[3]	COVID-19 Vaccine: Percent of Patients/I	This one quarter measure rep
MUC2022-092[3]	COVID-19 Vaccine: Percent of Patients/I	This one quarter measure rep
MUC2022-097	Low Back Pain	The Low Back Pain episode-b
MUC2022-098	Connection to Community Service Provi	Percent of patients 18 years
MUC2022-099*	Skilled Nursing Facility (SNF) Within-Sta	This measure estimates the r

MUC2022-100	Emergency Medicine	The Emergency Medicine epi
MUC2022-101	Depression	The Depression episode-base
MUC2022-106	Heart Failure	The Heart Failure episode-ba
MUC2022-111	Resolution of At Least 1 Health-Related	Percent of patients 18 years (
MUC2022-112	Geriatrics Hospital Measure	This measure assesses hospit
MUC2022-113	Number of Hospitalizations per 1,000 Lc	The number of unplanned ho
MUC2022-114	Appropriate Screening and Plan of Care	Percentage of patients witho
MUC2022-115	Acute Posterior Vitreous Detachment A	Percentage of patients with a
MUC2022-116	Acute Posterior Vitreous Detachment ar	Percentage of patients with a
MUC2022-120	Documentation of Goals of Care Discuss	Measuring documentation of
MUC2022-122	Improvement or Maintenance of Functi	The percentage of individuals
MUC2022-125	Gains in Patient Activation Measure (PA	The Patient Activation Measu
MUC2022-126	Total Nursing Staff Turnover	The percent of nursing staff t
MUC2022-127	Initiation, Review, And/Or Update To Su	This measure assesses the pe
MUC2022-129	Psychoses and Related Conditions	The Psychoses/Related Condi
MUC2022-131	Reduction in Suicidal Ideation or Behavi	The percentage of individuals

Notes

1. MUC2022-007, MUC2022-018, and MUC2022-020 are counted as a single measure.
2. MUC2022-083, MUC2022-085, MUC2022-086, and MUC2022-087 are counted as a single
3. MUC2022-089, MUC2022-090, MUC2022-091, and MUC2022-092 are counted as a single

* This measure is currently in use but it is included on the 2022 MUC List because it is under

CMS Program*

Ambulatory Surgical Center Quality Reporting Program
End-Stage Renal Disease Quality Incentive Program
Home Health Quality Reporting Program
Hospital-Acquired Condition Reduction Program
Hospital Inpatient Quality Reporting Program
Hospital Outpatient Quality Reporting Program
Hospital Value-Based Purchasing Program
Inpatient Psychiatric Facility Quality Reporting Program
Inpatient Rehabilitation Facility Quality Reporting Program
Long-Term Care Hospital Quality Reporting Program
Medicare Promoting Interoperability Program
Merit-based Incentive Payment System
Part C & D Star Rating [Medicare]
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
Rural Emergency Hospital Quality Reporting Program
Skilled Nursing Facility Quality Reporting Program
Skilled Nursing Facility Value-Based Purchasing Program

*These counts include measures that are not new to the program but have been resubmitted for consideration due to substantive changes to measure specifications. ASCQRP has 2 such measures, ESRD QIP has 1 such measure, HACRP has 1 such measure, Hospital IQR Program has 3 such measures, Hospital OQR Program has 2 such measures, HVBP has 1 such measure, IPFQRP has 1 such measure, IRF QRP has 1 such measure, LTCH QRP has 1 such measure, PCHQRP has 1 such measure, SNF QRP has 1 such measure, and SNF VBP has 1 such

BH quality measures are especially challenging since there are limited practical data sources (Ibid). Most metrics are process/claims-based measures, few with proven association with health outcomes. Measures based on claims data do not give a full picture of the care provided. Usually there is insufficient BH information harvested at the granular level essential to adequately measure quality, e.g. standardized measures of severity/outcomes, content of interventions. A key reason is that BH informatics lag behind mainstream clinical informatics advancements (Ibid).

Further, developing reliable and valid measures is a complex process that requires dedicated and costly navigation of a quality measurement process to achieve endorsement and adoption. Added to the challenges is the fact there is no definitive central leadership amongst HHS operating divisions in driving BH measures development. The National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), have no specific responsibilities in developing measures. SAMHSA's role has been limited to developing program performance measures for SAMHSA block grants and the CCBHC program. Similarly, AHRQ has specific and limited measure development responsibilities as the measure steward for CAHPS. The U.S. Centers for Medicare & Medicaid (CMS) is the principal federal health agency lead for measure development but has limited BH expertise.

Data sources needed for BH quality measurement development are fragmented across primary care, medical specialists, and BH professionals, as well as payer data with carved-in and carved-out care delivery and payment arrangements. Further, privacy hurdles such as the HIPAA and 42 Code of Federal Regulations Part 2 may limit access to BH information. Additionally, there is limited interoperability across BH classification systems, i.e. Logical Observation Identifiers, Names and Codes, PsycTESTS, etc and the rest of medicine (Ranallo, et al, Behavioral Health Information Technology, *Health Aff.* 2016;35(6):1106-1113). The lack of adequate data access is further limited by the disconnect in the development of electronic health records (EHRs). In 2009 the Health Information Technology for Economic and Clinical Health Act (HiTECH) was enacted into law, providing substantial resources and incentives for physician practices and hospitals to purchase and meaningfully use EHRs. Nonphysician BH professionals, along with mental health and substance use clinics, were left out of this statute. Late to the market, BH professionals often purchased specialized EHRs that were less integrated for providing information in concert with mainstream healthcare organizations.

Quality Measures for Measurement-Based Care:

One of the consensus core principles of evidence-based behavioral health integration implementation is measurement-based care. This is where each patient's treatment plan clearly states personal goals and clinical outcomes that are routinely measured by evidence-based tools such as the PHQ-9 depression scale. Treatments are actively changed if patients do not improve as expected until the clinical goals are reached.

We recommend the following requisites be built into quality measures for measurement-based care:

- systematically apply appropriate clinical measures, e.g. PHQ-9, HbA1c, Vanderbilt Assessment Scales and create a measurement toolkit;
- assure consistent longitudinal assessment, i.e. relentless follow-up and care management;

- use of action-oriented menu of evidence-based options, specifically treatment intensification efforts as a clinical decision; this comment directed to health plans and managed care organizations.
- establish systems and practice-based data collection/monitoring/tracking infrastructure, i.e. build IT and registry capacity; we direct this recommendation to HHS-CMS-AHRQ-SAMHSA-HRSA as there is a gap in the need for systems and practices to be able to develop an investment strategy to build this infrastructure; and
- enhance clinical connectivity among systems, i.e. between/among mental health/substance use/primary care/social services/education; this recommendation is directed to HHS-CMS-AHRQ-SAMHSA-HRSA to establish needed coordination/collaboration/joint strategic planning in regulation and oversight of integrated care to avoid duplication and redundancy and thus burdensome similar multiple measures, and
-- utilize patient-reported outcomes/performance measures (PRO-PMs), including the use of experience-of-care patient surveys in outpatient and inpatient mental health treatment settings.

Strategies for Effective Behavioral Health Quality Measure Development:
Designated investment and leadership at the federal health agency level are needed to develop effective BH quality metrics and to advance the field of BH informatics, along with support for and alignment of BH information systems. Equally important, testing new models for BH healthcare delivery to make interventions more integrated, with incentive structures that motivate BH healthcare organizations, are essential. Broadly, in order to reduce fragmentation and encourage care delivery coordination, VBP should be deployed through shared accountability across the silos of health care organizations and payers. Workforce development and quality measurement can also be simultaneously addressed by leaning into evidence-based integration models and technologies that provide concrete examples of routine systematic clinical measurements in BH. Further, access to care must be addressed by measuring social determinants of health and prioritizing investment in measures that support marginalized populations including individuals with serious mental illness.

With best regards,

NHMH – No Health without Mental Health
Florence C. Fee, J.D., M.A., Executive Director

Clinical Social Work Association
Laura Groshong, LCSW, Executive Director

International Society of Psychiatric Mental Health Nurses
Sally Raphel, Director of Public Policy

In Consultation With:
American Association on Health & Disabilities and Lakeshore Foundation

Measure Applications Partnership

2022 MAP MUC Comment Period

Please submit your comments for Measures Under Consideration (MUC) by December 7, 2022, at 6:00pm ET.

Prior to commenting, please consider the following questions:

- How would adding this measure add value? How would the measure improve patient outcomes?
- Do the benefits of the measure outweigh the burden of data collection or reporting?
- For what purpose are you using the measure (e.g., QI, certification/recognition, regulatory/accreditation, payment, public reporting, disease surveillance)?
- Are there implementation challenges?

Important Information for Submission:

- Use Google Chrome or Microsoft Edge.
- File attachments are not supported; please submit full comments in the Comments field. (Note that the comment field does not have a character limit.)
- If a measure is submitted to multiple programs, please submit a separate comment for each relevant program.

Once you submit a Comment you will be directed to a page to view all of your Comments, where you can:

- Edit your response.
- Delete your response.

Please contact NQF's Measure Applications Partnership if you have any questions.

Organization *

MUC By Program *

MUC2022-007 | Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician and Clinician Group Level) | Merit-based Incentive Paymen

Comments

Do you recommend this measure? *

- ◯ Yes
- ◯ Yes, under certain conditions
- ◯ No

From: clarkeross10@comcast.net <clarkeross10@comcast.net>
Sent: Thursday, December 1, 2022 5:47 PM
To:
Subject: NQF Seeks Comment on 52 Quality Measures for Use in 17 Federal Programs - December 7 Comment Deadline

A few measures from the list on topics of previous disability, mental illness, aging, LTSS, and HCBS interest:

MUC-27 Facility commitment to health equity

MUC-50 Screen positive for social drivers of health

MUC-53 Screening for social drivers of health

MUC-58 Hospital Disparity Index

MUC-78 Psychiatric inpatient experience of care

MUC-83 Cross-Setting Discharge functional score
MUC-85; 86; and 87 are also cross-setting functional scores

MUC-98 Connection to community service providers

MUC-101 Depression

MUC-114 Appropriate screening and plan of care

MUC-120 Documentation of goals of care

MUC-122 Improvement/Maintenance of function

MUC-125 Gain in patient activation

MUC-126 Total nursing staff turnover

MUC-129 Psychoses and related conditions

MUC-131 Suicide reduction

From: National Quality Forum <info@qualityforum.org>
Sent: Thursday, December 1, 2022 3:35 PM
To: clarkeross10@comcast.net
Subject: NQF Seeks Comment on 52 Quality Measures for Use in 17 Federal Programs

News @

NATIONAL QUALITY FORUM
Driving measurable health improvements together

FOR IMMEDIATE RELEASE
December 01, 2022

NQF Seeks Comment on 52 Quality Measures Being Considered for 17 Federal Healthcare Programs Affecting 64M Americans

Public comments on healthcare quality measures will be accepted through December 7

Washington, DC – Today, a group of healthcare leaders and experts convened by the National Quality Forum (NQF) begins its review of performance quality measures under consideration for use in federal healthcare programs affecting more than 64 million Americans. Public comments on the measures may be submitted now through December 7. The review is part of the **Measure Applications Partnership** (MAP), a public-private partnership that has been convened annually by NQF since 2011 and is funded by the Centers for Medicare & Medicaid Services (CMS). MAP will review a total of 52 unique measures and 81 measure combinations affecting 17 public programs overseen by the U.S. Department of Health and Human Services (HHS).

"Each year, through this process, stakeholders and experts from across the healthcare ecosystem provide input to CMS as the agency considers which measures to deploy in its payment programs and in public reporting of provider and health plan performance. These uses of performance measures have the potential to directly shape the quality, outcomes, and affordability of care received throughout the country," said Dana Gelb Safran, ScD, President & CEO, NQF. "Input from a diverse range of perspectives, including from patient advocates, health professionals, hospitals, private sector health plans and employers, and from the public at large is critical to elevating consensus-based recommendations for federal officials to consider."

In convening MAP, NQF brings together approximately 150 healthcare stakeholders representing nearly 90 private-sector organizations, as well as liaisons from three federal agencies, to provide input on performance measure selection. The MAP process is designed to collect feedback from a broad range of stakeholders as the federal programs using the measures cover every healthcare setting, from doctor's offices to hospitals to long-term care facilities to home healthcare, rehab and dialysis facilities.

Visit the NQF website for the full list of **Measures Under Consideration**—often referred to as "the MUC List"—or to **submit comments**. Comments will be accepted until 6:00 PM ET on December 7. MAP Workgroups and Advisory Groups will meet to discuss the MUC List prior to finalizing recommendations. All MAP meetings are open to the public, and any reports or other

related materials will be available on NQF's website. NQF will deliver MAP's final recommendations to CMS by February 1, 2023. Following is the MAP meeting schedule:

- December 6–7, 2022 Health Equity Advisory Group Review Meeting
- December 8–9, 2022 Rural Health Advisory Group Review Meeting
- December 12, 2022 Post-Acute Care/Long-Term Care (PAC/LTC) Workgroup Review Meeting
- December 13–14, 2022 Hospital Workgroup Review Meeting
- December 15–16, 2022 Clinician Workgroup Review Meeting
- January 24–25, 2023 MAP Coordinating Committee Review Meeting

The measures being reviewed are under consideration for the following federal health programs: Ambulatory Surgical Center Quality Reporting Program; End-Stage Renal Disease (ESRD) Quality Incentive Program; Home Health Quality Reporting Program; Hospital Inpatient Quality Reporting Program; Hospital Outpatient Quality Reporting Program; Hospital Value-Based Purchasing Program; Hospital-Acquired Condition Reduction Program; Inpatient Psychiatric Facility Quality Reporting Program; Inpatient Rehabilitation Facility Quality Reporting Program; Long-Term Care (LTC) Hospital Quality Reporting Program; Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs); Medicare Part C & D Star Ratings; Merit-Based Incentive Payment System; Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program; Rural Emergency Hospital Quality Reporting Program; Skilled Nursing Facility Quality Reporting Program; and Skilled Nursing Facility Value-Based Purchasing Program.

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About National Quality Forum
The National Quality Forum (NQF) works with members of the healthcare community to drive measurable health improvements together. NQF is a not-for-profit, membership-based organization that gives all healthcare stakeholders a voice in advancing quality measures and improvement strategies that lead to better outcomes and greater value. Learn more at **www.qualityforum.org**.

Media Contact
Zachary Brousseau
press@qualityforum.org
202-478-9326