

# Behavioral Health eMeasures Autism Meeting 3

Technical Expert Panel • June 21, 2012



*Health in the 21<sup>st</sup> Century*

**MITRE**

# Agenda

- **Introduction (5 minutes)**
  - Welcome and Roll Call
  - Review project schedule
- **Goals, Outcomes, and Context**
  - Project Goals and Outcomes (5 minutes)
  - “Meaningful Use” Program Requirements (15 minutes)
- **Today’s Domain Discussions**
  - Autism (60 minutes)
- **Next Steps and Questions (5 minutes)**



# Roll Call

# 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

# 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)**

# 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

# Subgroup Members – Federal Staff

ALCOHOL (3)		
Last Name	First Name	Agency
Boyle	Maureen	SAMHSA
Corbridge	Ian	HRSA
<b>Cotter</b>	<b>Frances</b>	<b>SAMHSA</b>
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
<b>Boyle</b>	<b>Maureen</b>	<b>SAMHSA</b>
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
<b>Ross</b>	<b>Alex</b>	<b>HRSA</b>

SUBSTANCE ABUSE (2)		
Last Name	First Name	Agency
Boyle	Maureen	SAMHSA
Dowling	Gaya	NIH/NIDA
<b>Ghitza</b>	<b>Udi</b>	<b>NIH/NIDA</b>
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
<b>Grenier</b>	<b>Denise</b>	<b>IHS</b>
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
<b>Salyards</b>	<b>Ken</b>	<b>SAMHSA</b>
Young	Elise	HRSA

**Bold = Lead**  
**(#) = High Priority Measures**

# 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 <b>TUESDAY</b>	Autism – Meeting 2
8	5/29 3-4:30pm Eastern <b>TUESDAY</b>	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	6/21 3-4:30pm Eastern <b>THURSDAY</b>	Autism – Meeting 3



# FOCUS MEETING SCHEDULE and TOPICS

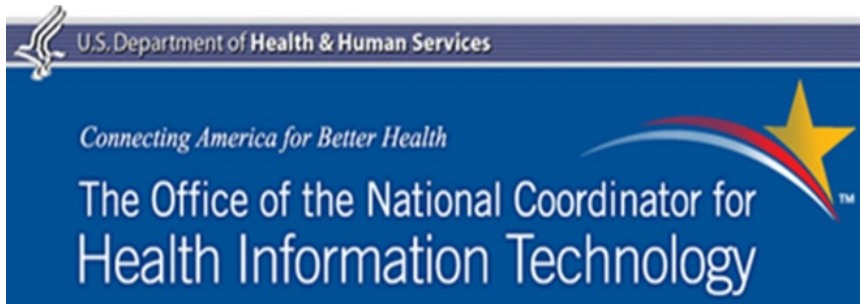
WEEK #	MEETING DAYS	TOPIC
12	6/25 3-4:30pm Eastern	Depression - Meeting 3
13	7/2 3-4:30pm Eastern	Drugs/Alcohol–Meeting 3
14	7/9 3-4:30pm Eastern	Depression
15	7/16 3-4:30pm Eastern	Drugs/Prescription Drug Misuse
16	7/23 3-4:30pm Eastern	Depression
17	7/30 3-4:30pm Eastern	Drugs/Prescription Drug Misuse
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



# Goals and Outcomes

# 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)**



# 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)**

# Technical Expert Panel (TEP) Schedule

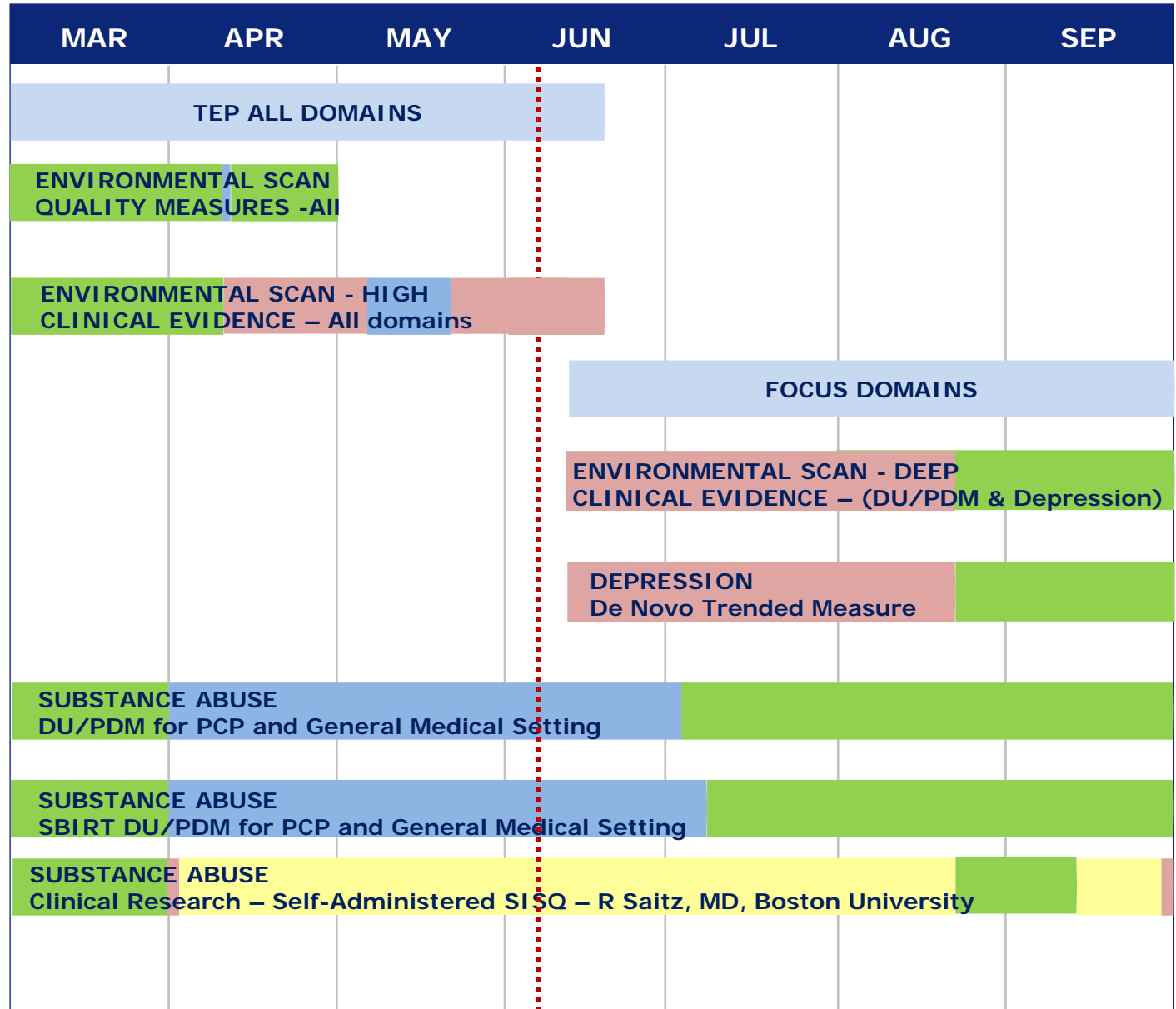
MITRE

TEP

Subcontractor:  
Literature Search

Subcontractor:  
R. Saitz, MD

..... = Today





# Meaningful Use EHR Incentive Program Highlights

# **EHR “Meaningful Use” Incentive Program**

**2009 American Recovery and Reinvestment Act  
(ARRA)**

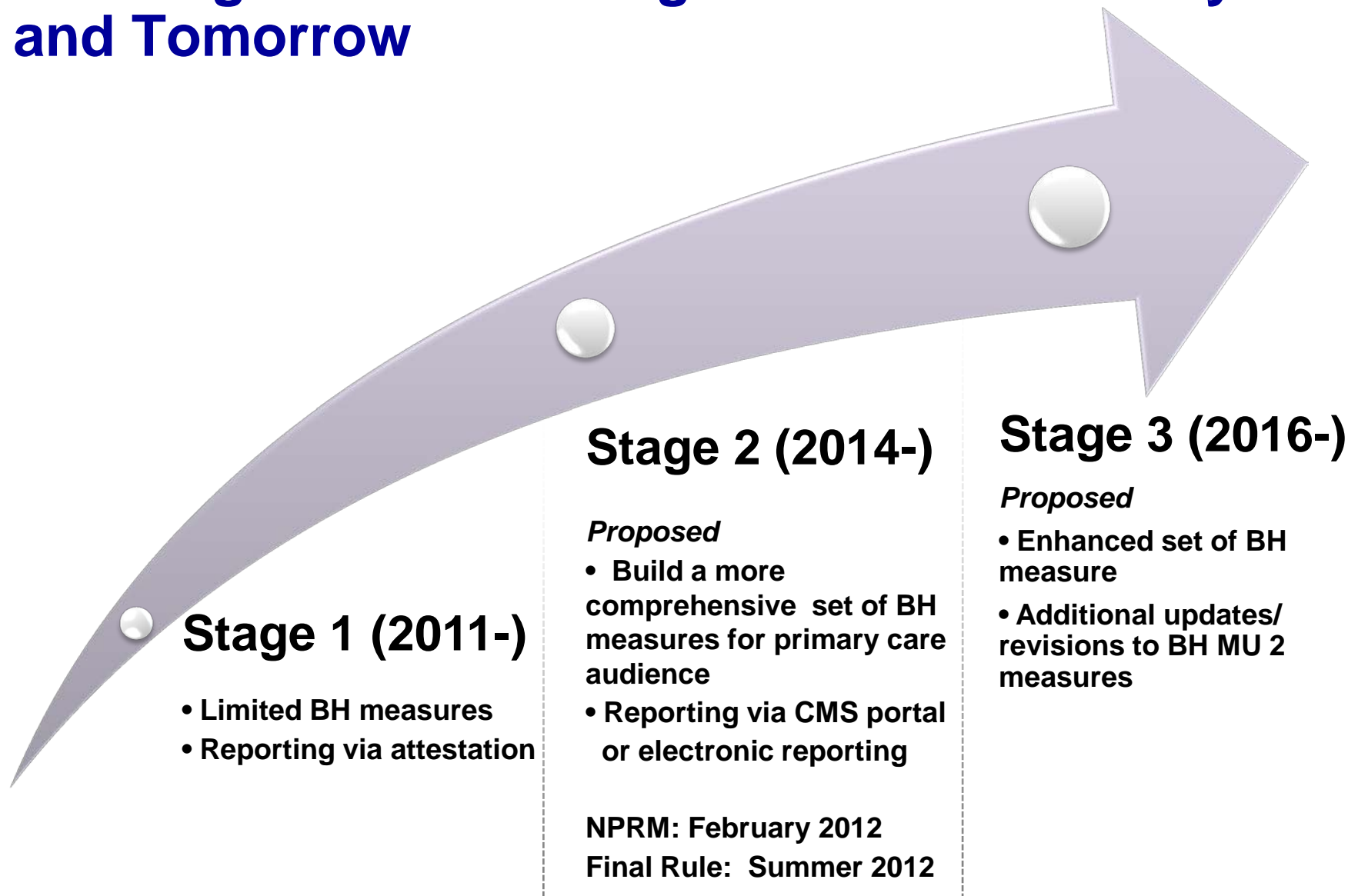
**Health Information Technology for Economic and  
Clinical Health Act (HITECH)**

**Provides incentive payment to eligible providers (up to \$44,000 over three years) and hospitals (\$\$\$\$ depending on patient volume) for**

**“The use of a certified Electronic Health Record:**

- ... in a meaningful manner, such as e-prescribing.**
- ... for electronic exchange of health information to improve quality of health care.**
- ... to submit clinical quality and other measures”**

# Meaningful Use: Meeting the Needs of Today and Tomorrow





# Who qualifies for incentive payments?

## **Eligible Professionals - *Medicare* EHR Incentive Program:**

**Doctor of medicine or osteopathy, dental surgery, dental medicine, podiatry, optometry, chiropractic**

## **Eligible Professionals - *Medicaid* EHR Incentive Program:**

- Physicians (medicine and osteopathy) and Dentist**
- Nurse practitioner, Certified nurse-midwife**
- Physician assistant who furnishes services in a PA-led FQHC or Rural Health Clinic**

# Who qualifies for incentive payments?

## Eligible Hospital - *Medicare* EHR Incentive Program:

- "Subsection (d) hospitals" in the 50 states or DC that are paid under the Inpatient Prospective Payment System (IPPS)
- Critical Access Hospitals (CAHs)
- Medicare Advantage (MA-Affiliated) Hospitals

## Eligible Hospital - *Medicaid* EHR Incentive Program

- Acute care hospitals (including CAHs and cancer hospitals) with at least 10% Medicaid patient volume
- Children's hospitals (no Medicaid patient volume requirements)

**NOTE: Some hospitals may receive incentive payments from both Medicare and Medicaid if they meet all eligibility criteria.**

# A Good “Meaningful Use” Quality Measure

- **Relates to the “Eligible Professional” or “Eligible Hospital” care setting**
- **Endorsed by the National Quality Forum (preferred)**
- **Can be collected and reported from an Electronic Health Record**

# NQF Endorsement Criteria

**NQF currently uses four criteria to assess a measure for endorsement:**

- **Important to measure and report to keep our focus on priority areas, where the evidence is highest that measurement can have a positive impact on healthcare quality.**
- **Scientifically acceptable, so that the measure when implemented will produce consistent (reliable) and credible (valid) results about the quality of care.**
- **Useable and relevant to ensure that intended users — consumers, purchasers, providers, and policy makers — can understand the results of the measure and are likely to find them useful for quality improvement and decision making.**
- **Feasible to collect with data that can be readily available for measurement and retrievable without undue burden**
- **[FUTURE] eMeasure Specifications**



# Clinical Domain: AUTISM

# 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

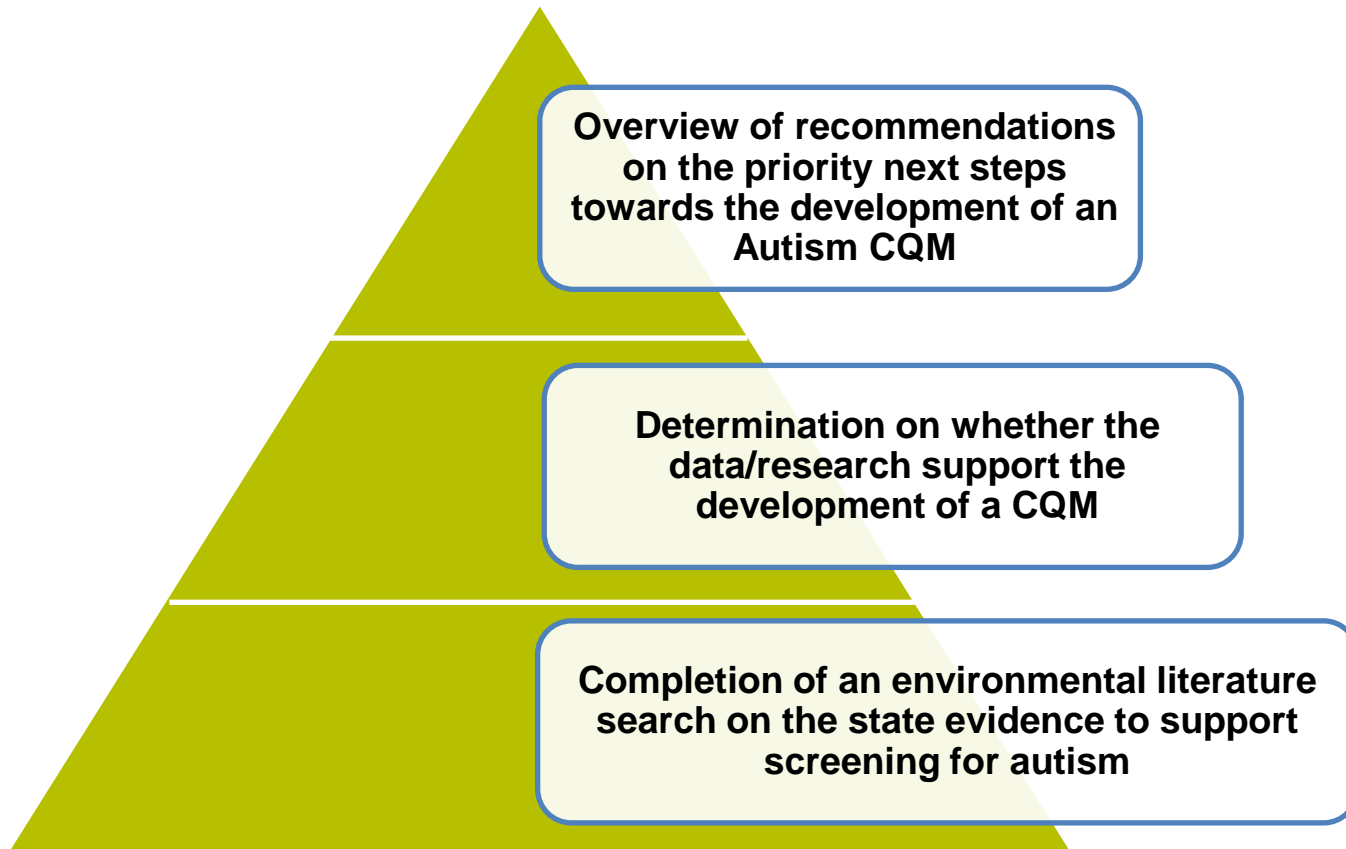
- Outcome: Non-Endorsed Measures Recommendations/Lit Search Question Formation
- Meeting Agenda
  - Review AHRQ Homework
    - Gain Consensus – Are there any non-endorsed measures that can be used?
  - Introduce The Cloudburst Group
  - Develop Questions for the Clinical Literature Search Scan
- *Homework: 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***

# Review of TEP Domain success metrics

## ■ Autism



# MU CQM Results to date - Autism

## Pre-TEP Activity

- Meaningful Use Stage 1 FR – Autism: 0
- Meaningful Use Stage 2 NPRM – Autism: 0
  - [NQF 106, 7 and 8 – ADHD screening]
- High Priority Recommended Measures – Autism: 2
  - *NQF 1385 Developmental screening using a parent-completed screening tool (Parent report, Children 0-5)*
  - NQF 1399 Developmental Screening by 2 Years of Age

## TEP Recommendations

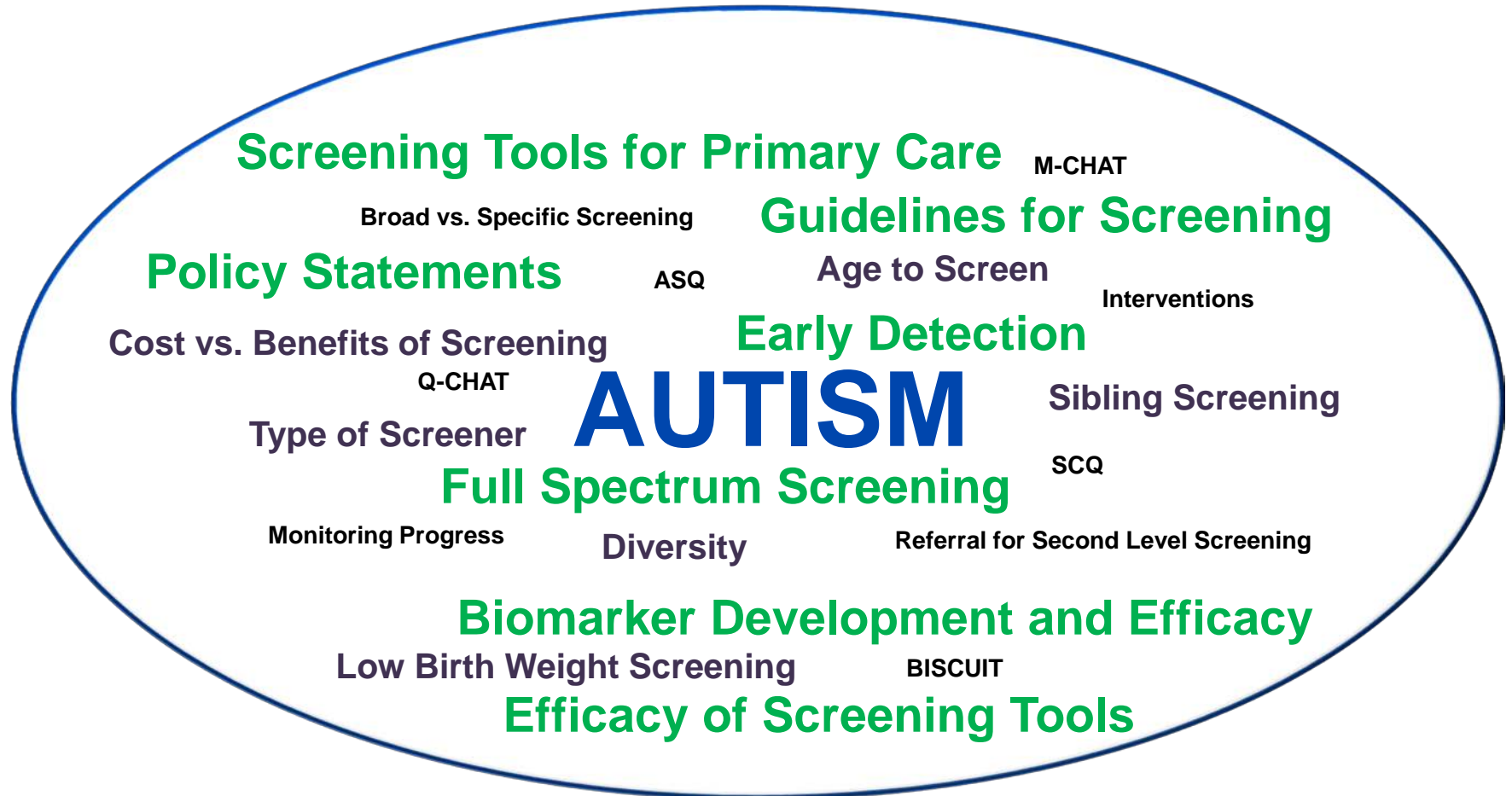
- NQF-endorsed measures – Autism: 0 additional
- AHRQ library – non-NQF-endorsed – Autism: 0
- **Promising Clinical Research: TODAY'S DISCUSSION**





# Literature Search: AUTISM

# Discussion of Phase 1 Results



## ■ Discussion Question:

- What areas of research are most promising for development of a CQM?

# Clinical Literature Search – Initial Discussion

## ■ Cloudburst Discussion Questions:

1. For the purposes of this TEP's goals should we focus on the full spectrum of autism disorders or a smaller subset?
2. Is there an age range you want to focus on for screening?
  - i.e. 18-24 months versus 24-48 months
3. Are there specific screening tools you want to focus on?
  - i.e. M-CHAT, SCQ, BISCUIT
4. Do you want to see articles where this specific screening tool is tracked for results over time?
5. Are you looking to prioritize a CQM that monitors follow-up and interventions?
6. Are you interested in further exploration of the assessment of specific skills sets?
  - i.e. Receptive language vs. Expressive language
7. Are you interested in exploring literature around bio-markers in relation to the development of a CQM?
8. Do you want to explore the question of non-screening candidate CQM's?
  - i.e. family involvement in treatment, integration of services

# Literature Search Matrix – Autism Results

## Overview of Results:

- 181 total results divided under 4 broad areas

### Executive Summary\*

#### Universal Screening with Autism Specific Tools

No consensus for universal screening for autism-specific tool (e.g. AAP vs. AAN and CNS)

Reasons cited in the research that both support and deny the need for universal screening

Very few studies have examined the sequence of screening → referral → treatment

#### Autism-Specific Screening Tools

No gold standard autism-specific screening tool

Generally tools that combine parent survey report along with provider observation of short parent follow up interview are more effective

Promising tools for primary care: M-CHAT, Autism Screening Questionnaire

Autism Behavior Checklist (ABC) and ATEC are measures for tracking changes/monitoring outcomes

#### Integrating Screening into Practice

Provider survey of current practice show that 1/3 or fewer providers use standardized DD screeners, even fewer ASD screeners

Screening intervention is generally well-received by PC providers and can be consistently administered

Need to train providers, not just implement tool

#### Electronic Health Record and ASD Practices

Issues of copyrighted tools in EHR and many still rely on paper-based and then entering into the HER

Jenson et. al 2009 article, "Implementing Electronic Health Record-Based Quality Measures for Developmental Screening"

# Discussion Questions for Matrix Review

- 1. Does the literature in the matrix represent the state of evidence in this field?**
- 2. Does the evidence support the creation of a quality measure for universal screening for ASD in the primary care arena or universal screening for Cognitive DD in the primary care arena?**
- 3. Did the scan identify enough literature to support the creation of a quality measure in the areas of referral after a positive screen or outcome measurement?**
- 4. Looking at the literature provided in the matrix, can priority next steps for the domain of autism and development of quality measures be defined?**

# **NQF 1399 Developmental Screening Age 2**

## **Measure Description:**

**The percentage of children who turned 2 years old during the measurement year who had a developmental screening performed between 12 and 24 months of age.**

## **Numerator Statement:**

**Children who had documentation in the medical record of a developmental screening (screening for risk of developmental, behavioral and social delays) between 12 and 24 months of age. Screening must be conducted using a standardized tool.**

## **Denominator Statement:**

**Children with a visit who turned 2 years of age between January 1 and December 31 of the measurement year.**



# Next Steps/Questions

# Next Steps and Questions

- **Weekly Workshops**
  - Wednesdays at 3pm-4pm
- **Next Meeting of TEP (Topic: Depression - Meeting #3):**
  - Monday, 6/25, 3-4:30pm Eastern
- **Questions?**





# Addenda



# AHRQ Measures Review

# Domain: Autism (Keyword: Autism) – Environmental Scan

## Search Criteria: Autism and Ambulatory

- **29 results initially identified**
  - 2 removed (NQF endorsed)
- **Final pool = 27 results for review**

## Full List of Original Results\*

(\*includes NQF endorsed measures)

[Click Here](#)

# Domain: Autism (Keyword: Autism) – Top Results

Measure Review (M= maybe, X=No, Y = yes)	Prioritized Result Summary
1 <input type="checkbox"/>	<p><a href="#"><u>Learning disabilities: the practice can produce a register or patients aged 18 and over with learning disabilities.</u></a> 2009 Mar. <b>[NQMC Update Pending]</b> NQMC:005120            British Medical Association - Medical Specialty Society; National Health Service (NHS) Confederation - National Government Agency [Non-U.S.].</p>
2 <input type="checkbox"/>	<p><a href="#"><u>Children with special health care needs: percentage of children who meet criteria for having special health care needs according to the Children with Special Health Care Needs Screener (CSHCN Screener).</u></a> 2000 Oct. NQMC:006162            Child and Adolescent Health Measurement Initiative - Nonprofit Organization.</p>
3 <input type="checkbox"/>	<p><a href="#"><u>Medical home: percentage of children and adolescents who meet the threshold for having a medical home according to a subset of questions from the 2007 National Survey of Children's Health.</u></a> 2007 Apr. NQMC:005619            Child and Adolescent Health Measurement Initiative - Nonprofit Organization; Maternal and Child Health Bureau of the Health Resources and Service Administration - Federal Government Agency [U.S.]; National Center for Health Statistics of the Centers for Disease Control and Prevention - Federal Government Agency [U.S.].</p>

# Domain: Autism (Keyword: Screening for Development) – Environmental Scan

## Search Criteria: Screening for Development, Ambulatory, Ages: Infant – 18 yo

- 48 results initially identified
  - 10 removed (NQF endorsed)
- Final pool = 38 results for review

## Full List of Original Results\*

(\*includes NQF endorsed measures)

[Click Here](#)

# Domain: Autism (Keyword: Screening for Development) – Top Results

		Prioritized Result Summary
	Measure Review (M= maybe, X=No, Y = yes)	
1	<input type="checkbox"/>	<a href="#"><u>Children with special health care needs: percentage of children who meet criteria for having special health care needs according to the Children with Special Health Care Needs Screener (CSHCN Screener).</u></a> 2000 Oct. NQMC:006162 Child and Adolescent Health Measurement Initiative - Nonprofit Organization.
2	<input type="checkbox"/>	<a href="#"><u>Routine prenatal care: percentage of all identified preterm birth (PTB) modifiable risk factors assessed that receive an intervention.</u></a> 2010 Jul. NQMC:006320 Institute for Clinical Systems Improvement - Nonprofit Organization.



# Discuss Preliminary Literature Search Results

MITRE Information Services

Janice Ballo and Susanne Gogos

# Phase 1 Literature Search Review

## ■ History:

- Due to the determination in Meeting 1 that there were no appropriate AHRQ results for recommendation, MITRE completed an initial literature search review of the Autism domain

## ■ Methodology:

### – Article Scan

- concentrated on more recent research (2000-2012) focusing on autism screening
- utilized Pubmed, Scopus, and PsychNet databases
- key words used in conjunction with autism were screen/screening, early detection, checklist, developmental assessment, identify/identification, biomarker(s)

### – Reports and Position Statements

- targeted key professions, societies, and health authorities

## ■ Output:

- 2 bibliographies provided via e-mail on Monday, May 21st
  - One with full text articles retrieved
  - One without full text articles





# Develop Literature Search Questions

The Cloudburst Group  
Jamie Taylor and Steve Sullivan

# 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**

# Clinical Literature Search

## ■ Cloudburst Discussion Questions:

1. For the purposes of this TEP's goals should we focus on the full spectrum of autism disorders or a smaller subset?
2. Is there an age range you want to focus on for screening?
  - i.e. 18-24 months versus 24-48 months
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8. Do you want to explore the question of non-screening candidate CQM's?
  - i.e. family involvement in treatment, integration of services

# 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)**

# 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.

**(Continued)**

# 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.

# 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)**

# MU Stage 2 NPRM Proposed BH Measures (cont.)

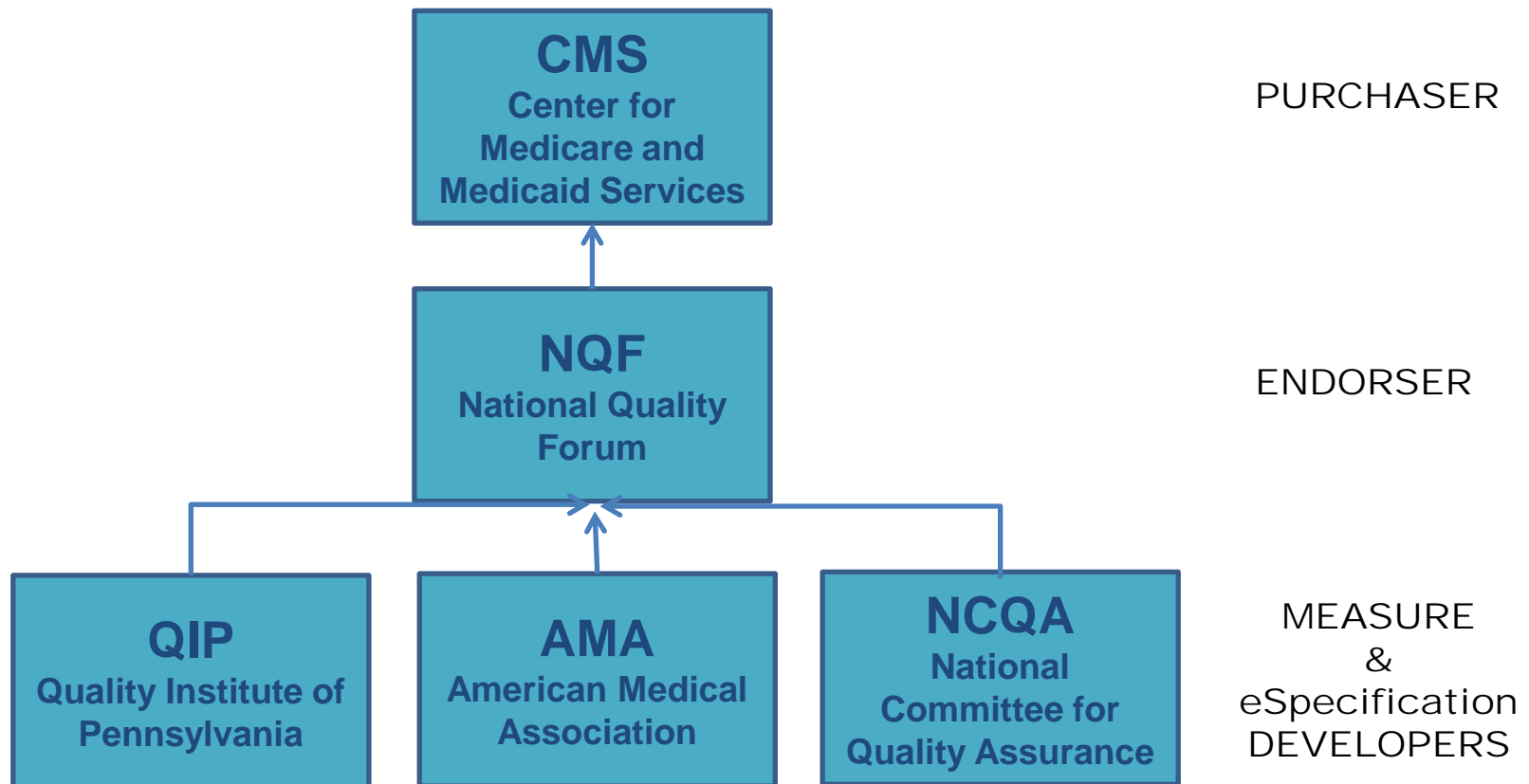
Measure Number	Title and Description	Domain
NQF 0710	Title: Depression Remission at Twelve Months	Clinical Process/ Effectiveness
NQF 0711	Title: Depression Remission at Six Months	Clinical Process/ Effectiveness
NQF 0712	Title: Depression Utilization of the PHQ-9 Tool	Clinical Process/ Effectiveness
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



# 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

# CQM Marketplace: Meaningful Use Stage 1 Example



# 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



# Quality Measure Overview

# 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)*

# 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*

# CQM Types

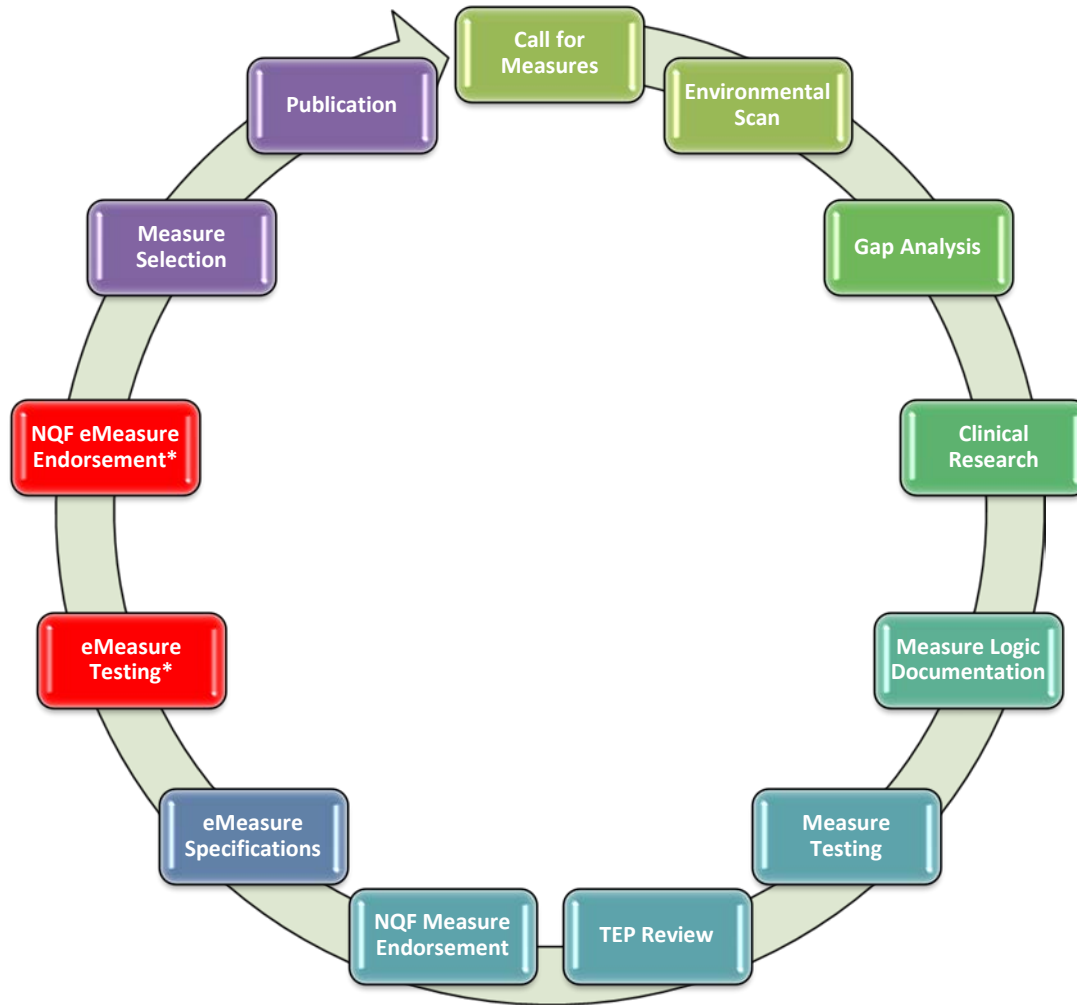
- **Access:** Attainment of timely and appropriate health care.
- **Efficiency:** Cost of care associated with a specified level of quality of care
- **Outcome:** A resulting particular state of health, e.g., controlled diabetes
- **Process:** Actions which increase the probability of achieving a desired 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

# 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.



# Measure Development Process



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

# Measure Evolution



# 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



# AHRQ – Criteria for Measure Inclusion

- For information on the AHRQ criteria for measure inclusion, please visit:

<http://www.qualitymeasures.ahrq.gov/about/inclusion-criteria.aspx>