

# Technical Expert Panel Charter

## **Project Title**

Behavioral Health Measures: Development, Re-evaluation, & Maintenance

## **Dates**

May 31, 2019 to February 14, 2024

## **Project Overview**

The Centers for Medicare & Medicaid Services (CMS) has engaged Mathematica and its partners to develop, re-evaluate, and maintain behavioral health measures that are used in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program and in several other CMS reporting and payment programs (the Quality Payment Program, Post-Acute Care Quality Initiatives, the Hospital Inpatient Reporting Program, the Marketplace Quality Rating System, and the Center for Medicare and Medicaid Innovation). The contract name is Behavioral Health Measures: Development, Reevaluation, & Maintenance (BHM-DRM). The contract number is 75FCMC18D0032. Mathematica plans on convening a group of stakeholders and experts to help guide the maintenance and development of measures for these programs.

## **Project Objectives**

The goal of this project is to provide information, support, feedback, and perspective on the identification, development, specification, testing, prioritization, maintenance, re-evaluation, and implementation of behavioral health quality measures for CMS's quality-reporting programs. These measures are intended to support CMS's and the Quality Improvement Organization Program's missions and to fulfill the requirements of the IMPACT Act.

## **TEP Objectives**

The objective of the BHM-DRM TEP is to provide feedback and perspective on the identification, development, specification, testing, maintenance, re-evaluation, and implementation of measures for the IPFQR program and other CMS behavioral health programs.

As part of its measure development and maintenance process, Mathematica requests input from a broad group of stakeholders, which may include policymakers, providers (psychiatrists, psychiatric nurses, clinical social workers, psychologists, addiction specialists, and others with experience in inpatient psychiatric facilities and behavioral health settings), quality measure experts, methodologists, patients and their caregivers, and patients' representatives or advocates. A well-balanced representation of stakeholders on the TEP will help ensure that key perspectives are considered during measure selection, development, and maintenance.

## **Scope of Responsibilities:**

The TEP will advise Mathematica and its partners (the project team) on the identification and development of clinical quality measures in terms of their importance, scientific acceptability,

feasibility, and usability. Additional TEP input may be requested for existing measures. The TEP's specific duties include the following:

- Reviewing proposed measure concepts based on findings from the environmental scan and gap analysis conducted by the project team
- Advising the project team on the prioritization of quality measures
- Evaluating issues related to the importance and implementation of measures identified and developed under this contract
- Providing feedback on the development and specifications of behavioral health measures for implementation in CMS's quality reporting programs
- Reviewing and providing feedback on existing measures
- Reviewing and providing feedback on TEP Summary Reports

TEP members will be asked to review briefing materials before meetings. They may also be called upon periodically to review information and provide comments between meetings.

### **Guiding Principles:**

Mathematica and its partners will use the following criteria to identify concepts and assess measures for development and maintenance:

- Relevance and importance to patients and their caregivers
- Program appropriateness
- Evidence of importance
- Feasibility, usability, and scientific acceptability of measures
- Existence of competing measures
- CMS and federal measurement priorities

The TEP will provide input throughout the measure development and maintenance process. The project team will consider the TEP's recommendations and convey them to CMS. The team will complete Summary Reports of TEP proceedings after meetings to highlight discussions and to document recommendations; these Summary Reports will be publicly posted. The TEP will make decisions by voting or by consensus, depending on the topic.

The project team will ensure confidentiality in TEP reports by summarizing the discussion topics and removing the names of TEP members who make comments during meetings.

### **Estimated Number and Frequency of Meetings:**

TEP members will meet up to four times per 12-month period, with one meeting per year in person and the rest via teleconference. This project is expected to span five 12-month periods.

**Date Approved by TEP:**

This charter will be reviewed and approved by TEP members, with the date of approval noted here.

**TEP Membership:**

The TEP will consist of 14 members: a chair, a co-chair, and about 12 additional members. We seek members representing the following:

- Patients and caregivers
- Consumer/patient advocates
- Health care providers (psychiatrists, psychiatric nurses, clinical social workers, psychologists, and others with experience in inpatient psychiatric facilities and other mental health and substance use disorder treatment settings)
- Health system and hospital representatives
- Policymakers
- Epidemiologists and other researchers
- Rural providers and/or providers who can help advance CMS's Rural Health Strategy<sup>1,2</sup> by applying a rural lens to the work, and keeping in mind the objectives of the Rural Health Strategy that are relevant to quality measures.<sup>3</sup>
- State health, mental health, and substance use agency representatives
- Experts in measurement science and data sources used to support measurement

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<sup>1</sup> <https://www.cms.gov/newsroom/press-releases/cms-announces-agencys-first-rural-health-strategy>

<sup>2</sup> <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Strategy-2018.pdf>

<sup>3</sup> Objectives of CMS's Rural Health strategy that are relevant to quality measures include reducing reporting burden for rural providers, and ensuring that measure sets are streamlined, outcomes-based, and meaningful to rural providers and patients.