Measure Justification Form and Instructions

Project Title:

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Funding Opportunity: Measure Development for the Quality Payment Program (Mental Health/Substance Use Care).

Date:

Information included is current on September 8, 2020

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has entered a cooperative agreement with the American Psychiatric Association (APA) and the National Committee for Quality Assurance (NCQA) to develop provider-level measures for mental health and substance use. The cooperative agreement name is MACRA/Measure Development for the Quality Payment Program. The cooperative agreement number is #1V1CMS331640-02-00.

1. Measure Name/ Title (NQF Submission Form De.2.)

Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder.

2. Type of Measure (NQF Submission Form De.1., NQF Evidence Attachment 1a.1.)

Identify a measure type from the listed items. Patient-reported outcomes (PROs) include health-related quality of life, functional status, symptom burden, experience with care, and health-related behaviors. Use the same type identified on the MIF.

☐process
☐process: appropriate use
☐outcome
☐cost/resource use
☐efficiency
☒outcome: patient-reported outcome-based performance measure (PRO-PM)
☐structure
☐outcome: intermediate outcome
☐composite

3. Importance (NQF Importance Tab)

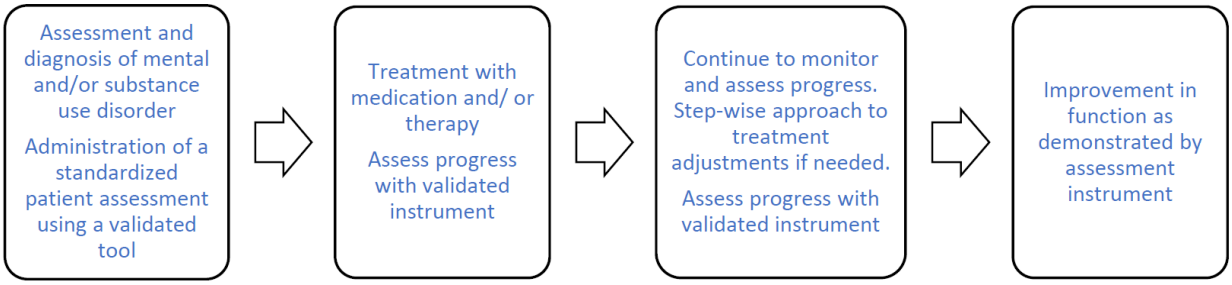
3.1 Evidence to Support the Measure Focus (for reference only) (NQF Evidence Attachment Subcriterion 1a).

Patient functioning, among other outcomes, can be improved through implementation of measurement-based care—i.e., systematic assessment using standardized tools and use of feedback to inform clinical decision-making—and use of collaborative care models, or the integration of behavioral health and general medical services to provide evidence-based, goal-oriented treatment.

3.1.1 This is a Measure of: (should be consistent with type of measure entered in NQF Measure Submission Form De.1) (NQF Evidence Attachment 1a.1)

☐process:
☐process: appropriate use: *name the measured appropriate use.*
☐outcome: *name the outcome*.
☒outcome: PRO: Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder.
☐cost/resource use: *name the cost/resource*.
☐efficiency: *name the efficiency*.
☐structure: *name the structure.*
☐intermediate outcome: *name the intermediate outcome*.
☐composite: *name what is measured*.

3.1.2 Logic Model (NQF Evidence Attachment 1a.2)



3.1.3 Value and Meaningfulness (NQF Evidence Attachment 1a.3)

Functional status is well-established as an important and valuable outcome to patients. As noted in NQF's 2009 Patient-Focused Episodes of Care Framework report, functional status represents a key dimension of health-related quality of life (HRQoL). The report states that "The ability to cope with functional deficits and views about the meaning of one's life is prominent among the factors that can significantly affect an individual's perceptions of health status and quality of life (NQF, 2009)."

As part of the development of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), the DSM-5 Research Team conducted field trials to determine feasibility, clinical utility, reliability, and where possible, validity of the proposed revisions. The trials included research questionnaires for both clinicians and patients to assess ease of use and clinical usefulness of the new diagnostic criteria and dimensional measures, including the WHODAS. Among adult patients,

consistently large proportions indicated that they thought the questionnaires would help the clinician better understand their symptoms (Moscicki, et al 2013).

References:

National Quality Forum (NQF). Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care. Washington, DC: NQF; 2009.

Moscicki EM, et al. Testing DSM-5 in Routine Clinical Practice Settings: Feasibility and Clinical Utility. *Psychiatric Services* 64:952–960, 2013.

3.1.4 Empirical Data (for outcome measures) – as applicable (NQF Evidence Attachment 1a.2)

Numerous studies have shown that patient functioning, among other outcomes, can be improved through implementation of measurement-based care—i.e., systematic assessment using standardized tools and use of feedback to inform clinical decision-making—and use of collaborative care models, or the integration of behavioral health and general medical services to provide evidence-based, goal-oriented treatment (Gondek, et al. 2016; Kaup, et al. 2009; Bauer et al. 2006).

References:

Bauer MS, McBride L, Williford WO, et al: Collaborative care for bipolar disorder: part II. impact on clinical outcome, function, and costs. Psychiatric Services 57:937–945, 2006

Knaup et al. Effect of feedback of treatment outcome in specialist mental healthcare: meta-analysis. The British Journal of Psychiatry (2009) 195, 15–22.

Gondek et al. Feedback from Outcome Measures and Treatment Effectiveness, Treatment Efficiency, and Collaborative Practice: A Systematic Review. Adm Policy Ment Health (2016) 43:325–343.

3.1.5 Systematic Review of the Evidence (for intermediate outcome, process, or structure performance measures, include those that are instrument-based) – as applicable (NQF Evidence Attachment 1a.3)

Not applicable.

3.1.6 Other Source of Evidence – as applicable (NQF Evidence Attachment 1a.4)

Not applicable.

3.1.6.1 Briefly Synthesize the Evidence (NQF Evidence Attachment 1a.4.1)

Not applicable.

3.1.6.2 Process Used to Identify the Evidence (NQF Evidence Attachment 1a.4.2)

Not applicable.

3.1.6.3 Citation(s) for the Evidence (NQF Evidence Attachment 1a.4.3)

Not applicable.

3.2 Performance Gap – Opportunity for Improvement (NQF Measure evaluation criterion 1b)

3.2.1 Rationale (NQF Submission Form 1b.1.)

Mental and substance use disorders are among the 25 leading causes of years lived with disability and contribute significantly to the global burden of disease (US Burden of Disease Collaborators, 2018). Specifically, 19% of U.S. adults (46.6 million individuals aged 18 and older) have a mental illness and 7.6% (18.7 million individuals aged 18 and older) have a substance use disorder (McCance-Katz, 2017). Mental and substance use disorders often co-occur, with about 8.5 million adults aged 18 and older in the US having both conditions (SAMHSA, 2018). Individuals with mental and/or substance use disorders are more likely to report severe impairment in functioning compared to those with chronic medical conditions (Druss et. al., 2009). In fact, the level and pattern of functional impairment is described as the best indicator of service needs, treatment outcomes, and quality care (Reed, Spaudling & Bufka, 2009; Dunn et al., 2012; Kilbourne et al., 2018), with greater level of functional impairment being a risk factor for poor prognosis for both mental and substance use disorders as well other medical conditions.

Improvement or maintaining functioning is strongly predictive of a positive outcome (McKnight & Kashdan, 2009; Dunn et al., 2011). For instance, Dunn et al. (2011) found that improvements in functioning more strongly predicted later improvement in symptoms supporting the need for a quality of care performance outcome measure related to functioning.

Many individuals who seek help for mental or substance use disorders often do so because of the direct impact of their disorders on functional impairment across multiple domains and settings, including impairment in occupational, social, and interpersonal (family/friend) functioning at home, work, and school (Druss et al., 2009; Kessler, 2012). Functional impairment combined with the endorsement of subthreshold symptoms of a mental or substance use disorder can be distressing and can lead to the development of full-blown disorders causing individuals to seek out mental health care (Ulbricht, Rothschild & Lapane, 2016). Furthermore, functional impairments frequently persist even when symptoms are in remission for some disorders (e.g., depression, anxiety) and can contribute to distress and relapse in individuals (Sheehan et al., 2011; Cohen, Greenberg & IsHak, 2013). The development of a quality measure related to improvement in (or maintenance of) functioning addresses an outcome that is of importance to the patient in that it focuses on a factor that brings them to care and impacts their quality of life. The measure is patient-centered in that it focuses on an outcome that is of interest to patients.

The majority of patients seeking behavioral health care services do so because of functional impairment. As such, measuring patient levels of function over the course of care and providing treatments that lead to improvements that are realized with the clinical efficiency of MBC can only help to reduce cost of care through reduced encounters over time. Further, patients who return to levels of functioning that allow them to return to the workforce or school, increases productivity in the system and is a cost benefit. There is also the benefit of reduced hospitalizations and emergency visits for those who are at risk for severe functional impairment.

References:

Cohen RM, Greenberg JM, IsHak WW. Incorporating multidimensional patient-reported outcomes of symptom severity, functioning, and quality of life in the Individual Burden of Illness Index for Depression to measure treatment impact and recovery in MDD. JAMA Psychiatry. 2013;70(3):343–350.

Druss, BG, et al. (2009). Impairment in role functioning in mental and chronic medical disorders in the United States: Results from the National Comorbidity Survey Replication. Molecular Psychiatry, 14, 728-737.

Dunn TW, et al. Change in Psychosocial Functioning and Depressive Symptoms during Acute-Phase Cognitive Therapy for Depression. Psychol Med. 2012 Feb; 42(2): 317–326.

Kessler RC. The costs of depression. Psychiatr Clin North Am. 2012;35(1):1–14.

Kilbourne AM, Beck K, Spaeth-Rublee B, Ramanuj P, O'Brien RW, Tamoyasu N, Pincus HA. Measuring and improving quality of mental health care: a global perspective. World Psychiatry, 2018; 17:30-38.

McCance-Katz E. The National Survey on Drug Use and Health: 2017. https://www.samhsa.gov/data/sites/default/files/nsduh-ppt-09-2018.pdf. Accessed January 20, 2019.

McKnight PE, Kashdan TB. The importance of functional impairment to mental health outcomes: a case for reassessing our goals in depression treatment research. Clin Psychol Rev. 2009;29(3):243-59.

Reed G, Spaudling W, Bufka L. The relevance of International Classification of functioning, Disability and Health to mental disorders and their treatment. ALTER, European Journal of Disability Research. 2009; 3:340–359.

SAMHSA. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health. HHS Publication No. SMA 18-5068, NSDUH Series H-53. Retrieved from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf

Sheehan DV, Harnett-Sheehan K, Spann ME, Thompson HF, Prakash A. 2011. Assessing remission in major depressive disorder and generalized anxiety disorder clinical trials with the discan metric of the Sheehan Disability Scale. Int Clin Psychopharmacol 26: 75–83.

Ulbricht CM, Rothschild AJ, Lapane KL. Functional Impairment and Changes in Depression Subtypes for Women in STAR*D: A Latent Transition Analysis. J Women's Health (Larchmt). 2016;25(5):464-72.

3.2.2 Performance Scores (NQF Submission Form 1b.2.)

This measure is currently undergoing testing; data will be provided upon completion and analysis of testing results.

3.2.3 Summary of Data Indicating Opportunity (NQF Submission Form 1b.3.)

There are many available standardized assessments to monitor functioning in health care. Still, functioning assessment tools are used less frequently and less consistently than symptom severity scales (Evans & Lam, 2014) even though functional impairment is a key component of the diagnosis of a mental or substance use disorder per Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5) (APA, 2013) and a better indicator of service needs, treatment outcomes, and quality care (Reed, Spaudling & Bufka, 2009; Kilbourne et al., 2018). Notably, a systematic search of over 90 depression treatment outcome meta-analyses revealed that less than 5% of clinical trials measure and report functioning outcomes despite the high economic burden in the US associated with direct costs specific to diagnosis and treatment ($2.1 billion) and indirect costs related to disability and premature mortality ($4.2 billion) (McKnight & Kashdan, 2009).

References:

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA:

Evans VC, Lam RW. Assessments of functional improvement: self-versus clinician-ratings. Medicographia. 2014;36(4):512–520.

McKnight PE, Kashdan TB. The importance of functional impairment to mental health outcomes: a case for reassessing our goals in depression treatment research. Clin Psychol Rev. 2009;29(3):243-59.

Kilbourne AM, Beck K, Spaeth-Rublee B, Ramanuj P, O'Brien RW, Tamoyasu N, Pincus HA. Measuring and improving quality of mental health care: a global perspective. World Psychiatry, 2018; 17:30-38.

Reed G, Spaudling W, Bufka L. The relevance of International Classification of functioning, Disability and Health to mental disorders and their treatment. ALTER, European Journal of Disability Research. 2009; 3:340–359.

3.2.4 Disparities (NQF Submission Form 1b.4.)

This measure is currently undergoing testing; data will be provided upon completion and analysis of testing results.

3.2.5 Provide summary of data if no or limited data (NQF Submission Form 1b.5.)

Gender and ethnoracial disparities exist for impairment associated with a variety of mental disorders, such that African Americans and Latinos of lower socioeconomic status demonstrate worse global psychosocial functioning and females report greater functional impairment.

The level of functional impairment associated with mental or substance use disorders as well as reduction in impairment over time vary across gender and race/ethnicity (Moitra et al., 2014; Sheehan et al., 2015). For example, a study of disparities in psychosocial impairment associated with anxiety disorders revealed that African Americans, particularly those with low income, had worse Global Assessment of Functioning (GAF) scores, worse global psychosocial functioning, and were more likely to be disabled compared to non-Latino Whites. Furthermore, Latinos, particularly those with low income, had worse global psychosocial functioning than non-Latino Whites (Moitra et al., 2014). There is some evidence that females with depression were more likely to report severe functional impairment compared to their male counterparts and more likely to report improvements in functioning following treatment intervention (Sheehan et al, 2015).

References:

Moitra E, Lewis-Fernández R, Stout RL, Angert E, Weisberg RB, Keller MB. Disparities in psychosocial functioning in a diverse sample of adults with anxiety disorders. J Anxiety Disord. 2014;28(3):335-43.

Sheehan DV, Mancini M, Wang J, et al. Assessment of functional outcomes by Sheehan Disability Scale in patients with major depressive disorder treated with duloxetine versus selective serotonin reuptake inhibitors. Hum Psychopharmacol. 2015;31(1):53-63.

4. Scientific Acceptability (NQF Scientific Acceptability Tab)

4.1 Data Sample Description (NQF Testing Attachment 1.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.1.1 What Types of Data Were Used for Testing? (NQF Testing Attachment 1.1.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

☐abstracted from paper record
☐administrative claims
☐clinical database/registry
☐abstracted from electronic health record (EHR)
☐electronic clinical quality measure (eCQM) Health Quality Measure Format (HQMF) implemented in EHRs
☐other (please describe) Click or tap here to enter text.

Measure tested with data from

☐abstracted from paper record
☐administrative claims
☐clinical database/registry
☐abstracted from EHRs
☐eCQM (HQMF) implemented in EHRs
☐other (please describe) Click or tap here to enter text.

4.1.2 Identify the Specific Dataset (NQF Testing Attachment 1.2.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.1.3 What Are the Dates of the Data Used in Testing? (NQF Testing Attachment 1.3.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.1.4 What Levels of Analysis Were Tested? (NQF Testing Attachment 1.4.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

Measure specified to measure performance of *(must be consistent with data sources entered in 3.22)* (NQF Submission Form S.20)

☐individual clinician
☐group/practice
☐hospital/facility/agency
☐health plan
☐other (please describe) Click or tap here to enter text.

Measure tested at level of

☐individual clinician
☐group/practice
☐hospital/facility/agency
☐health plan
☐other (please describe) Click or tap here to enter text.

4.1.5 How Many and Which Measured Entities Were Included in the Testing and Analysis? (NQF Testing Attachment 1.5.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.1.6 How Many and Which Patients Were Included in the Testing and Analysis? (NQF Testing Attachment 1.6.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.1.7 Sample Differences, if applicable (NQF Testing Attachment 1.7.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.1.8 What Were the Social Risk Factors That Were Available and Analyzed? (NQF Testing Attachment 1.8.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.2 Reliability Testing **(for reference only)** (NQF Testing Attachment 2a.2.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.2.1 Level of Reliability Testing (NQF Testing Attachment 2a2.1.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

☐critical data elements used in the measure (e.g., inter-abstractor reliability; data element reliability must address all critical data elements)
☐performance measure score (e.g., signal-to-noise analysis)

4.2.2 Method of Reliability Testing (NQF Testing Attachment 2a2.2.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.2.3 Statistical Results from Reliability Testing (NQF Testing Attachment 2a2.3.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.2.4 Interpretation (NQF Testing Attachment 2a2.4.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.3 Validity Testing **(for reference only)** (NQF Testing Attachment 2b1.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.3.1 Level of Validity Testing (NQF Testing Attachment 2b1.1.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

☐critical data elements (Note: Data element validity must address all critical data elements.)
☐performance measure score
☐empirical validity testing
☐systematic assessment of face validity of performance measure score as an indicator of quality or resource use (i.e., is an accurate reflection of performance on quality or resource use and can distinguish good from poor performance)

4.3.2 Method of Validity Testing (NQF Testing Attachment 2b1.2.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.3.3 Statistical Results from Validity Testing (NQF Testing Attachment 2b1.3.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.3.4 Interpretation (NQF Testing Attachment 2b1.4.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.4 Exclusions Analysis **(for reference only)** (NQF Testing Attachment 2b2.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.4.1 Method of Testing Exclusions (NQF Testing Attachment 2b2.1.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.4.2 Statistical Results from Testing Exclusions (NQF Testing Attachment 2b2.2.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.4.3 Interpretation (NQF Testing Attachment 2b2.3.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5 Risk Adjustment or Stratification for Outcome or Resource Use Measures **(for reference only)** (NQF Testing Attachment 2b3.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5.1 Method of Controlling for Differences (NQF Testing Attachment 2b3.1.)

The method of controlling for differences in case mix is

☐no risk adjustment or stratification
☐statistical risk model with (specify number) risk factors
☐stratification by (specify number) risk categories
☐other (please describe) Click or tap here to enter text.

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5.2 Rationale for Why There Is No Need for Risk Adjustment (NQF Testing Attachment 2b3.2.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5.3 Conceptual, Clinical, and Statistical Methods (NQF Testing Attachment 2b3.3.a.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5.4 Conceptual Model of Impact of Social Risks (NQF Testing Attachment 2b3.3b.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

☐published literature
☐internal data analysis
☐other (please describe) Click or tap here to enter text.

4.5.5 Statistical Results (NQF Testing Attachment 2b3.4a.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5.6 Analyses and Interpretation in Selection of Social Risk Factors (NQF Testing Attachment 2b3.4b.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5.7 Method Used to Develop the Statistical Model or Stratification Approach (NQF Testing Attachment 2b3.5.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5.8 Statistical Risk Model Discrimination Statistics (e.g., c-statistic, R^2) (NQF Testing Attachment 2b3.6.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5.9 Statistical Risk Model Calibration Statistics (e.g., Hosmer-Lemeshow statistic) (NQF Testing Attachment 2b3.7.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5.10 Statistical Risk Model Calibration—Risk decile plots or calibration curves (NQF Testing Attachment 2b3.8.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5.11 Results of Risk Stratification Analysis (NQF Testing Attachment 2b3.9.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5.12 Interpretation (NQF Testing Attachment 2b3.10.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.5.13 Optional Additional Testing for Risk Adjustment (NQF Testing Attachment 2b3.11.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.6 Identification of Meaningful Differences in Performance **(for reference only)** (NQF Testing Attachment 2b.54.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.6.1 Method (NQF Testing Attachment 2b4.1.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.6.2 Statistical Results (NQF Testing Attachment 2b4.2.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.6.3 Interpretation (NQF Testing Attachment 2b4.3.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.7 Comparability of Multiple Data Sources/Methods **(for reference only)** (NQF Testing Attachment 2b5.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.7.1 Method (NQF Testing Attachment 2b5.1.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.7.2 Statistical Results (NQF Testing Attachment 2b5.2.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.7.3 Interpretation (NQF Testing Attachment 2b5.3.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.8 Missing Data Analysis and Minimizing Bias **(for reference only)** (NQF Testing Attachment 2b6.)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.8.1 Method (NQF Testing Attachment 2b6.1)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.8.2 Missing Data Analysis (NQF Testing Attachment 2b6.2)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

4.8.3 Interpretation (NQF Testing Attachment 2b6.3)

This measure is currently undergoing testing. Section 4 will be completed after testing and analyses are complete.

5. Feasibility (NQF Feasibility Tab)

This criterion assesses the extent to which the required data are readily available, retrievable without undue burden, and are implementable for performance measurement.

5.1 Data Elements Generated as Byproduct of Care Processes (NQF Measure evaluation criterion 3a./3a.1)

Data used in the measure are (check all that apply)

☒generated or collected by and used by healthcare personnel during provision of care (e.g., blood pressure, laboratory value, diagnosis, depression score)
☐coded by someone other than the person obtaining original information (e.g., Diagnosis-Related Group [DRG], International Classification of Diseases, 10th Revision [ICD-10] codes on claims)
☒abstracted from a record by someone other than the person obtaining original information (e.g., chart abstraction for quality measure or registry)
☐other (please describe) Click or tap here to enter text.

5.2 Electronic Sources (NQF Measure evaluation criterion 3b.)

5.2.1 Data Elements Electronic Availability (NQF Submission Form 3b.1.)

☐All data elements are in defined fields in EHRs.
☐All data elements are in defined fields in electronic claims.
☐All data elements are in defined fields in electronic clinical data such as clinical registry, nursing home MDS, and home health OASIS.

☐All data elements are in defined fields in a combination of electronic sources.
☒Some data elements are in defined fields in electronic sources.
☐No data elements are in defined fields in electronic sources.
☒Data are patient/family reported information; may be electronic or paper.

5.2.2 Path to Electronic Capture (NQF Submission Form 3b.2.)

All data are electronically captured in either EHR and/or online portal application. Even if PROM data are captured by pen and paper, the clinician is still expected to document the EHR with some notation of patient assessment with tool. Completed paper tools are expected to be scanned and uploaded to the EHR so that it is part of the electronic record.

5.2.3 eCQM Feasibility (NQF Submission Form 3b.3.)

Not Applicable.

5.3 Data Collection Strategy (NQF Measure evaluation criterion 3c.)

5.3.1 Data Collection Strategy Difficulties (optional) (NQF Submission Form 3c.1.)

The implementation of measurement-based care (MBC) can require significant changes in practice for clinicians. MBC entails routine use of assessment instruments, which may not be part of providers' usual workflow, and can require a different mode of interaction with patients. Patients also need to adjust to the need for timely completion of patient-reported outcome measures (PROMs), and clinicians need to work closely with their patients to explain the purpose and value of assessment tools and how they will be used to inform and adjust treatment approaches. For these reasons, adoption of MBC may take several months and require multiple QI initiatives (e.g., PDSA cycles). As described in section 6.1.2.1, APA and NCQA have conducted regular learning collaborative sessions during the development and testing of this measure set, providing technical assistance, answering questions, and working through challenges faced by participants. As MBC is more widely adopted as part of routine clinical practice, data collection difficulties are expected to become less of a barrier to implementation.

5.3.2 Fees, Licensing, Other Requirements (NQF Submission Form 3c.2.)

Not applicable

6. Usability and Use (NQF Usability and Use Tab)

6.1 Use (NQF Measure evaluation criterion 4a.)

6.1.1 Current and Planned Use (NQF Submission Form 4.1.)

☒public reporting ***– planned use***
☐public health or disease surveillance
☒payment program ***– planned use***
☐regulatory and accreditation programs
☐professional certification or recognition program
☒quality improvement with external benchmarking to multiple organizations ***– planned use***
☐quality improvement internal to a specific organization
☐not in use
☐use unknown

6.1.1.1 Reasons for Not Publicly Reporting or Use in Other Accountability Application (NQF Submission Form 4a.1.2.)

Not Applicable.

6.1.1.2 Plan for Implementation (NQF Submission Form 4a.1.3.)

We are planning to submit the measure in 2021 for the CMS Qualified Clinical Data Registry (QCDR) program, with the intent of making it available for use in the Merit-Based Incentive Payment System (MIPS), as well as for Quality Improvement with benchmarking.

6.1.2 Feedback on the Measure by Those Being Measured or Others (NQF Measure evaluation criterion 4a2)

6.1.2.1 Technical Assistance Provided During Development or Implementation (NQF Submission Form 4a2.1.1.)

As part of the development and testing of this measure, the APA and NCQA are conducting regular learning collaborative webinar sessions. The project team has presented topics such as utilizing PsychPRO for measurement-based care, workflow successes and challenges, and overview of the suicide safety planning intervention. The webinars have had 5-15 participants in attendance, including psychiatrists, social workers, and office managers. The goal of the Learning Collaboratives is to encourage clinicians and participants to raise questions and work through problems they face administering PROMS to patients. These webinars are also an opportunity for practices to interact with each other and discuss barriers, progress, and successes. Participants have access to resources the team has developed such as the PROMs Description Guide, How to Talk to Patients About Measurement-Based Care, PsychPRO Patient Portal Guide, and Monthly Newsletters, housed on the participant resource website (https://www.psychiatry.org/psychiatrists/registry/qmdi-participant-resources). The project team also monitors the data produced by participants and has reached out to a subset to understand their progress, any challenges they face and how the project team can best support participating clinicians in adopting the MBC workflows.

Additionally, the team holds regular office hours and is available for ad-hoc appointments via email. The Learning Collaborative team provides technical assistance through screen-sharing and is available to clarify any questions about the measure concepts and specifications. Technical assistance is also provided through the PsychPRO registry. Users can contact the APA at any time with questions or concerns.

6.1.2.2 Technical Assistance with Results (NQF Submission Form 4a2.1.2.)

This measure is currently undergoing testing. This section will be completed after testing and analyses are complete.

6.1.2.3 Feedback on Measure Performance and Implementation (NQF Submission Form 4a2.2.1.)

This measure is currently undergoing testing. This section will be completed after testing and analyses are complete.

6.1.2.4 Feedback from Measured Providers (NQF Submission Form 4a2.2.2.)

This measure is currently undergoing testing. This section will be completed after testing and analyses are complete.

6.1.2.5 Feedback from Other Users (NQF Submission Form 4a2.2.3.)

This measure is currently undergoing testing. This section will be completed after testing and analyses are complete.

6.1.2.6 Consideration of Feedback (NQF Submission Form 4a2.3.)

This measure is currently undergoing testing. This section will be completed after testing and analyses are complete.

6.2 Usability (NQF Measure evaluation criterion 4b)

6.2.1 Improvement (NQF Measure evaluation criterion 4b1.)

This measure is currently undergoing testing. This section will be completed after testing and analyses are complete.

6.2.2 Unexpected Findings (NQF Measure evaluation criterion 4b2., NQF Submission Form 4b2.1.)

This measure is currently undergoing testing. This section will be completed after testing and analyses are complete.

6.2.3 Unexpected Benefits (NQF Submission Form 4b2.2.)

This measure is currently undergoing testing. This section will be completed after testing and analyses are complete.

7. Related and Competing Measures (NQF Related and Competing Measures Tab)

If a measure meets other criteria and there are endorsed or new related measures (either the same measure focus or 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.

7.1 Relation to Other NQF-Endorsed Measures (NQF Measure evaluation criterion 5, NQF Submission Form 5)

Are there related measures or competing measures?

☒yes
☐no

There are a range of NQF-endorsed measures assessing functional status, but most are focused on post-operative functional outcomes or on specific domains of functioning (e.g., Mobility, Self-Care) for patients in particular settings of care (e.g., Skilled Nursing Facilities, Long-Term Acute Care Facilities).

- 0422: Functional status change for patients with Knee impairments
- 0423: Functional status change for patients with Hip impairments
- 0424: Functional status change for patients with Foot and Ankle impairments
- 0426: Functional status change for patients with Shoulder impairments
- 0427: Functional status change for patients with elbow, wrist and hand impairments
- 0428: Functional status change for patients with General orthopaedic impairments
- 0429: Change in Basic Mobility as Measured by the AM-PAC:

- 0430: Change in Daily Activity Function as Measured by the AM-PAC:
- 0688: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (long stay)
- 0700: Functional Status Change for Patients with Low Back Impairments
- 2286: Functional Change: Change in Self Care Score
- 2287: Functional Change: Change in Motor Score
- 2321: Functional Change: Change in Mobility Score
- 2612: CARE: Improvement in Mobility
- 2613: CARE: Improvement in Self Care
- 2632: Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support
- 2633: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients
- 2634: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
- 2635: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
- 2636: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
- 2769: Functional Change: Change in Self Care Score for Skilled Nursing Facilities
- 2774: Functional Change: Change in Mobility Score for Skilled Nursing Facilities
- 2775: Functional Change: Change in Motor Score for Skilled Nursing Facilities
- 2776: Functional Change: Change in Motor Score in Long Term Acute Care Facilities
- 2777: Functional Change: Change in Self Care Score for Long Term Acute Care Facilities
- 2778: Functional Change: Change in Mobility Score for Long Term Acute Care Facilities
- 2958: Average change in functional status following lumbar spine fusion surgery
- 2962: Average change in functional status following total knee replacement surgery

7.2 Harmonization (NQF Submission Form 5a., 5a.1., 5a.2.)

Not applicable.

7.3 Competing Measures (NQF Submission Form 5b., 5b.1.)

Not applicable.

Additional Information (NQF Additional Information Tab)

Appendix

No supplemental materials.

Other Additional Information

Ad.1. Working Group/Expert Panel Involved in Measure Development

Technical Expert Panel (TEP) Members	Consumer Family Panel (CFP) Members
Anna Ratzliff, MD, PhD – Co chair *University of Washington*	Kimberly Buie *Consumer/Family Member Volunteer*

Technical Expert Panel (TEP) Members	Consumer Family Panel (CFP) Members
Jerry Halverson, MD, DFAPA – Co chair *Rogers Behavioral Health* Jolene Ramussen, MSCE, *Texas Council of Community Centers* Lisa Ryer, LCSW, *Rutgers University Behavioral Health Care* Tanni M. Bromley, MPAS, RPA-C *Landmark Health* William W. Bruck, MSN, APN, FNP-BC, CARN-AP *Seabrook-The Heart of Recovery* Caroline Carney, MD, MSc, FAPM, CPHQ *Magellan Health, RX Management* Lee Flowers, MD, MPH *Aspire Locums, LLC* Jill Harkavy Friedman, PhD *American Foundation for Suicide Prevention* Elizabeth W. McKune, Ed.D., PCMH-CCE *Passport Health Plan* Perry Meadows, MD, JD, MBA, FAAFP *Geisinger Health Plan* Kyaien O'Quinn Conner, PhD, LSW, MPH *University of South Florida* Barbra G. Rabson, MPH *Massachusetts Health Quality Partners* Arthur Robin Williams, MD, MBE *Columbia University* Jose P. Vito, MD, DFAPA *New York State Office of Mental Health* Shuba Samuel, PhD, RN, FNP-BC, APNP, CEN, CNE *Oscar G. Johnson VA Medical Center* Robert Schloesser, MD *Sheppard Pratt Health System*	William Emmett *Emmett Consulting* Mary Giliberti, JD *Mental Health America (MHA)* Jodi Kwarciany *National Alliance on Mental Illness (NAMI)* Carlos A. Larrauri *Consumer/Family Member Volunteer* Amanda MacDonald *Consumer/Family Member Volunteer* John H. Madigan, Jr. *American Foundation for Suicide Prevention* Philip Rutherford *Faces & Voices of Recovery* Marie D. Verna *Consumer/Family Member Volunteer* Lauryn Wicks *National Recovery Advocate* Phyllis Foxworth *Advocacy at Depression and Bipolar Support Alliance* Tymoteusz Kajstura *Consumer/Family Member Volunteer*

Technical Expert Panel (TEP) Members	Consumer Family Panel (CFP) Members
Thomas Smith, MD *New York State Office of Mental Health* Kari A. Stephens, PhD *University of Washington*	

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2. First Year of Measure Release

Ad.3. Month and Year of Most Recent Revision

Ad.4. What is your frequency for review/update of this measure?

Ad.5. When is your next scheduled review/update for this measure?

Ad.6. Copyright Statement

Ad.7. Disclaimers

Ad.8. Additional Information/Comments