Measure Information 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 28, 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.)

Initiation and Update to Suicide Safety Plan for Individuals with Suicidal Ideation, Behavior or Suicide Risk

2. Descriptive Information

2.1 Measure Type (NQF Submission Form De.1.)

Identify a measure type from the list. Patient-reported outcomes (PROs) include health-related quality of life, functional status, symptom burden, experience with care, and health-related behavior.

- ☒process
- ☐process: appropriate use
- ☐outcome
- ☐outcome: PRO
- ☐cost / resource use
- ☐efficiency
- ☐structure
- ☐intermediate outcome
- ☐composite

2.2 Brief Description of Measure (NQF Submission Form De.3.)

This measure assesses the percentage of individuals aged 18 and older with suicidal ideation or behavior symptoms (based on results of a standardized assessment tool) or suicide risk (based on the clinician's evaluation) for whom a suicide safety plan is initiated or initiated, reviewed and updated in

collaboration between the individual and their clinician during the measurement period. Two rates are reported:

1. The percentage of individuals for whom a suicide safety plan is initiated in collaboration between the individual and their clinician (concurrent or within 24 hours of clinical encounter).
2. The percentage of individuals for whom a suicide safety plan is initiated AND reviewed and updated in collaboration between the individual and their clinician within 120 days of initiation.

2.3 If Paired or Grouped (NQF Submission Form De.4.)

Not applicable.

3. Measure Specifications

3.1 Measure-Specific Webpage (NQF Submission Form S.1.)

Not applicable.

3.2 If this is an electronic clinical quality measure (eCQM) (NQF Submission Form S.2a.):

Not applicable.

3.3 Data Dictionary, Code Table, or Value Sets (NQF Submission Form S.2b.)

A copy of the data dictionary is attached (*MBCProcessMeasure_DataElements_September2020_DRAFT*).

This data dictionary will be updated following measure testing.

3.4 For an instrument-based measure (NQF Submission Form S.2c and S2.d):

Yes. Instruments include:

1) patient-rated tools
2) clinician rated tools

Copies of the Instruments are attached (*CSSRS_ScreenVersion; CSSRS_IntensityScale*)

3.5 Updates since last submission (NQF Submission Form S.3.1 and S.3.2)

Not applicable.

3.6 Numerator Statement (NQF Submission Form S.4.)

[Note: This is a single measure with two rates, and therefore maintains two numerators].

NUMERATOR 1:

Individuals in the target population for whom a complete suicide safety plan is initiated in collaboration between the individual and their clinician at the time the suicidal ideation, behavior or risk is identified (concurrent or within 24 hours of clinical encounter).

NUMERATOR 2:

Individuals in the target population for whom a suicide safety plan is initiated in collaboration between the individual and their clinician at the time the suicidal ideation, behavior or risk is identified

(concurrent or within 24 hours of clinical encounter) AND reviewed and updated within 120 days of initiation during the measurement period.

3.7 Numerator Details (NQF Submission Form S.5.)

Suicide safety plan (see Appendix B) is a brief intervention that involves the patient with suicidal ideation, behavior or risk and their clinician working in collaboration to identify and document a written list of warning signs, internal coping strategies that the patient can use to stay safe without involving others, sources of support including access to professional services, and way to make their environment safe. The plan must include the following six steps where the provider helps the patient to:

1 Recognize the **warning signs** of the suicidal crisis

2 Learn how to employ **internal coping strategies** without needing to contact another person

3 Understand the need and benefits of socializing with family members or others who may offer **distraction** from the suicidal crisis

4 Contact family members or friends who may help them to resolve the suicidal crisis

5 Contact **mental health professionals or agencies**

~~6~~ Identify ways to make their environment safe (e.g., reduce their access to lethal means such as firearms).

3.8 Denominator Statement (NQF Submission Form S.6.)

Individuals aged 18 and older presenting with suicidal ideation or behavior symptoms (based on results of a standardized assessment tool) or suicide risk (based on the clinician's evaluation) during the measurement period.

3.9 Denominator Details (NQF Submission Form S.7.)

Age Range: Individuals aged 18 and older as of date of the baseline encounter.

Suicidal ideation and behavior assessment: Suicidal ideation and behavior should be assessed using a standardized assessment tool such as the Columbia Suicide Severity Rating Scale (C-SSRS) – Screen Version Recent. The C-SSRS Screen Version Recent is a 6-item patient self-reported tool that enquires about wish for death, thoughts of suicide, suicidal thoughts with method without specific thoughts or intent, suicidal intent without and with specific plan, and suicide behavior. The intensity of the ideation is rated on a 5-point scale (1=least severe to 5=most severe) using the ideation intensity items from the *Since Last Visit* (January 14, 2009) version of C-SSRSS. A non-zero score on the C-SSRS Screen Version Recent indicates the need to initiate the Suicide Safety Plan and hence defines the denominator.

Other patient-reported assessment tools that qualify for this measure include, but are not limited to:

Patient Health Questionnaire (PHQ-9) - Item 9
The PHQ-9 is a routinely used scale in behavioral health and primary care. Item 9 of the instrument asks whether the patient has thoughts that they would be better off dead, or of hurting themselves.

Beck Hopelessness Scale (BHS)
The BHS is a self-report scale with 20 true-false items that assesses the construct of hopelessness across three dimensions: (1) feelings about the future; (2) loss of motivation; and (3) expectations.

Suicide Ideation Attributes Scale (SIDAS)
The SIDAS has four items assessing ideation (frequency, controllability, distress, functional impairment) and one item assessing attempt (closeness to attempt).

Suicide Behaviors Questionnaire-Revised (SBQ-R)
The SBQ-R is a 4-item self-report measure of dimensions of suicidality that consist of: (1) lifetime suicidal ideation and attempt; (2) frequency of suicidal ideation over the past 12 months; (3) threat of suicide attempt; and (4) self-reported likelihood of future suicidal behavior.

Positive and Negative Suicide Ideation (PANSI)
The Positive and Negative Suicide Ideation (PANSI) Inventory is a 14-item self-report instrument. PANSI was developed to assess the frequency of suicidal ideation that incorporates both negative risk and protective factors. PANSI is composed of two factors: six items of positive ideation (PI) and eight items of negative ideation (NI).

Suicide risk assessment: The Clinician Rating of Potential Suicide Risk (CRPSR) is a single item clinician-rated tool that was developed and tested during the DSM-5 Field Trials. The assessment tool includes a listing of risk factors for suicide and a description of a what very high-risk patient might look like. The clinician is asked to consider the list of risk factors and the description of a very high-risk patient in their clinical evaluation of the patient and to rate the patient's risk for suicide and the need for suicide prevention to be a part of the patient's current clinical management. A non-zero score on the CRPSR indicates the need to initiate the Suicide Safety Plan. The CRPSR item is rated on a 5-point scale (See Appendix B):

0 = Lowest Concern (no prior or current concern about suicidal behavior)
1 = Some Concern (prior history of suicidal ideation or behavior but preventing suicidal behavior is not a focus of the current clinical management of the patient)
2 = Moderate Concern (preventing suicidal behavior is a part of current clinical management but less important than other components of the treatment plan)
3 = High Concern (preventing suicidal behavior is one of the main goals in the current clinical management of the patient)
4 = Imminent Concern (preventing suicidal behavior is the most important goal in the current clinical management of the patient)

Other clinician rated assessment tools that qualify for this measure include, but are not limited to: Suicide Assessment Five-step Evaluation & Triage (SAFE-T), SAFE-T Protocol with C-SSRS (Columbia Risk & Protective Factors) Lifetime/Recent.

3.10 Denominator Exclusions (NQF Includes "Exception" in the "Exclusion" Field) (NQF Submission Form S.8.)

Exclusion(s)

Exclude patients that are unable to complete assessment, have a documented refusal, or transfer of care. This section will be finalized following measure testing.

Exception(s)

One or more of the following conditions are documented in the medical record:

- Clinician determined that the individual is in an urgent or emergency situation where time is of the essence and to delay treatment would jeopardize the individual's health status,
- Psychiatric crisis evaluation (any crisis code),
- Clinician determined that the individual is unable to complete assessment due to acute symptoms of dementia, psychosis, medical conditions, or intoxication,
- Situations where the individual's functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools. For example: certain court appointed cases or cases of delirium.

3.11 Denominator Exclusion Details (NQF Includes "Exception" in the "Exclusion" Field) (NQF Submission Form S.9.)

To be determined. This section will be updated following measure testing.

3.12 Stratification Details/Variables (NQF Submission Form S.10.)

Not applicable.

3.13 Risk Adjustment Type (NQF Submission Form S.11.)

☒no risk adjustment or risk stratification
☐stratification by risk category/subgroup
☐statistical risk model
☐other (S.13.a.)

3.14 Type of Score (NQF Submission Form S.12.):

- ☐count
- ☒rate/proportion
- ☐ratio
- ☐categorical (e.g., yes or no)
- ☐continuous variable (CV) (e.g., an average)
- ☐other (specify)

3.15 Interpretation of Score (NQF Submission Form S.13.)

Better quality = higher score

3.16 Calculation Algorithm/Measure Logic (NQF Submission Form S.14.)

STEP 1: Initial denominator population. Identify individuals aged 18 and older with any suicidal ideation, behaviors, or suicide risk based on results of a standardized patient reported or clinician-rated tool with an encounter during the measurement period (Jan 1-Dec 31) (section 3.8 and 3.9).

STEP 2: Identify exclusions from denominator. For all individuals included in the denominator in Step 1 above, identify all individuals that meet the exclusion criteria as defined in sections 3.10 and 3.11. (Exclusion criteria will be determined during testing).

STEP 3: Identify final denominator population. For all individuals included in the denominator in Step 1 above, identify and remove all individuals that meet the exclusion criteria as defined in sections 3.10 and 3.11. (Exclusion criteria will be determined during measure testing).

STEP 4: Final numerator population. Determine the number of patients who meet performance criteria defined in section 3.6 and 3.7:

Numerator 1- Complete suicide safety plan is documented in the medical/health record.

Numerator 2- Complete suicide safety plan AND a review and update to the suicide safety plan is documented in the medical/health record within 120 days of the initial suicide safety plan being created.

STEP 5: Document exceptions. For all individuals who did not meet numerator criteria, check for documented exceptions as defined in criteria in sections 3.10 and 3.11.

STEP 6: Calculate the performance scores for the two measure rates for the given measurement period as follows:

Performance Score Rate 1 = Final Numerator 1 Population (*Step 4*) ÷ Final Denominator Population (*Step 3*).

Performance Score Rate 2 = Final Numerator 2 Population (*Step 4*) ÷ (Final Denominator Population (*Step 3*).

3.17 Sampling (NQF Submission Form S.15.)

Proxy responses are not permitted for this measure.

3.18 Survey/Patient-Reported Data (NQF Submission Form S.16.)

Not Applicable.

3.19 Data Source (NQF Submission Form S.17.)

Indicate all sources for which the measure is specified and tested.

☐administrative data
☐claims data
☒patient medical records (i.e., paper-based or electronic)
☒electronic clinical data
☒registries
☐standardized patient assessments
☒patient-reported data and surveys
☐non-medical data
☐other—describe in 3.20 (NQF Submission Form S.18.)

3.20 Data Source or Collection Instrument (NQF Submission Form S.18.)

This measure is intended to be collected via registry or EHR. There are 2 modes of data collection in the PsychPRO registry: 1) through the registry online portal components (i.e., an electronic portal whereby information is entered directly by either the patient or the clinician) and 2) via direct electronic integration with participating providers' EHRs, practice management systems and/or other patient

reported outcome (PRO) applications. Data from any 1 practice may comprise information: (i) solely from EHRs, (ii) solely from the online portals, or (iii) from both online portals and EHRs.

3.21 Data Source or Collection Instrument (Reference) (NQF Submission Form S.19.)

https://www.psychiatry.org/psychiatrists/registry

- Suicide Safety Plan

Stanley, B., & Brown, G. K. (2012). Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk. *Cognitive and Behavioral Practice, 19*(2), 256-264. doi:10.1016/j.cbpra.2011.01.001

3.22 Level of Analysis (NQF Submission Form S.20.)

Indicate only the levels for which the measure is specified and tested.

☒clinician: individual
☒clinician: group/practice
☐facility
☐health plan
☐integrated delivery system
☐population: community, county, or city
☐population: regional and state
☐other

3.23 Care Setting (NQF Submission Form S.21.)

Indicate only the settings for which the measure is specified and tested.

☐ambulatory surgery center
☒clinician office/clinic
☐outpatient rehabilitation
☐urgent care – Ambulatory
☐behavioral health: Inpatient
☒behavioral health: Outpatient
☐dialysis facility
☐emergency medical services/ambulance
☐emergency department
☐home health
☐hospice
☐hospital
☐hospital: critical care
☐hospital: acute care facility
☐imaging facility
☐laboratory
☐pharmacy
☐nursing home / skilled nursing facility (SNF)
☐inpatient rehabilitation facility (IRF)
☐long-term acute care
☐birthing center

☐no applicable care setting
☐other

3.24 Composite Performance Measure (NQF Submission Form S.22.)

Not Applicable.