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.)

Reduction in Suicidal Ideation or Behavior Symptoms

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.)

The percentage of individuals aged 18 and older who demonstrated a reduction in suicidal ideation and/or behavior symptoms based on results from the Columbia-Suicide Severity Rating Scale 'Screen Version' plus the Intensity of Ideation Subscale of the 'Since Last Visit' version of the C-SSRS (C-SSRS+) within 90 days (+30 days) after a baseline visit.

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 (*MBCOutcome_DataElements_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):

Columbia-Suicide Severity Rating Scale (C-SSRS) 'Screen Version,' plus the Intensity of Ideation Subscale of the 'Since Last Visit' version of the C-SSRS (C-SSRS+) (**respondent = patient**)

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.)

Individuals who demonstrated a reduction in suicidal ideation and/or behavior symptoms as demonstrated by results of a follow-up assessment using the C-SSRS+ within 90 days (+30 days) after the baseline assessment during the measurement period.

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

Reduction: Change in score/clinically meaningful change in score. This section will be updated following measure testing.

Follow-up Assessment: Follow-up assessment using the C-SSRS+ will occur at a separate encounter from the baseline assessment. This assessment will be administered within 90 days (+30 days) after the baseline assessment within the 12-month measurement period. If there are multiple assessments during the measurement period, the assessment that will be counted as the follow-up is the last assessment completed within 90 days (+30 days) after the baseline assessment.

Columbia-Suicide Severity Rating Scale 'Screen Version' plus Intensity of Ideation Subscale of the C-SSRS 'Since Last Visit' Version (C-SSRS+): Suicidal ideation and behavior and its intensity should be assessed using the Columbia-Suicide Severity Rating Scale 'Screen Version' plus the Intensity of Ideation Subscale of the 'Since Last Visit' version of the C-SSRS (i.e., C-SSRS+). The C-SSRS+ includes a 6-item patient self-reported tool that asks 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 along with the intensity of suicidal ideation subscale. The subscale is rated on a 5-point scale (1=least severe to 5=most severe).

Baseline Assessment: Defined in denominator details (Section 3.9)

Measurement Period: A standard 12-month calendar year

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

Individuals aged 18 and older with suicidal ideation and/or behavior symptoms OR deemed a suicide risk based on their clinician's evaluation using the CRPSR or similar tool and have an encounter with a baseline assessment completed using the C-SSRS+ during the denominator identification period.

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

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

Suicidal Ideation and/or Behavior Symptoms: Based on results of the C-SSRS+. Cutoff scores for level of suicidal ideation and/or behavior symptoms and meaningful change will be determined during testing.

Suicide Risk: 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 what a very high-risk individuals might look like. The clinician is asked to consider the list of risk factors and the description of a very high-risk individual in their clinical evaluation of the individual and to rate the individual's suicide risk and need for suicide prevention to be part of the individual's current clinical management. The CRPSR item is rated on a 5-point scale:

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 individual)

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 individual)

4 = Imminent Concern (preventing suicidal behavior is the most important goal in the current clinical management of the individual)

Currently, an individual is deemed a suicide risk if the clinician gives a rating of 2 or higher. This will be explored more during testing and this section will be updated accordingly.

Codes Used to Identify Diagnosis (CPT or HCPCS): Mental, Behavioral and Neurodevelopmental disorders – F01-F99

Codes Used to Identify Encounter Type (CPT or HCPCS): 59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92625, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 96150, 96151, 97165, 97166, 97167, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326,

99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99483, 99484, 99492, 99493, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, G0101, G0402, G0438, G0439, G0444

Baseline Assessment: The encounter when the individual first completes the C-SSRS+ will be counted as the baseline assessment. If there are multiple assessments during the measurement period, the assessment that will be counted as the baseline is the first assessment completed during the denominator identification period.

Denominator Identification Period: The period in which individuals can have an encounter with a baseline assessment using the C-SSRS+. The denominator encounter period is the 10-month window starting on November 1 of the year prior to the measurement year and ending on September 1 of the measurement year.

This section will be updated following measure testing

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

Exclusion(s)

This section will be determined 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.)

Stratifications based on patient and provider characteristics will be determined in testing.

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.)

Risk adjustments based on patient and provider characteristics will be determined in testing.

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 all individuals aged 18 and older with suicidal ideation and/or behaviors and an encounter with a baseline assessment completed using the C-SSRS+ during the denominator identification period as defined in sections 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: Identify final numerator population. Identify all individuals who demonstrated a reduction in suicidal ideation and/or behavior symptoms as demonstrated by results of a follow-up assessment using the C-SSRS+ within 90 days (+ 30 days) after the baseline assessment during the measurement period, as defined in sections 3.6 and 3.7.

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 score for the given measurement period as follows:

Performance Score = Final Numerator Population (Step 4) ÷ Final Denominator Population (Step 3)

Note: Steps will be revised to incorporate risk adjustment and/or stratification approach based on results from testing.

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.)

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

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

Recovery Assessment Scale (RAS)-24

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.