

Appendix 5.3.4a Additional Validity Testing Results

This section provides validity testing results to accompany Section 5.3.4 of the Full Measure Submission.

Section 5.3.4a.1: Convergent Validity Testing

As described in Section 5.3.4 of the Full Measure Submission, we demonstrated the measure's convergent validity at the clinician and clinician group levels using a related measure, a claims-based version of QID #009/CMS128v12 Antidepressant Medication Management, the Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) measure Antidepressant Medication Management (AMM). The results of this testing are presented in Table 5.3.4a.1-1. Interpretation of these results can be found in Section 5.3.5 of the Full Measure Submission.

Table 5.3.4a.1-1: Results of Convergent Validity Testing Using Antidepressant Medication Management (AMM)

Level of Accountability	Number of Entities Included in Testing	Number of Beneficiaries Included in Testing	Mean (SD) Performance Rate (NQF #1879)	Mean (SD) Performance Rate (AMM)	Rank Correlation Coefficient (95% CI)	p-value
Clinicians with ≥ 20 beneficiaries	764	55,132 (NQF #1879) 64,671 (AMM)	75.0% (13.5%)	52.4% (11.7%)	0.403 (0.34, 0.46)	<.0001
Clinician groups with ≥ 20 beneficiaries	359	30,514 (NQF #1879) 46,499 (AMM)	75.0% (11.5%)	52.3% (8.9%)	0.245 (0.14, 0.34)	<.0001

As discussed in Sections 5.3.3 and 5.3.4 of the Full Measure Submission, we also tested the measure's convergent validity at the reporting provider level using related measures voluntarily self-reported by clinicians to the Quality Payment Program (QPP). Table 5.3.4a.1-2 shows the characteristics of these self-reporting entities. The results of convergent validity testing with QPP data are summarized in Section 5.3.4 of the Full Measure Submission because the number of beneficiaries involved in QPP testing could not be enumerated, due to the aggregate nature of the program data.

¹ HEDIS[®] is a trademark of the National Committee for Quality Assurance (NCQA).

Table 5.3.4a.1-2 Characteristics of Reporting Entities, 2017-2022

Characteristic	Number	Percent
CLINICIAN SPECIALTY	**	**
Psychiatry	1,527	38.0%
Nurse Practitioner	1,101	27.4%
Physician Assistant	204	5.1%
Internal Medicine	100	2.5%
Family Practice	56	1.4%
Clinical Psychologist	685	17.0%
Other	348	8.7%
CLINICIAN PRACTICE	**	**
Group	3,676	91.4%
Individual	345	8.6%
YEARS OF MEDICARE PARTICIPATION	**	**
<10 years	2,092	52.0%
>=10 years	1,929	48.0%
PRACTICE SIZE	**	**
<30 clinicians	1,398	34.8%
30-59 clinicians	626	15.6%
60-89 clinicians	502	12.5%
>=90 clinicians	1,495	37.2%
STATE	**	**
Texas	885	22.0%
Maryland	603	15.0%
Florida	396	9.8%
Pennsylvania	301	7.5%
New York	233	5.8%
Arizona	189	4.7%
California	168	4.2%
All other states	1,246	31.0%
PERFORMANCE YEAR	**	**
2017	726	18.1%
2018	489	12.2%
2019	736	18.3%
2020	976	24.3%
2021	652	16.2%
2022	442	11.0%

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Section 5.3.4a.2: Exclusions Analysis

Individuals with dementia represented approximately 21 percent of all Medicare FFS beneficiaries eligible for the measure denominator. The results in Table 5.3.4a.2-1 demonstrate how the exclusion impacts performance rates for clinicians, clinician groups, and states. As expected, performance rates are slightly higher (approximately 2%) for both clinicians and clinician groups with the exclusion applied.

Table 5.3.4a.2- 1: Results of Exclusions Analysis

Level of Accountability	Number of Clinicians/ Clinician Groups	Performance Rate
Clinicians without exclusion applied	2,791	75.5%
Clinicians with exclusion applied	2,311	77.5%
Clinician groups without exclusion applied	2,722	75.4%
Clinician groups with exclusion applied	2,254	77.5%

While measure performance rates are relatively consistent with and without the exclusion applied, individuals with dementia represent a population for which adherence to antipsychotic medications is associated with an increased risk of mortality (please see the Measure Evidence Form for more details). Therefore, expert work groups for this measure have consistently recommended their exclusion from the measure.