



Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to sub criterion 1b).

Brief Measure Information

NQF #: 2599

Corresponding Measures:

De.2. Measure Title: Alcohol Screening and Follow-up for People with Serious Mental Illness

Co.1.1. Measure Steward: National Committee for Quality Assurance

De.3. Brief Description of Measure: The percentage of patients 18 years and older with a serious mental illness, who were screened for unhealthy alcohol use and received brief counseling or other follow-up care if identified as an unhealthy alcohol user.

Note: The proposed health plan measure is adapted from an existing provider-level measure for the general population (NQF #2152: Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling). It was originally endorsed in 2014 and is currently stewarded by the American Medical Association (AMA-PCPI).

1b.1. Developer Rationale: The goal of this measure is to identify patients with serious mental illness who were screened for unhealthy alcohol use and if they were determined to be unhealthy alcohol users, who received follow-up care. Evidence suggests that people with serious mental illness are at higher risk of unhealthy alcohol use compared to the general population. Unhealthy alcohol use is linked to poor health outcomes such as liver cirrhosis, premature death, respiratory problems and increased health care costs. Screening and counseling interventions are effective in reducing unhealthy alcohol use among patients with serious mental illness and improve patient's ability to complete activities of daily living, decrease psychiatric symptoms, and decreased rate of hospitalization due to unhealthy alcohol use (Drake, 2008).

This measure is part of a group of measures developed to address situations where people with serious mental illness or alcohol or other drug dependence are at higher risk of the condition or where there is evidence of a disparity in receipt of evidence-based care compared to the general population.

Citations:

Drake RE, O'Neal EL, Wallach MA. (2008). A systematic review of psychosocial research on psychosocial interventions for people with co-occurring severe mental and substance use disorders. *Journal of Substance Abuse Treatment*. 34(1):123-38.

S.4. Numerator Statement: Patients 18 years and older who are screened for unhealthy alcohol use during the last 3 months of the year prior to the measurement year through the first 9 months of the measurement year and received two events of counseling if identified as an unhealthy alcohol user.

S.6. Denominator Statement: All patients 18 years of age or older as of December 31 of the measurement year with at least one inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year.

S.8. Denominator Exclusions: Active diagnosis of alcohol abuse or dependence during the first nine months of the year prior to the measurement year (see Alcohol Disorders Value Set).

De.1. Measure Type: Process

S.17. Data Source: Claims, Electronic Health Records, Paper Medical Records

S.20. Level of Analysis: Health Plan

IF Endorsement Maintenance – Original Endorsement Date: Mar 06, 2015 **Most Recent Endorsement Date:** Mar 06, 2015

IF this measure is included in a composite, NQF Composite#/title:

IF this measure is paired/grouped, NQF#/title:

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results? Preventive Screening and Monitoring of Chronic Conditions for People with Behavioral Health Conditions

This measure is part of a group of measures developed to assess prevention and monitoring for general medical conditions among patients with behavioral health conditions. All of the measures in this set address situations where people with serious mental illness or alcohol or other drug dependence are at higher risk of having the condition or problem or where there is evidence of a disparity in access to evidence-based care. In addition, all of the measures are harmonized with existing NQF endorsed measures that are used in national quality measurement programs. While it is not necessary to report this measure as part of this group, we received broad stakeholder support for public reporting of this measurement set (Preventive Screening and Monitoring of Chronic Conditions for People with Behavioral Health Conditions) which includes:

Controlling Blood Pressure for People with Serious Mental Illness

Diabetes Care for People with Serious Mental Illness (six measures)

Body Mass Index Screening and Follow-up for People with Serious Mental Illness

Tobacco Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence

Alcohol Screening and Follow-up for People with Serious Mental Illness

1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. **Measures must be judged to meet all sub criteria to pass this criterion and be evaluated against the remaining criteria.**

1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form

[EF_-_Alcohol_073114.docx, Alcohol_Screening_and_Follow-up_for_People_with_Serious_Mental_Illness_NQF_-2599.xlsx](#)

1a.1 For Maintenance of Endorsement: Is there new evidence about the measure since the last update/submission?

Do not remove any existing information. If there have been any changes to evidence, the Committee will consider the new evidence. Please use the most current version of the evidence attachment (v7.1). Please use red font to indicate updated evidence.

1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- Disparities in care across population groups.

1b.1. Briefly explain the rationale for this measure (e.g., how the measure will improve the quality of care, the benefits or improvements in quality envisioned by use of this measure)

If a COMPOSITE (e.g., combination of component measure scores, all-or-none, any-or-none), SKIP this question and answer the composite questions.

The goal of this measure is to identify patients with serious mental illness who were screened for unhealthy alcohol use and if they were determined to be unhealthy alcohol users, who received follow-up care. Evidence suggests that people with serious mental illness are at higher risk of unhealthy alcohol use compared to the general population. Unhealthy alcohol use is linked to poor health outcomes such as liver cirrhosis, premature death, respiratory problems and increased health care costs. Screening and counseling interventions are effective in reducing unhealthy alcohol use among patients with serious mental illness and improve patient's ability to complete activities of daily living, decrease psychiatric symptoms, and decreased rate of hospitalization due to unhealthy alcohol use (Drake, 2008).

This measure is part of a group of measures developed to address situations where people with serious mental illness or alcohol or other drug dependence are at higher risk of the condition or where there is evidence of a disparity in receipt of evidence-based care compared to the general population.

Citations:

Drake RE, O'Neal EL, Wallach MA. (2008). A systematic review of psychosocial research on psychosocial interventions for people with co-occurring severe mental and substance use disorders. *Journal of Substance Abuse Treatment*. 34(1):123-38.

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. (*This is required for maintenance of endorsement. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.*) This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.

New Measure: Not applicable

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.

Data on alcohol use screening and follow-up for people with serious mental illness are limited. We only found three studies that discussed alcohol use or receipt of alcohol prevention services. In 2002, 13.7% of adults with SMI and an alcohol or other drug use disorder received specialty alcohol or other drug use treatment (Epstein, 2004). Another study indicates only 35% of binge drinkers in the general population address the alcohol use with their providers (McKnight-Eily, 2014). The third study found that in the general adult population less than 55% of received recommended alcohol prevention services, 18% received necessary education and counseling and only ten percent were provided recommended care (McGlynn, 2003).

Citations:

Epstein J., Barker, P., Vorburger, M., & Murtha, C. (2004). Serious mental illness and its co-occurrence with substance use disorders, 2002 (DHHS Publication No. SMA 04-3905, Analytic Series A-24). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. <http://www.samhsa.gov/data/CoD/CoD.pdf>

McGlynn EA, Asch SM, Adams J, et al. (2003) The quality of health care delivered to adults in the United States. *N Engl J Med*. 348:2635–45.

McKnight-Eily LR, Liu Y, Brewer RD, et al. (2014) Vital Signs: Communication Between Health Professionals and Their Patients About Alcohol Use — 44 States and the District of Columbia, 2011. *MMWR Morb Mortal Wkly Rep*. 63:16-22.

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. (*This is required for maintenance of endorsement. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included.*) For measures that show high levels of performance, i.e., “topped out”, disparities data may demonstrate an opportunity for improvement/gap in care for certain sub-populations. This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.

Our field test among 3 Medicaid health plans showed that 36.8% of people with serious mental illness had alcohol use screening and appropriate follow-up.

Because the existing provider-level measures (NQF # 2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling) was recently endorsed, there are limited data for comparison.

More information on differences by age, gender and diagnosis are provided in the testing form. We were unable to assess differences by race/ethnicity or language needs in our field test due to lack of consistently available data.

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b.4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations. Not necessary if performance data provided in 1b.4

2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when

implemented. **Measures must be judged to meet the sub criteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.**

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

De.5. Subject/Topic Area (check all the areas that apply):

Behavioral Health, Behavioral Health : Alcohol, Substance Use/Abuse, Behavioral Health : Other Serious Mental Illness

De.6. Non-Condition Specific(check all the areas that apply):

Disparities Sensitive, Primary Prevention, Screening

De.7. Target Population Category (Check all the populations for which the measure is specified and tested if any):

Populations at Risk, Populations at Risk : Dual eligible beneficiaries

S.1. Measure-specific Web Page (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

Not applicable.

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

This is not an eMeasure **Attachment:** Alcohol_Screening_and_Follow-up_for_People_with_Serious_Mental_Illness_NQF_-2599-636769175264950242.xlsx,TF_-_Alcohol_073114-635473325599545531-636010665630214524-636306266623772150-636769175264950242.docx

S.2b. Data Dictionary, Code Table, or Value Sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

Attachment Attachment: 2599_Alcohol_Screening_for_People_With_Mental_Illness_Value_Set-636583545268612951-636769175260262857.xlsx

S.2c. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

No, this is not an instrument-based measure **Attachment:**

S.2d. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

Not an instrument-based measure

S.3.1. For maintenance of endorsement: Are there changes to the specifications since the last updates/submission. If yes, update the specifications for S1-2 and S4-22 and explain reasons for the changes in S3.2.

No

S.3.2. For maintenance of endorsement, please briefly describe any important changes to the measure specifications since last measure update and explain the reasons.

Not applicable.

S.4. Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome) DO NOT include the rationale for the measure.

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

Patients 18 years and older who are screened for unhealthy alcohol use during the last 3 months of the year prior to the measurement year through the first 9 months of the measurement year and received two events of counseling if identified as an

unhealthy alcohol user.

S.5. Numerator Details *(All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)*

IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

Alcohol Use Screening

ADMINISTRATIVE:

Patients who had systematic screening for unhealthy alcohol use (see Alcohol Screening Value Set) as identified by claim/encounter data during the last 3 months of the year prior to the measurement year through the first 9 months of the measurement year.

MEDICAL RECORD:

Patients who had systematic screening for unhealthy alcohol use during the last 3 months of the year prior to the measurement year through the first 9 months of the measurement year.

Systematic Screening

A systematic screening method is defined as:

Asking the patient about their weekly use (alcoholic drinks per week), or

Asking the patient about their per occasion use (alcoholic drinks per drinking day) or

Using a standardized tool such as the AUDIT, AUDIT-C, or CAGE or

Using another standardized tool

Unhealthy Alcohol Use

Unhealthy alcohol use covers a spectrum that is associated with varying degrees of risk to health. Categories representing unhealthy alcohol use include risky use, problem drinking, harmful use, and alcohol abuse, and the less common but more severe alcoholism and alcohol dependence. Risky use is defined as >7 standard drinks per week or >3 drinks per occasion for women and persons >65 years of age; >14 standard drinks per week or >4 drinks per occasion for men >65 years of age.

Follow-Up

ADMINISTRATIVE:

Patients who received two events of counseling (see Alcohol Screening and Brief Counseling Value Set) as identified by claim/encounter data within three months of screening if identified as unhealthy alcohol users.

MEDICAL RECORD:

Patients who received two events of counseling within three months of screening if identified as unhealthy alcohol users. The two event of counseling could be with the provider who performed screening or another provider including health plan clinical case managers. Participation in peer led support activities (such as Alcoholics Anonymous or Narcotics Anonymous) can count if documented in the health record (referrals alone do not count).

Counseling

Counseling may include at least one of the following:

Feedback on alcohol use and harms

Identification of high risk situations for drinking and coping strategies

Increase the motivation to reduce drinking

Development of a personal plan to reduce drinking

S.6. Denominator Statement *(Brief, narrative description of the target population being measured)*

All patients 18 years of age or older as of December 31 of the measurement year with at least one inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year.

S.7. Denominator Details (All information required to identify and calculate the target population/denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)

IF an OUTCOME MEASURE, describe how the target population is identified. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

Age: 18 years and older

Benefit: Medical

Continuous Enrollment: No more than one gap in enrollment of up to 45 days during each year of the measurement year and the year prior. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the person may not have more than a one month gap in coverage (i.e., a person whose coverage lapses for two months [60 days] is not considered continuously enrolled).

Diagnosis Criteria: Identify patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year or the year prior:

At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:

BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set

BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set

At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:

BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set

BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set

ED Value Set with one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set

BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set

BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set

BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set

S.8. Denominator Exclusions (Brief narrative description of exclusions from the target population)

Active diagnosis of alcohol abuse or dependence during the first nine months of the year prior to the measurement year (see Alcohol Disorders Value Set).

S.9. Denominator Exclusion Details (All information required to identify and calculate exclusions from the denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)

Denominator exclusions are found through medical record or claims data (see Alcohol Disorders Value Set).
S.10. Stratification Information (Provide all information required to stratify the measure results, if necessary, including the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically-adjusted version of the measure when appropriate – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b.) Not applicable.
S.11. Risk Adjustment Type (Select type. Provide specifications for risk stratification in measure testing attachment) No risk adjustment or risk stratification If other:
S.12. Type of score: Rate/proportion If other:
S.13. Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score) Better quality = Higher score
S.14. Calculation Algorithm/Measure Logic (Diagram or describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; time period for data, aggregating data; risk adjustment; etc.) Step 1: Determine the eligible population. Step 1A: Identify all patients 18 years of age or older with a serious mental illness Step 1B: Exclude patients from step 1A who have a diagnosis of unhealthy alcohol use during the first 9 months of the year prior to the measurement year. Step 2: Identify Numerator. Step 2A: Identify the date of screening for unhealthy alcohol use during the measurement year or the year prior within the medical chart Step 2B: Identify the unhealthy alcohol screening result within the medical chart. If negative for unhealthy alcohol use, stop. Step 2C: If positive for unhealthy alcohol use, identify the date of any follow-up care occurring within three months of screening. Step 3: Calculate the rate by adding the number of patients with a negative screening for unhealthy alcohol use (from step 2B) plus the number of patients with positive screening for unhealthy alcohol use and those who received follow-up care (from step 2C) and divide this by the number of patients calculated to be in the eligible population (those remaining after Step 1B is complete.)
S.15. Sampling (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.) If an instrument-based performance measure (e.g., PRO-PM), identify whether (and how) proxy responses are allowed. Not applicable.
S.16. Survey/Patient-reported data (If measure is based on a survey or instrument, provide instructions for data collection and guidance on minimum response rate.) Specify calculation of response rates to be reported with performance measure results. Not applicable.
S.17. Data Source (Check ONLY the sources for which the measure is SPECIFIED AND TESTED). If other, please describe in S.18. Claims, Electronic Health Records, Paper Medical Records
S.18. Data Source or Collection Instrument (Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc., and describe how data are collected.) If instrument-based, identify the specific instrument(s) and standard methods, modes, and languages of administration. The denominator for this measure is based on administrative claims. The numerator for this measure is based on administrative claims and/or medical record documentation collected in the course of providing care to health plan patients.

S.19. Data Source or Collection Instrument (available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

No data collection instrument provided

S.20. Level of Analysis (Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)

Health Plan

S.21. Care Setting (Check ONLY the settings for which the measure is SPECIFIED AND TESTED)

Outpatient Services

If other:

S.22. COMPOSITE Performance Measure - Additional Specifications (Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)

Not applicable.

2. Validity – See attached Measure Testing Submission Form

[Alcohol_Screening_and_Follow-up_for_People_with_Serious_Mental_Illness_NQF_-2599-635427417581614456.xlsx,TF_-_Alcohol_073114-635473326101676690.docx](#)

2.1 For maintenance of endorsement

Reliability testing: If testing of reliability of the measure score was not presented in prior submission(s), has reliability testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.

2.2 For maintenance of endorsement

Has additional empirical validity testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.

2.3 For maintenance of endorsement

Risk adjustment: For outcome, resource use, cost, and some process measures, risk-adjustment that includes social risk factors is not prohibited at present. Please update sections 1.8, 2a2, 2b1,2b4.3 and 2b5 in the Testing attachment and S.140 and S.11 in the online submission form. NOTE: These sections must be updated even if social risk factors are not included in the risk-adjustment strategy. You MUST use the most current version of the Testing Attachment (v7.1) -- older versions of the form will not have all required questions.

3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

3a.1. Data Elements Generated as Byproduct of Care Processes.

Generated or collected by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, depression score), Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims), Abstracted from a record by someone other than person obtaining original information (e.g., chart abstraction for quality measure or registry)

If other:

3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

3b.1. To what extent are the specified data elements available electronically in defined fields (i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields) Update this field for **maintenance of endorsement**.

Some data elements are in defined fields in electronic sources

3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources. For **maintenance of endorsement**, if this measure is not an eMeasure (eCQM), please describe any efforts to develop an eMeasure (eCQM).

Unhealthy alcohol use screening and follow-up care are currently not well-captured in administrative claims. To allow for widespread reporting across health plans and health care practices, a hybrid methodology (use of administrative data and medical record review) is currently the most suitable data collection method. As electronic health records become more widespread, the reliance on manual review of paper or electronic records is expected to decrease.

The proposed health plan measure is based on an existing alcohol use screening and brief counseling measure for the general population, which is currently specified for electronic health record reporting at the provider level. Although the measure specification has been modified to allow for health plan reporting, similar data elements are already being captured in electronic sources and this supports the feasibility of implementing this measure in electronic health records in the future.

3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL. Please also complete and attach the NQF Feasibility Score Card.

Attachment:

3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

3c.1. Required for maintenance of endorsement. Describe difficulties (as a result of testing and/or operational use of the measure) regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

IF instrument-based, consider implications for both individuals providing data (patients, service recipients, respondents) and those whose performance is being measured.

This measure, focused on patients with serious mental illness, is adapted from an existing measure for the general population (NQF #2152: Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling). We adapted the measure for reporting at the health plan level using a combination of administrative claims data and medical records. The successful implementation of the existing measure and our field test in health plans support the feasibility and utility of the measure concept for the serious mental illness subpopulation.

While this measure currently relies on chart review data collection, the effort could be reduced if this measure is implemented in conjunction with the Preventive Screening and Monitoring of Chronic Conditions for People with Behavioral Health Conditions suite of measures we are bringing forward to NQF. In that case, a single record review could provide information on multiple measures.

3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm).

Broad public use and dissemination of these measures is encouraged and NCQA has agreed with NQF that noncommercial uses do not require the consent of the measure developer. Use by health care providers in connection with their own practices is not commercial use. Commercial use of a measure requires the prior written consent of NCQA. As used herein, "commercial use" refers to any sale, license or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed or distributed for commercial gain, even if there is no actual charge for inclusion of the measure.

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

Specific Plan for Use	Current Use (for current use provide URL)
Public Reporting	
Regulatory and Accreditation Programs	
Quality Improvement (Internal to the specific organization)	

4a1.1 For each CURRENT use, checked above (update for maintenance of endorsement), provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included
- Level of measurement and setting

Not applicable.

4a1.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)

This is a new measure.

4a1.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.)

This measure is intended for use by health plans and other stakeholders to monitor and improve quality of care. Stakeholder input (described in detail in the testing form) supported this measure for public reporting and quality improvement.

4a2.1.1. Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.

How many and which types of measured entities and/or others were included? If only a sample of measured entities were included, describe the full population and how the sample was selected.

NA

4a2.1.2. Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.

NA

4a2.2.1. Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1.

Describe how feedback was obtained.

NA

4a2.2.2. Summarize the feedback obtained from those being measured.

NA

4a2.2.3. Summarize the feedback obtained from other users

NA

4a2.3. Describe how the feedback described in 4a2.2.1 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.

NA

Improvement

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b1. Refer to data provided in 1b but do not repeat here. Discuss any progress on improvement (trends in performance results, number and percentage of people receiving high-quality healthcare; Geographic area and number and percentage of accountable entities and patients included.)

If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

Not applicable. This is a new measure.

4b2. Unintended Consequences

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4b2.1. Please explain any unexpected findings (positive or negative) during implementation of this measure including unintended impacts on patients.

No unintended negative consequences were identified during testing.

4b2.2. Please explain any unexpected benefits from implementation of this measure.

5. Comparison to Related or Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.

Yes

5.1a. List of related or competing measures (selected from NQF-endorsed measures)

2152 : Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

5a. Harmonization of Related Measures

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications harmonized to the extent possible?

5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.

This measure was adapted from the existing provider-level measure (NQF #2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling) for use at the health plan level for the high risk subpopulation of people with serious mental illness. The measure is harmonized and has been reviewed with the original measure stewards and developers. The differences between the existing measure and the proposed serious mental illness subpopulation measure were developed with expert input and are described here. -The population focus: This measure focuses on people with serious mental illness, who are at a higher risk of unhealthy alcohol use than the general population and have demonstrated disparities in care -What counts as follow-up and the number of events for follow-up: This measure requires two events of counseling, raising expectations for the intensity of service for the serious mental illness population compared to the original measure for the general population, and is reasonably achievable, particularly in the health plan context. USPSTF recommendation supports multi-contact counseling which seems to have the best evidence of effectiveness. -In addition, the existing measure (NQF #2152) is reported at the provider level and is focused on follow-up conducted at time of screening making a single event sufficient. However, at the health plan level, there is opportunity/responsibility for follow-up care beyond the visit. We believe our measure focused on screening patients with SMI for unhealthy alcohol use and capturing more intensive evidence-based follow-up care for a vulnerable population contributes to the national quality agenda.

5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

OR

Multiple measures are justified.

5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

[Not applicable.](#)

Appendix

A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.

[No appendix Attachment:](#)

Contact Information

Co.1 Measure Steward (Intellectual Property Owner): [National Committee for Quality Assurance](#)

Co.2 Point of Contact: [Bob, Rehm, \[nqf@ncqa.org\]\(mailto:nqf@ncqa.org\), 202-955-1728-](#)

Co.3 Measure Developer if different from Measure Steward: [National Committee for Quality Assurance](#)

Co.4 Point of Contact: [Kristen, Swift, \[Swift@ncqa.org\]\(mailto:Swift@ncqa.org\), 202-955-5174-](#)

Additional Information

Ad.1 Workgroup/Expert Panel involved in measure development

Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.

Behavioral Health Quality Measurement Project Technical Expert Panel

Francisca Azocar, PhD., OptumHealth Behavioral Solutions

Bruce Bagley, M.D., TransforMED

Jonathan Delman, J.D., M.P.H., Ph.D., University of Massachusetts Medical School, Department of Psychiatry

Frank Ghinassi, Ph.D., Western Psychiatric Institute

Renata Henry, Danya Institute

Michael Hogan, Ph.D., Independent Advisor

Kevin Huckshorn, Ph.D., R.N., CADIC, Division of Substance Abuse and Mental Health

Dan Rome, M.D., Rome Healthcare Consulting

Kathleen McCann, Ph.D., R.N., National Association of Psychiatric Health Systems

James Schuster M.D., M.B.A., Community Care Behavioral Health

David Kelley, M.D., M.P.A., Pennsylvania Department of Public Welfare

Neil Korsen, M.D., M.S., MaineHealth, Behavioral Health Integration Program

Judy Mohr Peterson, Ph.D., Oregon Health Authority

Larry Grab, Anthem Blue Cross and Blue Shield, Empire BlueCross BlueShield

Keris Myrick, Ph.D., M.B.A., M.S., Project Return Peer Support Network

Alisa Busch, M.D., M.S., McLean Hospital

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2 Year the measure was first released: 2014

Ad.3 Month and Year of most recent revision: 07, 2014

Ad.4 What is your frequency for review/update of this measure? Approximately every 3 years, sooner if the clinical guidelines change significantly.

Ad.5 When is the next scheduled review/update for this measure? 12, 2015

Ad.6 Copyright statement: © 2014 by the National Committee for Quality Assurance

1100 13th Street, NW, Suite 1000

Washington, DC 20005

Ad.7 Disclaimers: These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

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