The Mental and Behavioral Health Registry (MBHR) Advisory Committee and American Psychological Association (APA) staff met in person in the Jack McKay Boardroom at the APA in Washington, DC to review and discuss four potential measures for the 2019 self-nomination of the MBHR.

Conflicts of Interest
Lynn began the meeting with a brief discussion regarding conflicts of interest (COI). Later in the day, it was learned that the Office of the General Counsel had changed the Conflict of Interest policy, requiring written forms from the Council of Representatives and official governance groups only. The advisory committee therefore could just provide any verbal COI’s.

Goals and General Discussion
The goal of these two working meeting days included writing the specifications for four measures in four domains: pain, sleep, and social functioning for child/adolescent and adults.

As a registry, we can specify up to 30 non-MIPS measures. The MBHR currently has 2 non-MIPS measures: anxiety process and outcome. In order to report to the Merit-based Incentive Payment System (MIPS), eligible clinicians need to report on 6 measures for each patient over a 12-month period. At least one of those measures must be an outcome or high priority.

Measure specifications components were defined to assist with the writing process:

Denominator: Eligible Cases
- Age range
- Population
- CPT encounter code (inclusive of other health professions like social work, etc.)
- ICD code

Numerator
- Change in score
- Time period that you could see improvement in pain/functioning
  - Response vs. remission

Denominator Exceptions
- And population who should not be included

Measures

Pain

Kari briefly reviewed some of the high reliability and validity measures for pain including:

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1 The Qualified Clinical Data Registry (QCDR) Advisory Committee was officially renamed to the Mental and Behavioral Health Registry (MBHR) Advisory Committee in October 2017.
Brief Pain Inventory (BPI-SF)
- Does not take into account sexual behavior
- Does not generalize to lower back pain populations
- Validated in multiple languages
- Well-substantiated/established scale

Oswestry Disability Index (ODI)
- The ODI is already in use by another registry and therefore off the table, unless we collaborate with that group

Roland Morris Disability Questionnaire (RMDQ)
- Longer scale than the others
- Specific to low back pain

Pain Disability Index (PDI)
- Older scale

PROMIS Pain Function (PF)
- Concerns it may lack sensitivity to track change over time
- Newer scale so may not be established enough making it risky to include

The majority of measures often focused on low back pain but it was argued that they can generalize to chronic pain. All measures outlined are free for use. Ultimately, the BPI-SF was recommended as the pain measure. CPT codes to include in the specification are: psychotherapy, H&B, collaborative care, physical rehab settings, and social work.

Sleep

Zee, who was present remotely using Zoom, then presented on his findings for two sleep measures:
- General Sleep Quality (PSQI)
  - Not a disease specific measure
  - Requires permission, but not a license. While the APA does not need to provide the measure, it may be something we move towards. In the meantime, we need to be aware of the end user.
  - 25 items at a rate of 4-6 items per minute
  - To be used as a process measure, or screener
- Insomnia sleep measure (ISI)
  - Is disease specific
  - To be used as an outcome measure, across time

The recommendation was to put forward two measures: a process measure to screen for sleep quality using standardized measures such as the PSQI or ISI; and a patient-reported outcome measure assessing improvement in sleep quality using the ISI as the specific tool.

Social Functioning

After the lunch break, the afternoon focused on measures for social functioning in both adults and children/adolescents. It was the consensus of the champions in these areas, Katy and David, that more maturity is needed in the area of measuring social functioning. While this was the consensus, after more discussion, the group decided that it would be best to move forward with selecting a measure in this area in order to be a leader in moving the field of measurement in the area forward.

Katy’s work in this area included the following social function measures for adults:
- Social Adjustment Scale – Self Report
  - Has been around for 40 years
- Inventory of Psychosocial Functioning
  - Has only been used in PTSD populations
- Work and Social Adjustment Scale
Kari additionally put forth the following measures in this area:

- Short Form Health Survey (SF-36)
  - Proprietary issues
- PROMIS-29
  - Recommended by the American College of Occupational and Environmental Medicine (ACOEM)

David then gave an overview of his findings for social functioning measures in children/adolescents. He explained that there are very few measures for children/adolescents. While no specific measures were provided, David would be bringing in a list of potential measures for the Saturday meeting.

W. Doug Tynan joined the discussion virtually via Zoom at 2:20pm. He added to the discussion on social functioning in children and adolescents. The Strengths and Difficulties Questionnaire (SDQ) was put forth as a potential measure. The group discussed the merits of measuring disruptive behavior for younger children, including the domains of internalizing and externalizing behaviors. The importance of aligning with CMS Medicaid measures and domains was also discussed.

Healthmonix

Day 1 of the meeting closed with a presentation and discussion by Debbie Belczyk from Healthmonix. She presented an overview of the MBHR website and a demonstration of how to navigate the platform. There are currently 120 MIPS users enrolled (this does not include IHCA members). She additionally discussed the feedback being received by Healthmonix as a result of the travel being done to state associations around the country. This fed into a bigger discussion about presenting the registry to various audiences and what may have impacted the poor turnout at the APA Convention 2018.

Healthmonix support team

- Measure specialists
- Hours: 8am-6pm EST
- Email: support@healthmonix.com
- Phone: 1-888-720-4100
- https://mbhregistry.com/

Carol and Vaile provided closing comments and a summary of what is to be expected for tomorrow’s working meeting. The group would be forming smaller groups to discuss which measures they want to write specifications for and then begin outlining the specifications. Sarah emailed the group copies of the measure specification spreadsheet and word document for their use.
Day 2 of the meeting began with brief opening comments and an outline of the day. The groups split up into pairs to discuss measures and their specifications:

- Pain & Social Functioning in Adults – Kari and Katy
- Sleep – Vaile and Zee
- Social Functioning in Children/Adolescents – David and Dean

The group came together in full at 10:15am to review the measures specifications for each domain.

- Pain – BPI – SF outcome measure
- Sleep – PSQI/ISI process measure
- Sleep – ISI outcome measure
  Social Functioning in children/adolescents – Pediatric Symptom Checklist Externalizing and Internalizing Subscales (PSC-ES/PSC-IS)

Social Functioning in adults was not discussed. Further discussion regarding measures for children/adolescents included the Brief Problem Checklist (BPC), Brief Problem Monitor (BPM), and Pediatric Symptom Checklist (PSC). Dean would be sending an email to Bruce Chorpita regarding the use of the BPC.

A plan and timeline were discussed regarding sending out the measure specifications for targeted peer review to receive feedback.

**Goals and General Discussion for 2019**

Following the small group writing activity, the members convened in the large group to discuss dissemination and implementation issues as well as future measurement priorities.

**Marketing and Presentations**

- APA Convention in Chicago, deadline December 2
  - Division 38 – Health Psychology
  - Division 18 – Psychologists in Public Service
  - Division 22 – Rehabilitation Psychology
  - Co-sponsors: Clinical, Counseling, Practitioners

- Other presentation opportunities
  - Academy Health (metrics/informatics)
  - Society of Behavioral Medicine
  - Collaborative Family Healthcare Association
  - Association for Behavioral and Cognitive Therapies
  - NASW conference
  - SPTAs

- APA Website
  - FAQ to contain more information on quality measurement and debunking myths about the MBHR
  - Webinars and Public Presentations to be placed on the website or repurposed for future use
  - Additional training resources in measurement-based care are also needed

- Papers/Articles
  - Policy brief at NCQA and or NSF
  - Monitor article; newsletters; Division 42 – practice innovations
  - State associations or specialty areas (eating disorders)

**Measurement**

- Possible partnership with American Academy of Child and Adolescent Psychiatry (AACAP) to share measures and treatment guidelines and obtain additional expertise
- It was suggested that the group look at CMS data to ascertain diagnosis frequencies to help guide measurement development prioritization
An additional suggestion was to conduct a needs assessment by surveying APA membership and asking what types of measurement they are currently engaging in or are interested in measuring.

The group advocated for a systematic approach to identifying gaps, domains, and tool identification. Measurement development gaps were identified in the following specific domains:

- Child/adolescent
- Quality of Life
- Fatigue
- Health psychology/physical functioning
- Substance use disorders
- PTSD/ADHD (both adults and child/adolescents)

- David to send ADHD measure that are under MIPS review to Vaile.

Future Advisory Committee Meetings for 2019:

- Monthly phone calls will continue at the same day and time.
- A suggestion to have two in-person meetings was discussed for next year.
- Specifically it was proposed that one of the in-person meetings could happen at the completion of the APA convention in Chicago.

Next Steps:

1. JIRA video to be posted on the APA/MBHR website.

2. Vaile sent the group an email regarding the development of measure specifications. The email included 3 documents - a blank Word template for developing specifications for public comment, a blank Word template that has all the fields necessary to submit our measures, and the CMS developed Excel sheet that the full template is based on. The Excel sheet may prove helpful in defining what some of the fields mean and also has drop down options for certain fields.

Below are the targeted dates to successfully move this forward:

- **Sunday October 14th** - Please send Vaile any drafted measure specs for public comment by Sunday evening. Also please send names of individuals we want to send out to peer review.

- **Monday October 15th** - APA staff will send out the specs to the divisions and the individuals you recommend.

- **Sunday October 21st** - Due date for peer review comments.

- **Monday October 22nd** - APA staff will compile feedback and send to the committee for review.

- **Monday October 29th** - Advisory Committee phone call to review feedback and make any decision points. A Doodle poll was sent out to the group regarding times. Please indicate your availability as soon as possible: [https://doodle.com/poll/rfaqwhwauxru45kp](https://doodle.com/poll/rfaqwhwauxru45kp)

- **Wednesday October 31st** - APA staff will submit measure spec excel sheet to Healthmonix for submission to CMS.

- **Thursday November 1st** - Deadline for submitting measure specifications for 2019.