

TO: National Quality Forum  
 FROM: National Committee for Quality Assurance  
 SUBJECT: Behavioral Health Off-Cycle Discussion: #0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)  
 DATE: October 5, 2016

**This memo provides an overview of NCQA's current re-evaluation of the IET measure for HEDIS® reporting. We are requesting that the Behavioral Health Standing Committee wait for completion of our re-evaluation (June 2017) before formally reviewing #0004 endorsement status.**

#### Situation

NCQA is currently re-evaluating the HEDIS Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) (NQF #0004) measure. The NQF off-cycle discussion of the IET measure requested by RAND will be better informed following NCQA's comprehensive re-evaluation of the measure.

#### Background

NCQA routinely re-evaluates HEDIS measures necessitated by new research evidence, the release of clinical practice guidelines, and feedback from the field. NCQA's current re-evaluation of the IET measure was scheduled for our 2016-2017 work plan in early 2016 and addresses, among other areas, medication-assisted treatment (MAT) raised by RAND. If approved by NCQA's Committee on Performance Measurement (CPM) and our Board of Directors, the IET measure updates will be effective for HEDIS 2018, published in July 2017.

#### Assessment

The NCQA team is evaluating if and how MAT should be counted in the measure. This requires close examination of the strength and quality of evidence on MAT for substance abuse, discussion with NCQA's Behavioral Health Measurement Advisory Panel (BHMMap), development of a revised draft specification, release in NCQA's HEDIS 2018 Public Comment period (February, 2017), and review and approval by the Committee on Performance Measurement (CPM) of changes to the specification. Figure 1 shows the development and governance process and timeline for our IET measure re-evaluation.

The majority of guidelines referenced by RAND in the memo to NQF state that MAT should be used in conjunction with psychosocial therapy. RAND's testing allowed MAT to be used exclusive of psychosocial care. We will be exploring whether this approach is consistent with the majority of guidelines. We note that RAND's results with MAT included showed rates improving by 1-2 percentage points, on average, for alcohol and opioid dependence.

The NCQA team will review i) alternative specifications for allowing MAT in combination with psychosocial care with BHMMap; ii) medications for MAT with the NCQA's Pharmacy Panel. As part of our HEDIS re-evaluation process, we will seek broader stakeholder feedback through public comment and welcome RAND's feedback on the draft specification. Final CPM vote on staff recommendations for measure specification changes will be made in May 2017 and voted by our Board in June.

#### Recommendation

NCQA appreciates NQF, the Behavioral Health Standing Committee, and RAND's interest in discussing the IET measure. We share with you the common goal of improving the measure which requires our evaluation of the strength of evidence and an assessment of options for combining psychosocial care with MAT, if warranted. The NCQA team requests reviewing the IET measure for endorsement after we have completed our current re-evaluation process. This will better enable the NQF committee to use results from NCQA's work to inform your review for continued endorsement.

Figure 1. NCQA IET Measure Re-evaluation Process and Timeline

