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Opioid Technical Expert Panel (TEP) Web Meeting 7

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Agenda

- Introductions
- Review of Public Comments on Draft Final Report
- Obtain Final Feedback on Prioritized Measure Concepts and Measures for Use in Federal Programs
- Opportunity for Public Comment
- Next Steps

TEP Members

- Jeff Schiff, MD, MBA - **Co-chair**
- Brandon Marshall, PhD - **Co-chair**
- Anika Alvanzo, MD, MS
- Michael Ashburn, MD, MPH, MBA
- Antje Barreveld, MD
- Patty Black, BS
- Jeannine Brant, PhD, APRN, AOCN, FAAN
- Caroline Carney, MD, MSc, FAMP, CPHQ
- Anthony Chiodo, MD, MBA
- Jettie Eddleman, BSN, RN
- Maria Foy, PharmD, BCPS, CDE
- Jonathan Gleason, MD
- Anita Gupta, DO, PharmD, MPP
- Mark Hurst, MD
- Katie Jordan, OTD, OTR/L
- Navdeep Kang, PsyD
- Sarah Melton, Pharm D, BCPP, BCACP, FASCP
- Gary Mendell, MBA
- Darlene Petersen, MD
- Laura Porter, MD
- James Rhodes, PharmD, MBA, BCPS, BCGP
- Darshak Sanghavi, MD
- Evan Schwarz, MD, FACEP, FACMT
- Norris Turner, PharmD, PhD
- Sarah Wakeman, MD, FASEM
- Sarah Wattenberg, MSW
- Arthur Robin Williams, MD
- Bonnie Zickgraf, BSN, RN, CMCN



Federal Liaisons

- Robert Anthony, **ONC**
- Sarah Duffy, PhD, **NIH/NIDA**
- Elisabeth Kato, MD, MRP, **AHRQ**
- SreyRam Kuy, MD, MHS, FACS, **VA**
- Scott Smith, PhD, **ASPE**
- Judith Steinberg, MD, MPH, **HRSA**
- Linda Streitfeld, MPH, **CMS**

Public Commenting Period

Public Commenting

- Draft final report posted for 21-day public commenting period Nov. 25 – Dec. 16
- NQF received five public comments from three organizations
 - ▣ Community Catalyst
 - ▣ Pharmacy Quality Alliance
 - ▣ Voices for Non-Opioid Choices



Community Catalyst

- Support effort to recommend measure development priorities and the focus on long-term recovery.
- Concerned that people in recovery and lived substance use disorder (SUD) experience were not engaged more fully in the process.
 - ▣ Believe that this lack of input impacts the resulting measurement priorities.
 - ▣ Areas focused on harm reduction, quality of life, and connection to social supports did not make the priority list or get special consideration.
- Recommend expanding patients' and advocates' engagement in identifying measure priorities in this and future TEPs.
- Add transgender and nonbinary individuals to specific populations.
- Supportive of measures recommended for federal programs.
- Recommend measures on harm reduction, quality of life, and connection to social supports.

Pharmacy Quality Alliance

- PQA recommends that opioid prescribing measures be implemented with complementary or balancing measures for a comprehensive approach to pain management and opioid use disorder (OUD).
- Medicare Shared Savings Program (SSP) & The Merit-based Incentive Payment System (MIPS)
 - ▣ Supports the TEP recommendation for PQA's measures if the measures are specified and tested for the care setting and level of analysis for use in the program

Voices for Non-Opioid Choices

- Strongly supports recommendation that “CMS assess quality gaps for a potential new measure of non-opioid management strategies recommended or initiated for patients on higher doses of opioids” accompanied by “expansion of access and reimbursement for many alternative or complementary and therapies.”
- Agreed with the TEP on the need to expand access to non-opioid alternatives.
 - ▣ Recommended CMS could effectuate such expansion.
 - ▣ Currently, Medicare bundles payment for non-opioid options with the payment for the surgical procedure.
 - ▣ CMS could allow for separate reimbursement for these options and that would increase access to non-opioids.



Discussion

- Does the TEP recommend amending the report based on public comments?

Review and Discuss Measure Gaps Prioritization

Measure Gaps Prioritization Ranking

Priority Ranking	Measure concept description
1	Patient-centered pain management: proper tapering strategies for opioid analgesics (i.e., record of full and comprehensive pain and quality of life tracking for persons being removed from an opioid pain treatment regimen, including SUD history assessment and monitoring, and sleep disorder risk)
2	Recovery: long-term outcomes (i.e., change in OUD symptomology such as cravings, mood, work/social, etc. 12, 18, and 24 months or even longer after treatment initiation for OUD)
3	Special populations for OUD treatment such as pregnant women, criminal justice-involved populations, homeless populations, adolescents, and rural residents
4	Benefits/coverage/reimbursement (i.e., by region or payer average reimbursement rates for core ASAM level services)
5	OUD treatment with comorbidities: physical treatment such as cardiovascular etc. (i.e., regular screening for physical ailments in persons being treated for OUD)

Measure Gap Prioritization Ranking (cont.)

Priority Ranking	Measure concept description
6	Neonatal Abstinence (Withdrawal) Syndrome: Follow-up for children (i.e., parental support classes for caregivers of NAS cases)
7	Patient-centered pain management: pain care plan (i.e. For those receiving opioids for pain management that exceeds 3 days, a specific plan for monitoring and eventual tapering of opioid use is documented and endorsed by the clinician and patient.)
8	Benefits/Coverage/Reimbursement (i.e., by region payer SUD service average population coverage (benefits) limits)
9	OUD Treatment with comorbidities: psychiatric treatment (i.e., regular screening for other psychiatric illness in persons with OUD [e.g., depression, anxiety, psychosis etc.])
10	Quality of life, level of functioning measures for pain and/or OUD treatments (i.e. Composite change in physical, work, social, and emotional functioning—all relative to functioning before onset of pain or OUD)



Discussion Question

- Does the TEP have any final issues to discuss around the measure gap prioritization?

Review and Discuss Guidance for CMS Federal Programs

Federal Programs Under Consideration

- Medicare Shared Savings Program (SSP)
- Merit-Based Incentive Payment System (MIPS)
- Alternative Payment Models (APMs)
- Hospital Inpatient Quality Reporting Program (IQR)
- Value-Based Purchasing Programs (VBP)

Medicare Shared Savings Program (SSP)

SSP Recommendations and Guidance

- SSP Quality Measure Set
 - ▣ Expand ACO-17, Preventive Care and Screening, Tobacco Use – Screening and Cessation Intervention
 - » Should be a more comprehensive SUD screening measure
 - » Tobacco, alcohol, opioids and other substances
 - » Include documentation of pharmacotherapy for SUD being offered, initiated, or an appropriate referral made to specialty care
 - ▣ Other potential quality gaps
 - » Naloxone co-prescription
 - » Non-opioid management strategies for high dose opioid patients
 - » Long-term recovery from OUD
 - » Physical and psychiatric co-morbidities to OUD
 - » Specific populations for OUD treatment

SSP Recommendations and Guidance

SSP Opioid Utilization Reports

- Committee noted low quality gaps for existing measures; this suggests more meaningful measures may be needed
- CMS should consider testing quality gaps for:
 - ▣ Concurrent Use of Opioids and Benzodiazepines (NQF 3389)
 - ▣ Initial Opioid Prescribing at High Dosage for opioid prescriptions initiated at greater than or equal to 50 morphine milligram equivalents
 - ▣ Initial Opioid Prescribing for Long Duration for opioid prescriptions lasting greater than seven days' supply
 - ▣ Initial Opioid Prescribing for Long-Acting or Extended-Release High Dosage



Discussion Question

- Does the TEP have any final comments on the SSP recommendations?

Merit-Based Incentive Payment System (MIPS)



MIPS Recommendations and Guidance

Measure Recommendations

- Co-prescription of naloxone within chronic opioid treatment
- Non-opioid management strategies for high-dose opioid patients
- Long-term recovery from OUD
- Physical and psychiatric co-morbidities to OUD
- Specific populations for OUD treatment

MIPS Recommendations and Guidance

Measure Guidance

- The TEP noted the existence of the measure Osteoarthritis: Function and Pain Assessment and recommended a broader measure of function and pain assessment within MIPS.
- The TEP especially emphasized need for measures of functional improvement over measures of pain scoring or pain reduction
- The TEP also noted the emphasized problematic nature of adding measures to MIPS that focus on decreases in pain score
 - ▣ These types of measures introduce challenges to clinician prescribing behaviors, with the exception of measures used for palliative care.
 - ▣ The TEP encourages CMS not to include such measures within MIPS



Discussion Question

- Does the TEP have any final comments on the MIPS recommendations?

Advanced Payment Models (APMs)

APM Recommendations and Guidance

- TEP noted the challenge associated with MIPS-like measures given the variety of APM structures
 - ▣ APMS can apply to a specific condition, a care episode, or a patient population
- The TEP noted that measurement needs differ depending on APM structure and population
- Measure Guidance – Advanced APMs (AAPMs)
 - ▣ Assessment of quality gaps for receiving or maintaining AAPM status
 - ▣ Measures selected should be based on gaps and risk factors for the population using same guidance and recs from MIPS
- Develop an opioid tapering metric for oncology APMs



Discussion Question

- Does the TEP have any final comments on the APM recommendations?

Hospital Inpatient Quality Reporting Program (IQR)



IQR Recommendations and Guidance

Measure recommendations

- Assessing whether patients were offered non-opioid options to manage pain
- Patients who are identified with SUD that are offered or initiated on pharmacotherapy prior to discharge, or referred to an appropriate specialty service
- Proportion of SUD patients who are linked to ongoing care in the community post-discharge
- Proportion of patients treated for an overdose who are in treatment 30 days later
- Proportion of patients who had an opioid overdose who were given a prescription for naloxone at discharge
- Presence of a patient-centered tapering plan for patients discharged with an opioid prescription



Discussion Question

- Does the TEP have any final comments on the IQR recommendations?

Value-Based Purchasing Program (VBP)



VBP Recommendations and Guidance

- The TEP noted that the measures used inside of the Hospital Value-Based Purchasing Program are drawn from IQR, meaning that they would naturally be a subset of the recommendations put forward in the previous section.
- However, the TEP particularly emphasized the need to have strong process measures included in value-based purchasing arrangements.
- Measures of opioid tapering at discharge and the prescribing of naloxone at discharge were emphasized.



Discussion Question

- Does the TEP have any final comments on the VBP recommendations?

Opportunity for Public Comment

Next Steps

Next Steps: Timeline

Event/Deliverable	Date
Final Report	February 6, 2020



Project Information

- Email: opioid@qualityforum.org
- Phone: 202-783-1300
- Project page
[https://www.qualityforum.org/Opioid and Opioid Use Disorder TEP.aspx](https://www.qualityforum.org/Opioid_and_Opioid_Use_Disorder_TEP.aspx)
- SharePoint page
<http://share.qualityforum.org/Projects/Opioid%20TEP/SitePages/Home.aspx>

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