



Opioid Technical Expert Panel Web Meeting 2

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May 13, 2019

Agenda

- Environmental Scan Findings
 - ▣ *Purpose*
 - ▣ *Methodology*
 - ▣ *Emerging Results*
- Opportunity for Public Comment
- Next Steps

Committee 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

Role:

1. Communicate TEP progress back to their agencies
2. A direct resource to this TEP, as needed

- Robert Anthony, **ONC, HHS**
- 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, **CMMI**

Major Aims

- Environmental scan
 - ▣ *Literature Review*
 - ▣ *Measure Search*
 - ▣ *Key Informant Interviews*
 - ▣ *Exemplary state laws*
- Identification of current and potential measures and measure concepts
- Recommendations on inclusion of identified quality measures and measure concepts into several federal quality programs

Environmental Scan

Environmental Scan Research Questions

- Quality of care measurements for pain, or opioid use disorders
- Opioid measurement concepts
- Opioid and opioid use disorder quality gaps

General Search Parameters

Published/passed on or after January 1, 2013*

General search strategy:

- “metric” OR “measure” OR “indicator” OR “survey” OR “quality”

AND

- “pain” OR “substance use disorder” OR “opioid” OR “opiate” OR “addiction” OR “addictive”

* “synthetic wave” emerged

Literature Review Results

- The research questions, key terms and definitions guided the environmental scan
- NQF initially found >700 sources of information using key search terms
- The results were narrowed to ~200 sources using the research questions

Measure Review Results (database 'hits')

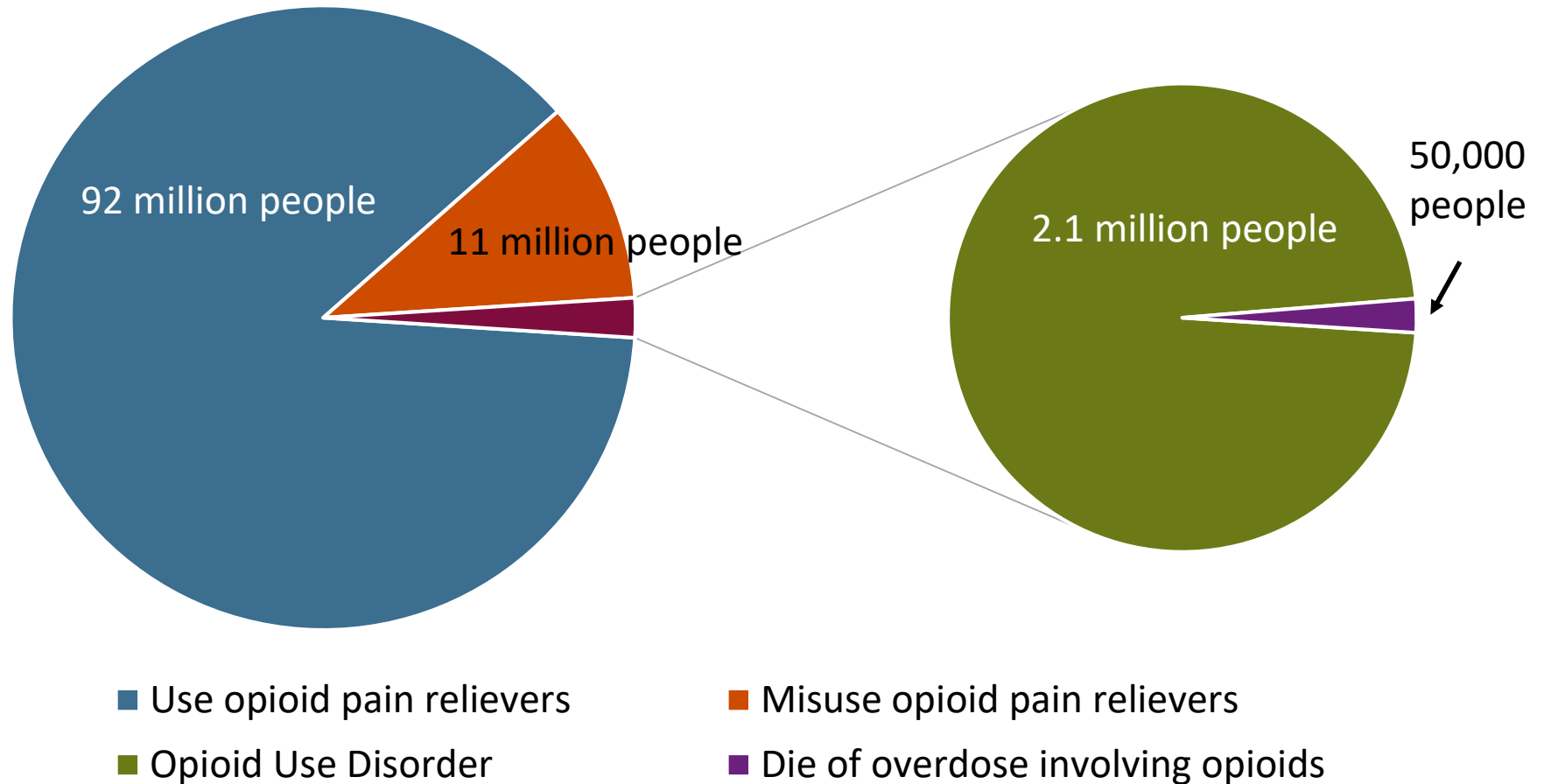
1. NQF 2,000 →	51 (29 endorsed)
2. CMIT→	2,283 (very broad pull)
3. <u>Union of 1 & 2 →</u>	<u>2,334 (some repeats)</u>
4. Manual review →	101 (specifics to follow) 35 (ancillary)

Context

■ NQF Currently has a total of:	2,564
▣ <i>Endorsed:</i>	1,084
■ CMS currently has total of:	2,238
▣ <i>Narrow search:</i>	158 (<i>validates 4</i>)

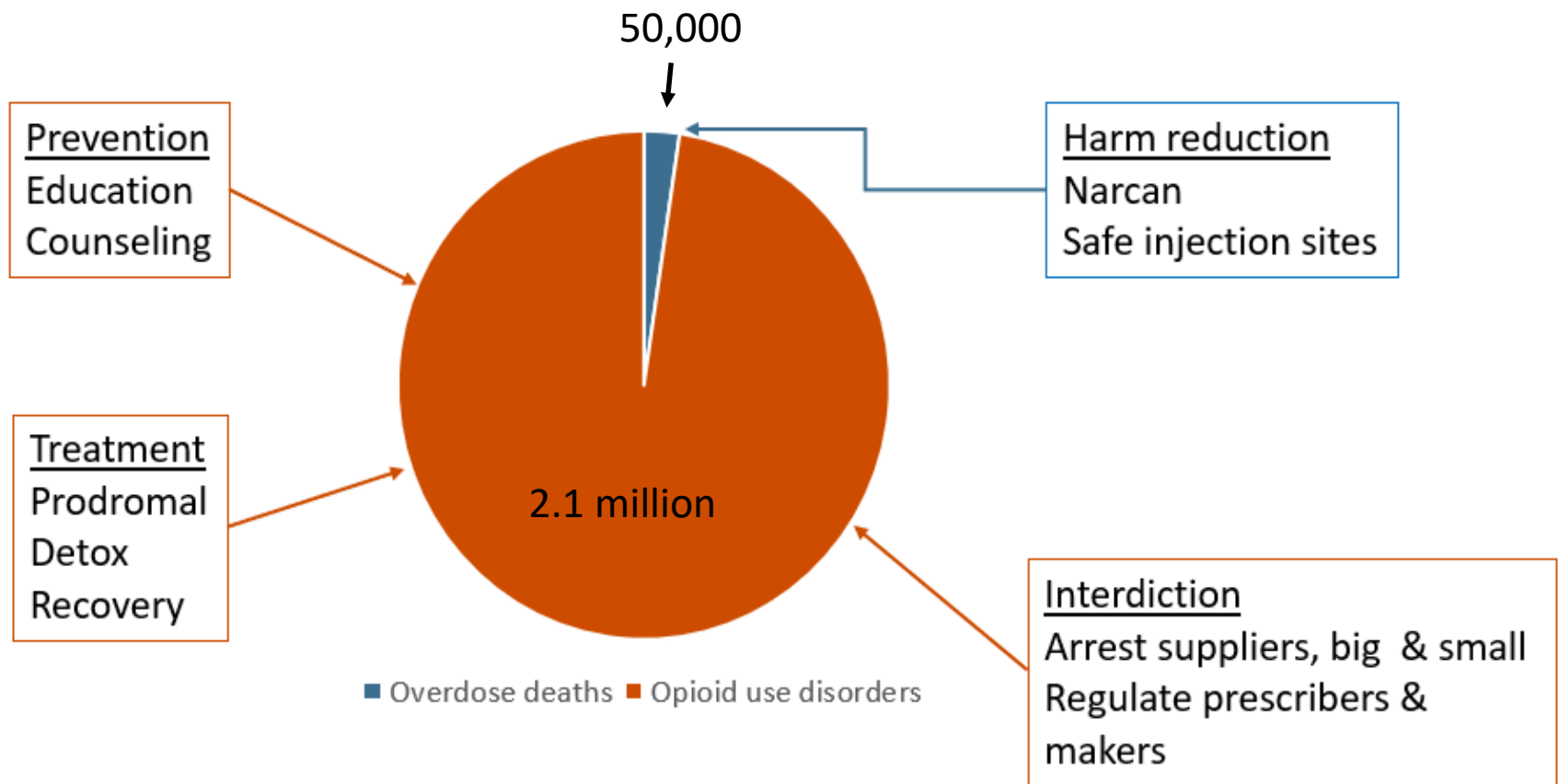
Other databases reviewed: PQA, NCQA, registry searches, other developers from NQF search (these yielded no additions)

Total U.S. Opioid Use and Misuse



Source: Saloner et al., 2018

Approaches to Reducing Opioid Adverse Outcomes



Case and Deaton, *BPEA*, 2017; Dasgupta et al., *AJPH*, 2018; Pitt et al., *AJPH*, 2018; Chen et al., *JAMA*, 2019

National Academy of Medicine (2017)*

Background/Antecedents

- National & substantive problem; multifactorial
- Medicine's "twin" obligation: treat pain & prevent SUD
- Access to treatment is too limited
- Fentanyl and derivatives now the biggest problem
- Ironies: DAWN and ADAM surveillance efforts were eliminated in 2004 and 2011, respectively.
- ERs, often are "front lines" with limited capacities
- Antecedent: 1980s pain treatments, "fifth vital," and down-playing addictive properties (e.g., Portenoy and Foley, 1986)
- Stigma
- Diversion

- Need for alternative pain therapies (drug and otherwise)
- Guidelines emerging
- Treatments for SUD need support
- *Data (includes performance transparency)*

Tools for 5 million clinicians

- Team-based, especially for SUD
- Emphasize treatment efficacy
- Cautious prescribing (personal risks)
- Secure storage and disposal info.
- Rx monitoring (polysubs, high doses)
- Systematic follow-up
- Naloxone (Narcan) co-prescription
- Facilitating MAT
- Referrals to treatment
- Consumer/public engagement

Public Health “Indicators”...

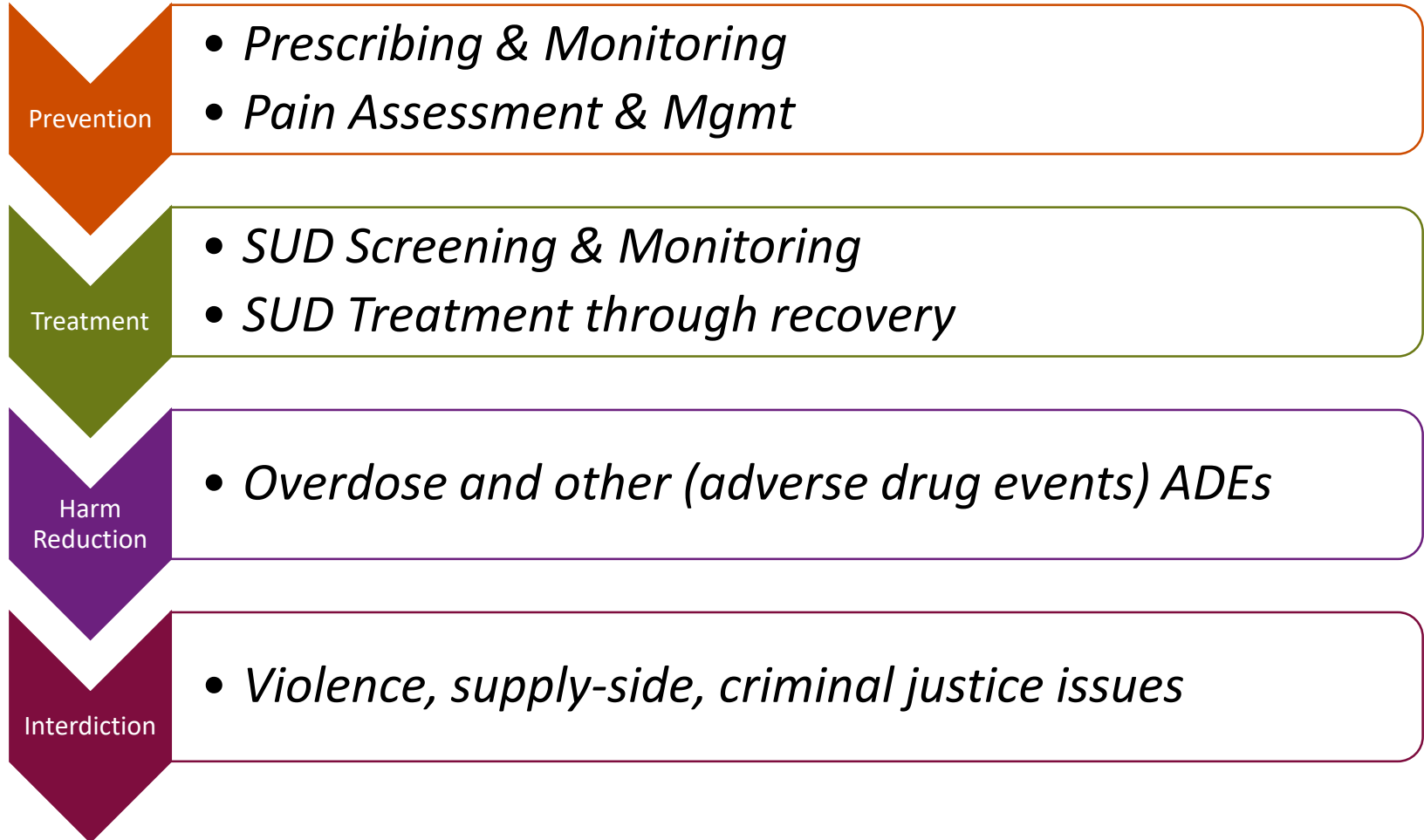
- Fatal overdose (OD) rates, by opioid type
- Non-fatal OD rates
- Use of opioid pain medications (OPMs)
- Non-medical use of (OPMs)
- National drug laboratory data (e.g., heroin vs. fentanyl)
- Harm reduction
- Criminal justice involvement
- Incidence of HIV and HepC
- Hospitalization data on nonfatal OD
- Access to drug treatment programs

Source: Saloner et al., *Public Health Reports*, 2018

TEP Comments from Meeting 1

1. Speed up measurement development pathways
2. Payment methodologies and CPT coding issues
3. Measurement 'scan' goes farther back than 2013
4. Consider patient decision making capacity
5. Review existing institutional 'dashboards'
6. Broad contextual considerations (multifactorial)
7. Concurrent prescribing issues (e.g., benzodiazepines)
8. "Procedure-specific" opioid prescribing measures
9. Rules (e.g., buprenorphine training and prescribing limits; jail prescribing)
10. Special focus on new chronic users
11. Polysubstance abuse (concern about the next wave/epidemic)
12. Mental health/suicide comorbidity
13. Evaluation of "formal addiction treatment settings" (e.g., ERs)
14. Alternatives to opioids (e.g., NSAID, P.T.)
15. Recovery
16. Patient resources and feedback (even using social media)

Scan Organizational Overview



Prevention Subdomain: Opioid Prescribing and Monitoring ([Appendix A](#))

- Total Measures: 33
- Examples:
 - ▣ *Appropriate Prescribing for First Fill of Opioids*
 - ▣ *Concurrent Use of Opioids and Benzodiazepines (COB)*
 - ▣ *Hospital-level risk-standardized opioid extended use rate following THA and/or TKA (opioid extended use)*
 - ▣ *Overuse of Opioid Containing Medications for Primary Headache Disorders*

Prevention Subdomain: Pain Assessment and Management ([Appendix B](#))

- Total Measures: 31
- Examples:
 - ▣ *Care for Older Adult Pain Assessment*
 - ▣ *Pain Interventions in Plan of Care*
 - ▣ *Pain Assessments and Target Setting for Patients with Osteoarthritis*

Treatment Subdomain: SUD Screening & Monitoring (prevention) ([Appendix C](#))

- Total Measures: 14
- Examples:
 - ▣ *Opioid Therapy Follow-Up Evaluation*
 - ▣ *Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use*
 - ▣ *IPF Drug Use Screening completed within one day of admission*
 - ▣ *SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention*
 - ▣ *SUB-4 Alcohol & Drug Use: Assessing Status After Discharge*

Treatment Subdomain: SUD Treatment

([Appendix D](#))

- Total Measures: 20
- Examples:
 - ▣ *Use of pharmacotherapy for opioid use disorder (OUD)*
 - ▣ *Continuity of Care after Detox*
 - ▣ *Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period*
 - ▣ *Alcohol & Other Drug Use Disorder Treatment at Discharge*
 - ▣ *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*

Harm Reduction: Overdose and ADEs

([Appendix E](#))

- Total Measures: 3
- Examples:
 - ▣ *Emergency Department Use Due to Opioid Overdose*
 - ▣ *Hospital Harm – Opioid-Related Adverse Events*
 - ▣ *Hospital Harm Performance Measure: Opioid Related Adverse Respiratory Events*

Ancillary ([Appendix F](#))

- Total Measures: 35
- Example topics:
 - ▣ *Alcohol related measures*
 - ▣ *Tobacco related measures*
 - ▣ *Physical activity counseling*
 - ▣ *ED visits*
 - ▣ *Follow-up from hospitalization for mental illness*
 - ▣ *Screening for clinical depression*
 - ▣ *Medication reconciliation*
 - ▣ *Intimate Partner (Domestic) Violence Screening*

Key Informant Interviews

- The selected key informants should supplement the literature review and focus on knowledge gaps from the literature review.
- Up to nine individuals with diverse perspectives and backgrounds with respect to the opioid epidemic will be selected.

Key Informant Interviews

- Health Services Researcher
- Measure Developer
- Pharmaco-epidemiologist
- Medicaid
- Dental?
- Veterinarian/FDA?
- First Responder?
- Law enforcement/detention facility?
- Pain treatment concepts/domain?
- SUD treatment concepts/domain?
- Patient perspective?

State Law Approaches

- Jail-based treatment
- Prescription drug monitoring
- Expanding treatment
- Naloxone standing orders
- Training
- Interdiction
- Drug courts
- Safe injection sites

Committee Discussion

Discussion Questions

- Measures or measure concepts we might have missed?
- Any measure or measure concepts that you think should not be included?
- Specific key informants we should consider?
- General comments?

Opportunity for Public Comment

Next Steps

Timeline	Date
Web Meeting 3	June 4, 2019
15-Day Comment Period	July 12 – July 26, 2019
Web Meeting 4	August 13, 2019
Final Environmental Scan	September 6, 2019
Web Meeting 5	September 16, 2019
Web Meeting 6	October 10, 2019
30 Day Comment Period	December 6, 2019 – January 6, 2020
Web Meeting 7	January 21, 2020
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>

Appendix A: Prevention Subdomain: Opioid Prescribing and Monitoring

1. Acute Medication Prescribed for Cluster Headache
2. Annual Monitoring for Individuals on Chronic Opioid Therapy
3. Appropriate controlled substance prescribing (definitive diagnosis(es)) via adherence to Controlled Substance Agreements (CSA) or (OA's) with corrective action taken for pain and/or substance use disorder patients when violations occur
4. Appropriate Monitoring for Adverse Events of Opioid and Psychiatric Medications
5. Appropriate Monitoring of patients receiving an Opioid via an IV Patient Controlled Analgesia Device
6. Appropriate Prescribing for First Fill of Opioids
7. Avoid Certain Opioid Analgesics in the Elderly
8. Chronic Opioid Therapy Follow up Evaluation
9. Concurrent Use of Opioids and Benzodiazepines (COB)
10. Consideration of Non Pharmacologic Interventions
11. Constipation assessment following narcotic prescription in patients diagnosed with cancer

Appendix A: Prevention Subdomain: Opioid Prescribing and Monitoring

12. Hospital-level risk-standardized Opioid extended use rate following THA and/or TKA (Opioid extended use)
13. Initial opioid prescription compliant with CDC recommendations
14. Opioid-Related Symptom Distress Scale
15. Opioids: Hospital-level risk-standardized medication side effect rate following THA and/or TKA (Opioid-induced respiratory depression)
16. Overuse Of Opioid Containing Medications For Primary Headache Disorders
17. Pain Brought Under Control Within 48 Hours
18. Pain Interventions Implemented during All Episodes of Care
19. Pain Interventions Implemented During Long Term Episodes of Care
20. Pain Interventions Implemented During Short Term Episodes of Care
21. Pain Interventions In Plan Of Care
22. Patients Treated with an Opioid who are Given a Bowel Regimen
23. Percent of Medicaid beneficiaries receiving buprenorphine who have a documented diagnosis of opioid use disorder (OUD)

Appendix A: Prevention Subdomain: Opioid Prescribing and Monitoring

- 24. Pharmacologic Management of Migraine Headaches
- 25. Plan of Care Or Referral for Possible Medication Overuse Headache
- 26. Potential Opioid Overuse
- 27. Safe Use of Opioids – Concurrent Prescribing
- 28. Safe Use of Opioids at Time of Care Transitions
- 29. Use of High-Risk Medications in the Elderly
- 30. Use of Opioids at High Dosage in Persons Without Cancer
- 31. Use of Opioids at High Dosage in Persons Without Cancer Following Elective Primary THA and/or TKA
- 32. Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer
- 33. Use of Opioids from Multiple Providers in Persons Without Cancer

Appendix B: Prevention Subdomain: Pain Assessment and Management

1. Assessment and management of chronic pain: percentage of patients with chronic pain diagnosis with documentation of a pain assessment completed at initial visit using a standardized tool
2. Back Pain: Initial Visit
3. CAHPS Hospice Survey: Getting Help for Symptoms
4. Care for Older Adults Pain Assessment
5. Care for Older Adults: Advance Care Planning, Functional Status Assessment, Pain Screening
6. Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment
7. Communication about Pain During the Hospital Stay
8. Communication about Treating Pain Post-Discharge
9. Documentation of Signed Opioid Treatment Agreement
10. Hospital Consumer Assessment of Healthcare Providers and Systems Survey
11. Hospice and Palliative Care Composite Process Measure—Comprehensive Assessment at Admission

Appendix B: Prevention Subdomain: Pain Assessment and Management

12. Improvement in Pain Interfering with Activity
13. MDS 3.0 Measure (#0676): Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)
14. MDS 3.0 Measure (#0677): Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
15. Median Time to Pain Management for Long Bone Fracture (OP-21/NQF-0662)
16. Multimodal Pain Management
17. Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)
18. Oncology: Medical and Radiation - Plan of Care for Moderate to Severe Pain
19. Oncology: Medical and Radiation Pain Intensity Quantified (eCQM)Osteoarthritis (OA): Function and Pain Assessment
20. Osteoarthritis (OA): Function and Pain Assessment
21. Pain Assessment and Follow-Up
22. Pain Assessment and Follow-Up for Patients with Dementia
23. Pain Assessment and Follow-Up Reporting Measure
24. Pain Assessment Conducted

Appendix B: Prevention Subdomain: Pain Assessment and Management

- 25. Pain Assessments and Target Setting for Patients with Osteoarthritis
- 26. Pain Screening
- 27. Patient Queried about Pain and Pain Interference with Function
- 28. Patient Reported Pain in Cancer Following Chemotherapy
- 29. Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)
- 30. Percent of Skilled Nursing Facility Residents Who Self-Report Moderate to Severe Pain
- 31. Querying about Pain and Pain Interference with Function

Appendix C: Treatment Subdomain: SUD Screening & Monitoring (prevention)

1. Alcohol and Drug Use Assessing Status After Discharge
2. Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use
3. HBIPS-1 Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed
4. History and Physical Examination for Opioid Users
5. Identification of Opioid Use Disorder among Patients Admitted to Inpatient Psychiatric Facilities
6. IPF Drug Use Screening completed within one day of admission
7. Opioid Monitoring
8. Opioid Screening
9. Opioid Therapy Follow-up Evaluation
10. Query of Prescription Drug Monitoring Program (PDMP)
11. Risky Behavior Assessment or Counseling by Age 13 Years
12. Risky Behavior Assessment or Counseling by Age 18 Years
13. SUB-4 Alcohol & Drug Use: Assessing Status After Discharge
14. Verify Opioid Treatment Agreement

Appendix D: Treatment Subdomain: SUD Treatment

1. Alcohol & Other Drug Use Disorder Treatment at Discharge
2. Continuity of Care after Detox
3. Continuity of care after inpatient or residential treatment for substance use disorder (SUD)
4. Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs
5. Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)
6. Counseling Regarding Pharmacological Treatment for Opioid Dependence
7. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
8. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)
9. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)
10. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Appendix D: Treatment Subdomain: SUD Treatment

11. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (eCQM)
12. Percent of Medicaid beneficiaries receiving buprenorphine who have a documented diagnosis of opioid use disorder (OUD).
13. SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention
14. SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge
15. Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period
16. Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence
17. Substance Use Screening and Intervention Composite
18. Substance Use Screening and Intervention Composite – Drug Use Component
19. Time from first face-to-face treatment encounter to buprenorphine dosing
20. Use of pharmacotherapy for opioid use disorder (OUD)

Appendix E: Harm Reduction: Overdose and ADEs

1. Emergency Department Use Due to Opioid Overdose
2. Hospital Harm – Opioid-Related Adverse Events
3. Hospital Harm Performance Measure: Opioid Related Adverse Respiratory Events

Appendix F: Ancillary

1. Adult smoking cessation advice/counseling
2. Alcohol Screening and Brief Intervention (ASBI) in the ER
3. Alcohol Use Brief Intervention Provided or Offered
4. Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)
5. Continuity of Pharmacotherapy for Alcohol Use Disorder
6. Counseling on physical activity in older adults - a. Discussing Physical Activity, b. Advising Physical Activity
7. Counseling Regarding Psychosocial and Pharmacological Treatment Options for Alcohol Dependence
8. Emergent care for improper medication administration, medication side effects
9. EUROHIS-QOL
10. Follow-up after all-cause emergency department visit for Medicaid beneficiaries with complex needs (BCNs) age 18 and older.
11. Follow-Up After Hospitalization for Mental Illness
12. HBIPS-6 Post discharge continuing care plan created

Appendix F: Ancillary

13. HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge
14. Health literacy measure derived from the health literacy domain of the C-CAT
15. Hospital-Wide All-Cause Risk Standardized Mortality Measure
16. Identification of Major Co-Morbid Medical Conditions
17. Improving or Maintaining Mental Health
18. Inpatient Assessment of Depression Symptoms
19. Inpatient Hospital Utilization
20. Intimate Partner (Domestic) Violence Screening
21. IPF Alcohol Use Screening completed within one day of admission
22. IPF Suicide Risk Screening completed within one day of admission
23. IPF Violence Risk Screening completed within one day of admission
24. Medication Reconciliation at Admission
25. Medication Reconciliation Post-Discharge
26. Mental Health Response at Twelve Months - Progress Toward Recovery

Appendix F: Ancillary

- 27. Percent days abstinent from alcohol
- 28. Preventive Care and Screening: Screening for Depression and Follow-Up Plan (eCQM)
- 29. Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
- 30. Quality Of Life Assessment For Patients With Primary Headache Disorders
- 31. Risk-Standardized, All Condition Readmission
- 32. Screening for Clinical Depression
- 33. Stabilization in Anxiety Level
- 34. Standardized functional assessment
- 35. Transfer of Health Information to Patient Post-Acute Care