



Opioid Technical Expert Panel (TEP) Web Meeting 4

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Agenda

- Introductions
- Environmental Scan Draft Report Feedback
- Environmental Scan Gaps and Measure Tables
- Prioritization Criteria
- TEP Discussion
- 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**

Environmental Scan Report Feedback

Comment Themes

- Appreciation for Opioid Use and OUD foci, jointly
- Concern about inappropriate cessation of opioid therapy
- Encourage harmonization of measures
- Level of analysis (state, county, payer, provider)
- Encourage use of CDC Opioid Rx Guidelines
- National Outcomes Measurement System
- Specific measures
 - ▣ *Naloxone education*
 - ▣ *High-risk use in elderly, kidney patients, or using demerol*
 - ▣ *Opioid disposal*
 - ▣ *Insurance coverage of alternatives*
 - ▣ *Treatment credentials and other structural measures (per SAMHSA)*

Organizational Domains

- Pain Management (assessment, treatment)
- OUD Treatment (assessment, treatment, co-occurring)
- Harm Reduction (death reduction)
- Social Issues (violence, crime, stigma, economics)

What Constitutes a Gap

- A dearth of measures (quantity)
- Measures that are insufficient (quality)

Examples of gaps:

Stigma – 0 measures (quantity)

Quality of life – No measures that capture life satisfaction in terms of both reported mood and work/social fulfillment

Pain Management

<u>Subdomain</u>	<u>Measure Count</u>	<u>Concept Count</u>	<u>Assessed Quantity or Quality Gap</u>
Pain Assessment	21	4	Low
Pain Score Change	21	0	Low
Time to Pain Management	4	1	Low
Quality of Life and Function	13	1	High
Pain Care Plan	10	1	High
Non-opioid Pain Management	9	1	Low
Appropriate Opioid Analgesic Prescribing	46	36	Low

Acute → Post-Acute → Chronic

Treatment of OUD

<u>Subdomain</u>	<u>Measure Count</u>	<u>Concept Count</u>	<u>Assessed Quantity or Quality Gap</u>
OUD Screening	18	5	Low
OUD Treatment Initiation	15	10	High
OUD Treatment Continuity	10	8	High
Psychiatric and/or Other Illness Comorbidity	29	5	High

Harm Reduction and Social Issues

<u>Domain</u>	<u>Subdomain</u>	<u>Measure Count</u>	<u>Concept Count</u>	<u>Assessed Quantity or Quality Gap</u>
Harm Reduction	Overdose	5	4	High
	Opioid Reversal Drug Prescription	1	3	Low
Social Issues	Violence/ Other trauma	2	0	High
	Health Literacy	1	0	High
	Opioid Burden (economic)	0	1	High
	Criminal Justice	1	0	High
	Stigma	0	0	High
	Housing/Employment/ Financial	0	0	High

Apparent Specific Gap Measures/Concepts

- Quality of life, level of functioning measures (for pain and/or OUD treatments)
- Successful referral to treatment, initiation in, and retention in OUD treatment and retention of care
 - ▣ *Recovery*
 - » Long-term outcomes
 - » Sensitive to incremental change (not just abstinence or otherwise)
- Patient-centered pain management
 - ▣ *Pain Care Plan*
 - ▣ *Proper use of complementary or alternative pain remedies*
 - ▣ *Proper tapering strategies (for opioid analgesics)*
 - ▣ *Transition from acute to chronic care*

Apparent Specific Gap Measures/Concepts

- Connecting OUD treatment to the treatment of comorbidities
 - ▣ *Other substance use (including tobacco)*
 - ▣ *Psychiatric (e.g., anxiety, depression, psychosis, suicidality)*
 - ▣ *Physical (e.g., cardiovascular, infectious disease, metabolic)*
- Special populations for OUD treatment: pregnant women, criminal justice, homeless
- Harm Reduction
 - » Track morbidity related to specific types of lethal substances (e.g., illicit fentanyl, alcohol, methylamphetamine)
 - » Contamination test kits
 - » Overdose prevention sites

Apparent Specific Gap Measures/Concepts

- Social risk factors
 - ▣ *Housing, employment, financial, economic*
 - ▣ *Indicators of patient and family health literacy*
 - ▣ *Social supports*
 - ▣ *Stigma*
 - » Public attitudes and education
 - » Provider attitudes and education
 - ▣ *Violence and trauma*
- Overall costs of OUD (quality life-years lost, economic, treatment)
- Criminal justice involvement issues for those with OUD
 - ▣ *Screening and treatment in jails and upon discharge*
 - ▣ *Jail diversion programs (drug courts)*
 - ▣ *Justice-involved populations as an outcome variable or risk factor*
- Neonatal abstinence syndrome
 - ▣ *Pre-/perinatal and parental counseling*
 - ▣ *Follow-up of children*

TEP Discussion:

Are there any additional gaps you would like to identify which are not addressed in the previous slides?

Prioritization Criteria (for gaps under consideration)

- A. Anticipated impact on morbidity and mortality
- B. Feasibility to implement as quality measure
- C. Contemporary gaps in performance (suggesting room for improvement)
- D. Patient-centered (considers values and motivations of those most impacted, i.e., patients and families)
- E. Fairness and equity (broadly available, nondiscriminatory, sensitive to vulnerabilities)

Weights?

TEP Discussion

Anticipated “Homework” for the TEP

Based on this meeting, NQF staff will prepare a list of measure gaps/concepts, and then email an Excel sheet “ballot” with clear instructions so that you can systematically:

1. Add any concepts/gaps, only if you believe a priority gap is yet unrepresented
2. Grade and rank a list of measure gaps/concepts
3. Point staff to specific citations/facts that support your ratings

Sample Survey Form

2. What is your rating for the anticipated impact on morbidity and mortality for the following gap measures/measure concepts?

	Rating	Supporting Evidence (i.e. citations)
Quality of life, level of functioning measures (for pain and/or OUD treatments)	<input type="text"/>	<input type="text"/>
Successful referral to treatment, initiation in, and retention in OUD treatment and retention of care	<input type="text"/>	<input type="text"/>
Recovery: long-term outcomes	<input type="text"/>	<input type="text"/>
Recovery: sensitive to incremental change (not limited to abstinence)	<input type="text"/>	<input type="text"/>
Patient-Centered	<input type="text"/>	<input type="text"/>

Opportunity for Public Comment

Next Steps: Timeline

Event/Deliverable	Date
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>