



# Opioid Technical Expert Panel (TEP) Web Meeting 5

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# Agenda

- Introductions
- Prioritization Criteria and Gaps Exercise
  - ▣ *TEP Discussion*
- Overview of CMS Federal Programs
  - ▣ *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**

# Prioritization Criteria and Gaps Exercise

# Results of Gaps Survey

- N=20 (out of 28 TEP members), 3 partial responses
- 1= lowest priority, 3= highest
- Scores compiled in three ways:
  - ▣ *Average response across all 5 criteria equally*
    - » Mean=2.30, Deviation =0.21, Range =1.84 to 2.71
  - ▣ *Average response of just the first criteria (morbidity/mortality)*
    - » Mean=2.31, Deviation = 0.33, Range = 1.55 to 2.9
  - ▣ *Average responses with varying weights for each criteria as follows:*
$$2.5*(\text{morbidity/mortality}) + 1*(\text{feasibility}) \\ + 1.5*(\text{gap}) + 1.5*(\text{patient-center}) + 1.5*(\text{equity})$$
    - » Mean= 3.74, Deviation = 0.36 , Range= 2.93 to 4.44

# Ranks by Compilation Method

Measure Concept	Score* (rank) sum	Score** (rank)- weighted	Score*** (rank)- morbidity/ mortality
Pain Management (tapering)	2.71 (1)	4.44 (1)	2.3 (14) <sup>D</sup>
Recovery - Long-term outcomes	2.67 (2)	4.35 (2)	2.9 (1) <sup>d</sup>
Special populations (e.g., homeless)	2.59 (3)	4.24 (4)	2.4 (10) <sup>d</sup>
Coverage (reimbursement rates)	2.59 (4)	4.22 (5)	1.85 (31) <sup>D</sup>
ODU - Physical Comorbidities	2.58 (5)	4.24 (3)	2.75 (7) <sup>d</sup>
Neonatal Abstinence Syndrome (f/u)	2.55 (6)	4.22 (6)	2.2 (19) <sup>D</sup>
Pain MGMT Plan	2.54 (7)	4.14 (7)	2.4 (11) <sup>d</sup>
Coverage (population rates)	2.51 (8)	4.05 (8)	2.05 (26) <sup>D</sup>
ODU - Psychiatric Comorbidities	2.47 (9)	3.94 (9)	2.85 (3) <sup>d</sup>
Quality of Life (composite change)	2.40 (10)	3.91 (11) <sup>d</sup>	2.35 (12) <sup>d</sup>
Special Populations (elderly etc.)	2.39 (11)	3.88 (12) <sup>d</sup>	2.89 (2) <sup>d</sup>
Harm Reduction Access	2.37 (12)	3.94 (10) <sup>d</sup>	2.85 (3) <sup>d</sup>

\*Possible range = 1-3    \*\*Possible range = 1.6-8    \*\*\* Possible range = 1-3    **d** = different    **D** = very different

**Question: Have we reasonably captured your priorities gap areas?**

# Ranks by Compilation Method

Measure Concept	Score* (rank)- morbidity/ mortality
Recovery – long-term outcomes	2.9 (1)
Special Populations (elderly etc.)	2.89 (2)
OUD – Psychiatric comorbidities	2.85 (3)
Harm Reduction Access	2.85 (3)
Criminal Justice Involvement-screening	2.8 (5) <sup>N</sup>
Neonatal Abstinence Syndrome (prenatal)	2.8 (5) <sup>N</sup>
OUD – Physical comorbidities	2.75 (7)
Social Risk Factors – Social Support	2.6 (8) <sup>N</sup>
Criminal Justice Involvement – Record	2.45 (9) <sup>N</sup>
Special Populations (e.g. homeless)	2.4 (10)

\*Possible range = 1-3    **N** = not in sum rank-ordered top 12 (see previous slide)

**Question: Have we reasonably captured your priorities gap areas?**



# TEP Discussion

# Guidance on Opioid and OUD Measurement for Federal Programs

- Overview of 5 programs
  - ▣ *Provide basic overview of program structure and current measures*
  - ▣ *Appendix A lists measures in select sets for reference*
- Discussion by TEP
  - ▣ *Comment on what is missing from a measurement standpoint to improve mortality/morbidity within the population served*
- NQF staff will then create a final report on guidance provided by the TEP on where opioid-related measurement efforts should move

# Overview of CMS Federal Programs

- Medicare Shared Savings Program (SSP)
- Merit-Based Incentive Payment System (MIPS)
- Alternative Payment Models (APMs)
- Hospital Inpatient Quality Reporting Program (IQR)
- Hospital Value-Based Purchasing Program (VBP)
- Source: [CMS Pre-Rulemaking Needs and Priorities, 2019](#)

# Medicare Shared Savings Program (SSP)

# Medicare Shared Savings Program (SSP)

- The Medicare Shared Savings Program (SSP) was designed to facilitate coordination and cooperation among Accountable Care Organization (ACO) providers to improve:
  - ▣ *Quality of care for Medicare Fee-For-Service beneficiaries*
  - ▣ *Reduce the rate of growth in health care costs*
- In order to share shavings, ACOs must
  - ▣ *Demonstrate savings*
  - ▣ *Perform on a set of quality measures*
- In December 2018, SSP underwent policy changes which include improving information sharing on opioid use to combat opioid addiction

# Medicare Shared Savings Program (SSP)

## Measure Requirements

- Outcome measures that address conditions that are high-cost and affect a high volume of Medicare patients.
- Measures that are targeted to the needs and gaps in care of Medicare fee-for-service patients and their caregivers.
- Measures that align with CMS quality reporting initiatives, such as the Quality Payment Program.
- Measures that support improved individual and population health.
- **Measures addressing high-priority healthcare issues, such as opioid use.**
- Measures that align with recommendations from the Core Quality Measures Collaborative.

# Measures Found in SSP—Opioids and OUD

- Number of measures related to Opioids: 0
  - ▣ *Potential overlap*
    - » Tobacco use: Screening and Cessation Intervention
    - » Screening for Clinical Depression and follow-up plan
    - » Depression remission at Twelve Months
    - » Access to Specialists

# SSP Opioid Utilization Reports

- SSP ACOs receive quarterly informational opioid utilization reports that are separate from scoring
  - *Contain information on an ACOs' opioid utilization for four opioid metrics*
  - *These metrics align with Medicare Part D Plans.*
  - *Three of the metrics are based on measures developed by the Pharmacy Quality Alliance (PQA).*
- Reports contain beneficiary counts for each separate opioid metric, program wide ACO-level mean and median number of assigned beneficiaries flagged for each separate metric, as well as 10th and 90th percentiles.
- The reports also include total number of opioid prescribing NPIs and the top six opioid prescribing NPIs (according to number of opioid prescription claims) for each beneficiary flagged in the report.
- Overall, CMS observed that ACOs had a very small number of assigned beneficiaries who met any of the four metrics.



# SSP Opioid Utilization Reports

- Overutilization Monitoring System (OMS)
  - ▣ *Beneficiaries with an average daily morphine milligram equivalent (MME) greater than or equal to 90 mg AND*
  - ▣ *Who received opioids from either*
    - » Five or more prescribers
    - » The combination of three or more prescribers and three or more pharmacies
- Use of Opioids at High Dosage (OHD)
  - ▣ *Beneficiaries receiving prescriptions for opioids with an average daily morphine milligram equivalent (MME) greater than or equal to 90 mg for 90 days or longer*

# SSP Opioid Utilization Reports

- Use of Opioids from Multiple Providers (OMP)
  - ▣ *Beneficiaries receiving prescriptions for opioids from four or more prescribers AND four or more pharmacies in 180 days or less*
- Use of Opioids at High Dosage and from Multiple Providers (OHDMP)
  - ▣ *Beneficiaries receiving prescriptions for opioids with an average daily morphine milligram equivalent (MME) greater than 90 mg for 90 days or longer AND*
  - ▣ *Who received opioid prescriptions from four or more prescribers AND*
  - ▣ *Four or more pharmacies in 180 days or less*
- **Discussion Question: What opioid measurement guidance would you give CMS regarding this program?**

# Merit-Based Incentive Payment System (MIPS)

# Merit-Based Incentive Payment System (MIPS)

- MACRA requires CMS to implement an incentive program for clinicians. This program, referred to as the Quality Payment Program (QPP), provides two participation pathways:
  - ▣ *The Merit-based Incentive Payment System (MIPS)*
  - ▣ *Advanced Alternative Payment Models (Advanced APMs)*
- MIPS combines three Medicare “legacy” programs—the Physician Quality Reporting System (PQRS), Value-based Payment Modifier (VM), and the Medicare EHR Incentive Program for Eligible Professionals—into a single program.

# Merit-Based Incentive Payment System (MIPS)

- Under MIPS, there are four connected performance categories that impact a clinician's future Medicare payments. Each performance category is scored independently and has a specific weight, indicating its contribution towards the MIPS Final Score.
- The MIPS performance categories and their 2019 relative weights towards the Final Score are:
  - ▣ *Quality (45%)*
  - ▣ *Promoting Interoperability (25%)*
  - ▣ *Improvement Activities (15%)*
  - ▣ *Cost (15%)*

# Merit-Based Incentive Payment System (MIPS)

- MIPS has a priority focus:
  - ▣ *Outcome measures*
  - ▣ *PROMs*
  - ▣ *Measures that fill a topped out specialty area*
  - ▣ *Measures that are relevant for specialty providers*
- CMS has identified 50+ quality measures that will activate the topped out scoring policy in the 2019 performance period. Four are related to opioids:
  - ▣ *Pain Assessment and Follow-Up*
  - ▣ *Opioid Therapy Follow-Up Evaluation*
  - ▣ *Documentation of Signed Opioid Treatment Agreement*
  - ▣ *Evaluation or Interview for Risk of Opioid Misuse*

# Merit-Based Incentive Payment System (MIPS)

## Key Measure Requirements

- Measures must be fully developed, with completed testing results at the clinician level and ready for implementation at the time of submission (CMS' internal evaluation).
- Preference will be given to measures that are endorsed by NQF.
- Measures should not duplicate other measures currently in MIPS. Duplicative measures are assessed to see which would be the better measure for the MIPS measure set.

# Measures Found in MIPS—Opioids and OUD

**Total number of measures: 257**

- Effective Prevention and Treatment – 114 measures
- Making Care Safer – 30 measures
- Communication/Care Coordination – 30 measures
- Best Practices of Healthy Living – 0 measures
- Making Care Affordable – 47 measures
- Person and Family Engagement – 36 measures

**Number of measures relating to Opioids: 13**



# MIPS—Opioids and OUD

## Measures

Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)

Documentation of Signed Opioid Treatment Agreement

Evaluation or Interview for Risk of Opioid Misuse

Opioid Therapy Follow-up Evaluation

Tobacco use and Help with Quitting Among Adolescents

Tobacco use - Screening and Cessation Intervention

Unhealthy Alcohol Use – Screening and Counseling

Alcohol and Other Drug Dependence Treatment

Anesthesiology Smoking Abstinence

Anti-depressant Medication Management

Pain Assessment and Follow-Up

Pain Brought Under Control Within 48 hours

Osteoarthritis (OA): Function and Pain Assessment

**Question: What opioid measurement guidance would you give CMS regarding this program?**

# Alternative Payment Models (APMs)

# Alternative Payment Models

- APMs are value-based payment programs operated by CMS which meet requirements for:
  - ▣ *Clinician accountability to measures comparable to MIPS*
  - ▣ *Use of certified EHR technology*
  - ▣ *Level of clinician financial risk*
- Multiple model categories to participate in APMs
- Advanced APMs receive
  - ▣ *Annual 5% increase in Medicare Part B payments*
  - ▣ *An exemption from MIPS*

# Example Alternative Payment Models

- Advanced APMs
  - ▣ *Comprehensive Primary Care+*
  - ▣ *ACO Track 1+*
  - ▣ *ACO Track 2,3*
  - ▣ *Next Generation ACO*
  - ▣ *Comprehensive ESRD Care*
  - ▣ *Oncology Care*
- Other-Payer Advanced APMs
  - ▣ *Medicaid*
  - ▣ *Medicare Advantage, Medicare-Medicaid Plans, Programs for All-Inclusive Care for the Elderly (PACE) Plans*
  - ▣ *Commercial and private payor arrangements*

# Discussion Questions

CMS has requested guidance on how measurement should be approached within this program. What are the primary considerations for “measures comparable to MIPS” to include related to opioids and OUD?

# Hospital Inpatient Quality Reporting Program (IQR)

# Hospital Inpatient Quality Reporting Program (IQR)

- The Hospital Inpatient Quality Reporting (IQR) Program was established by Section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and expanded by the Deficit Reduction Act of 2005.
- The program requires hospitals paid under the Inpatient Prospective Payment System (IPPS) to report on process, structure, outcome, patient experience of care, efficiency, and cost of care measures.
- Failure to meet the requirements of the Hospital IQR Program will result in a reduction by one-fourth to a hospital's fiscal year IPPS annual payment update.

# Hospital Inpatient Quality Reporting Program (IQR)

## High Priority Areas

- Strengthen Person & Family Engagement as Partners in their Care:
  - ▣ *Functional Outcomes*
  - ▣ *Care is Personalized and Aligned with Patient's Goals*
- Promote Effective Communication and Coordination of Care:
  - ▣ *Seamless Transfer of Health Information*
    - » Measures of EMR safety, such as patient matching and correct identification
- Promote Effective Prevention and Treatment of Chronic Disease:
  - ▣ *Prevention and Treatment of Opioid and Substance Use Disorders*
- Make Care Safer by Reducing Harm Caused in the Delivery of Care:
  - ▣ *Preventable Healthcare Harm*



# Hospital Inpatient Quality Reporting Program (IQR)

## Measure Requirements

- Measure must be fully developed, tested, and validated in the acute inpatient setting.
- Measures are required to reflect consensus among affected parties, and to the extent feasible, be endorsed by National Quality Forum
- Measure must address a Meaningful Measure area, with preference for measures addressing the high priority domains and/or measurement gaps for future measure consideration.
- Measure must promote alignment across HHS and CMS programs.

# Hospital Inpatient Quality Reporting Program (IQR)—Opioids and OUD

- Number of measures related to Opioids: 0
  - ▣ *CAHPS survey contains measures related to pain communication, but these will be removed in October 2019*
  - ▣ *IPPS FY 2020 Final Rule*
    - » Safe Use of Opioids-Concurrent Prescribing finalized
    - » Comments sought for Hospital Harm-Opioid Related Adverse Events
- Discussion question: What opioid measurement guidance would you give CMS regarding this program?

# Value-Based Purchasing Program (VBP)

# Hospital Value-Based Purchasing Program (VBP)

- The Hospital Value-Based Purchasing (VBP) Program was established by Section 3001(a) of the Affordable Care Act, under which value-based incentive payments are made each fiscal year to hospitals meeting performance standards established for a performance period for such fiscal year.
- Measures are eligible for adoption in the VBP Program based on the statutory requirements
  - ▣ *Specification under the Hospital Inpatient Quality Reporting (IQR) Program and posting dates on the [Hospital Compare website](#).*
  - ▣ *Statutory requirements for public reporting of measures for 1 year in the IQR program prior to use in VBP*

# Hospital Value-Based Purchasing Program (VBP)

CMS identified the following domains as high-priority for future measure consideration:

- *Strengthen Person & Family Engagement as Partners in their Care:*
  - ▣ *Functional Outcomes*
- *Promote Effective Prevention and Treatment of Chronic Disease:*
  - ▣ *Prevention and Treatment of Opioid and Substance Use Disorders*
  - ▣ *Risk-Adjusted Mortality*

# Hospital Value-Based Purchasing Program (VBP)

## Key Measure Requirements

- Measures are required to reflect consensus among affected parties, and to the extent feasible, be endorsed by NQF
- Measure must address an important condition/topic for which there is analytic evidence that a performance gap exists and that measure implementation can lead to improvement in desired outcomes, costs, or resource utilization.
- Measure must be fully developed, tested, and validated in the acute inpatient setting.
- Measure must address a Meaningful Measure area, with preference for measures addressing the high-priority domains and/or measurement gaps for future measure consideration.
- Measure must promote alignment across HHS and CMS programs.

# Hospital Value-based Purchasing Program (VBP)

- Number of measures related to Opioids: 0
  - ▣ *CAHPS survey contains measures related to pain communication, but these are slated for removal*
- **Discussion question: What opioid measurement guidance would you give CMS regarding this program?**

# Opportunity for Public Comment



# Next Steps: Timeline

Event/Deliverable	Date
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](mailto: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 – Select 2019 Measure Sets

- Medicare Shared Savings Program
- Hospital Value-Based Purchasing
- Hospital Inpatient Quality Reporting Program

# Measures Found in 2019 SSP

Meaningful Measure Area	Measure
Effective Prevention and Treatment	Breast Cancer Screening
Effective Prevention and Treatment	Colorectal Cancer Screening
Effective Prevention and Treatment	Influenza Immunization
Effective Prevention and Treatment	Tobacco Use: Screening and Cessation Intervention
Effective Prevention and Treatment	Screening for Clinical Depression and Follow-up Plan
Effective Prevention and Treatment	Statin therapy for Cardiovascular Disease
Effective Prevention and Treatment	Diabetes Mellitus: Hemoglobin A1c Poor Control
Effective Prevention and Treatment	Hypertension (HTN): Controlling High Blood Pressure
Effective Prevention and Treatment	Depression Remission at Twelve Months
Making Care Safer	Falls: Screening for Future Fall Risk
Communication/Care Coordination	Risk Standardized, All Condition Readmission
Communication/Care Coordination	Ambulatory Sensitive Condition Acute Composite (PQI #91)
Communication/Care Coordination	Unplanned Admissions for Multiple Chronic Conditions

# Measures Found in 2019 SSP

Meaningful Measure Area	Measure
Person and Family Engagement	Access to Specialists
Person and Family Engagement	Care Coordination
Person and Family Engagement	Courteous and Helpful Office Staff
Person and Family Engagement	Health Promotion and Education
Person and Family Engagement	Health Status/Functional Status
Person and Family Engagement	How Well Your Providers Communicate
Person and Family Engagement	Patients' Rating of Provider
Person and Family Engagement	Shared Decision Making
Person and Family Engagement	Stewardship of Patient Resources
Person and Family Engagement	Timely Care, Appointments, and Information

# Measures Found in 2019 VBP

Meaningful Measure Area	Measure
Effective Prevention and Treatment	Mortality rate following Acute Myocardial Infarction
Effective Prevention and Treatment	Mortality rate following Coronary Artery Bypass Graft
Effective Prevention and Treatment	Mortality rate following heart failure
Effective Prevention and Treatment	Mortality rate following pneumonia
Making Care Safer	Catheter-associated Urinary Tract Infection
Making Care Safer	Central line-associated Bloodstream Infection
Making Care Safer	Hospital-Onset MRSA Bacteremia
Making Care Safer	NHSN Clostridium difficile Infection
Making Care Safer	Procedure Specific Surgical Site Infection Outcome Measure
Making Care Safer	Complication rate following hip and/or knee arthroplasty
Making Care Affordable	Medicare Spending Per Beneficiary
Person and Family Engagement	Consumer Assessment of Healthcare Providers and Systems

# Measures Found in 2020 IQR

Meaningful Measure Area	Measure
Effective Prevention and Treatment	Elective Delivery (Chart-abstracted & eCQM)
Effective Prevention and Treatment	Exclusive Breast Milk Feeding
Effective Prevention and Treatment	Hearing Screening Prior to Hospital Discharge (eCQM)
Effective Prevention and Treatment	Home Management Plan of Care (eCQM)
Effective Prevention and Treatment	ICU Venous Thromboembolism Prophylaxis (eCQM)
Effective Prevention and Treatment	Influenza Vaccination Coverage Among Healthcare Personnel
Effective Prevention and Treatment	Stroke Education (eCQM)
Effective Prevention and Treatment	Venous Thromboembolism Prophylaxis (eCQM)
Effective Prevention and Treatment	Anticoagulation Therapy for Atrial Fibrillation/Flutter (eCQM)
Effective Prevention and Treatment	Antithrombotic Therapy by End of Hospital Day 2 (eCQM)
Effective Prevention and Treatment	Assessed for Rehabilitation (eCQM)
Effective Prevention and Treatment	Discharged on Antithrombotic Therapy (eCQM)
Effective Prevention and Treatment	Discharged on Statin Medication (eCQM)
Effective Prevention and Treatment	Primary PCI within 90 minutes of Arrival (eCQM)

# Measures Found in 2020 IQR

Meaningful Measure Area	Measure
Effective Prevention and Treatment	Death Among Surgical Inpatients
Effective Prevention and Treatment	Mortality rate following Acute Myocardial Infarction
Effective Prevention and Treatment	Stroke 30-day Mortality Rate
Making Care Safer	Catheter-associated Urinary Tract Infection
Making Care Safer	Central line-associated Bloodstream Infection
Making Care Safer	Hospital-Onset MRSA Bacteremia
Making Care Safer	NHSN Clostridium difficile Infection
Making Care Safer	Procedure Specific Surgical Site Infection
Making Care Safer	Complication rate following hip and/or knee arthroplasty
Making Care Safer	Severe Sepsis and Septic Shock Management
Communication/Care Coordination	Admit Decision Time to ED Departure Time for Admitted Patients (chart-abstracted & eCQM)
Communication/Care Coordination	Excess days for Acute Myocardial Infarction



# Measures Found in 2020 IQR

Meaningful Measure Area	Measure
Communication/Care Coordination	Excess days for Heart Failure
Communication/Care Coordination	Excess days for pneumonia
Communication/Care Coordination	Readmission Measure with Claims and Electronic Data
Communication/Care Coordination	Time from ED Arrival to ED Departure for Admitted Patients (eCQM)
Making Care Affordable	Payment for Acute Myocardial Infarction (AMI)
Making Care Affordable	Payment for Heart Failure (HF)
Making Care Affordable	Payment for hip and/or knee arthroplasty
Making Care Affordable	Payment for pneumonia (PN)
Person and Family Engagement	Consumer Assessment of Healthcare Providers and Systems
Person and Family Engagement	Time from ED Arrival to ED Departure for Discharged Patients (eCQM)