NATIONAL QUALITY FORUM

Opioid Technical Expert Panel (TEP) Web Meeting 6

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Agenda

- Introductions
- Review and Discuss Measure Gap Prioritization
- Review and Discuss Guidance for CMS 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**

Review and Discuss Measure Gaps Prioritization

Prioritization Methodology

Table 3. Summary of Results of Committee Assigned Measure Gap Priority Scores by Scoring Method (n=33 measures)

Scoring Method	Mean	Standard deviation	Empirical Range	Possible range (moderate score)
Simple-sum item average	2.3	0.21	1.84-2.71	1-3 (2)
Weighted-sum item average	3.74	0.36	2.93-4.44	2.66-8 (3.33)
Average morbidity and mortality score	2.31	0.33	1.55-2.9	1-3 (2)

Weighted-sum average = {2.5*(morbidity/mortality) + 1*(feasibility) + 1.5*(performance gap) + 1.5*(patient-centeredness) + 1.5*(fairness)} ÷ 5

Measure Gaps Prioritization - Results

Reference #	Measure concept description	Simple sum average score (rank)	Weighted-sum average score (rank)	Morbidity and mortality average score (rank)	Sum of all ranks (rank)
1	Patient-Centered Pain Management: Proper tapering strategies for opioid analgesics (i.e., Record of full pain and quality of life, included SUD history assessment and monitoring, and sleep disorder risk)	2.71 (1)	4.44 (1)	2.30 (14)	16 (3)*
2	Recovery: long-term outcomes (i.e. Change in OUD symptomology 12+ months or even longer after treatment initiation for OUD)	2.67 (2)	4.35 (2)	2.90 (1)	5 (1)*
3	Special Populations for OUD Treatment such as pregnant women, criminal justice, homeless populations, adolescents and rural residents	2.59 (3)	4.24 (4)	2.40 (10)	17 (4)*
4	Benefits/Reimbursement (i.e. By region or payer for core ASAM level services)	2.59 (4)	4.22 (5)	1.85 (31)	40 (12)
5	OUD Treatment with Comorbidities: Physical Treatment such as cardiovascular, diabetes, etc.	2.58 (5)	4.24 (3)	2.75 (7)	15 (2)*
6	Neonatal Abstinence Syndrome: Follow-up for children (i.e. Parental support classes)	2.55 (6)	4.22 (6)	2.20 (19)	31 (9)
7	Patient-Centered Pain Management: Plan	2.54 (7)	4.14 (7)	2.40 (11)	25 (6)
8	Benefits/Reimbursement (i.e. By region payer SUD service average population coverage (benefits) limits)	2.51 (8)	4.05 (8)	2.05 (26)	42 (13)

Measure Gaps Prioritization – Results 2

Reference #	Measure concept description	Simple sum average score (rank)	Weighted-sum average score (rank)	Morbidity and mortality average score (rank)	Sum of all ranks (rank)
9	OUD Treatment with Comorbidities: Psychiatric Treatment	2.47 (9)	3.94 (9)	2.85 (3)	21 (5)*
10	Quality of life, level of functioning measures for pain and/or OUD treatments	2.40 (10)	3.92 (11)	2.35 (12)	33 (11)
11	Special populations: the elderly	2.39 (11)	3.88 (12)	2.89 (2)	25 (6)
12	Harm Reduction	2.37 (12)	3.94 (10)	2.85 (4)	26 (8)
13	Criminal Justice Involvement in relation to OUD	2.34 (13)	3.76 (14)	2.80 (5)	32 (10)
14	Social Risk Factors: Social Support	2.25 (21)	3.64 (22)	2.60 (8)	51 (14)
15	Neonatal Abstinence Syndrome: Prenatal or Perinatal Counseling	2.12 (27)	3.40 (28)	2.80 (6)	61 (15)
16	Criminal Justice Involvement in relation to OUD	2.11 (28)	3.45 (25)	2.45 (9)	62 (16)

* Top 5 using sum of ranks

Top 5 Using 'Sum of All Ranks' Method*

1. Long-term recovery from OUD measures
2. Measures related to physical co-morbidities to OUD
3. Tapering strategy deployment measures for pain management with opioids
4. Consideration of special populations issues related to OUD treatment (pregnant women, criminal justice involved populations, homeless, adolescents, rural communities)
5. Consideration of psychiatric comorbidities during OUD treatment

*Quantitatively emphasizes morbidity and mortality, but these top 5 overlap with the top 10 of the simple sum and weighted-sum methods.

Previous TEP Discussion Points

- Measures of opioid tapering, related to pain therapy, are important.
- Measures for special populations such as pregnant women, newborns, and detained persons are important.
- Feasibility engineering, implementing, and sourcing data for some of the measure concepts proposed will sometimes be challenging. Long-term follow-up of clients across time and providers was specifically noted in that regard.
- The 16 measure concepts proposed map to many more actual measures.
- Developing and deploying measures is resource intensive.
- SUD beyond OUD is important to keep in mind when developing measures, because of co-use and alternative misuse of other substances.

Discussion Question

- Have we accurately captured the recommendations and guidance provided by the TEP?

Measure Set Examples: Shatterproof State Dashboards

Shatterproof/NQF* (SUD program target)	State Dashboards **
Wait times	Total overdose deaths (by substance)
General access to treatment	ER visits related to overdoses
Use of valid assessment methods	Prescription opioid misuse; heroin use; OUD rates
Continuity of Care Indicators	Opioid prescriptions
EHR capacity	Opioid treatment capacity
Comorbidity services on-site	Hospitalization rates
Full array of counseling availability	Neonatal exposure rates
Patient overall program rating score	Comorbidity rates
Politeness/respect of staff	Naloxone saves
Accreditation	Peer recovery availability
Support services (housing, legal, employment, etc.)	*http://www.shatterproof.org
Overdose follow-up	**MN, RI, WA, PA, MO

Review and Discuss Guidance for CMS Federal Programs

Federal Programs Under Consideration

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

Medicare Shared Savings Program

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

- Have we accurately captured the recommendations and guidance provided by the TEP?

Merit-Based Incentive Payment System

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

- Have we accurately captured the recommendations and guidance provided by the TEP?

Advanced Payment Models

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 – 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

- Have we accurately captured the recommendations and guidance provided by the TEP?

Hospital Inpatient Quality Reporting Program

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

- Have we accurately captured the recommendations and guidance provided by the TEP?

Value-Based Purchasing Program

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

- Have we accurately captured the recommendations and guidance provided by the TEP?

Opportunity for Public Comment

Next Steps

Next Steps: Timeline

Event/Deliverable	Date
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
- SharePoint page http://share.qualityforum.org/Projects/Opioid%20TEP/SitePages/Home.aspx