



Opioid Technical Expert Panel Web Meeting 7

The National Quality Forum (NQF) convened a public web meeting for the Opioid and Opioid Use Disorder Technical Expert Panel (TEP) on January 7, 2020.

Meeting Objectives

- Review of public comments on draft final report
- Obtain final feedback on prioritized measure concepts and measures for use in federal programs

Welcome and Introductions

Dr. Sam Stolpe, NQF Senior Director, welcomed participants to the web meeting. Co-chairs provided opening remarks and reviewed the meeting objectives.

Review of Public Comments on Draft Final Report

Dr. Stolpe reviewed the public comments. The draft final report was posted for a 21-day public commenting period from November 25 through December 16, 2019. NQF received five public comments from three organizations.

Community Catalyst

Community Catalyst was concerned that people in recovery who have lived experience with substance use disorder (SUD) were not engaged more fully in the process and that this lack of input resulted in the omission of the issues of harm reduction, quality of life, and connection to social supports from the priority list.

Additionally, Community Catalyst recommended that the TEP add transgender and nonbinary individuals to specific populations.

The TEP recommended amending the report to add additional emphasis on harm reduction programs. The TEP did not recommend reconsidering the prioritization process. The TEP agreed to include LGBTQ individuals as a special population due to the disproportionately high rates of opioid use disorder (OUD) in their communities. The TEP identified American Indians as another special population to include for similar reasons.

Pharmacy Quality Alliance

The Pharmacy Quality Alliance (PQA) recommended that opioid prescribing measures be implemented with complementary or balancing measures for a comprehensive approach to pain management and OUD. PQA 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. The TEP appreciated the comments and did not propose amending the report in response.

Voices for Non-opioid Choices

Voices for non-opioid choices strongly supported the TEP 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.” The TEP appreciated the supportive comment and did not propose any changes to the report.

Final Feedback on Prioritized Measure Concepts and Measures for Use in Federal Programs

Prioritized Measure Concepts

Dr. Stolpe presented the top 10 measure priority gaps to the TEP.

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)
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)

The co-chairs inquired as to whether the TEP had final items to address within the measure gap prioritization. The TEP recommended throughout the measure concept descriptions highlighting the co-occurrence of polysubstance abuse and psychiatric and physical comorbidities. The TEP recommended that the report clarify some of the reimbursement items discussed in priorities 4 and 8, and to combine the two priorities into one. Further, the TEP stated that benefits, coverage, and reimbursement related to nonopioid alternatives for pain management should be included.

The TEP pointed to a need to highlight the various stages of recovery and recommended that priority 2 be amended to include language about long-term recovery, transition between inpatient and outpatient treatment, and short-term outcomes.

Measures for Use in Federal Programs

The TEP reviewed its recommendations on quality measures for five federal programs: Medicare Shared Savings Program (SSP), Merit-Based Incentive Payment System (MIPS), Alternative Payment Models (APMs), Hospital Inpatient Quality Reporting Program (IQR), and Value-Based Purchasing Programs (VBP).

The TEP recommended that it amend its recommendation for potential quality gaps in SSP and MIPS originally stated as “non-opioid management strategies for high dose opioid patients” to “non-opioid management strategies” as the TEP stated that it was important that these strategies be implemented to prevent OUD.

The TEP expanded its measure recommendations for MIPS to include transitions from inpatient to outpatient services and short-term recovery in addition to long-term recovery from OUD. Additionally, the TEP expanded its measure recommendation on physical and psychiatric comorbidities to include substance use comorbidities.

Opportunity for Public Comment

There were no public comments.

Next Steps

NQF thanked the co-chairs and TEP for their service throughout this project.