NATIONAL QUALITY FORUM

Meeting Summary

Opioid Technical Expert Panel (TEP) Web Meeting 4

The National Quality Forum (NQF) convened a public web meeting for the Opioid Technical Expert Panel on August 13, 2019.

Welcome, Introductions, and Review of Web Meeting Objectives

Vaishnavi Kosuri, Project Analyst, NQF, welcomed participants to the web meeting and provided opening remarks. Ms. Kosuri then reviewed the meeting's objectives including feedback from the public commenting period, measure gaps, prioritization criteria, and Panel discussion regarding measure gaps. Ms. Kosuri conducted roll call for both Panel members and federal liaisons. Dr. Jeff Schiff and Dr. Brandon Marshall, the co-chairs of the Opioid TEP, provided opening remarks.

Overview of Environmental Scan Draft Report Feedback

Dr. Michael Abrams, Senior Director, NQF, provided an overview of the public comments received from the environmental scan. Public comment feedback included the need for harmonization of measures, specification of level of analysis, concern about cessation of opioid therapy, implementation of CDC opioid prescription guidelines, and use of the National Outcomes Measurement System. Dr. Abrams reviewed the feedback and noted how these comments were addressed within the environmental scan and the public comment log. One Panel member noted the inclusion of pharmacy when discussing the level of analysis at the state, county, payer, and provider levels.

Environmental Scan Measurement Gaps and Measure Tables

Dr. Abrams also provided an overview of the organizational domains and subdomains and reviewed staff recommendations regarding gaps within the environmental scan. These gaps included a list of 26 measures and measure concepts which were provided to the TEP as areas for improvement. In particular, gaps included quality-of-life measures, referral to treatment, recovery measures, patient-centered pain management, physical and mental comorbidities alongside Opioid Use Disorder (OUD), special populations affected by OUD treatment, harm reduction option such as safe injection sites, social risk factors, costs of OUD, criminal justice issues, and neonatal abstinence syndrome. Dr. Abrams also provided sample measure concepts as examples for the Panel. Dr. Abrams opened the conversation for potential gaps and measure concepts which have not already been addressed.

Dr. Schiff and Dr. Marshall prompted the Panel for discussion regarding the gaps within the domains of OUD treatment and pain management in the environmental scan. The Panel noted several examples of gaps, specifically the inclusion of adolescents, individuals in rural areas, and the elderly population within the special populations affected by OUD. Another Panel member noted that while screening measures exist, there is a large portion of primary care providers who are not implementing screening practices. If the initial screen does not occur, initiation and referral cannot be implemented.

One Panel member reported an interest in understanding why evaluation of these gaps is important and how this relates to measure recommendations for Medicare. NQF staff clarified that evaluating these gaps serves two purposes. First, understanding the gaps provides CMS and other developers with overarching information while creating new measures. Second, evaluating the measures against the prioritization criteria will allow the Panel to decide high-priority gaps within the field of opioid and opioid use disorder measure spectrum. Given these gaps, the Panel will be better informed in providing recommendations for measures within the five federal programs. Additional feedback from the Panel members included the benefits of using claims-based data to evaluate measures at the population level.

Dr. Schiff prompted the Panel to discuss gaps within the domains of harm reduction and social issues within the environmental scan. One Panel member emphasized the importance of interoperability of these measures because this will allow translation across different strata for patients. Specifically, patients often do not stay within a given care system or criminal justice system; patients often move outside of or between care settings for addiction treatment and other care. The Panel also provided some feedback regarding the use of claims data or moving beyond its use given the complexities involved with both pain management and treatment of opioid use disorder. Specifically, Panel members noted that claims data can fall short. One example noted that while claims data let researchers know when medication is picked up if a claim is submitted, patients have the option of not using their insurance benefits. This leaves important blind spots that will be missed in the use of prescription drug claims as a data source for measurement.

Prioritization Criteria

Dr. Samuel Stolpe, Senior Director, NQF, provided an overview of the prioritization criteria. The criteria include anticipated impact on morbidity and mortality, feasibility to implement quality measures, gaps in performance, patient-centered focus, and equity. Ms. Kosuri then provided an example of the survey that the Panel will be asked to complete to prioritize the gaps identified against the prioritization criteria. The Panel noted a question regarding the feasibility portion of the criteria. Dr. Stolpe clarified that feasibility, within the context of this project, addresses burden of implementation on behalf of either the provider or the patient. Dr. Schiff clarified that feasibility is about the ability of a health system or health plan or state or other entity to address a gap in performance in the measure.

Public Comment

Ms. Kosuri opened the web meeting to allow for public comment. No comments were provided.

Next Steps

Ms. Kosuri highlighted the next webinar on September 16, 2019. Dr. Marshall and Dr. Schiff provided closing remarks and adjourned the meeting.