NATIONAL QUALITY FORUM

Meeting Summary

Opioid Technical Expert Panel (TEP) Web Meeting 5

The National Quality Forum (NQF) convened a public web meeting for the Opioid Technical Expert Panel on September 16, 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 review of the prioritization criteria and gaps exercise and of CMS federal programs. Ms. Kosuri conducted roll call for both Panel members and federal liaisons.

Overview of Prioritization Criteria and Gaps Exercise

Dr. Michael Abrams, Senior Director, NQF, provided an overview of the results of the prioritization criteria and gaps exercise. Dr. Abrams reviewed the rating and scoring methodology and described the NQF staff's approach to using the results moving forward. Dr. Abrams noted that 20 responses to the survey were received and rankings of the averages, weighted averages, and averages according to morbidity and mortality were provided. The top 12 priorities were described, and any changes in rankings were also noted for the TEP, especially when addressing rankings for the morbidity and mortality criteria.

One Panel member noted the importance of recognizing the complexity of the crisis and that expansion on tapering management is important. Another Committee member expressed appreciation for the inclusion of neonatal abstinence measures given the need for improved measurement in this space. One Panel member raised a concern about the feasibility and gap in tracking long-term outcomes for the measures because of data tracking challenges.

Overview of CMS Federal Programs

Dr. Samuel Stolpe provided an overview of the CMS Federal Programs under consideration for this scope of work. Dr. Stolpe reviewed the structure, requirements, and opioid related measures of each program. The programs reviewed are:

- 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)

Members of the TEP provided several points of guidance for CMS to consider regarding the aforementioned programs.

Medicare Shared Savings Program (SSP)

Dr. Stolpe noted that the goal of SSP is to improve the quality of care for fee-for-service beneficiaries and to slow the rate of growth of healthcare-related costs or reduce them. The SSP

also underwent a policy change which includes provision of information regarding emergent and ongoing crises such as the opioid epidemic. Dr. Stolpe also noted that there are currently no measures directly related to opioids inside of the measure set. Related measures such as tobacco use, clinical depression etc. were noted due to their tangential association in caring for patients with opioid use disorder. Dr. Stolpe also reported that accountable care organizations within the SSP receive quarterly reports regarding opioid utilization across four opioid measures within Medicare Part D plans.

One Panel member reported the need for a comprehensive substance use disorder screening which not only includes tobacco use (which already exists) but also alcohol, opiates, and other substances. The screening should also include whether pharmaco-therapy and referrals to specialty care occurred. Another Panel member noted the use of co-prescribing of benzodiazepines, sedatives, and hypnotics as a possible measure for the SSP. Other TEP recommendations for measures include a measure addressing monitoring after drug testing or prescriptions.

Merit-Based Incentive Payment System (MIPS)

Dr. Stolpe provided an overview of the MIPS program which combines a quality reporting system for physicians, a value-based standard modifier, and the Medicare EHR incentive program for professionals. MIPS has 13 measures which address opioids of the 257 total measures in the measure set.

One Panel member noted the use of naloxone co-prescription for patients being prescribed opioids in a chronic therapy context as a possible measure for inclusion. They also noted the use of pain assessment measures being implemented for patients on opioids and anyone experiencing pain—and not just pain limited to osteoarthritis. Another Panel member noted that measures should differentiate between conducting a pain assessment versus measuring a decrease in pain score.This is because physician ratings on pain medication prescribing to address pain management has led to challenges in prescribing behavior. Another TEP member noted that assessment regarding change in functionality could also be a useful addition to MIPS.

One federal liaison noted the use of prescription drug monitoring programs which could be considered an incentive-based measure.

Alternative Payment Models (APMs)

Dr. Stolpe provided a review of APMs which are value-based payment programs operated by CMS which have several requirements. The clinician is accountable to measures comparable to MIPS, though requirements can also include use of certified EHR technology and acceptance of financial risk.

The TEP discussed the primary considerations for “measures comparable to MIPS” to include those related to opioids and OUD. One Panel member noted the importance of introducing tapering strategies along with the prescription of opioids following surgery, oncological treatment, and other avenues in which opioids are prescribed to patients.

Hospital Inpatient Quality Reporting Program (IQR)

Dr. Stolpe provided an overview of the IQR program and noted that this program requires hospitals that are paid under the inpatient prospective payment system to report on measures in a public-facing reporting structure. Dr. Stolpe noted that there are two measures noted in the final rule for 2020 for the IQR program. The first addresses safe use of opioids – concurrent prescribing, and the second addresses hospital harm opioid-related adverse events.

One TEP member noted the use of nonopioid alternatives for the management of pain as a possible measure for inclusion in the IQR. Another TEP member noted measures related to continuity of care, and recommended medication initiation prior to discharge as a measure for IQR. Finally, the usage of opioid-tapering plans was once again reiterated by members of the TEP for IQR too, in addition to other federal programs.

Hospital Value-Based Purchasing Program (VBP)

Dr. Stolpe provided an overview of the VBP program which is at the same level of analysis as the IQR program. VBP measures have been drawn from IQR and prioritize the domains of engagement of persons and their families as partners in their care and the promotion of effective treatment or prevention and treatment of chronic disease. The treatment of opioids in OUD will fall under the second category of prevention and treatment of chronic disease.

A TEP member experienced in managing VBP for hospitals noted that strong process measures which reduce harms associated with opioids should be included in the VBP program. Examples of such measures could include co-prescription of medications at discharge, specific opioid dosing by procedure, etc. Another measure can include communication or conversations with patients relating to decrease in opioid intake following surgery. A TEP member also noted personal experience with opioids and reported the necessity of guidance or support for individual patients over the duration of opioid prescription.

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 October 10, 2019. Dr. Marshall and Dr. Schiff provided closing remarks and adjourned the meeting.