

Call for Nominations

Opioids and Behavioral Health Measure Framework Committee

Background

Opioid-related overdose deaths and morbidity have emerged as a complex and evolving challenge for the U.S. healthcare system. The March 20, 2020 Morbidity and Mortality Weekly Report confirmed that in 2018 there were nearly 47,000 U.S. deaths attributable to opioid use, both prescription and illicit.¹ Moreover, a large proportion of those deaths are tied to heroin that is laced with illegally manufactured fentanyl, a substance available in patch form to treat chronic pain. While this represents a decrease from 2017 in deaths involving all opioids by 2%, heroin by 4%, and prescription opioids by 14%, death rates associated with synthetic opioids increased by 10%.^{1,2}

Quality measures related to opioid use are a key component to holding care providers, payors, and policy-makers accountable for the best possible care regarding pain management and substance use dependence treatment and prevention.³ In 2019-2020, the National Quality Forum (NQF) convened a 28-member technical expert panel (TEP) with expertise in pain management and opioid use disorder (OUD) to address opioid measurement challenges. The NQF Opioid TEP made a series of recommendations related to identifying and prioritizing gaps in quality measures needed to be filled in order to reduce OUD and opioid overdose deaths without undermining effective pain management.⁴ The TEP recognized an emerging "fourth wave" of the opioid epidemic related to polysubstance use. Increasingly, individuals with OUD are more likely to use psychostimulants such as amphetamines, use opioids with other substances during the same use period, and suffer from concomitant psychiatric conditions such as anxiety, depression, and suicidal ideation.⁵ In 63% of opioid overdose deaths, evidence of co-occurring prescription or illicit drug use was also present.⁶ Because of the clear connection of concomitant behavioral health (BH) conditions with OUD and the impact of polysubstance use on opioid mortality and morbidity, the TEP prioritized the identification and development of measures that address comorbidities of OUD with psychiatric conditions and substance use disorders (SUD).

¹ Wilson N, Kariisa M, Seth P, Smith H, Davis N. Drug and Opioid-Involved Overdose Deaths – United States, 2017-18. *MMWR Morb Mortal Wkly Rep*; 69(11);290–297. DOI: 10.15585/mmwr.mm6911a4

² Barry C. Fentanyl and the Evolving Opioid Epidemic: What Strategies Should Policy Makers Consider? *Psychiatric Services*. 2018, 69:100-103. DOI: 10.1176/appi.ps.201700235

³ Nicholson A. Medication-Assisted Treatment for Opioid Use Disorder, Proceedings of a Workship—in Brief. The National Academies Press. http://nap.edu/25322.

⁴ National Quality Forum. Opioid and Opioid Use Disorder: Quality Measurement Priorities Final Report. Feb 2020. Accessed at <u>http://www.qualityforum.org/Opioid and Opioid Use Disorder TEP.aspx</u>

⁵ Snyder SM, Morse SA, Bride BE. A Comparison of 2013 and 2017 Baseline Characteristics Among Treatment-seeking Patients Who Used Opioids with Co-occurring Disorders. *Substance Abuse*. April 2019, Volume 99, pp. 134-138. doi: 10.1016/j.jsat.2019.01.023

⁶ Gladden RM, O'Donnells J, Mattson CL, et al. Changes in Opioid-Involved Overdose Deaths by Opioid Type and Presence of Benzodiazepines, Cocaine, and Methamphetamine – 25 States, July – December 2017 to January – June 2018. MMWR Morbidity and Mortality Weekly Report August 30, 2019;68:737–744

NQF will convene a multistakeholder Committee of experts to develop a measurement framework to address overdose and mortality resulting from polysubstance use—both legal and illegal—involving synthetic and semi-synthetic opioids (SSSO) with an emphasis on persons with comorbid BH conditions. NQF will work with the Committee to conduct an environmental scan that will identify existing measures and measure concepts for the purposes of constructing the framework. This environmental scan and resulting report will identify measurement gaps and priorities, and explore challenges and opportunities related to measuring opioid use as well as dependence prevention and treatment for individuals with BH conditions.

Committee Charge

NQF will convene the multi-stakeholder Committee with up to sixteen (16) web meetings over a 24month period to discuss the foundation of measurement framework that addresses polysubstance use involving SSSO among individuals with co-occurring BH conditions and guide the recommendations that will be highlighted in the final report; provide input on the project's components; and provide expertise on measurement gaps and priorities, and explore challenges and opportunities related to measuring opioid use as well as dependence prevention and treatment for individuals with BH conditions.

The Committee will be responsible for steering the development of major project components, including:

- Providing guidance on an environmental scan of the state of currently available measures, measure concepts, and measurement gaps that could address overdose and mortality resulting from polysubstance use involving SSSO among individuals with co-occurring BH conditions and create an Environmental Scan Report; and
- Developing a measurement framework addressing polysubstance use involving SSSO among
 individuals with co-occurring BH conditions, taking into account specific short- and long-term,
 innovative, actionable approaches to improve the current state of measurement in these areas
 along with disparities in these outcomes. In particular, the framework will focus on strategies to
 improve measurement for morbidity and mortality and details on how to use the measurement
 recommendations to support improving health outcomes.

To accomplish the tasks, the multistakeholder Committee will convene for up to sixteen two-hour webinars.

Committee Structure

NQF seeks to convene a multistakeholder Committee of no more than 30 individuals to identify and recommend innovative, efficient, and effective approaches to polysubstance use, BH, and OUD and guide the recommendations that will be highlighted in the final report.

Terms

Committee members will serve for a term of 24 months.

Participation on the Committee requires a significant time commitment.

Committee members are expected to participate in all scheduled meetings. Over the course of the Committee member's term, additional meetings may be scheduled, or meetings may be rescheduled; new dates are set based on the availability of the majority of the Committee.

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Committee participation includes:

- Participating in up to sixteen, two-hour web meetings over a 24-month period
- Guiding the development and implementation of an environmental scan assessing the current landscape of opioids measurement
- Developing actionable recommendations for opioids and behavioral health measures or measure concepts
- Reviewing and providing feedback on written deliverables
- Providing additional feedback and input as needed

Scheduled Meeting Dates

The nominations period will be from July 28 through August 18, the roster commenting period will be from September 18 through 25, and the orientation meeting will take place on October 14, 2020. More details and meetings dates will be provided to the committee at the orientation meeting.

Preferred Expertise and Composition

Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, measure developers, suppliers, community and public health, patients, caregivers, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

NQF is seeking individuals with expertise in behavioral health; health disparities; substance use disorder (SUD); mental health and substance abuse disorders; health equity and social determinants of health; patient/consumer advocacy; clinicians at all levels; measure development and implementation; and other related fields.

Please review the NQF <u>conflict of interest policy</u> to learn about how NQF identifies potential conflict of interest. All potential Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

Consideration and Substitution

Priority will be given to nominations from NQF members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals are *not permitted*. Committee members are encouraged to engage colleagues and solicit input from them throughout the process.

Application Requirements

Nominations are sought for individuals and individual subject matter experts. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Opioids and Behavioral Health Measure Framework Committee, please **submit** the following information:

- A completed <u>online nomination form</u>, including:
 - A brief statement of interest

- A brief description of nominee expertise highlighting experience relevant to the committee
- A short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above
- o Curriculum vitae or list of relevant experience (e.g., publications) up to 20 pages
- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

Deadline for Submission

All nominations *MUST* be submitted by 6:00 pm ET on August 18, 2020.

Questions

If you have any questions, please contact the project team at 202-783-1300 or <u>opioidbehavioralhealth@qualityforum.org</u>. Thank you for your interest.