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Opioids and Behavioral Health Option Year (OY) Web Meeting 2

January 5, 2022

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Welcome

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Housekeeping Remarks

- Please mute yourself when not speaking
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
- We encourage you to keep your video on throughout the event
- Please ensure your first and last name are listed correctly in your video
- Use the chat feature to communicate with NQF staff
- Please utilize the raise hand function to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at **OpioidBehavioralHealth@qualityforum.org**

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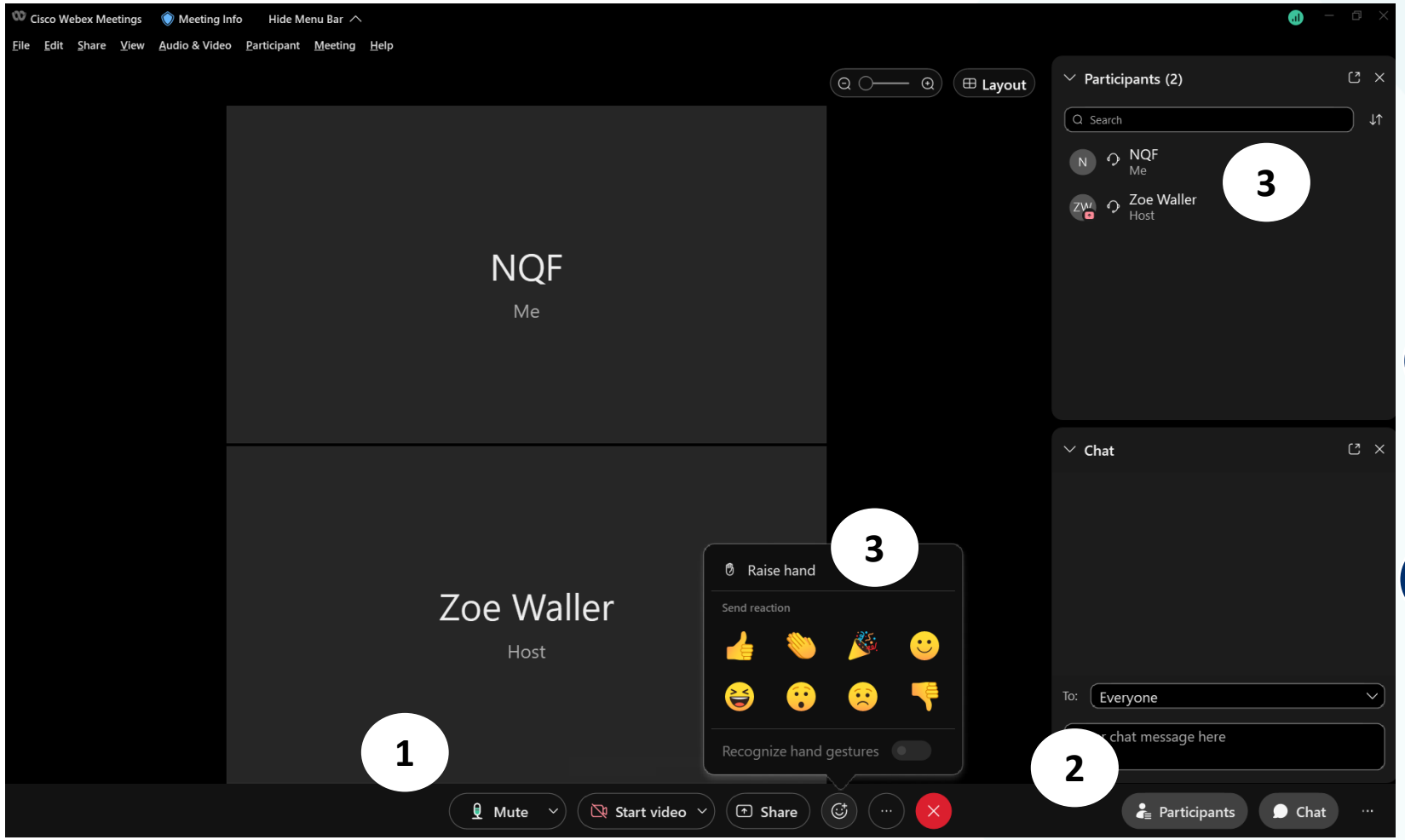
Using the WebEx Platform



1. Click the lower part of your screen to mute/unmute, start or pause video, and access reactions

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Project Staff

- **Kathleen Giblin,** RN, Senior Vice President, Emerging Initiatives
- **Maha Taylor,** MHA, PMP, Managing Director, Emerging Initiatives
- **Meredith Gerland,** MPH, Senior Director, Emerging Initiatives
- **Katie Berryman,** MPAP, PMP, Director of Project Management, Program Operations
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- **Zoe Waller,** Coordinator, Program Operations
- **Arthur Robin Williams,** MD, MBE, NQF Consultant

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Agenda

- Welcome and Attendance
- Measure Inventory Update and Discussion
- Guiding Principles Discussion
- Opioid and Behavioral Health Use Case
- Opportunity for Public Comment
- Next Steps

Attendance

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Committee Members

- Laura Bartolomei-Hill, LCSW-C (Co-Chair)
- Caroline Carney, MD, MSc, FAMP, CPHQ (Co-Chair)
- Jaclyn Brown
- Mary Ditri, DHA, MA, CHCC
- Carol Forster, MD
- Anita Gupta, DO, PharmD, MPP
- Barbara Hallisey, MSW, LCSW
- Brian Hurley, MD, MBA, DFASAM
- Margaret Jarvis, MD
- Sander Koyfman, MD
- Richard Logan, PharmD
- Perry Meadows, MD, JD, MBA
- Susan Merrill, MSW, LCSW
- Pete Nielsen, MA
- Rebecca Perez, MSN, RN, CCM
- Rhonda Robinson Beale, MD
- Eric Schmidt, PhD
- Richard Shaw, LMSW, CASAC
- Ben Shirley, CPHQ
- Sarah Shoemaker-Hunt, PhD, PharmD
- Eri Solomon
- Elizabeth Stanton, MD
- Steven Steinberg, MD
- Claire Wang, MD, ScD
- Sarah Wattenberg, MSW
- Jameela Yusuff, MD

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Federal Liaisons

- **Girma Alemu**, The Health Resources and Services Administration
- **Ellen Blackwell**, Centers for Medicare and Medicaid Services
- **Jennifer Burden**, United States Department of Veterans Affairs
- **Laura Jacobus-Kantor**, U.S. Department of Health & Human Services Office of the Assistant Secretary for Planning and Evaluation
- **Joseph Liberto,** United States Department of Veterans Affairs
- **Krishnan Radhakrishnan**, Substance Abuse and Mental Health Services Administration
- **Wesley Sargent,** The Centers for Disease Control and Prevention
- **John Snyder,** The Health Resources and Services Administration
- **Shawn Terrell,** The Administration for Community Living
- **Jodie Trafton,** United States Department of Veterans Affairs

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Centers for Medicare and Medicaid Services

- **Michael Paladino**, Opioids and Behavioral Health COR
- **Helen Dollar-Maples**, Deputy Director, DPMS
- **Gequincia Polk**, Health Systems Specialist, CCSQ/QMVIG/DPMS, IDIQ COR

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Ground Rules

- Be prepared for meetings and discussions by reviewing the materials beforehand
- Attend the Committee meetings
- Remain engaged in the discussion without distractions
- Keep comments concise and focused
- Allow others to contribute

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Scope of the Option Year

- The Option Year builds on the foundational work established in the Base Year by further refining the Final Report to help users implement the measurement framework.
- The updates will include:
  - Revisions to the measure inventory that reflect any new and relevant quality measures
  - A series of guiding principles for successful and equitable implementation of the three domains in the measurement framework
  - A detailed use case for how various stakeholders can apply and adapt the measurement framework

Measure Inventory Update Findings and Discussion

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Approach

- The measure inventory update included a scan of all known measure inventories (for both NQF endorsed and non-NQF endorsed measures) of:
  - Selected behavioral health organization or association registries
  - CMS Measures Inventory Tool (CMIT)
  - Qualified Clinical Data Registries (QCDR)
  - National Quality Forum (NQF)
  - Quality Positioning System (QPS)
  - Measurement Information Management System (MIMS)

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Findings: Equitable Access and Utilization

Measures related to equitable access and utilization of services:

- All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries in Need of Integrated Physical and Behavioral Health Care
- Mental Health Utilization
- Acute Care Use Due to Opioid Overdose

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Findings: Clinical Interventions (Part 1)

Measures related to opioid prescription:

- Prescription or Administration of Pharmacotherapy to Treat Opioid Use Disorder (OUD)
- Avoidance of Opioid Therapy for Migraine, Low Back Pain, Dental Pain
- Unsafe Opioid Prescriptions at the Prescriber Group Level
- Unsafe Opioid Prescriptions at the Dialysis Practitioner Group Level
- Overuse of Opioid Containing Medications for Primary Headache Disorders
- Risk-standardized Prolonged Opioid Prescribing Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Knee Arthroplasty

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Findings: Clinical Interventions (Part 2)

Measures related to other clinical interventions:

- Measurement-based Care Processes: Baseline Assessment, Monitoring And Treatment Adjustment
- Hospital Harm – Opioid-related Adverse Events
- Antidepressant Medication Management (AMM)

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Findings: Integrated and Comprehensive Care

Measures related to integrated and comprehensive care for concurrent behavioral health conditions:

- Follow-up After High Intensity Care for Substance Use Disorder (FUI)
- Improvement or Maintenance of Functioning for All Individuals Seen for Mental Health and/or Substance Use Care
- Annual Monitoring for Individuals on Chronic Opioid Therapy
- Follow-up After Psychiatric Hospitalization

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Findings: Alcohol Use Disorder & Tobacco Use Disorder

Measures related to Alcohol Use Disorder:

- Alcohol Screening and Follow-up for People With Serious Mental Illness

Measures related to Tobacco Use Disorder:

- Tobacco Use and Help With Quitting Among Adolescents
- Tobacco Use Treatment Provided or Offered
- Tobacco Use Treatment Provided or Offered at Discharge
- Tobacco Use Treatment
- Tobacco Use Treatment at Discharge
- Preventive Care And Screening: Tobacco Use: Screening and Cessation Intervention
- Preventive Care And Screening: Tobacco Use: Screening and Cessation Intervention (ECQM)
- Medical Assistance With Smoking and Tobacco Use Cessation

Committee Discussion

- Should the measures related to Tobacco Use be included in the Final Report?
- Are there any new measures that were not captured in this update and not part of the Final Report that should be considered?

Guiding Principles Discussion

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Draft Guiding Principles

- Guiding principles are overarching themes that guide the implementation of the domains, subdomains, measures, and measure concepts of a measurement framework
- Guiding principles help guide measure concept creation and ensure the end goal of the framework is achieved

Opioids and Behavioral Health Draft Guiding Principles:

- Promote health equity
- Reduce stigma
- Emphasize shared decision-making and patient centeredness
- Encourage innovation
- Intentionality in measure development and implementation

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Guiding Principle: Promote Health Equity

- There are vulnerable populations (e.g., individuals with poor social determinants of health or with criminal justice involvement) at higher risk for OUD/SUD and co-occurring conditions
- There should be an emphasis on promoting better and more equitable access to and delivery of interventions and care

Discussion Question:

- Should this be a guiding principle? Why do you think this is important?
- What elements, infrastructure, or aspirational ideas of promoting health equity should be considered when thinking about this guiding principle?

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Guiding Principle: Reduce Stigma

- Healthcare settings should recognize internal stigmas and biases towards patients, treatment methods, and prevention strategies
- Healthcare systems should acknowledge and consider the stigma patients themselves might have or face from those around them
- Stakeholders need to recognize the role policy has played in creating and perpetuating institutionalized stigma within and outside of healthcare, and subsequently identify opportunities for measurement and policies to reduce stigma

Discussion Question:

- Should this be a guiding principle? Why do you think this is important?
- What elements, infrastructure, or aspirational ideas of reducing stigma should be considered when thinking about this guiding principle?

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Guiding Principle: Emphasize Shared Decision Making and Patient Centeredness

- Understanding a patient's concerns, preferences, goals, and values related to the provision and participation in substance use treatment services is critical for achieving optimal outcomes
- Measurement efforts should emphasis meeting the patient where they are to identify what the appropriate and desired outcome is for each individual patient
- The field is moving towards a recognition that abstinence or a singular desired outcome should not be the only desired outcome of an intervention or treatment plan

Discussion Question:

- Should this be a guiding principle? Why do you think this is important?
- What elements, infrastructure, or aspirational ideas of emphasizing shared decision making and patient centeredness should be considered when thinking about this guiding principle?

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Guiding Principle: Encourage Innovation

- Recognition that the landscape around behavioral health and substance use disorders is rapidly changing
- Measurement efforts should consider new and innovative approaches to care – including harm reduction strategies, telehealth and remote care platforms, and alternative payment models – as the evidence base builds

Discussion Question:

- Should this be a guiding principle? Why do you think this is important?
- What elements, infrastructure, or aspirational ideas of encouraging innovation should be considered when thinking about this guiding principle?

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Guiding Principle: Intentionality in Measure Development and Implementation

- Measures should consider the interventions they are promoting, the providers included, and the outcomes expected
- Recognition of the different healthcare settings patients may come across and the healthcare system's resources
- Measurement may need to vary across settings, care delivery platforms, and provider types to achieve the same outcomes
- Measures should be intentional in the data they are requiring for collection, the systems needed to collect such data, and the burden it may add to providers and healthcare systems

Discussion Question:

- Should this be a guiding principle? Why do you think this is important?
- What elements, infrastructure, or aspirational ideas of having intentionality in measure development and implementation should be considered when thinking about this guiding principle?

Committee Discussion (Cont.)

- Do these draft guiding principles reflect the Opioid and Behavioral Health Measurement Framework and the work of the Committee to date? If not, what is missing?
- Do these draft guiding principles push the field towards the end goal? If not, what is missing?
- Should any of these guiding principles be combined or separated?

Opioid and Behavioral Health Use Case

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Use Case Approach

- Build a use case with three case exemplars that showcase scenarios that are clinically sensible, relevant to public health, and have evidence to support measures and solutions
- The exemplars will aim to seek broad representation along multiple dimensions including patient demographics, clinical settings, encounter types, and possible solutions
- In addition, exemplars will include:
  - Scenario-based narrative that demonstrates successful and equitable implementation of the domain
  - Information on how the implementation strategies can be executed in an equitable manner

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Structure of Use Case

- Critical stakeholders to address measurement across the framework domains and subdomains
- Challenges associated with implementing the measurement framework across all domains
- Potential solutions and strategies for overcoming the measurement framework challenges
- Three case exemplars demonstrating scenario-based narratives that demonstrates successful and equitable implementation for each domain

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Selection Criteria for Use Cases

- The following draft criterion will be used to identify the use case and case exemplars for the Opioids and Behavioral Health Framework:
  - Prevalent challenges or barriers in OUD/SUD and behavioral health care pathways
  - Attributable to a known entity
  - Acknowledged performance gap with a possible remediation

Questions:

- What additional selection criteria should the group consider?
- What stakeholders should the use case and the case exemplars consider?
- What clinical settings should the use case and exemplars incorporate?

Opportunity for Public Comment

Next Steps

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Next Steps

- Web Meeting 3 will be on February 2, 2022 from 12:00-2:00pm ET
- Submit your Disclosure of Interest (DOI) form via the OpenWater platform
- Email OpioidBehavioralHealth@qualityforum.org if you did not receive any of the meeting invitations

THANK YOU.

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