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Opioids and Behavioral Health Option Year (OY) Web Meeting 3

February 2, 2022

*This project is funded by the Centers for Medicare & Medicaid Services
under contract HHSM-500-2017-00060I –75FCMC20F0002*

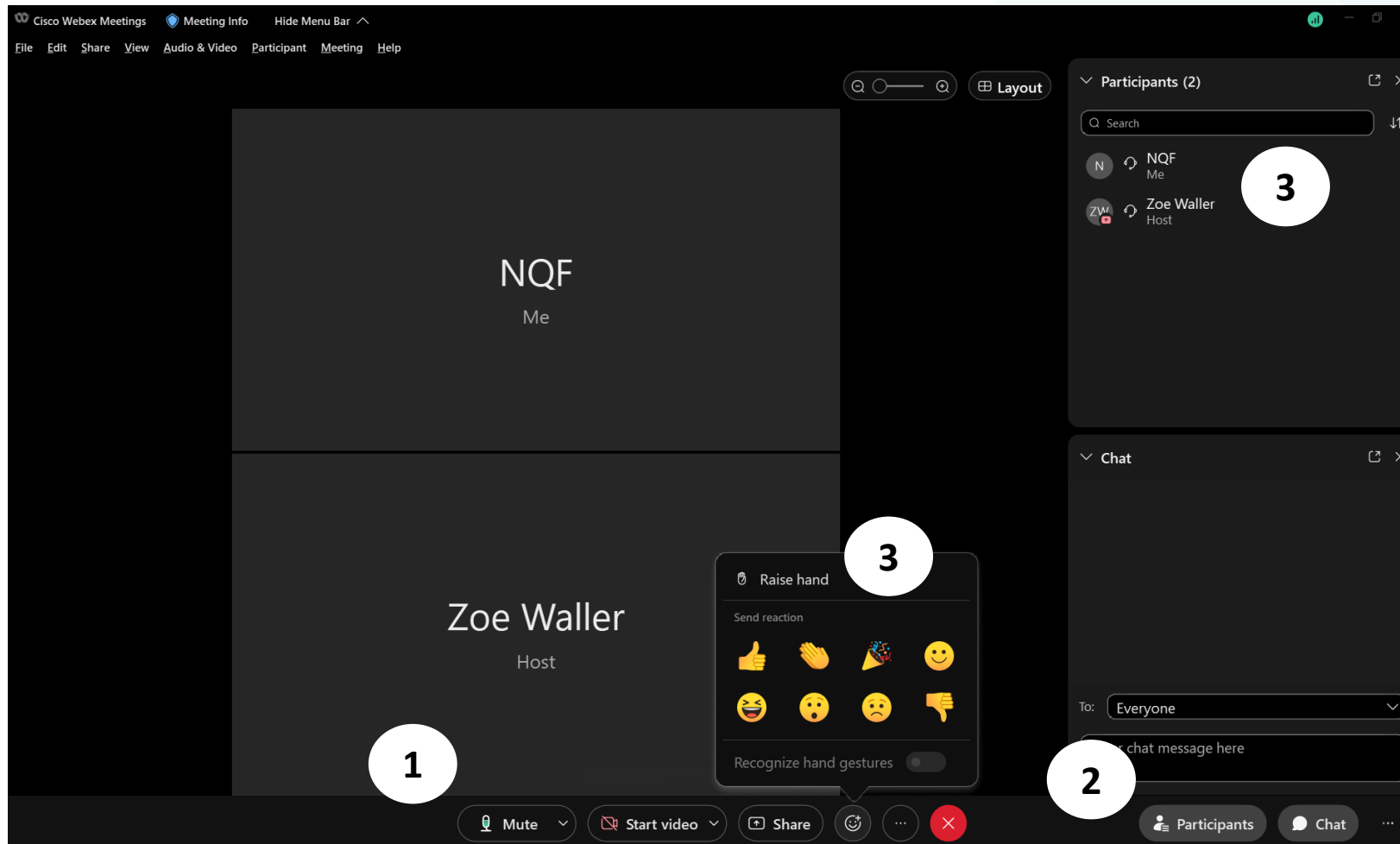
Welcome

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

Using the WebEx Platform



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

2 Click on the participant or chat button to access the full participant list or the chat box

3 To raise your hand, select the raised hand function under the reactions tab or the raised hand next to your name in the participant's window

Project Staff

- **Kathleen Giblin**, RN, Senior Vice President, Emerging Initiatives
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- **Carolee Lantigua**, MPA, Manager, Emerging Initiatives
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- **Zoe Waller**, Coordinator, Program Operations
- **Arthur Robin Williams**, MD, MBE, NQF Consultant

Agenda

- Welcome and Attendance
- Final Report Outline Update Discussion
- Measurement Framework Use Case Barriers and Solutions Discussion
- Opioid and Behavioral Health Equitable Access Case Exemplar Overview and Discussion
- Opportunity for Public Comment
- Next Steps

Attendance

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

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
- **Margaret O'Brien**, 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

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

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

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

Final Report Outline Update Discussion

Final Report Outline - Updates

- Executive Summary*
- Introduction*
- Background
- Measurement Priorities in Polysubstance Use Involving Opioids and Behavioral Health Conditions
- **Measurement Framework Guiding Principles**
- Measurement Framework for Opioids, Polysubstance Use, and Mental Health
- **Opioid and Behavioral Health Use Case**
- Discussion
- Conclusion and Next Steps*
- References
- **Appendices**

*sections will also be updated to reflect Option Year additions or changes to the report

Measurement Framework Guiding Principles Addition

This section will:

- Present a set of guiding principles that represent overarching themes that align with the current priorities, domains, and subdomains of the measurement framework
- Provide a brief overview of each guiding principle and how it relates to measurement in this space

Opioid and Behavioral Health Use Case Addition

- **Critical Stakeholders to Address Measurement Across the Framework Domains and Subdomains**
 - ▣ Identify critical stakeholders to engage in the implementation of the measurement framework and its guiding principles
- **Challenges and Potential Solutions Associated with Implementing the Measurement Framework Across Domains**
 - ▣ Identify challenges and relevant solutions related to implementing measurement across the measurement framework's domains.
 - ▣ The challenges will be broad enough to cover the challenges across all three domains and subdomains
 - ▣ The relevant solutions and strategies to overcome the barriers will be closely aligned to the guiding principles and the end goal of the measurement framework.

Opioid and Behavioral Health Use Case Addition (Cont.)

■ Case Exemplars

- This section will include a case exemplar for each domain that will include a scenario-based narrative that demonstrates successful and equitable implementation of the three domains.
- The narratives will include information on how the implementation strategies can be executed in an equitable manner
- The case exemplars will include key aspects of the challenges and solutions identified in the prior sections.

Appendices Update

- Appendix B will be updated to incorporate the newly identified measures in the Option Year measure inventory update.
- The description at the top of this section will include language that showcases that the measure inventory spanned the Base Year and Option Year, and the newly added measures will be labeled to make them easily identifiable.

Outline Discussion Questions

- Does the Final Report Outline align with the priorities set for the Option Year?
- Are there any obvious gaps in the Final Report Outline?

Measurement Framework Use Case Barriers and Solutions Discussion

Challenges for Providers and Payers

- Silos between physical and behavioral healthcare services and providers
- Limited data interoperability
- Lack of validated, evidence-based patient-reported outcome scales

Challenges for Providers

- Limited workforce and resources to implement evidence-based practices and non-medical services (e.g., urgency to quickly discharge patients from ED and inpatient settings delays treatment initiation)
- Limited reimbursement structures (e.g., reduced reimbursement for SUD diagnoses in certain settings and for harm reduction activities)
- Stigma and lack of person-centered care
- Provider goals not aligned with patient goals
- Challenging patient panel can lead to perception of additional requirements and barriers
- Reporting burden and uncertainty (e.g., limited clinical time to conduct measurement activities, ambiguity on what information to report, who is responsible for reporting data, which specialties need to report data, and variation in requirements across multiple health plans)
- Accuracy of information collected (e.g., taking more information than necessary, patient distrust impacting data accuracy)
- Privacy concerns hinder information sharing

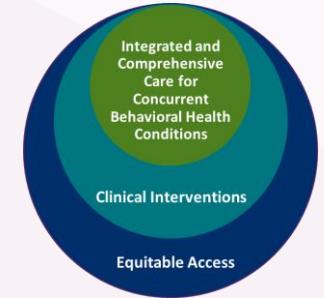
Challenges for Payers

- Changes in health plan status
- Lack of available patient-level data on diagnosis, medications administered, and treatment
- Multiple data sources needed for each measure (e.g., enrollment, medical claims, pharmacy claims)
- Amendments to network contracts are required each time new measures are added

Measurement Challenges Discussion Questions

- Are the current lists representative of the existing challenges related to implementing measurement across the framework domains for providers and payers?
 - If not, what additional challenges exist?
- Of the identified challenges, which rise to the top for you for providers? What about for payers?

Opioid and Behavioral Health Equitable Access Case Exemplar Overview and Discussion



Subdomain of Equitable Access

- Equity and access to care are foundational components of addressing overdose and mortality resulting from polysubstance use among individuals with co-occurring behavioral health conditions
- **Subdomains:**
 - ▣ ***Existence of services*** highlights whether services that support individuals with polysubstance use and behavioral health conditions exist and are accessible
 - ▣ ***Financial coverage of services*** measures whether affordability is a barrier for individuals accessing needed services
 - ▣ ***Vulnerable populations*** focuses on whether populations are equitably able to access needed services, including treatment for SUDs/OD, and whether affordability is a barrier to accessing care

Exemplar 1: Equitable Access Draft Narrative

- The patient is a 32-year-old white, homeless male with a history of severe OUD, frequent methamphetamine use, and bipolar disorder. The patient was transferred to the local Emergency Department (ED) via Emergency Medical Services (EMS) with an abscess on his right forearm. The ED is exceptionally busy and crowded, with a long wait time for ED and inpatient beds. The ED is also short staffed.
- The patient has erythematous streaks on his forearm and reports he feels lightheaded and nauseous. The patient is started on intravenous (IV) antibiotics after blood cultures are sent to the inpatient laboratory. Upon reviewing the patient's medical record, the Resident in the ED identifies that the patient was revived at the ED six months ago after an opioid overdose. After that visit, the patient was referred for OUD treatment but states he was never able to be seen by the treatment center. The patient reports also going to another hospital within the last year, but the Resident is unable to access any records or data from that visit.

Exemplar 1: Equitable Access Draft Narrative (Cont.)

- The Resident in the ED asks the Attending Physician whether they can start the patient on buprenorphine, but the Resident is told they cannot keep the patient long enough to enter moderate withdrawal before induction due to limited beds. Given how busy the physicians are, no one has an in-depth discussion with the patient about his treatment goals and preferences. The patient is slated to be discharged and a social worker provides a printout listing nearby methadone program addresses and phone numbers. The patient is unclear on how much money the treatment programs will cost him and does not think he can afford treatment, ultimately deciding not to pursue further treatment after he is discharged from the ED.

Case Exemplar Discussion Questions

- Do the patient characteristics represent vulnerable populations sufficiently?
- Does the clinical history and presentation represent a common situation?
- Does the transport via EMS add any additional measurement challenges?
- Does the use case narrative reflect relevant measurement challenges and solutions of the Equitable Access domain?

Case Exemplar 1: Measurement Barriers and Solutions

Top Barriers from Equitable Access Exemplar:

Cost, or perceived cost, limits access to treatment services

Lack of administrative support and incentives to treat SUDs/time pressure and limited staffing hinder the ability to start MOUD

Limited interoperability and lack of data from EMS and other healthcare organizations creates measurement and care challenges

Case Exemplar Discussion Questions

- What other measurement barriers exist in this example?
- What solutions could be deployed in the example to support improved measurement?
- What specific actions can payers take to support the solutions? What about providers?

Opportunity for Public Comment

Next Steps

Next Steps

- Web Meeting 4 will be on March 18, 2022 from 2:00-4:00 pm ET
- Email OpioidBehavioralHealth@qualityforum.org if you did not receive any of the meeting invitations

THANK YOU.

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