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Opioids and Behavioral Health Committee Web Meeting #3

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Welcome

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Welcome

- This is a Ring Central meeting with audio and video capabilities: https://meetings.ringcentral.com/j/1484404071
- Optional: If unable to access the meeting using the link above, dial (470) 869-2200 and enter passcode 1484404071#
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
- Chat box: to message NQF staff or the group
- Raise hand: 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 NQF project team at opioidbehavioralhealth@qualityforum.org

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Project Staff

- **Samuel Stolpe, PharmD, MPH**
  Senior Director
- **Chris Dawson, MHA**
  Manager
- **Katie Berryman, MPAP**
  Project Manager
- **Jhamiel Prince**
  Analyst

Agenda

- Attendance
- Web Meeting 2 Recap and Project Updates
- Review of Environmental Scan Public Comments
- Committee Response to Public Comments
- Committee Feedback on Environmental Scan
- Member and Public Comment
- Upcoming Meetings and Deliverables
- Adjourn

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, PharmD
- Anita Gupta, DO, PharmD, MPP
- Barbara Hallisey, MSW, LCSW
- Lisa Hines, PharmD
- 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
- Tyler Sadwith
- Eric Schmidt, PhD
- Richard Shaw, LMSW, CASAC
- 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**, Health Resources and Services Administration
- **Ellen Blackwell**, Centers for Medicare & Medicaid Services
- **Jennifer Burden**, Department of Veterans Affairs
- **Laura Jacobus Kantor**, Office of the Assistant Secretary for Planning and Evaluation
- **Joseph Liberto**, Department of Veterans Affairs
- **Wesley Sargent**, Centers for Disease Control and Prevention
- **John Snyder**, Health Resources and Services Administration
- **Shawn Terrell**, Administration for Community Living
- **Jodie Trafton**, Department of Veterans Affairs

Centers for Medicare & Medicaid Services

- **Charles Brewer**, NQF Opioids and Behavioral Health COR
- **Sophia Chan**, NQF Risk Adjustment COR
- **Helen Dollar-Maples**, CCSQ/QMVIG/DPMS Deputy Director
- **Maria Durham**, CCSQ/QMVIG/DPMS Director
- **Patrick Wynne**, NQF IDIQ COR

Web Meeting 2 Recap and Project Updates

Web Meeting 2 Recap

- NQF reviewed and discussed with the Committee the current state of the Environmental Scan, including:
  - Scan methodology and resources
  - Opioids, Polysubstance Use and Mental Health Conceptual Model
  - Results from literature review, quality measure databases, state laws and regulations
- Results and gaps identified by previous Opioid Technical Expert Panel
- Committee discussion on known best practices for connecting health plans and:
  - Mental/Behavioral Health
  - Public Health
  - Criminal Justice
  - Social Work

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Project Updates

- Web Meeting #2 summary completed and posted to NQF website
- Draft Environmental Scan Report completed and posted for public comment
- Dates and times finalized for remaining web meetings
- Continued efforts by NQF project team to incorporate feedback received from committee members into draft Environmental Scan Report

Environmental Scan Public Comments

Public Comments

- **Commenting Period**: January 6-27, 2021
- **Number of Unique Comments Received**: 2
- **Commenting Organizations**:
  - The National Pain Advocacy Center (NPAC)
  - University of Alabama at Birmingham School of Medicine

Committee Responses to Public Comments

Public Comments Received

Commenter Name: Katte Nicholson

Organization: The National Pain Advocacy Center (NPAC)

- Urged NQF to consider integrating into its quality metrics: patient metrics of quality and success; metrics that measure patient outcomes; and metrics that measure continuity of care.
- Concerned by NQF's endorsement of quality measures based on prescribed dosages. Such measures may incentivize rapid and medically unnecessary dosage reduction or termination, a practice which has been shown in observational studies to increase overdose risk, suffering, suicidality and suicide, as well as termination of healthcare relationships.
- "Although quality measures that focus on dosage thresholds are intended to reduce risk, the Centers for Disease Control and Prevention recognized in 2019 that strict use of such measures may actually result in patient harm."
- Encouraged instead measures that incorporate risk-benefit analyses.

Commenter Name: Katte Nicholson
Organization: The National Pain Advocacy Center (NPAC)

How might we incorporate this feedback into the Environmental Scan Report?

Public Comments Received

Commenter Name: Stefan Kertesz

Organization: University of Alabama at Birmingham School of Medicine

- Suggested that the draft NQF report be revised to emphasize (a) protection of health care relationships and (b) inclusion of patient and family voices in assessing care for patients affected by combinations of pain, behavioral health conditions, and/or opioid receipt.
- Critical of NQF-endorsed opioid dose restriction measures
- Preservation of care relationships is the prerequisite to high-quality care for patients with combinations of pain-related and behavioral conditions.
- Incorporate patient- and family-derived assessments of care, which are absent from the draft report
- Assess the impact of stigma, provider discomfort, and regulatory/payment structures on the sustainability of care relationships.
- Summarize metrics applicable to payers for assuring that patients are not lost from care when clinicians retire or end care relationships.

Commenter Name: Stefan Kertesz
Organization: University of Alabama at Birmingham School of Medicine

How might we incorporate this feedback into the Environmental Scan Report?

Committee Feedback on Environmental Scan

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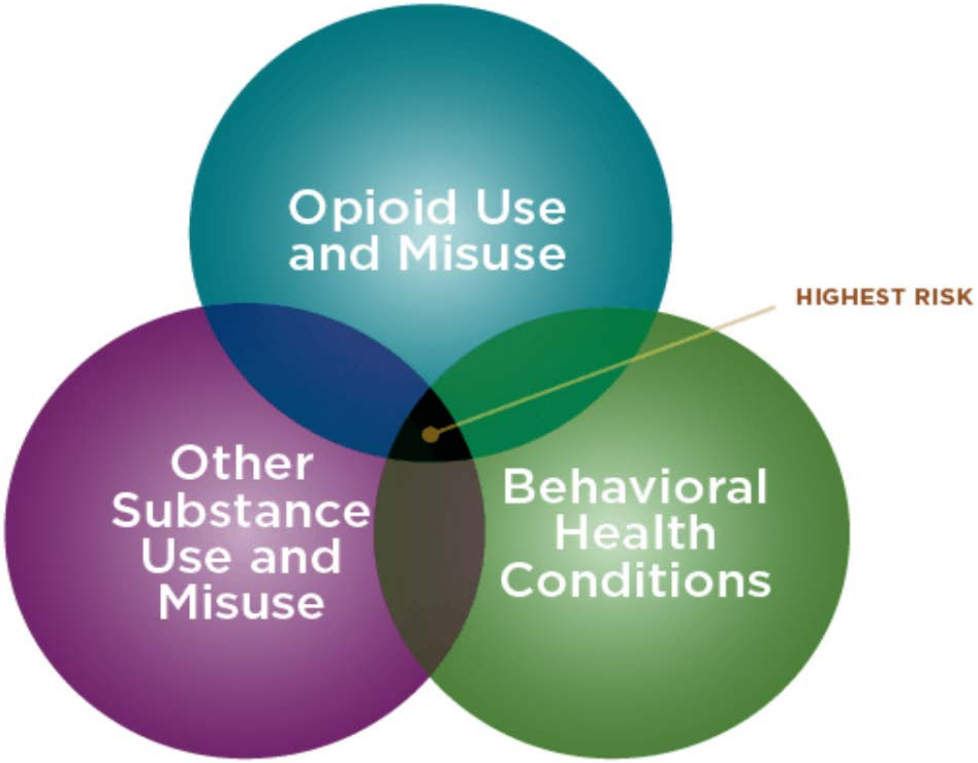
Opioids, Polysubstance Use and Behavioral Health Conceptual Model



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Measure Repositories

- The search of measure repositories initially returned no results for measures of SSSO-associated polysubstance use in patients with BH conditions.
- This was not an unexpected result given that the prior NQF Opioid TEP, having found no such measures in a comparable environmental scan, had identified this area specifically as a high-priority quality measurement gap.
- A modification of the approach to identify measures and measure concepts that could potentially inform the Committee's discussion of measure gaps specific to the scan topic resulted in 89 unique healthcare quality metrics and 71 measure concepts related to separate distinctions of opioids, substance use disorder, and behavioral health.

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Measure Repositories & Program Sources

- Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT)
- National Quality Forum Quality Positioning System (QPS)
- National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS)
- Qualified Clinical Data Registries (QCDR)
- Accreditation Programs
- Medicaid Waiver Programs
- The Center for Medicare and Medicaid Innovation (CMMI) Models

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Measure Repositories Discussion

Are there any final measures or measure concepts that you are aware of that we should include?

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Peer Reviewed Literature

- The peer-reviewed literature did not produce any healthcare quality metrics directly associated with the scan focus. Nonetheless, review of the articles identified returned some valuable results to guide Committee consideration of measure concepts and gaps.
- An 11-item screening instrument, the Current Opioid Misuse Measure (COMM), was identified.
- Another potentially useful scale is the Substance Use Risk Profile Scale (SURPS), a 23-item self-report questionnaire that assesses four well-validated personality risk factors for substance misuse (impulsivity, sensation seeking, anxiety sensitivity, and hopelessness).
- Additional articles focused on the concept of measuring retention and recovery.
- Another article was identified as a source for a potential measure concept. The article serves as the basis for a potential facility-level measure related to an emerging best practice in treating people with OUD who present to the ED.

Non-Peer Reviewed Literature

- A review of the non-peer-reviewed literature produced results that were largely duplicative of those from the previous Opioid TEP Environmental Scan from September 2019.
- However, the NQF staff identified opioid-related GAO reports that were informative to the Committee's objectives but not included in the original Opioid TEP Environmental Scan.

Peer Reviewed and Non-Peer Reviewed Literature Discussion

Any other additional items or discussion points that the staff should consider for the report?

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State Laws & Regulations

- While the first three components of the scan produced results that will inform further work of the Committee, the state law and regulatory database searches generated no information deemed contributory to the measurement scan.

State Laws and Regulations Discussion

What should be added to the state regulatory and statutory discussion?

All-payer Measure Concepts Not Addressed by Previous Opioid Technical Expert Panel (TEP)

- One emerging best practice is the full integration of all BH disorder treatment into a single team and program. Integrated programs ensure that individuals receive care from a team that has experience with concomitant psychiatric and substance use issues.
- A potential all-payer measure concept that could emerge from this is time to initial appointment with an integrated BH program for beneficiaries with identified multiple behavioral health conditions.
- Sentinel events such as emergency department (ED) visits due to overdose or new BH diagnoses could trigger entry into the denominator. When combined with care retention measures and recovery measures, a care initiation measure could focus health plan efforts to ensure that beneficiaries are receiving timely, coordinated care for concomitant BH conditions.
- Integration of behavioral health services was also a measure gap identified by the previous NQF Opioid TEP, especially between SUDs, mental disorders, and somatic illnesses.

All-payer Measure Concepts Not Addressed by Previous Opioid Technical Expert Panel (TEP)

What additional measure concepts or gap ideas would you like incorporated into the scan report?

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Pertinent Social Risk Factors

- Homelessness and Unsafe Housing
- Incarceration and Other Criminal Justice Involvement
- Urban-Rural Disparities in Access to Buprenorphine Providers

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Pertinent Social Risk Factors

What additional social risk factors would you like referenced within the report?

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Final Discussion Questions

- Measure concepts are often informed by best practices. Our focus is on all-payer measures and concepts. What additional best practices should we be considering for measure gaps?
  - Connecting health plans and mental/behavioral health?
  - Connecting health plans and public health?
  - Connecting health plans and criminal justice?
  - Connecting health plans and social work?
- What other connections should be considered?

Member and Public Comment

Upcoming Meetings and Deliverables

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Upcoming Meetings and Deliverables

Final Environmental Scan	March 15, 2021
Web Meeting #4	April 7, 2021 1:00pm-3:00pm ET
Web Meeting #5	May 6, 2021 2:00pm-4:00pm ET
Web Meeting #6	June 2, 2021 1:00pm-3:00pm ET
21-Day Comment Period (Report)	July 9 – 30, 2021
Web Meeting #7	August 18, 2021 2:00-4:00pm ET
Final Report	August 6, 2021

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Project Information

- **Email**: opioidbehavioralhealth@qualityforum.org
- **Phone**: (202) 783-1300
- **Project Page**: http://www.qualityforum.org/Opioids_and_Behavioral_Health_Committee_.aspx
- **SharePoint Page**: https://share.qualityforum.org/

THANK YOU.

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