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Opioids and Behavioral Health Committee Web Meeting #5

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Welcome

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Housekeeping Reminders

- This is a Ring Central meeting with audio and video capabilities:
  - https://meetings.ringcentral.com/j/1447615634
- Optional: If unable to access the meeting using the link above, dial **+1 (646) 357-3664** and enter passcode **1447615634#**
- 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

Project Staff

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Agenda

- Attendance
- Web Meeting 4 Recap and Project Updates
- Measurement Gap Prioritization Exercise Results
- Draft Measurement Framework
- Final Report Outline
- Public Comment
- Upcoming Meetings and Next Steps
- 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

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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 4 Recap and Project Updates

Web Meeting 4 Recap

- **Proposed approach to identifying measures gaps:**
  - Identify care gaps, best practices and policies that will lead to better care
  - First, identify engagement points (both within and outside of healthcare)
  - To do this, we must understand the population and key subpopulations
- **NQF staff identified three opioid polysubstance use subgroups*:**
  - Common Substance Use Disorder (SUD) trajectories
  - Recreational substance users
  - Acute/Long-term pain management patients
- **Reviewed healthcare engagement points and gaps:**
  - When, where, and with whom do each of these subgroups interact?
  - What are engagement (e.g., screening and referral) best practices at the point of care?
  - What measures could capture this?
  - Are other structural changes needed to allow for successful measurement of these subgroups?

**Subgroups are not mutually exclusive, especially over time*

Project Updates

- Since Web Meeting 4 on April 7, 2021, we have:
  - Posted the final environmental scan to the project webpage
  - Posted the Web Meeting 4 summary to the project webpage
  - Completed the final report outline
  - Conducted the measurement gap prioritization survey
  - Drafted the domains and subdomains of the measurement framework
  - Started the draft final report

Measurement Gap Prioritization Exercise Results

Gap Prioritization Criteria

- Committee members prioritized a list of measure gap areas and concepts based on five criteria:
  1. **Anticipated impact on morbidity and mortality**
  2. **Feasibility to implement**
  3. **Contemporary gaps in performance** (suggesting room for improvement)
  4. **Person-centeredness** (considers the values and motivations of those most impacted, i.e., persons and families)
  5. **Fairness and equity** (broadly available, nondiscriminatory, sensitive to vulnerabilities)
- Criteria were ranked on a scale of 1 to 5, with 1 being very poor and 5 being very good

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Measurement Gap Prioritization Exercise Results (Ranked: Top 20)

1. Co-prescription of naloxone with every opioid prescription
2. MOUD follow-up after ED/inpatient with OUD (7 day; 30 day)
3. Appropriate follow-up and treatment post-overdose
4. Percentage of high-risk patients with opioid prescriptions who are co-dispensed naloxone
5. Screening and initiation of MOUD in ED and inpatient for OUD
6. Outreach and follow-up after overdose event (7 day; 30 day)
7. State level access to appropriate MOUD
8. Initiation of buprenorphine/MOUD in the emergency room and inpatient hospital settings
9. MOUD follow-up after incarceration for OUD (7 day; 30 day)
10. Referral post SUD sentinel event to appropriate clinical recovery program (not 12 step)
11. Ensuring health plan coverage in place immediately post-incarceration, with access and referral to SUD/OUD/mental health services
12. Screening and initiation of MOUD during incarceration
13. Measures of recovery and increased quality of life
14. Access to and quality of non-medication pain management (e.g., physical therapy)
15. Health plan level access to SUD/OUD/mental health treatment
16. Youth access to naloxone within educational settings
17. Post-incarceration support for other core needs (housing, food, etc.)
18. Role of telemedicine for consultations and coordinated care, linking with specialists
19. Provision of fentanyl test strips to injectable drug users
20. Receipt of non-traditional care services (e.g., peer navigation, care coordination, transportation, Wifi)

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Measurement Gap Prioritization Exercise Results (Ranked: 21-40)

21. Insurance reimbursement for social work related to opioid and behavioral health treatment
22. Ensuring establishment of a primary care relationship for patients previously incarcerated
23. Screening for psychiatric disorder for SUD patients
24. Improving screening in primary care and mental health settings
25. Communication across settings regarding overdose events
26. Documentation of non-opioid pain management before prescribing opioid analgesics
27. ED utilization rates for SUD/OUD/mental health (not just for overdose)
28. Patient reported outcomes: ability to work and socialize, other SDOH
29. Appropriate screening and prevention within housing insecurity and homelessness
30. Inclusion of patient and family voices in assessing care for patients affected by combinations of pain, behavioral health conditions, and/or opioid receipt
31. Inappropriate discontinuity of pain care treatment (plan level, providers abruptly dropping patients)
32. Management of multiple BH conditions within single coordinated care team
33. Polypharmacy: controlled substances and psychopharmaceuticals
34. Shared decision making regarding opioid tapering for patients on long-term high-dose opioid therapy (non-cancer)
35. Health plan level outcomes: opioid associated ED visits, hospitalization and mortality
36. Screening and prevention for at risk youth
37. Deprescribing measures associated with opioid polypharmacy
38. Appropriate screening and prevention within foster care
39. Cultural acceptability of SUD prevention and treatment modalities (survey)
40. Implementation of risk-benefit analyses during opioid treatment considerations

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Measurement Gap Prioritization Exercise Results (Ranked: 41-60)

41. Polypharmacy with opioid use
42. De-prescribing of medications: polypharmacy and opioid use
43. Health equity for opioids/SUD/mental health
44. Management of suicidality due to pain catastrophizing
45. Existence of a centralized pain care plan
46. Insurance coverage lapses during/post-incarceration
47. Identification of child/adolescent BH risk factors and effective screening and intervention
48. Patient reported success and recovery
49. Appropriate tapering and discontinuation of opioids
50. Global availability of treatment for patients with unaddressed behavioral health problems
51. Screening across settings before prescribing opioids or opioid dose escalations
52. Pain care plan post sports injury for at-risk youth
53. Percentage of opioid prescriptions with diagnosis codes
54. Referral to clinical settings from non-clinical settings
55. Documentation of offering opioid tapering for patients on long-term high-dose opioid therapy (non-cancer)
56. Vaping among youth
57. Patient and family derived assessments of care in the context of OUD/SUD/mental health conditions
58. Screening, brief intervention and referral to treatment with every opioid prescription
59. Smoking cessation among drug users/those with SUDs
60. Familial associated risk and familial engagement in treatment

Draft Measurement Framework

Draft Measurement Framework

- The Final Report will include a conceptual framework for addressing overdose and mortality resulting from polysubstance use involving synthetic and semi-synthetic (SSSO) opioids with an emphasis on persons with comorbid behavioral health conditions
- The conceptual framework is intended to facilitate systematic identification and prioritization of measure gaps and opportunities, and to help guide efforts to fill those gaps through measure development and endorsement
- The framework will include measurement domains, with subdomains, to organize measure concepts and gaps
  - Subdomains help identify the key components to measure within each of the broader domains

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Draft Domains and Subdomains

Domain	Subdomains
Access	• Existence of services (e.g., availability of services, accessibility of services) • Financial coverage of services (e.g., continuous insurance coverage, parity of mental health and SUD/OUD treatment services)
Clinical Interventions	• Co-prescribing of naloxone • Measurement-based care for mental health and SUD/OUD treatment • Medications for opioid use disorder (MOUD), including injectables • Pain management • Polysubstance and polypharmacy • Prevention, screening, diagnosis, referral to treatment, and engagement • Smoking cessation in SUD/OUD treatment settings
Integrated and Comprehensive Care for Comorbid Behavioral Health Conditions	• Co-location of services • Harm reductions services • Patient and family engagement • Team-based care and communication

Top Measure Gap Areas in Access Domain

- Ensuring health plan coverage – with access and referral to SUD/OUD and mental health services – is in place immediately post-incarceration
- Post-incarceration support for other core needs (e.g., housing, food, etc.)
- Ensuring establishment of a primary care relationship for patients previously incarcerated
- Access to and quality of non-medication pain management (e.g., physical therapy)
- Receipt of non-traditional care services (e.g., peer navigation, care coordination, transprotation, WiFi)
- Insurance reimbursement for social work related to SUD/OUD and behavioral health treatment
- Health plan level access to SUD/OUD and mental health treatment

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Top Measure Gap Areas in Clinical Interventions Domain

- Referral post-SUD sentinel event to appropriate clinical recovery program
- Co-prescription of naloxone with initial opioid prescription
- Percentage of high-risk patients with opioid prescriptions who are co-dispensed naloxone
- Screening and initiation of MOUD in ED and inpatient settings
- MOUD follow-up after ED/inpatient with OUD (7 day; 30 day)
- Screening and initiation of MOUD during incarceration
- MOUD follow-up after incarceration for OUD (7 day; 30 day)
- State level access to appropriate MOUD

Top Measure Gap Areas in Integrated and Comprehensive Care for Co-Morbid Behavioral Health Conditions Domain

- Role of telemedicine for consultations, coordinated care, and linking with specialists
- Appropriate follow-up and treatment after overdose event (7 day; 30 day)
- Measures of recovery and increased quality of life
- Youth access to naloxone within educational settings
- Provision of fentanyl test strips to injectable drug users

Final Report Outline

Final Report Outline

- Executive Summary
- Introduction and Background
- Final Report Goals and Objectives
- Recommendations from the 2019 NQF Opioids TEP
- Measurement Priorities in Polysubstance Use Involving Opioids and Behavioral Health Conditions
- Measurement Framework for Opioids, Polysubstance Use, and Mental Health
- Discussion
- Conclusion and Next Steps
- References
- Appendices

Measurement Priorities in Polysubstance Use Involving Opioids

- Topics within the measurement priorities in polysubstance use involving opioids section include:
  - Priority gap areas in measure concepts for opioid use among individuals with co-occurring behavioral health conditions
  - Monitoring for potential unintended consequences, quality, and outcomes (e.g., for prevention, treatment, and recovery)
  - All-payer measures that address opioid use, misuse, and behavioral health conditions
  - Measures and measure concepts that encourage care coordination and collaboration across settings, providers, and/or non-medical professionals
  - Mortality resulting from polysubstance use (e.g., psychostimulants laced with fentanyl)
- Considerations for high-risk populations and settings will be incorporated throughout this section

Measurement Framework for Opioids, Polysubstance Use, and Mental Health

- Framework will be organized by domains and subdomains
  - Domains and subdomains are informed by the environmental scan, Committee discussions, and measure gap prioritization survey
- Each domain will include:
  - Discussion about the domain
  - Descriptions of the subdomains and how they help identify the key components to measure within each of the broader domains
  - Examples of relevant measures and/or measure concepts
  - Information about high-risk populations and settings most relevant to the domain

Discussion

- Leveraging the measurement framework to support a coordinated measurement approach
- Overcoming barriers that limit measurement, such as:
  - Insurance coverage disruptions
  - Regulations that impede co-location of services
  - Failed step therapy
  - Financial disincentives to evidence-based care

Public Comment

Upcoming Meetings and Next Steps

Upcoming Meetings and Next Steps

- **Web Meeting #6**
  - June 2, 2021, from 1:00 – 3:00 pm ET
  - Meeting objective: Obtain Committee feedback on draft final report
- **21-Day Public Comment Period on Draft Final Report**
  - Dates: July 9 – 30, 2021
- **Web Meeting #7**
  - August 18, 2021, from 2:00 – 4:00 pm ET
  - Meeting objective: Review public comments on draft final report
- **Final Report**
  - September 17, 2021

THANK YOU.

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