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Opioids and Behavioral Health Committee Web Meeting 6

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Welcome

Housekeeping Reminders

- This is a Ring Central meeting with audio and video capabilities:
  - https://meetings.ringcentral.com/j/1467417021
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- 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 5 Recap and Project Updates
- Measurement Priority Gaps
- Measurement Framework and Draft Measure Concepts
- Final Report Discussion Section
- 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 5 Recap and Project Updates

Web Meeting 5 Recap

Measurement Gap Prioritization Exercise Results:

- NQF reviewed the results from the measurement gap prioritization survey
- Key themes from the top gaps included care coordination, follow-up and linkages to evidence-based treatment, harm reduction strategies, recovery and person-centeredness, and vulnerable populations

Web Meeting 5 Recap (cont.)

Draft Measurement Framework Feedback:

- Committee members discussed the measurement framework domains and subdomains
  - The domains include Access, Clinical Interventions, and Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions
- Suggestions for modifications to the subdomains included:
  - Adding equity as a new subdomain
  - Reframing patient engagement to focus on person-centeredness
  - Highlighting the importance of non-traditional settings
- Committee members identified additional focus areas for measure concepts, including:
  - Access to harm reduction services and medications for opioid use disorder (MOUD) in jails and prisons
  - Adding buprenorphine to the co-prescription of naloxone with an initial opioid prescription
  - Initiating MOUD in the Emergency Department (ED) and/or prior to hospital discharge, as opposed to waiting seven or 30 days

Web Meeting 5 Recap (cont.)[1]

Final Report Outline:

- NQF reviewed the final report outline, highlighting the three core sections of the report:
  - The Measurement Priorities in Polysubstance Use Involving Opioids section will highlight priority gap areas and needs stemming from the environmental scan results, prioritization survey results, and Committee discussions
  - The Measurement Framework section will include a discussion of the domains, descriptions of the subdomains, examples of relevant measures and/or measure concepts, and information about high-risk populations and settings most relevant to the domain
  - The Discussion section will highlight how the measurement framework can support a coordinated measurement approach and overcome barriers that limit measurement and care

Project Updates

- Since Web Meeting 5 on May 6, 2021, we have:
  - Posted the Web Meeting 5 summary to the project webpage
  - Continued writing and revising the first draft of the final report

Measurement Priority Gap Discussion

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Measurement Priority Gap Areas

- 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
- Measures and measure concepts that support harm reduction strategies
- Measure and measure concepts that link individuals to evidence-based SUD/OUD treatment
- Measures and measure concepts recognizing high-risk populations
- Measures and measure concepts focused on person-centeredness
- Monitoring for potential unintended consequences, quality, and outcomes

Priority Gaps

All-Payer Measures that Address Opioid Use, Misuse, and Behavioral Health Conditions

- There is a dearth of all-payer quality measures related to the intersection between substance use and behavioral health conditions
- Individuals with SUD and concurrent mental illness are disproportionately covered by Medicaid plans, but prevalence is increasing among individuals with commercial and Medicare plans
- Quality measures are needed to benefit dual diagnosis populations, as comorbidity is the rule rather than the exception in behavioral healthcare

Measures and Measure Concepts that Encourage Care Coordination and Collaboration Across Settings, Providers, and/or Non-Medical Professionals

- Individuals with polysubstance use involving SSSO who have co-occurring behavioral health conditions may engage multiple medical and non-medical professionals to support their care, and coordination across these groups is critical
- Measurement must recognize non-medical professionals and non-traditional settings play a key role in addressing concerns for this population
  - Quality measurement must go beyond the traditional scope of healthcare entities to support optimal care

Priority Gaps (cont.)

Measures and Measure Concepts that Support Harm Reduction Strategies

- Current quality measures do not include harm reduction strategies, such as the distribution of naloxone or the use of fentanyl test strips
- Co-prescription of naloxone is a critical gap area, especially for high-risk individuals
- Existing regulations present a challenge to the access, use, and measurement of some harm reduction services (e.g., fentanyl test strips and syringe services)

Measure and Measure Concepts that Link Individuals to Evidence-based SUD/OUD Treatment

- The current quality measure landscape does not incorporate measures that assess linking individuals with polysubstance use and behavioral health conditions to evidence-based SUD/OUD treatment and care
  - Measurement addresses subsets of the population, but measures that address the specific population are lacking
- Quality measures do not focus exclusively on linking to evidence-based treatment, and measures on follow-up after an overdose to connect individuals with behavioral health conditions to MOUD is a gap area
- This gap is further magnified when looking at vulnerable populations, such as those involved in the criminal justice system

Priority Gaps (cont.)[1]

Measures and Measure Concepts Recognizing High-risk Populations

- Current quality measures do not explicitly address specific high-risk populations, including youth, individuals with SDOH, and those involved in the criminal justice system
- Specific gap areas include measuring youth access to naloxone, referrals to specialized treatment, and access to MOUD and continuous insurance coverage for incarcerated individuals

Measures and Measure Concepts Focused on Person-Centeredness

- Individual with co-occurring SUD/OUD and behavioral health conditions do not follow one central path to recovery
- Developing measures that assess if a patient is achieving recovery, improving their quality of life, and attaining their personal functional goals would help stakeholders identify if improvements in overdose, mortality, and health outcomes are being made through the current care plan

Priority Gaps (cont.)[2]

Monitoring for Potential Unintended Consequences, Quality, And Outcomes

- Monitoring for unintended consequences is critical for measurement, regardless if measures are used for quality improvement or accountability
- Stigma is a barrier, and as quality measures are developed related to harm reduction strategies and the use of MOUD, it is important to monitor for unintended consequences related to access and engagement
- When measuring polypharmacy, measurement should focus on linkages to care, shared data, and integration
  - If measurement takes a narrow lens that focuses only on reducing polypharmacy, individuals who require multiple medications for the management of complex medical and psychiatric conditions may experience stigma, decreased quality of care, and even harm from abrupt tapers or treatment abandonment

Priority Gap Discussion Questions

General Questions:

- Do the gap areas accurately reflect the Committee's priorities?
- What, if any, critical measurement gap priorities are missing?

For Each Gap Area:

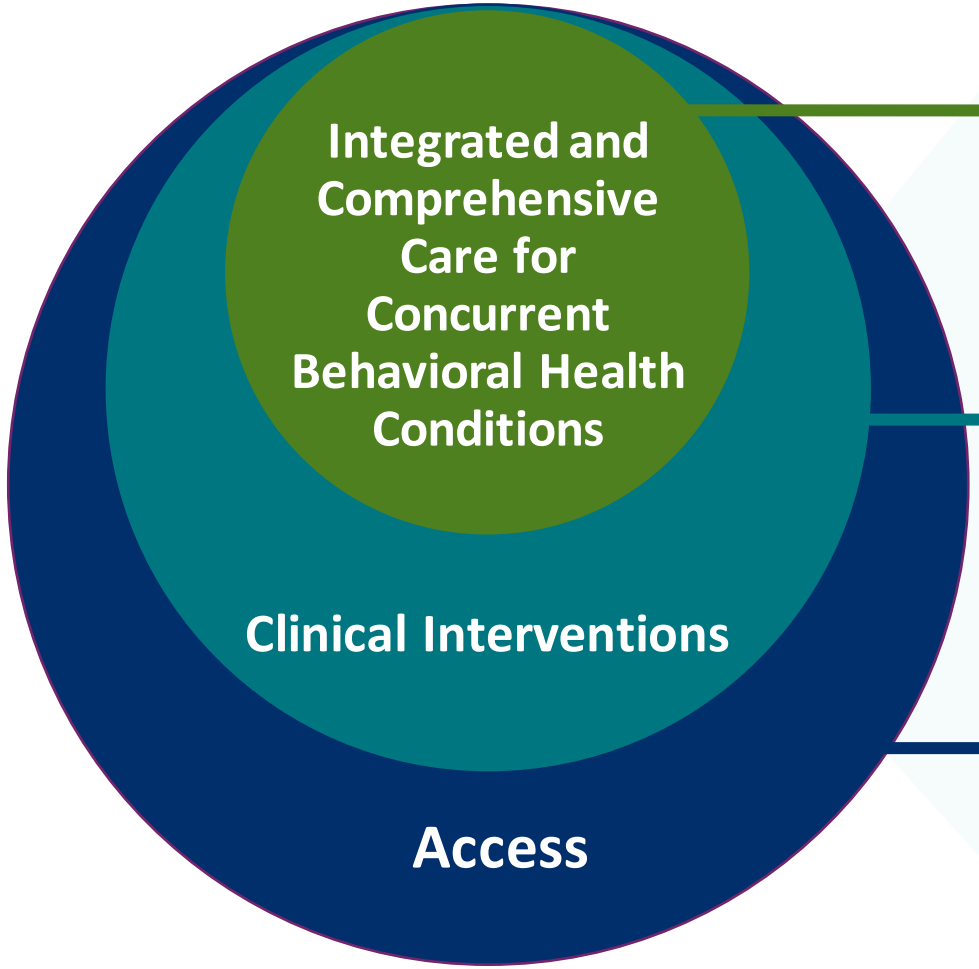
- Does this capture the Committee's feedback on why this area is a priority measurement gap?
- What other elements are important for us to raise within each gap area to demonstrate why this gap area is a priority?

Gap areas include measures and measure concepts that:

- Are all-payer measures addressing opioid use, misuse, and behavioral health conditions concurrently
- Encourage care coordination and collaboration across settings, providers, and/or non-medical professionals
- support harm reduction strategies
- link individuals to evidence-based SUD/OUD treatment
- Recognize high-risk populations
- Focused on person-centeredness
- Monitoring for potential unintended consequences, quality, and outcomes

Measurement Framework and Draft Measure Concepts

Measurement Framework



SUBDOMAINS

- Coordination of Care Pathways Across Prevention, Screening, Diagnosis, and Treatment
- Harm Reduction Services
- Person-Centeredness

- Measurement-based Care for Mental Health and Substance Use Disorder Treatment
- Medications for Opioid Use Disorder Initiation and Retention
- Pain Management

- Equity
- Existence of Services
- Financial Coverage of Services

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Discussion Questions

- Does the Measurement Framework capture the most essential points of measurement to address opioid-related outcomes among individuals with co-occurring behavioral health conditions?
- Does the figure depict those essential points correctly?

Subdomains of Access

Access to care is a foundational component to addressing overdose and morality resulting from polysubstance use for individuals with concurrent behavioral health conditions. NQF defines access as the timely use of personal health services to achieve the best possible outcomes.

Subdomains

- ***Equity:*** This subdomain measures if populations are equitably able to access needed services, including treatment for SUD/OUD
- ***Existence of Services:*** This subdomain measures if services to support individuals with polysubstance use and behavioral health conditions exist and are accessible to the population in need
- ***Financial Coverage of Services:*** This subdomain measures if financial coverage is a barrier for individuals accessing needed services

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Examples of Measure Concepts for Access

Measure Concept Description	Subdomain
Percentage of adult individuals leaving incarceration with fully re-instated insurance coverage (e.g., Medicaid)	Equity
Percentage of adult individuals leaving incarceration seeking support for health-related social needs (e.g., housing, food) who received access to related services	Equity
Percentage of individuals with SUD/OUD and a concurrent mental health condition identified as having poor SDOH (e.g., food insecurity, transportation insecurity, homelessness) who have demonstrated improvement in a given timeframe	Equity
Percentage of individuals with SUD/OUD and behavioral health conditions who receive non-traditional care services (e.g., peer navigation, care coordination, transportation)	Existence of Services
Percentage of individuals with access to non-medication pain management	Existence of Services
Percentage of individuals released from incarceration with insurance coverage in place that includes SUD/OUD and behavioral health services immediately post-incarceration	Financial Coverage of Services
Percentage of individuals who have social work services related to SUD/OUD and behavioral health treatment covered	Financial Coverage of Services

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Discussion Questions[1]

- Are the measure concepts clear and comprehensible?
- What are some SDOH and disparities-sensitive measure concepts we can incorporate?
  - In particular, are there specific opportunities to measure racial inequitities and disparities?
- Are there any outcome measure concepts that can be incorporated?

Subdomains of Clinical Interventions

Clinical interventions build on a foundation of accessible care and refers to the use of appropriate, evidence-based clinical interventions to address overdose and mortality resulting from polysubstance use among individuals with co-occurring behavioral health conditions

Subdomains

- ***Measurement-based Care (MBC) for Mental Health (MH) and SUD/OUD Treatment:*** This subdomain focuses on measuring if individuals with polysubstance use and co-occurring behavioral health conditions are receiving measurement-based care for mental health and SUD/OUD treatment services
- ***Initiation and Retention with MOUD:*** This subdomain focuses on the initiation and retention with MOUD, including injectable forms of MOUD to enhance adherence to treatment
- ***Pain Management:*** This subdomain focuses on measuring appropriate pain management practices to minimize risks of overdose and mortality resulting from polysubstance use involving SSSO among individuals with behavioral health conditions

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Examples of Measure Concepts for Clinical Interventions

Measure Concept Description	Subdomain
Improvement or maintenance of functioning for all patients seen for mental health and substance use care	MBC for MH and SUD Treatment
Improvement or maintenance of functioning for dual diagnosis populations (e.g., through use of BAM, PROMIS)	MBC for MH and SUD Treatment
Percentage of individuals screened for SUD/OUD and with MOUD initiated during incarceration	MOUD Initiation and Retention
Percentage of individuals inducted and stabilized on a therapeutic dose of MOUD before release from incarceration	MOUD Initiation and Retention
Percentage of patients with chronic pain who had at least one referral or visit to a nonpharmacologic therapy as a treatment for pain before prescribed opioid analgesics	Pain Management

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Discussion Questions[2]

- Are the measure concepts clear and comprehensible?
- What are some SDOH and disparities-sensitive measure concepts we can incorporate?
  - In particular, are there specific opportunities to measure racial inequitities and disparities?
- Are there any outcome measure concepts that can be incorporated?

Subdomains of Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions

Integrated and comprehensive care refers to the coordination, integration, and comprehensiveness across care settings and collaboration across providers – both those in the medical system and those outside of the traditional medical system.

Subdomains:

- ***Coordination of the Care Pathway***: This subdomain highlights coordination across the care pathway, including prevention, screening, diagnosis, and treatment, focusing on the extent to which care is coordinated and integrated to holistically care for an individual with polysubstance use and a co-occurring behavioral health condition(s)
- ***Harm Reduction Services:*** This subdomain highlights opportunities to measure the use and implementation of harm reduction services to reduce overdose and mortality resulting from polysubstance among individuals with co-occurring behavioral health conditions
- ***Person-Centeredness:*** This subdomain includes assessment of individuals being at the center of their care, including their shared decision making, engagement, and satisfaction to support informed, patient-centered decisions about the most appropriate treatment plan and path to recovery for each individual

Examples of Measure Concepts for Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions

Measure Concept Description	Subdomain
Percentage of mental health providers who screen for SUD/OUD in mental health settings	Coordination of the Care Pathway
Percentage of individuals with diagnosed SUD/OUD who are screened for psychiatric disorders in addiction treatment settings	Coordination of the Care Pathway
Percentage of providers screening for-polysubstance use and polypharmacy (e.g., through PDMP, collateral information from outside providers, or another identified mechanism)	Coordination of the Care Pathway
Percentage of individuals with SUD/OUD who are referred to an evidence-based treatment program (e.g., from the ED setting)	Coordination of the Care Pathway
Percentage of SUD/OUD treatment providers with co-located mental health services	Coordination of the Care Pathway

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Examples of Measure Concepts for Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions (cont.)

Measure Concept Description	Subdomain
Percentage of patients who are co-prescribed naloxone with an initial opioid prescription	Harm Reduction Services
Percentage of high-risk patients with are co-prescribed naloxone with an opioid prescription at least once annually	Harm Reduction Services
Percentage of patients with OUD discharged from care episodes (i.e. residential treatment) with naloxone	Harm Reduction Services
Patient-reported recovery (e.g., measurement-based care with the BAM or WHOQOL)	Person-Centeredness
Percentage of care teams that include individuals with lived SUD/OUD and/or behavioral health experience on the care team	Person-Centeredness
Patients who reported that their mental health and SUD/OUD treatment was coordinated	Person-Centeredness
Patient experience of care for all patients seen for mental health and substance use care	Person-Centeredness

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Discussion Questions[3]

- Are the measure concepts clear and comprehensible?
- What are some SDOH and disparities-sensitive measure concepts we can incorporate?
  - In particular, are there specific opportunities to measure racial inequitities and disparities?
- Are there any outcome measure concepts that can be incorporated?

Final Report Discussion Section

Leveraging the Measurement Framework in a Coordinated Approach

- The measurement framework – and its domains and subdomains – is intended to support a comprehensive measurement approach for individuals with polysubstance use and concurrent behavioral health conditions
- Measures and measure concepts can be used for either accountability or quality improvement
- Measures encompassing equity and person-centeredness – with specific attention to vulnerable populations – should be prioritized

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Discussion Questions[1]

- Is there a conceptual basis for either stratifying or adjusting by social risk factors for the measures relevant to this framework?
- What stratification or risk adjustment characteristics should be considered when creating measures for this population?

Risk adjustment: A statistical approach that allows patient-related factors to be "taken into account" when computing performance measure scores

Stratification: An approach to address social risk factors in the quality measurement process that consists of computing performance separately for different strata or groupings of patients based on some characteristics

Opportunities to Overcome Barriers to Measurement and Care

- Barriers to care often limit the availability and/or provision of evidence-based services for individuals with SUD/OUD and co-occurring behavioral health conditions, especially in under-resourced areas
  - Common barriers include insurance coverage disruptions, burdensome regulations, and financial disincentives
- Opportunities to overcome these barriers include:
  - Submitting proposals for Medicaid Section 1115 demonstrations
  - Supporting further co-location of SUD and behavioral health services
  - Providing reimbursement for non-medical services (e.g., peer navigation, care coordination, transportation, and internet services)
  - Using bundled payment plans that pay capitated rates rather than fee-for-service schedules that disallow reimbursement for adjunctive services that may enhance treatment adherence and retention
  - Exploring the use of evidence-based, harm reduction services

Discussion Question

- Are there any other recommendations on barriers and applicable opportunities that can help address opioid-related outcomes among individuals with co-occurring behavioral health conditions?

Public Comment

Upcoming Meetings and Next Steps

Upcoming Meetings and Next Steps[1]

- **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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