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Opioid and Behavioral Health Committee Web Meeting 7

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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/1487099661
  - Optional: If unable to access the meeting using the link above, dial US: **+1(773)2319226** and enter passcode 1487099661#
  - 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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Web Meeting Agenda

- Attendance
- Web Meeting 6 Recap and Project Updates
- Committee Feedback on Final Report Updates
- Final Report Public Comments
- 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 A. Ditri, DHA, FHELA, FACHE
- Carol Forster, MD, PharmD
- Anita Gupta, DO, PharmD, MPP
- Barbara Hallisey, MSW, LCSW
- Lisa Hines, PharmD, CPHQ
- 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
- Y. Claire Wang, MD, ScD
- Sarah Wattenberg, MSW, LCSW-C
- 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

- **Michael Paladino**, NQF Opioids and Behavioral Health COR
- **Sophia Chan**, NQF Risk Adjustment COR
- **Helen Dollar-Maples**, CCSQ/QMVIG/DPMS Deputy Director/Acting Director
- **Nidhi Singh-Shah**, CCSQ/QMVIG/DPMS Acting Deputy Director
- **Patrick Wynne**, NQF IDIQ COR

Web Meeting 6 Recap and Project Updates

Project Updates

- Since Web Meeting 6 on June 2, 2021, NQF has:
  - Posted the Web Meeting 6 summary to the project webpage
  - Finished writing and made revisions the first draft of the Final Report
  - Posted the Final Report for public commenting from July 9 – 30, 2021
  - Revised the Final Report and drafted responses to public comments
  - Confirmed Committee member acknowledgements in the Final Report

Committee Feedback on Final Report Updates

Overview of Committee and Federal Agency Feedback on the Final Report

- NQF incorporated feedback from Committee members, federal liasons, and other federal agencies (e.g., Substance Abuse and Mental Health Services Administration) into the Final Report
- Overall feedback included the following themes:
  - Highlighting the impact of the pandemic on individuals with behavioral health conditions
  - Referencing the most currently available data
  - Increasing the focus of health equity
    - Incorporating demographic risk factors to address equity issues related to access to services
  - Including Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) diagnosis criteria

Final Report Feedback Response

Overall Changes

- Incorporated and strengthened the tie and importance of health equity throughout the Final Report
- Updated statistics throughout the Final Report to reflect the latest data on co-occurrence of SUD/OUD and behavioral health conditions
- Incorporated additional information on demographic risk factors throughout the Final Report

Background Information Updates

- Added in the CMS definition of behavioral health and included the DSM-IV criteria for mental health conditions
- Added a paragraph to highlight the impact of the pandemic on this population

Overview of Committee and Federal Agency Feedback on the Measurement Framework

- Feedback on the measurement framework included the following themes:
  - Ensuring the focus on health equity is foundational to the framework
  - Adding more detail about measuring unintended consequences
    - » Referring to the inequity paradox
  - Reducing the overlap between subdomains and domains
  - Providing more context around the lack of outcome measures
  - Clarifying that access to best-practice programs should go beyond evidence-based practices
  - Ensuring community-based services, including employment services and peer support, are prominent within the measurement framework
  - Incorporating new measure concepts (e.g., individuals obtaining wraparound support within 90-days of release from incarceration)

Framework Feedback Response

- Added explanatory language for the lack of outcome measures and measure related to unintended consequences
- Updated the names of the domains and subdomains for clarity
- Added clarifying text to create better distinction between domains and subdomains
- Moved measure concepts around to match new domain and subdomain parameters, and created new measure concepts where applicable
- Added language to increase the focus on the role of and coordination with community-based services in the Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions domain

Update to Domains and Subdomains: Equitable Access

BEFORE

Access

- Equity
- Existence of Services
- Financial Coverage of Services

NEW

Equitable Access

- Existence of Services
- Financial Coverage of Services
- Vulnerable Populations

Additional Clarifications:

- Added language to Exitance of Services subdomain to reflect access to culturally appropriate care and language-accessible care
- Added clarifying language to Vulnerable Populations subdomain to delineate that this subdomain focuses on measuring access and financial coverage specifically for vulnerable populations
- Removed any mention of vulnerable populations from Financial Coverage of Services subdomain to better distinguish between the three subdomains
- Shifted any measure concepts under Vulnerable Populations not related to the existence of services or financial coverage to other domains/subdomains

Equitable Access: Measure Concept Examples

Measure Concept Examples	Subdomains
Percentage of individuals with substance use disorder (SUD)/opioid use disorder (OUD) and mental health conditions who have access to home and community-based services (e.g., peer support, care coordination, and nonmedical transportation)	Existence of Services
Percentage of individuals with access to holistic pain management (e.g., physical therapy, integrated care, and complementary care)	Existence of Services
Percentage of individuals who reported having access to information in their preferred language, including through modalities appropriate for patients with vision and hearing impairments (e.g., sign language) **(NEW)**	Existence of Services
Percentage of individuals with SUD/OUD and mental health conditions who receive case management services that are covered	Financial Coverage of Services
Percentage of individuals released from incarceration with insurance coverage in place that includes SUD/OUD and behavioral health services immediately post-incarceration **(RE-ASSIGNED FROM FINANCIAL COVERAGE OF SERVICES)**	Vulnerable Populations
Percentage of adult individuals leaving incarceration with fully reinstated insurance coverage (i.e., Medicaid)	Vulnerable Populations
Percentage of adult individuals leaving incarceration and seeking support for health-related social needs (e.g., housing, food) who received access to services within 7 days of release **(NEW)**	Vulnerable Populations
Percentage of adult individuals leaving incarceration with SUD and mental health disorders who obtain wrap-around support within 7 days of release **(NEW)**	Vulnerable Populations
Percentage of adult individuals leaving incarceration with fully reinstated insurance coverage (i.e., Medicaid)	Vulnerable Populations

Update to Domains and Subdomains: Clinical Interventions

BEFORE

Clinical Interventions

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

NEW

Clinical Interventions

- Measurement-Based Care for Mental Health and Substance Use Disorder Treatment
- Availability of Medications for Opioid Use Disorder
- Adequate Pain Management Care

Additional Clarifications:

- No further clarifications or modifications were made to this subdomain

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Clinical Interventions: Measure Concept Examples

Measure Concept Description	Subdomain
Improvement or maintenance of functioning for all patients seen for mental health and substance use care	Measurement-Based Care for Mental Health and SUD/OUD Treatment
Improvement or maintenance of functioning for dual-diagnosis populations (e.g., through use of BAM, Patient-Reported Outcomes Measurement Information System [PROMIS])	Measurement-Based Care for Mental Health and SUD/OUD Treatment
Percentage of individuals with SUD/OUD and a concurrent mental health condition identified as having poor SDOH (e.g., food insecurity, transportation insecurity, and homelessness) who have demonstrated improvement in clinical status within a given time frame **(RE-ASSIGNED FROM VULNERABLE POPULATIONS)**	Measurement-Based Care for Mental Health and SUD/OUD Treatment
Percentage of individuals with identified SUD/OUD and mental illness with MOUD initiated in the ED **(NEW)**	Availability of MOUD
Percentage of individuals with identified SUD/OUD and mental illness (e.g., through screening) with MOUD initiated during incarceration	Availability of MOUD
Percentage of individuals inducted and stabilized on a therapeutic dose of MOUD before release from incarceration	Availability of MOUD
Percentage of patients with chronic pain who received holistic care from a primary care or other provider before being referred to a specialty pain provider	Adequate Pain Management Care

Update to Domains and Subdomains: Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions

BEFORE

Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions

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

NEW

Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions

- Coordination of Care Pathways Across Clinical and Community-Based Services
- Harm Reduction Services
- Person-Centered Care

Additional Clarifications:

- Removed the measure concept focused on co-prescribing naloxone with every initial opioid prescription
- Added language to increase focus of coordination with community-based services
- Incorporated language and rationale for why screening fits under this subdomain

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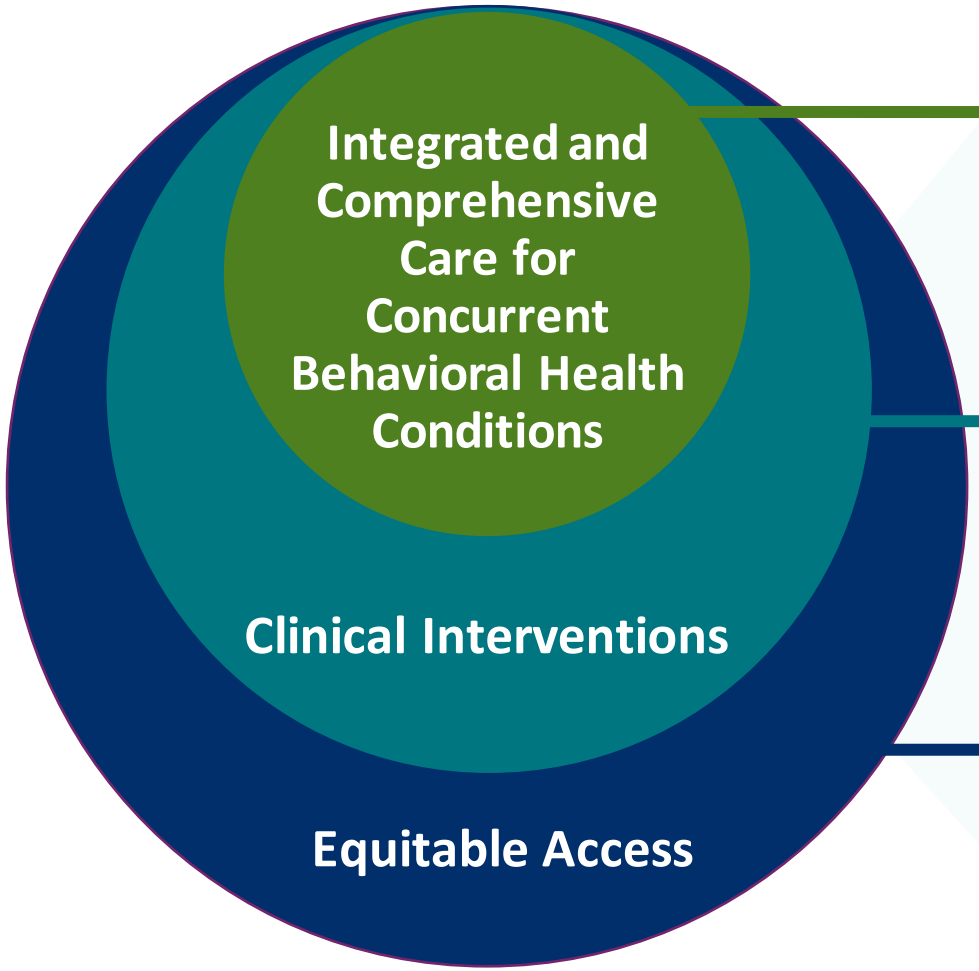
Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions: Measure Concept Examples

Measure Concept Description	Subdomain
Percentage of mental health providers who screen for SUD/OUD in behavioral health settings	Coordination of Care Pathways Across Clinical and Community-Based Services
Percentage of individuals with diagnosed SUD/OUD who are screened for mental disorders in SUD treatment settings	Coordination of Care Pathways Across Clinical and Community-Based Services
Percentage of providers screening for polysubstance use and polypharmacy (e.g., through a prescription drug monitoring program (PDMP), collateral information from outside providers, or another identified mechanism)	Coordination of Care Pathways Across Clinical and Community-Based Services
Percentage of individuals with SUD/OUD who are referred to an evidence-based treatment program (e.g., from the ED)	Coordination of Care Pathways Across Clinical and Community-Based Services
Percentage of individuals with SUD/OUD who are referred to a community-based service (e.g., supportive housing and employment services) **(NEW)**	Coordination of Care Pathways Across Clinical and Community-Based Services
Percentage of individuals with SUD/OUD and mental health conditions who receive home and community-based services (e.g., peer support, care coordination, and nonmedical transportation) **(RE-ASSIGNED FROM EXISTANCE OF SERVICES)**	Coordination of Care Pathways Across Clinical and Community-Based Services
Percentage of individuals experiencing homelessness who are connected to social and community-based programs related to their specific social risk needs **(RE-ASSIGNED FROM VULNERABLE POPULATIONS)**	Coordination of Care Pathways Across Clinical and Community-Based Services
Percentage of SUD/OUD treatment providers with co-located mental health services	Coordination of Care Pathways Across Clinical and Community-Based Services

Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions: Measure Concept Examples (Cont.)

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

Updates to Framework Visualization Since Web Meeting 6



SUBDOMAINS

- Coordination of Care Pathways Across Clinical and Community-Based Services
- Harm Reduction Services
- Person-Centered Care

- Measurement-Based Care for Mental Health and Substance Use Disorder Treatment
- Availability of Medications for Opioid Use Disorder
- Adequate Pain Management Care

- Existence of Services
- Financial Coverage of Services
- Vulnerable Populations

Overview of Committee and Federal Agency Feedback on the Measurement Recommendations

- Feedback on the measurement recommendations included the following themes:
  - Incorporating more actionable steps for Medicaid Section 1115 demonstrations
  - Including information about the role the United States death reporting system can play in measurement and data collection
  - Referencing the 988 program and other crisis services
  - Incorporating the role of paramedics

Recommendations Feedback Response

- Incorporated a recommendation for payers to consider exploring payment mechanisms
- Added more detail about the Medicaid Section 1115 demonstrations and the need to ensure states are making meaningful progress
- Added a recommendation for exploring the use of the death reporting system as a measurement tool/data source
- Highlighted the newly approved 988 three-digit crisis phone number

Discussion Questions

- Are the new and rearranged measure concepts feasible and aligned with their corresponding domains?
  - Are there any additional evidence-based measure concepts that the Committee would like to include in the Harm Reduction Services subdomain?
  - Are there any additional measure concepts that focus on the coordination of care across providers that the Committee would like to include in the Coordination of Care Pathways Across Clinical and Community-Based Services subdomain?
- How can we reflect the role of paramedics in the Final Report, whether through measure concepts or through measurement recommendations?
- Overall, do the changes made resonate with you? Do you have any questions about the revisions and additions to the Final Report?

Final Report Public Comments

Overview of Public Comments

- Public Commenting Period: July 9 – July 30, 2021
- Received public comments from three organizations
- Comments captured the following themes:
  - Incorporating additional language and detail into the domains and subdomains
  - Including occupational therapy alongside of other non-medication pain management techniques throughout the report
  - Ensuring content that is referenced accurately summarizes the original citation
  - Including references that reflect evidence-based interventions for individuals with SUD

American Occupational Therapy Association (AOTA) Public Comment

Commenter Name and Organization: Julie Malloy, American Occupational Therapy Association

Prompt: *Do you have any comments or feedback on the Opioids and Behavioral Health measurement framework?*

- The American Occupational Therapy Association (AOTA) appreciates the opportunity to provide feedback on this final draft. The practice of occupational therapy is person-centered, evidence-based, and enables people of all ages to live life to its fullest by promoting health and addressing the functional effects of illness, injury, and disability. AOTA appreciates the framework outlined in the document, and recommends including occupational therapy as part of the Clinical Interventions:
- Page 19 Table 1: include occupational therapy: "Percentage of individuals with access to holistic pain management (e.g., physical therapy, occupational therapy, integrated care, and complementary care)"
- Page 78: Appendix D: include occupational therapy: "Access to and quality of nonmedication pain management (e.g., physical therapy, occupational therapy)"

AOTA Public Comment Proposed Response

Proposed Response: Thank you for your comment. We have updated Table 1 and Appendix D to include occupational therapy as a potential non-medication intervention.

Discussion Questions:

- **Does the Committee agree with the proposed response?**
- **Are there any additional considerations to incorporate into the report based on this comment?**

National Institute on Drug Abuse (NIDA) Public Comment

Commenter Name and Organization: Jessica Cotto, National Institute on Drug Abuse

Prompt: *What other general comments, feedback, or recommendations do you have for the report?*

- We recommend a review of the document to assure that the references cited support the language in the document and are independent and authoritative. A few examples where that might not be the case include the following (there are more):
  - Page 10, citation 70 supporting statements about the effect of poverty. Citation 70 is a document produced by ASPE, very careful to describe these as statistical associations that are not causal. Furthermore, it cites literature finding a lack of causation. Literature published in peer-reviewed journals generally employs empirical strategies that go beyond correlation analysis. Later, citation 103 is used to support similar points. That publication from the Opioid Policy Network that cites one published article, a review article pointing to the need to explore factors in addition to the received explanation for the crisis (over prescribing), and providing references to papers reporting statistical associations, but not causal analyses.
  - Page 10, citation 71: This is a page on a website containing paid advertisements offering to link patients with SUD treatment centers.

NIDA Public Comment (Cont.)

Commenter Name and Organization: Jessica Cotto, National Institute on Drug Abuse

Prompt: *What other general comments, feedback, or recommendations do you have for the report?*

- Page 29, the statement that "(t)he temporary changes supporting telehealth during the COVID-19 pandemic provide a successful model of increased access and decreased no-show rates and should be leveraged as fundamental pieces of the care infrastructure moving forward" is supported by reference to a short write-up in a health care system's newsletter about one potentially promising program.
- We recommend providing references for the effectiveness of recommended interventions: Quality measures are supposed to be based on interventions and processes that have demonstrated effectiveness or at least efficacy. There are few references in the document reporting studies of the effectiveness for SUD of several of the Committee's recommendations including those related to peer navigators, recovery support services, fentanyl test strips, coordinated care, integrated care, bundled payments, etc. Some references reflect consensus documents and observational study results, but not solid evidence of effectiveness for individuals with SUDs.

NIDA Public Comment Proposed Response

Proposed Response: Thank you for your comment. We have reviewed and updated the portions of the report that reference citations 70 and 103 to better reflect the information included in the original references. We have also reviewed and updated the references cited throughout the entire report to ensure the language in the report accurately reflects the citations.

Thank you for bringing to our attention the advertisement included in citation 71. We have removed this reference and replaced it with an article from the American Journal of Public Health.

We have included additional language in the report to clarify that the measurement concepts outlined in the report are potential approaches, reiterating that quality measures would need to be thoroughly specified, developed, and tested for feasibility and scientific acceptability before being fully implemented.

Discussion Questions:

- **Does the Committee agree with the proposed response?**
- **Are there any additional considerations to incorporate into the report based on this comment?**

American Association on Health and Disabilities (AAHD) Public Comment

Commenter Name and Organization: Clarke Ross, American Association on Health and Disability

Prompt: *Do you have any comments or feedback on the Opioids and Behavioral Health measurement framework?*

- Domain of Equitable Access: "Financial Coverage of Services." We suggest two new important elements: (a) health insurance "parity" requirements, application, and implementation, as well as affordable, coverage for health plan enrollees and patients; and (b) adequate payment rates for providers, including behavioral health providers working in general health/medical care settings.
- Domain of Clinical Interventions: We strongly agree with need for evidence-based care and measurement-based care, both absolute essentials. We suggest two additional possible elements: (a) tracking medical and behavioral health interventions and patient symptom status via electronic medical records (EMRs); and, (b) shared/integrated treatment plans by general health/medical and behavioral health providers.

AAHD Public Comment Proposed Response

Proposed Response: Thank you for your comment. The report currently has language regarding the parity of services; however, we have strengthened existing language within the Final Report to incorporate the importance of using measurement to assess health insurance parity. We have also added language to the Final Report on the opportunities payers have to provide adequate payment rates for behavioral health providers working in health/medical care settings as an incentive to promote better care.

You raise important points regarding the sharing and integration of treatment plans across general and behavioral health providers, which is addressed within the Coordination of Care Pathways Across Clinical and Community-Based Services subdomain and section of the report. We have added language within the report on the use of EMRs to track interventions and patient symptoms. We are also adding the following measure concept into the subdomain: *"Percentage of providers who have a shared/integrated treatment plans between general health and behavioral health providers"*

Discussion Questions:

- **Does the Committee agree with the proposed response?**
- **Are there any additional considerations to incorporate into the report based on this comment?**

AAHD Public Comment (Cont.)

Commenter Name: Clarke Ross, American Association on Health and Disability

Prompt: *Do you have any comments or feedback on the Opioids and Behavioral Health measurement framework?*

- Domain of Integrated/Comprehensive Care: numerous reginal and national studies demonstrate the critical function of care/case managers in providing effective integrated medical-behavioral healthcare. We suggest two additional elements: (a) ensuring adequacy of training in integrated care for CMs; and (b) ensuring sufficient time for CMs to perform the tasks of liaising with general health/medical and behavioral health providers.
- Domain of Vulnerable Populations: an important component is the recognition, measurement, and response to Social Determinants of Health (SDOH) and coordinated/integrated community resources access.
- Domain of Person-Centered Care: please define and discuss using the NQF July 31, 2021 Person-Centered Planning and Practice final report.

AAHD Public Comment Proposed Response (cont.)

Proposed Response: We have added language on the need to train case managers and all providers on the value of integrated care. We have also added language in the Coordination of Care Pathways Across Clinical and Community-Based Services subdomain overview section on providing appropriate time for case managers to liaise with general health/medical and behavioral health providers.

The coordination and integration of community resources is critically important, and we have included information about this within the Coordination of Care Pathways Across Clinical and Community-Based Services subdomains. The recognition, response, and measurement of SDOH is also extremely important, and we have included information on this throughout the Equitable Access domain, and within the Vulnerable Populations subdomain.

We have incorporated the definition of the person-centered care planning and practice final report used into the person-centered care subdomain paragraph.

Discussion Questions:

- **Does the Committee agree with the proposed response?**
- **Are there any additional considerations to incorporate into the report based on this comment?**

Public Comment

Next Steps

Next Steps

- NQF will:
  - Refine the Final Report to incorporate comments and revisions per Committee discussion
  - Submit the Final Report to CMS on September 14, 2021
  - Publish the Final Report on September 28, 2021
  - Disseminate Final Report and increase awareness

The Opioids and Behavioral Health Option Year is anticipated in the fall, pending final CMS approval.

THANK YOU.

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