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Opioids and Behavioral Health Committee Web Meeting #2

Samuel Stolpe, PharmD, MPH

Chris Dawson, MHA

Katie Berryman, MPAP

Karl Reyes, MPP

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Welcome



Welcome

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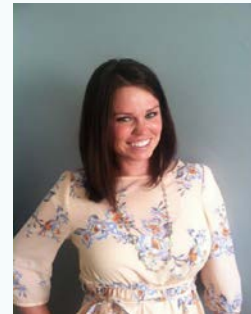
Project Staff



Samuel Stolpe,
PharmD, MPH
Senior Director



Chris Dawson,
MHA
Manager



Katie Berryman,
MPAP, PMD
Project Manager



Karl Reyes,
MPP
Analyst



Agenda

- Attendance
- Environmental Scan Update
 - Purpose
 - Methodology
 - Emerging Results
- 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, 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

Federal Liaisons

- **Girma Alemu**, Health Resources and Services Administration
- **John Snyder**, Health Resources and Services Administration
- **Ellen Blackwell**, Centers for Medicare and Medicaid Services
- **Jennifer Burden**, Department of Veterans Affairs
- **Joseph Liberto**, Department of Veterans Affairs
- **Jodie Trafton**, Department of Veterans Affairs
- **Laura Jacobus Kantor**, Office of the Assistant Secretary for Planning and Evaluation
- **Wesley Sargent**, Centers for Disease Control and Prevention
- **Shawn Terrell**, Administration for Community Living

Contract Office Representatives

- **Charles Brewer**, Centers for Medicare and Medicaid Services
- **Sophia Chan**, Centers for Medicare and Medicaid Services
- **Helen Dollar-Maples**, Centers for Medicare and Medicaid Services
- **Maria Durham**, Centers for Medicare and Medicaid Services
- **Patrick Wynne**, Centers for Medicare and Medicaid Services

Environmental Scan



Environmental Scan for Opioid Measures

- Currently available all-payor measures or measure concepts that:
 - Address overdose and mortality resulting from polysubstance use involving synthetic or semi-synthetic opioids among individuals with co-occurring behavioral health conditions
 - Consider pertinent social determinants of health to opioids
 - Measures or measure concepts related to non-medical levers or medical-non-medical partnerships

Environmental Scan Data Bases

- Centers for Medicare and 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
- State Laws and Regulations utilizing LexisNexis®
- Literature Review

Environmental Scan Research Questions

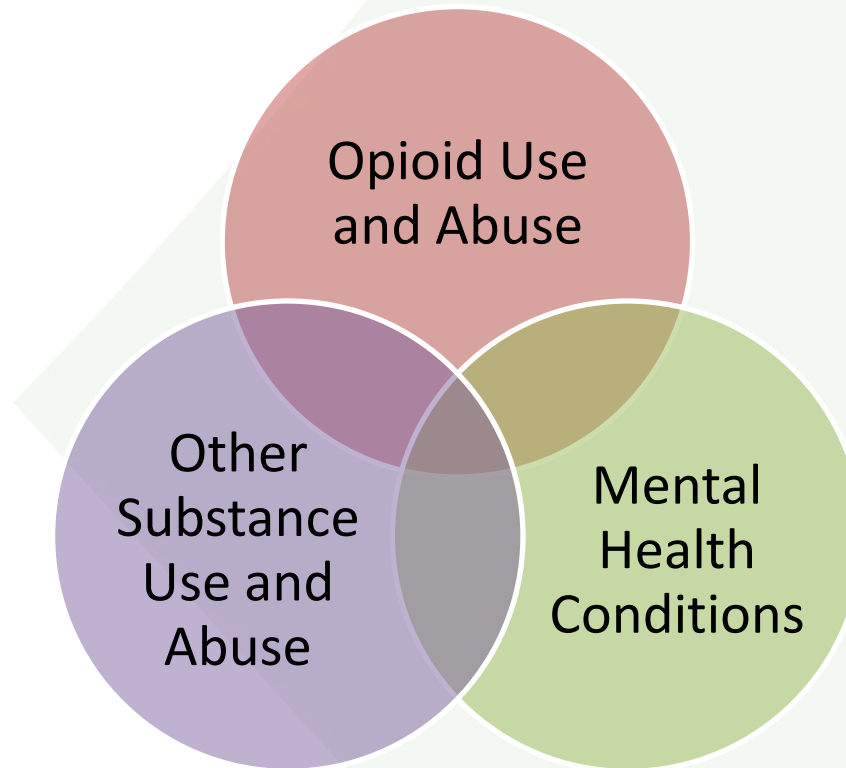
- What current or emerging quality of care measurements exist that address overdose and mortality resulting from polysubstance use involving synthetic or semi-synthetic opioids among individuals with co-occurring behavioral health conditions?
- What are the major current and emerging concepts regarding opioid use and misuse which can be used to evolve associated quality measurement?
- What directions should quality measurement science take to advance the battle against the U.S. opioid overdose epidemic, i.e., where are the apparent and important gaps?

Repository Search Parameters

- Measure database search initiated with the strings:
 - “Opioid OR opiate”
 - AND “addict* OR behavioral health OR mental health OR psych* OR substance use disorder OR polysubstance”
- Databases
 - CMS Measure Inventory Tool (CMIT)
 - NQF Quality Positioning System (QPS)
 - Qualified Clinical Data Registry (QCDR)
 - Healthcare Effectiveness Data and Information Set (HEDIS)
 - Medicaid Waiver Programs
 - Capability Maturity Model Integration (CMMI) Models
- This search returned no meaningful results
 - Did not identify any measures that specifically address Opioid Use Disorder (OUD) in the context of polysubstance use and co-occurring behavioral health conditions



Opioids, Polysubstance Use and Mental Health Conceptual Model



Updated Repository Parameters

- The mental model for opioids, polysubstance use and behavioral health/mental health conditions prompted a broader search
 - Measures for behavioral health/mental health, opioids and Substance Use Disorder (SUD) separately may inspire other measures targeting the intersection points
 - Measures themselves may be preventative
- Search reinitiated with the strings:
 - “Opioid OR opiate OR addict* OR behavioral health OR mental health OR psych* OR substance use disorder OR polysubstance”
- Resulted in 120 unique measures
 - 31 measures removed that were not deemed relevant
 - 89 total measures remain



Discussion of Measure Search

- Given the limitations in existing measures specific to our topic, is the NQF staff approach appropriate to inform measure gaps?
- Will this lead the Committee to a robust discussion on the measurement framework?
- Any additional measure repository searches staff should preform?
- Any additional keywords staff should include when performing searches?

State Laws and Regulations Parameters

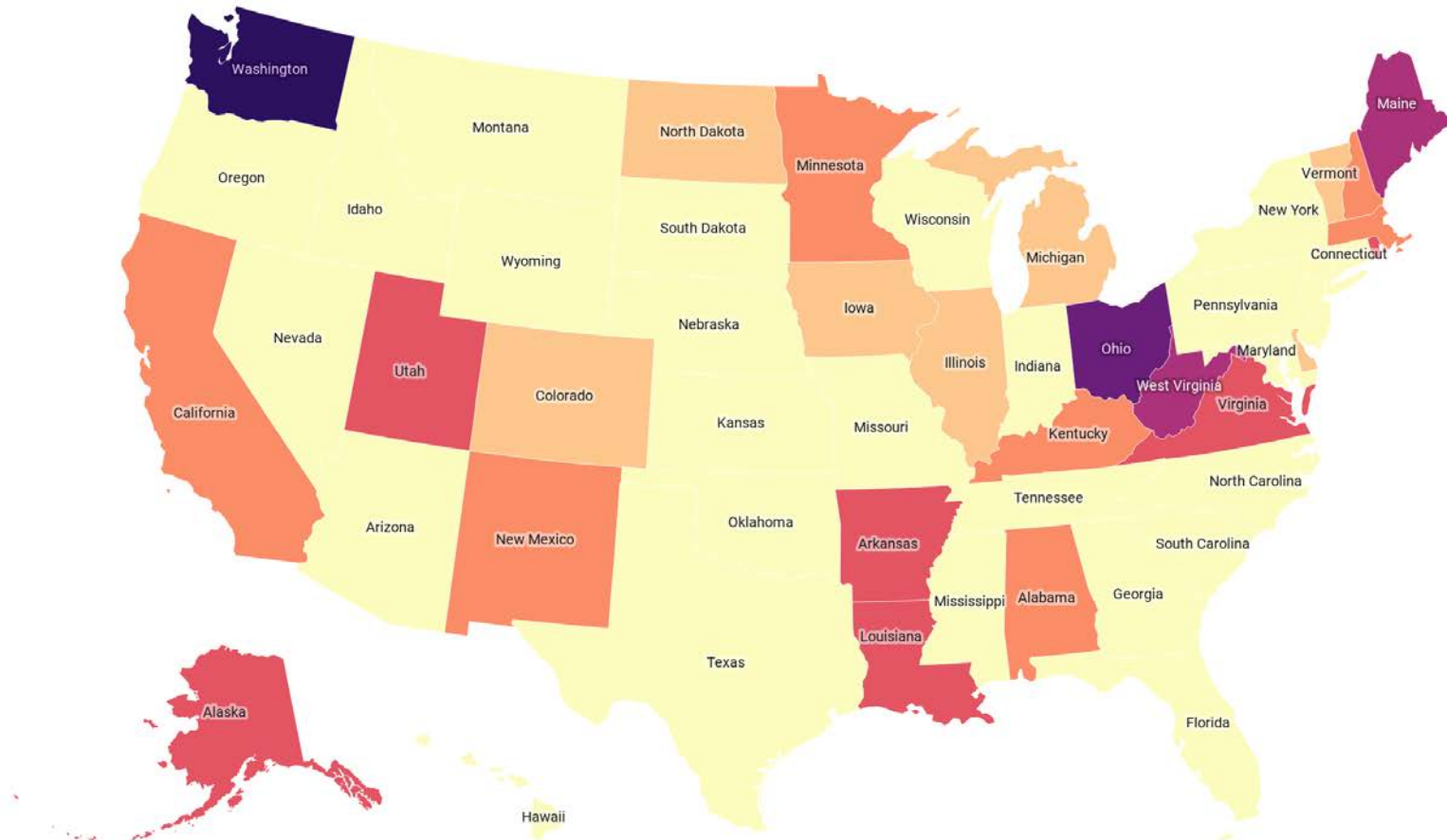
- LexisNexis® database search initiated with the strings:
 - "opioid" OR "heroin" OR "overdose" AND "mental health" OR "behavioral health" OR "polysubstance" AND "measure"
 - "opioid" AND "opioid use disorder" AND "substance use disorder"
 - "opioid" AND "opioid use disorder" AND "behavioral health condition"
 - "opioid" AND "substance use disorder" AND "behavioral health condition" AND "opioid use disorder"
- Numerous (potentially relevant) state laws and regulations were identified in this search
 - Specifically, 13 potentially relevant state laws and 45 state-level regulations were identified



State Laws and Regulatory Landscape

State Laws & Regulations: Opioids and Behavioral Health

Laws & regulations discovered
in search



State Laws and Regulations Results

- Of the 13 state laws and 45 state-level regulations found, few specifically target quality of care measurements involving persons who consumed synthetic or semi-synthetic opioids and have co-occurring behavioral health conditions.
- However, at least one regulation was found that contained language for a quality measure concept:
 - OH 24366 2020 (OAC 4730-4-01, -02) - Withdrawal Management
 - "...The physician assistant shall not initiate treatment with buprenorphine to manage withdrawal symptoms until between twelve and eighteen hours after the last dose of short-acting agonist such as heroin or oxycodone, and twenty-four to forty-eight hours after the last dose of long-acting agonist such as methadone. Treatment with a buprenorphine product must be in compliance with the United States food and drug administration approved "Risk Evaluation and Mitigation Strategy" for buprenorphine products..."

State Laws and Regulations Discussion

- Are there specific state laws or regulations that you are aware of that NQF staff should consider?
- Are you aware of any state-level initiatives that can be used as a "pilot program" in the opioids and behavioral health space?
- Any additional searches staff should preform?

Literature Search Parameters

- Literature database search initiated with the strings:
 - "opioid" OR "opiate" OR "substance use disorder" OR "addict" OR "polysubstance" AND "metric" OR "measure" OR "indicator" OR "survey"
 - "opioid" AND "substance use disorder" AND "measure"
 - A variety of search strings using a combination of above key words were included in the search
- Databases
 - PubMed (NLM)
 - General Accountability Office (GAO)
 - Kaiser Family Foundation (KFF)
 - National Institutes of Health (NIH)
 - Health and Human Services (HHS) Agencies
- This search returned 12 relevant peer-reviewed research articles.

Peer-Reviewed Literature Results

PMID	Title	Journal
25800105	Evaluation of the current opioid misuse measure among substance use disorder treatment patients	Journal of Substance Abuse Treatment
31361592	Retention in care as a quality measure for opioid use disorder	Substance Abuse Journal
26275980	Validation of the Full and Short-Form Self-Help Involvement Scale Against the Rasch Measurement Model	Sage Journals
32050143	Trajectories of retention in opioid agonist therapy in a Canadian setting	International Journal of Drug Policy
25462662	The association between impulsivity and alcohol/drug use among prison inmates	Addictive Behaviors: An International Journal
30534101	Validation of the Substance Use Risk Profile Scale (SURPS) With Bulgarian Substance Dependent Individuals	Frontiers in Psychology
28815789	Cost-effectiveness of emergency department-initiated treatment for opioid dependence	Society for the Study of Addiction
28226334	Prescription Opioid Abuse in Chronic Pain: An Updated Review of Opioid Abuse Predictors and Strategies to Curb Opioid Abuse (Part 2)	Pain Physician
31478965	Individuals With Opioid Dependence Using Polysubstances: How Do They Experience Acute Hospital Care and What Are Their Needs? A Qualitative Study	Journal of Addictions Nursing
30646016	Health, Polysubstance Use, and Criminal Justice Involvement Among Adults With Varying Levels of Opioid Use	JAMA
30156454	Prescription Opioid Quality Measures Applied Among Pennsylvania Medicaid Enrollees	Journal of Managed Care & Specialty Pharmacy
29925323	Risk of opioid misuse in chronic non-cancer pain in primary care patients - a cross sectional study	BMC Family Practice



Literature Discussion

- Are there specific articles that you are aware of that NQF staff should consider?
- Any additional searches staff should perform?

Committee Discussion

Previous Opioid Technical Expert Panel Findings – Top 15 Measurement Gaps / Priorities

1. **Patient-centered pain management:** proper tapering strategies for opioid analgesics (i.e., record of full and comprehensive pain and quality of life tracking for persons being removed from an opioid pain treatment regimen, including SUD history assessment and monitoring and sleep disorder risk)
2. **Recovery:** short-term outcomes (30, 60, and 90 day), transition between inpatient and outpatient settings, and long-term outcomes (i.e., change in OUD symptomology such as cravings, mood, work/social, etc. 12, 18, and 24 months or even longer after treatment initiation for OUD)
3. **Special populations for OUD treatment** such as LGBTQ, pregnant women, criminal justice-involved populations, homeless populations, adolescents, Native Americans and other racial minorities, and rural residents
4. **Benefits/coverage/reimbursement** (i.e., by region or payor average reimbursement rates for the continuum of American Society of Addiction Medicine [ASAM] level services, SUD service average population coverage [benefits] limits)

Previous Opioid Technical Expert Panel Findings – Top 15 Measurement Gaps / Priorities

5. **OUD treatment with comorbidities:** physical treatment such as cardiovascular etc. (i.e., regular screening for physical ailments in persons being treated for OUD)
6. **Neonatal Abstinence (Withdrawal) Syndrome (NAS):** follow-up for children (i.e., parental support classes for caregivers of NAS cases)
7. **Patient-centered pain management:** pain care plan (i.e., for those receiving opioids for pain management that exceeds 3 days, a specific plan for monitoring and eventual tapering of opioid use is documented and endorsed by the clinician and patient, and/or use of nonopioid pain management approaches.)
8. **OUD treatment with comorbidities:** psychiatric treatment (i.e., regular screening for other psychiatric illness in persons with OUD [e.g., SUD codependences, depression, anxiety, psychosis, etc.])

Previous Opioid Technical Expert Panel Findings – Top 15 Measurement Gaps / Priorities

9. **Quality of life, level of functioning measures for pain and/or OUD treatments** (i.e., composite change in physical, work, social, and emotional functioning—all relative to functioning before onset of pain or OUD)
10. **Special populations:** the elderly (i.e., access to insurance with essential benefits [per the Affordable Care Act (ACA)] for elderly persons with a history of OUD)
11. **Harm reduction:** access to harm reduction programs (i.e., access to harm reduction strategies for persons with OUD [needles/syringes, naloxone, fentanyl test strips, overdose prevention sites])
12. **Criminal justice involvement in relation to OUD:** screening/treatment during and post-incarceration (i.e., OUD successful referral to treatment rates for those with OUD history discharged from a detention facility)
13. **Social risk factors:** social support (i.e., social supports assessment for those being treated for OUD)

Previous Opioid Technical Expert Panel Findings – Top 15 Measurement Gaps / Priorities

- 14. Neonatal abstinence syndrome:** prenatal or perinatal counseling (i.e., SUD counseling rates for expectant mothers)
- 15. Criminal justice involvement in relation to OUD** (i.e., record of criminal justice history for persons diagnosed with OUD)

Comments From Meeting 1

- Search for existing relevant measure sets that might raise awareness and align incentives
- Consider common medical comorbidities and conditions occurring with intravenous and other drug use
- Review recently expanded Medicaid Waivers
- Consider Employee Assistance Programs to address workplace issues
- Focus more closely on incarcerated patients
- Criminal justice data collection is very limited and challenging
- Incarcerated settings and re-entry need measures but also require incentives
- Evaluate if pharmacies are stocking adequate supplies of medications that help prevent relapses into drug and alcohol abuse
- Survey harm reduction programs to evaluate users

Comments From Meeting 1

- Screening for brain injury as related to previous overdoses and impact on ability to use more traditional drug treatment services
- Consider addressing more local and regional levels in project scope (community, county, etc.)
- Review Homeland Security Information Network Drug Monitoring System
- Consider uninsured patients and transition gaps
- Emphasize younger populations, diversity and inclusion in quality metrics
- Importance of patient perspectives, experience, and satisfaction
- Emphasize social determinants of health, specifically housing insecurity
- Consider potential bias in environmental scan away from psychosocial treatment and other behavioral intervention concepts
- Professional practice organizations may be source to use when building quality measures, such as review of practice guidelines

Discussion Questions

- Measure concepts are often informed by best practices. Our focus is on all-payor measures and concepts. What best practices should we examine to begin considering measure gaps?
 - Are there known best practices for connecting health plans and mental/behavioral health?
 - Are there known best practices for connecting health plans and public health?
 - Are there known best practices for connecting health plans and criminal justice?
 - Are there known best practices for connecting health plans and social work?
- What other connections should be considered?

Opportunity for Public Comment

Upcoming Meetings

Timeline	
21-Day Comment Period (ES)	January 6 – 27, 2021
Web Meeting #3	February 11, 2021*
Final Environmental Scan	March 15, 2021
Web Meeting #4	April 6, 2021*
Web Meeting #5	May 5, 2021*
Web Meeting #6	June 1, 2021*
21-Day Comment Period (Report)	July 9 – 30, 2021
Web Meeting #7	August 18, 2021*
Final Report	September 17, 2021

*These meeting dates are current approximations until finalized.

Project Information

- **Email:** opioidbehavioralhealth@qualityforum.org
- **Phone:** (202) 783-1300
- **Project Page:**
[http://www.qualityforum.org/Opioids and Behavioral Health Committee .aspx](http://www.qualityforum.org/Opioids_and_Behavioral_Health_Committee.aspx)
- **SharePoint Page:** <https://share.qualityforum.org/>

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