



Opioids and Behavioral Health Committee Option Year Web Meeting 2

The National Quality Forum (NQF) convened a web meeting for the [Opioids and Behavioral Health Committee](#) on January 5, 2022.

Welcome, Introductions, and Review of Web Meeting Objectives

Meredith Gerland, NQF Senior Director, welcomed participants to the web meeting. Ms. Gerland reviewed the housekeeping reminders, provided an overview of the WebEx platform, introduced the NQF project team members, and reviewed the meeting agenda.

Attendance and Scope of Option Year

Ms. Gerland assessed attendance of the Committee members and federal liaisons, as well as recognized the members of the Centers for Medicare & Medicaid Services (CMS) in attendance. Next, Ms. Gerland went over the ground rules for the meeting and provided an overview of the scope of the Option Year, which builds on the foundational work established in the Task Order Base Year by further refining the Final Report to help users implement the measurement framework. The goal of updating the Final Report is to ensure that the measurement framework remains timely and valuable to stakeholders, and to support implementation of the framework through the addition of guiding principles and a use case.

Measure Inventory Update Findings and Discussion

Ms. Gerland shared the approach that was utilized for the measure inventory update. To conduct the measure inventory update, the NQF team completed a brief scan of all known publicly available measure inventories to identify if there are any new measures that were not identified in the original measure inventory scan conducted during the Base Year. This was an important step especially given the rapidly evolving nature of the opioid and behavioral health landscape. Several new measures were shared with the Committee. Findings were organized according to the three domains of the measurement framework: equitable access, clinical interventions, and integrated and comprehensive care.

Three measures were presented for the domain of equitable access: All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries in Need of Integrated Physical and Behavioral Healthcare, Mental Health Utilization, and Acute Care Use Due to Opioid Overdose. Eight measures were presented for the domain of clinical interventions, and they were grouped into the categories of opioid-prescribing clinical interventions and other clinical interventions. Six measures were presented related to opioid prescribing: Prescription or Administration of Pharmacotherapy to Treat Opioid Use Disorder (OUD); Avoidance of Opioid Therapy for Migraine, Low Back Pain, and Dental Pain; Unsafe Opioid Prescriptions at the Prescriber Group Level; Unsafe Opioid Prescriptions at the Dialysis Practitioner Group Level; Overuse of Opioid Containing Medications for Primary Headache Disorders; and, Risk-standardized Prolonged Opioid Prescribing Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Knee Arthroplasty. The three measures were presented related to other clinical interventions: Measurement-

based Care Processes: Baseline Assessment, Monitoring, and Treatment Adjustment; Hospital Harm – Opioid-related Adverse Events; and, Antidepressant Medication Management (AMM). Four measures were presented related to integrated and comprehensive care: Follow-up After High Intensity Care for Substance Use Disorder (FUI); Improvement or Maintenance of Functioning for All Individuals Seen for Mental Health and/or Substance Use Care; Annual Monitoring for Individuals on Chronic Opioid Therapy; and, Follow-up After Psychiatric Hospitalization.

Ms. Gerland also presented additional measures related to Alcohol Use Disorder and Tobacco Use Disorder, including Alcohol Screening and Follow-up for People with Serious Mental Illness; Tobacco Use and Tobacco Use and Help With Quitting Among Adolescents; Tobacco Use Treatment Provided or Offered; Tobacco Use Treatment Provided or Offered at Discharge; Tobacco Use Treatment; Tobacco Use Treatment at Discharge; Preventive Care And Screening: Tobacco Use: Screening and Cessation Intervention; Preventive Care And Screening: Tobacco Use: Screening and Cessation Intervention (ECQM); and, Medical Assistance with Smoking and Tobacco Use Cessation.

Committee Co-chair Dr. Caroline Carney then facilitated a discussion about these measures and their inclusion in the Final Report measure inventory appendix. Dr. Carney asked whether measures related to tobacco use should be included in the Final Report and whether there are any new measures that were not captured in this update that should be considered. Committee members had a robust discussion on the inclusion of the measures related to Tobacco Use Disorder. Committee members shared concerns around including measures related to tobacco use, highlighting that the inclusion of these measures might deter stakeholders from taking action on the true focus of the Final Report and measurement framework. Committee members discussed the importance of not diluting the focus away from the primary population of individuals with opioid use, polysubstance use, and co-occurring behavioral health conditions. While Committee members acknowledged the wide prevalence of co-occurring tobacco use for individuals within the primary population of interest, most Committee members shared agreement to exclude measures focused on tobacco use disorder. One alternative approach shared by a Committee member was to include the measure focused exclusively on screening for tobacco use to support screening in the population of interest without overburdening individuals with inclusion of all of the tobacco-related measures.

Committee members also discussed if any new telehealth quality measures have been developed given the evolution of care during the pandemic. Ms. Gerland shared that NQF did not identify any telehealth measures specific to individuals with opioid use and co-occurring behavioral health conditions, and asked Committee members to share information on any new measures that may not be publicly available yet. Committee members were not aware of any new relevant telehealth measures, and Ms. Gerland encouraged members to reach out to the NQF team if they identify any measures after the meeting.

Guiding Principles Discussion

Ms. Gerland then introduced the draft guiding principles, highlighting how the guiding principles are overarching themes that guide the implementation of the domains, subdomains, measures, and measure concepts of a measurement framework. Ms. Gerland shared that the draft guiding principles build on the Committee discussion from Option Year Web Meeting 1. The draft guiding principles include promoting health equity, reducing stigma, emphasizing shared decision-making and patient centeredness, encouraging innovation, and having intentionality in measure development and implementation.

Committee Co-chair Ms. Bartolomei-Hill then presented and facilitated a discussion on each of the guiding principles. When discussing the first guiding principle – to promote health equity – Committee members agreed that it is an important guiding principle. Committee members discussed the importance of aligning the definition of health equity with the work of the NQF Measure Applications Partnership (MAP) Health Equity Advisory Group. Committee members discussed the need to measure equity in terms of outcomes, as well as measuring equity in a way that captures barriers to care and social determinants of health (SDOH). Committee members highlighted the need to take a justice-focused lens to health equity, and the importance of focusing on the role of the community.

Ms. Bartolomei-Hill then presented the next guiding principle of reducing stigma. While one Committee member shared that he does not believe stigma needs to be a focus, many Committee members shared their experiences regarding stigma and supported the inclusion of reducing stigma as a guiding principle. Committee members highlighted how stigma can be related to the diagnosis, individual, payment type, and other factors. Committee members discussed the complexities of measuring stigma in a patient-reported manner.

Ms. Bartolomei-Hill presented the next guiding principle of emphasizing shared decision making and patient centeredness. Committee members agreed with this principle, but suggested minor wording modifications (e.g., highlighting that the field may be moving towards this approach, reframing as person-centeredness). Dr. Carney highlighted how patient preferences toward treatment and availability need to be kept in mind when thinking about this principle. Committee members began discussing the role of harm reduction strategies, which segued into the next guiding principle.

Ms. Bartolomei-Hill presented the next guiding principle of encouraging innovation and asked the Committee to reflect on this guiding principle. Committee members were supportive of this guiding principle, acknowledging that innovation implies flexibility.

Ms. Bartolomei-Hill then presented the final guiding principle of intentionality in measure development and implementation. Committee members appreciated the practical nature of this guiding principle and supported how it felt rational and actionable. Dr. Carney shared the need to highlight cost implications within this principle to ensure the resources associated with data collection and systems do not become overly burdensome.

To conclude the discussion, Ms. Bartolomei-Hill asked the Committee members if the guiding principles accomplish the intended goals and/or if any additional principles are needed. Committee members expressed agreement with the guiding principles and with the incorporation of the feedback shared during the web meeting to ensure the principles are practical and actionable.

Opioid and Behavioral Health Use Case

Moving on to the discussion on the use case, Ms. Gerland shared that a key piece of the Option Year is the use case that was described in the overview during [Web Meeting 1](#). Ms. Gerland highlighted how the use case will describe the critical stakeholders who are addressing measurement for this population, key measurement challenges and potential solutions, and three narrative case exemplars demonstrating scenario-based narratives to depict successful and equitable implementation of each measurement framework domain. Each narrative will have a slightly different focus area. As an example, Ms. Gerland shared that one case exemplar may focus on the outpatient setting, while another may focus on the inpatient setting.

Dr. Williams, NQF Consultant, then reviewed the preliminary selection criteria for the case exemplars to highlight that the case exemplars should demonstrate prevalent challenges or barriers in

OID/substance use disorder (SUD) and behavioral healthcare pathways, be attributable to a known entity, and acknowledge performance gaps with possible remediations. In discussing the possible case exemplar for the equitable access domain, Committee members raised how there may be opportunities to reference the state-specific Medicaid geographic requirements for providers that exist to determine the needed density of providers for a given location. Committee members also discussed the time and resources required before an individual enters OUD/SUD treatment, and how this is an important aspect to acknowledge in the use case.

Building on the discussion, Ms. Gerland asked Committee members to share their perspective on the best settings to include in the case exemplars. Committee members shared that including the high-risk population of individuals who overdose and come to the emergency department would be beneficial since there is significant variation in performance and this scenario would resonate with many stakeholders. Ms. Bartolomei-Hill proposed the inclusion of an inpatient, outpatient, and emergency department exemplar, and Dr. Carney suggested incorporating a telehealth setting and a residential treatment setting. Committee members also raised the importance of considering the communities in which people come from and the role of community-based care in the exemplars. Ms. Gerland encouraged Committee members to share any additional ideas via email after the web meeting.

Public Comments

Ms. Gerland then opened the discussion for public and member comments. No comments were received.

Next Steps

Ms. Gerland reminded the Committee that Web Meeting 3 will be on February 2, 2022, from 12-2pm ET. Ms. Gerland asked Committee members to please submit their Option Year Disclosure of Interest (DOI) form if they have not submitted the form yet.

Adjourn

Ms. Gerland concluded the meeting by thanking the Committee members, CMS partners, and NQF staff.