NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Opioids and Behavioral Health Committee Option Year Web Meeting 3

The National Quality Forum (NQF) convened a web meeting for the Opioids and Behavioral Health Committee on February 2, 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. In addition, Ms. Gerland informed participants of two minor changes to the meeting agenda. The first change is that Co-Chair Ms. Bartolomei-Hill will not be present due to a last-minute scheduling conflict. The second is that a survey will be disseminated at the end of the meeting to obtain the Committee's prioritization on overarching barriers and corresponding solutions to the Measurement Framework.

Attendance and Scope of Option Year

Carolee Lantigua, NQF Manager, and Ms. Gerland assessed the Committee members and federal liaisons' attendance and recognized the Centers for Medicare & Medicaid Services (CMS) members in attendance. Next, Ms. Gerland went over the ground rules for the meeting. Ms. Gerland encouraged Committee members to be intentional in the language used during the meeting and to use person-first language, refraining from any stigmatizing language. She provided an overview of the scope of the Option Year (OY), 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 the implementation of the framework through the addition of guiding principles and a use case.

Final Report Outline Update Discussion

Ms. Lantigua shared a high-level overview of the Final Report Outline updates for the OY. She highlighted three new sections, including the Measurement Framework Guiding Principles, the Opioid and Behavioral Health Use Case, and the Appendices, which includes the measure inventory update. Ms. Lantigua informed Committee members that relevant changes would also be made to the Executive Summary, Introduction, and the Conclusion and Next Steps sections to incorporate the most current information.

Ms. Lantigua provided additional details on the Measurement Framework Guiding Principles, which the Committee members identified during Web Meeting 2. Each guiding principle will include an overview to explain its reasoning and relationship to the Measurement Framework. Then, she reviewed the new Opioids and Behavioral Health Use Case portion, which includes three major sections: (1) the critical stakeholders to address measurement across the Framework's domains and subdomains, (2) challenges and potential solutions associated with implementation, and (3) three case exemplars which will

demonstrate successful and equitable implementation of the three framework domains. Lastly, the Appendices section will include revisions to the measure inventory that are clearly labeled to make the new measures easily identifiable.

To obtain Committee input, Ms. Lantigua asked Committee members for any comments or gaps on the Final Report Outline updates. Committee members expressed agreement with the Outline updates via the chat and did not identify any missing sections.

Measurement Framework Use Case Barriers and Solutions Discussion

Ms. Gerland introduced the next section of the web meeting: the Use Case Barriers and Solutions. She informed participants that this discussion will center on the most prominent measurement barriers that impede the implementation of the Measurement Framework, as well as the identification of possible solutions to overcome these barriers. Ms. Gerland introduced Dr. Caroline Carney, Committee Co-Chair, to highlight critical measurement barriers for providers and health plans that have come up in Committee discussions thus far. Dr. Carney shared common challenges identified for both providers and payers, including silos between physical and behavioral healthcare services, limited data interoperability, and lack of validated, evidence-based patient-reported outcome scales. She continued to highlight common challenges identified specifically for providers, including a lack of resources to implement evidence-based practices, limited reimbursement structures, stigma, misalignment of goals, challenging patient panels, reporting burden, and challenges around privacy and the accuracy of the information collected. Lastly, she highlighted payer-specific challenges, including changes in health plan status, lack of patient-level data, the multitude of data sources required for quality measures, and burdensome amendments to network contracts.

Dr. Carney then facilitated a Committee discussion to identify additional barriers and potential solutions. Committee members identified the lack of awareness and access to community-based resources that improve the social determinants of health (SDOH) for individuals who use opioids as a common challenge for providers. In addition, Committee members discussed the lack of community-level analysis on the interventions being performed related to local values, culture, and individual communities. Committee members suggested leveraging the community and going beyond the individual and their family to help those who use opioids, and highlighted opportunities to partner with community-based organizations. Committee members shared potential solutions to bring payers, providers, and patients together, such as through Advisory Panels.

When considering other challenges that exist across payers and providers, Committee members identified challenges in insurance coverage and availability of medications for individuals with substance use disorders (SUD). Dr. Carney raised the challenge of care transitions and the difficulty managing the expectation for providers to be aware of all substances a patient uses outside of the provider's care

Committee members identified multiple infrastructure barriers, including the challenges of measure development efforts and education related to measure development. One Committee member shared that the medical school system does not teach measurement development, and to overcome this barrier, healthcare systems must improve existing educational infrastructure and training. Committee members suggested having an advisory panel that includes patients in the measure development process to ensure measures are developed that yield meaningful outcomes. Committee members also raised the lack of accountability as a challenge, and some members suggested creating accountability through regulatory measures.

Committee members identified infrastructure challenges related to the quality of measurement data. A Committee member highlighted that a lack of accurate measurement data exists because services can

be paid for in various ways that are not always captured in claims data (e.g., those who receive treatment in prisons or who pay cash for services). Committee members highlighted discrepancies between the prescriber shown on a data report and the individual making prescription decisions (e.g., an Attending making decisions but a Resident showing up on the report as the provider) and discussed how this lack of consistency contributes to data and measurement challenges.

Lastly, Committee members discussed that stigma in the healthcare system, particularly for individuals seeking SUD services, continues to remain a challenge. Stigma can impact the treatment plan and can result in a treatment plan that is not grounded in an individual patient's goals. One Committee member raised that individuals with SUD can feel dehumanized due to stigma and language, so it is essential to use language that humanizes individuals with SUD. Committee members suggested solutions to promote person-centered care, such as using goal attainment scales to measure person-centered care and educating providers to elicit patient-specific goals.

Opioid and Behavioral Health Equitable Access Case Exemplar Overview and Discussion

When introducing the Use Case, Ms. Gerland reiterated that the purpose of the case exemplars is to help demonstrate successful and equitable implementation of the Measurement Framework. Building on the discussion from Web Meeting 2, Dr. Robin Williams, NQF consultant, introduced the narrative for the Equitable Access case exemplar (slide 27-28). The narrative provides a detailed example of a homeless patient with a history of opioid use disorder (OUD) who is transferred to a local emergency department (ED) for an abscess in his arm. The narrative provides various instances in which challenges related to the Equitable Access domain arise, which are compounded by a busy ED, limited interoperability and data sharing, a lack of shared decision making, and financial barriers for the patient.

Dr. Williams asked Committee members for their feedback on the case exemplar. Committee members shared that the narrative is common and is appropriate to use as a case exemplar. Committee members identified additional opportunities to highlight specific SDOH (e.g., access to transportation), add personal and background information to help humanize the narrative, and incorporate information to convey the patient being well-known to the ED. Committee members discussed incorporating information to reflect that many EDs do not have resources for a Psychiatric ED or specific provider group identified to care for individuals presenting to the ED with SUD.

Dr. Carney then highlighted how the scenario showcased critical barriers, such as the perceived cost of care limiting access, lack of administrative support and incentives, and limited interoperability. Committee members agreed that the cost of receiving SUD treatment and services is a prominent barrier. Committee members suggested incorporating information on state-specific regulations that promote access to SUD treatment, regardless of income status, as a potential solution.

Public Comment

Ms. Gerland opened the discussion to allow for public comments and member comments. Ms. Gerland read a comment submitted in the chat by Rachel Armstrong, HEOR Telavi Therapeutics, who discussed the gap in tracking and the ability to see health system and payer costs for opioid use following surgeries. Ms. Armstrong is considering funding an analysis that examines opioid use following peripheral nerve and/or amputation surgeries. She requested that individuals contact her if they have any relevant data sets or are interested in providing input.

Next Steps

The NQF team shared the link to the measurement framework barriers and solutions prioritization survey. Ms. Lantigua asked Committee members to complete the survey as soon as possible. The NQF team will use the information from Web Meeting 3 and the survey to inform the discussion for Web Meeting 4. Ms. Lantigua reminded the Committee that Web Meeting 4 will be held on March 18, 2022, from 2-4 pm ET.

Adjourn

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