



### Opioids and Behavioral Health- Web Meeting 3

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The National Quality Forum (NQF) convened a web meeting for the [Opioids and Behavioral Health Committee](#) on February 17, 2021.

#### Welcome, Introductions, and Review of Web Meeting Objectives

Samuel Stolpe, NQF Senior Director, welcomed participants to the web meeting and opened the floor for the NQF project team to introduce themselves. Chris Dawson, NQF Manager, conducted attendance of the Committee members and invited the federal liaisons and Centers for Medicare & Medicaid (CMS) representatives to introduce themselves.

#### Web Meeting 2 Recap and Project Updates

Dr. Stolpe reviewed and discussed with the Committee members the current state of the environmental scan and an overview of [Web Meeting 2](#). During Web Meeting 2 the Committee members discussed the environmental scan methodology and the resources that the project team will be using to assist with the completion of the final scan. The Committee then discussed ideas as it relates to a conceptual model that ties together the key concepts that are being addressed in this project—polysubstance use involving opioids in the presence of co-occurring behavioral health conditions. During the meeting the Committee members also provided feedback on the measure results and identified gaps that became apparent from the previous [Opioid and Opioid Use Disorder Technical Expert Panel](#) (TEP). The Committee's discussion also involved known best practices for connecting health plans and mental/behavioral health, public health, criminal justice and social work.

Dr. Stolpe also provided the Committee members with several project updates since the previous Web Meeting 2 held on November 12, 2020.

- Web Meeting 2 summary was completed and posted to [NQF's website](#).
- The draft environmental scan report was completed and posted online for public commenting from January 6-January 27, 2021. The comments were later reviewed and discussed with the Committee members during this web meeting.
- The dates and times for the remaining web meetings have been finalized and are posted to the project [webpage](#).

#### Review of Environmental Scan Report Public Comments

During the 21-day public commenting period, NQF received two comments on the draft [environmental scan](#), one from the National Pain Advocacy Center and one from the University of Alabama at Birmingham School and Medicine. The first commenter, Katte Nicholson of the National Pain Advocacy Center, urged NQF to consider integrating into its quality metrics patient metrics of quality and success, metrics that measure patient outcomes, and metrics that measure continuity of care. The commenter also expressed concerns as it relates to NQF's endorsement of quality measures based on prescribed dosages, suggesting that such measures may incentivize rapid and medically unnecessary dosage

reduction or termination, a practice which has been shown in observational studies to increase overdose risk, suffering, suicidality and suicide, as well as termination of healthcare relationships. The commenter also stated that, although quality measures that focus on dosage thresholds are intended to reduce risk, the Centers for Disease Control and Prevention recognized in 2019 that strict use of such measures may result in patient harm. Lastly, the Committee was encouraged to use measures that encourage providers to conduct risk-benefit analyses.

The second commenter, Stefan Kertesz of the University of Alabama Birmingham School of Medicine, suggested that the draft environmental scan be revised to emphasize (a) protection of health care relationships and (b) inclusion of patient and family voices in assessing care for patients affected by combinations of pain, behavioral health conditions, and/or opioid receipt. The commenter was critical of NQF-endorsed opioid dose restriction measures and also emphasized the preservation of care relationships as this is the prerequisite to high-quality care for patients with combinations of pain-related and behavioral health conditions. The Committee was also urged to incorporate patient- and family-derived assessments of care, which are absent from the draft report, assess the impact of stigma, provider discomfort, and regulatory/payment structures on the sustainability of care relationships and summarize metrics applicable to payers for assuring that patients are not lost from care when clinicians retire or end care relationships.

## Committee Response to Public Comments

Co-chair Laura Bartolomei-Hill facilitated the discussion for possibly incorporating the feedback provided by commenter Katte Nicholson into the environmental scan or the Committee's final report. The Committee suggested various ways to incorporate the feedback including addressing other aspects of quality care and patient centered care that the report and the commenters did not address. Ms. Bartolomei-Hill also mentioned that there are often differences in the way pain is measured across race and gender. With additional restrictions being implemented and fewer opioids being prescribed, racial and gender implications should be considered, especially as it relates to whose pain is evaluated seriously and how their pain is being treated. An unidentified Committee member stated that in addition to prescribing a lower dosage of opioids, emphasis needs to be placed on the importance of other modalities of treatment, such as the reassurance and counseling of patients, especially those with behavioral health disorders. Co-chair Caroline Carney recommended adding Katte Nicolson's comment to the environmental scan to indicate that the areas addressed in her comments are agreed upon concerns that NQF and the Committee members are aware of, however they currently are not informed of any known health-care measures that will effectively address rapid withdrawal from opioids.

Dr. Carney facilitated the discussion for possibly incorporating feedback provided by commenter Stefan Kertesz into the environmental scan. In response to the comment about NQF's dose restriction measure, which was not specifically named, Committee member Perry Meadows acknowledged that many care plans and states already have dose restriction measures in place that limit the dosage of Morphine and other opioids. Dr. Meadows also stated that though he isn't aware of any current metrics that address patient loss of care when a clinician retires or ends care relationships, he stated that most facilities have a care management team that coordinates the transfer of patient care to protect care continuity when a clinician retires. Committee member Anita Gupta suggested potential metrics on opioid overdose education that could possibly be included, however, NQF was not able to locate these metrics during the initial environmental scan. Federal Liaison Jodie Trafton also mentioned that there are internal measures within the Veterans Health Administration (VHA) that track receipt of opioid overdose education amongst patients with opioid use disorder (OUD) who have received opioid prescriptions within the previous six months.

## Committee Feedback on Environmental Scan

Dr. Stolpe reoriented the Committee members with an opioids, polysubstance use and behavioral health conceptual model and the findings from the measure repository section of the Environmental Scan Report. The conceptual model was updated to replace the words “abuse” with “misuse” and “mental health” with “behavioral health”, in addition to highlighting the central overlap as the area of highest risk for patients. The search of measure repositories initially returned no results for measures of synthetic and semi-synthetic opioid-associated polysubstance use in patients with behavioral health conditions, however this was not an unexpected result given that the prior Opioid and Opioid Use Disorder TEP found no such measures in a comparable environmental scan and had identified this area specifically as a high-priority quality measurement gap. A modification of the approach to identify measures and measure concepts that could potentially inform the Committee’s discussion of measure gaps specific to the scan topic resulted in 89 unique healthcare quality metrics and 71 measure concepts related to separate distinctions of opioids, substance use disorder, and behavioral health. The measure repositories discussion was led by Co-Chair Laura Bartolomei-Hill to allow the Committee members to address any final measures or measure concepts that should be included in the environmental scan. The Committee suggested implementing measures that address global availability of treatment for patients with unaddressed behavioral health problems rather than measures that specifically focus on opioid prescribing. Dr. Meadows also mentioned addressing the risks of polypharmacy and the simultaneous use of multiple drugs.

The peer-reviewed literature search did not produce any healthcare quality metrics directly associated with the scan focus. Nonetheless, review of the articles identified returned some valuable results to guide Committee consideration of measure concepts and gaps. A review of the non-peer-reviewed literature produced results that were largely duplicative of those from the previous [Opioid and Opioid Use Disorder TEP Environmental Scan](#) from September 2019. However, the NQF staff identified opioid-related U.S. Government Accountability Office (GAO) reports that were informative to the Committee’s objectives but not included in the original Opioid and Opioid Use Disorder TEP Environmental Scan. The peer-reviewed and non-peer reviewed discussion portion was facilitated by Dr. Carney to allow Committee members to recommend literature that has not been incorporated into the scan. Committee member Lisa Hines pointed out that NQF #3558 Initial Opioid Prescribing for Long Duration (IOP-LD) is missing from the environmental scan. NQF #3558 addresses initial opioid prescribing though it does not intersect with behavioral health or chronic use disorder, however it is a relevant measure that could possibly mitigate subsequent chronic use and misuse. Dr. Hines also mentioned including a measure that addresses the deprescribing of benzodiazepines in older adults currently in a commentary period by the National Committee for Quality Assurance (NCQA).

While the first three components of the environmental scan produced results that will inform further work of the Committee, the state law and regulatory database searches generated no specific laws and regulations deemed contributory to the measurement scan. The state laws & regulations discussion was facilitated by Co-Chair Laura Bartolomei-Hill to allow the Committee members to address any state laws and regulations that should be included in the environmental scan. Committee member Jameela Yusuff recommended adding data from correctional facilities, as many inmates have been released from prison on opioids with behavioral health conditions. Accessing state regulations on prescribing practices, suggesting that polypharmacy and behavioral health treatment policies would be helpful data to add to the final report. Ms. Bartolomei-Hill stated that state regulations around harm-reduction programs would also be useful information to incorporate.

A discussion around all-payer measure concepts not addressed by the previous opioid TEP discussion was led by Dr. Carney to allow Committee members the opportunity to suggest measure concepts or gap ideas to be incorporated into the environmental scan report. Committee member Dr. Hines recommended metrics that include pharmacy and/or pharmacists, such as screening for naloxone prescriptions or making referrals.

The Pertinent Social Risk Factors section of the scan currently addresses homelessness and unsafe housing, incarceration and other criminal justice involvement, and urban-rural disparities in access to buprenorphine providers. This portion of the discussion was facilitated by Ms. Bartolomei-Hill to allow the Committee members to address any additional social risk factors that should be referenced within the report. The Committee agreed that racial inequities and access to care and stigma are important social risk factors that should be incorporated. Also, the impact of the “war on drugs”, sentencing disparities, and its impact on the black community are areas within the criminal justice system that should be further highlighted.

### **Member and Public Comment**

Before the conclusion of the web meeting, Dr. Stolpe opened the floor to allow for public and member comment. No public comments were offered.

### **Upcoming Meetings and Deliverables**

Jhamiel Prince, NQF Analyst, discussed upcoming dates and deliverables for the Opioid and Behavioral Health Committee, which included the following:

**Final Environmental Scan:** March 15, 2021

**Web Meeting 4:** April 7, 2021 1:00pm-3:00pm ET

**Web Meeting 5:** May 6, 2021 2:00-4:00pm ET

**Web Meeting 6:** June 2, 2021 1:00pm-3:00pm ET

**21-Day Comment Period (Report):** July 9-30, 2021

**Web Meeting #7:** August 18, 2021 2:00-4:00pm ET

**Final Report:** September 17, 2021

### **Adjourn**

Dr. Stolpe and the Committee Co-chairs concluded the meeting by thanking the Committee members, NQF staff, and CMS partners. Dr. Stolpe also noted that NQF staff would review all comments and resources shared within the chat feature of the web meeting platform.