NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Opioids and Behavioral Health Committee Option Year Web Meeting 6

The National Quality Forum (NQF) convened a web meeting for the Opioids and Behavioral Health Committee on May 9, 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 and provided an overview of the WebEx platform. Ms. Gerland then gave a brief overview of the meeting agenda. She informed the Committee that a survey would be disseminated at the end of the meeting to obtain the Committee's feedback on the different sections of the Final Report.

Attendance and Scope of Option Year

Debbie Olawuyi, NQF Analyst, assessed the Committee members' and federal liaisons' attendance and recognized the Centers for Medicare & Medicaid Services (CMS) members in attendance. Next, Ms. Gerland reviewed the ground rules for the meeting. Ms. Gerland encouraged Committee members to be intentional with word choice during the meeting and use person-first language while refraining from 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.

Measure Inventory Overview and Discussion

Carolee Lantigua, NQF Manager, introduced the next section of the agenda to obtain Committee feedback on the Measure Inventory Update. She gave a brief overview of the 16 newly identified measures during the option year. Ms. Lantigua highlighted eight additional measures related to tobacco use disorder (TUD); however, based on prior Committee discussion, they will not be included in the report as they are outside the scope of the Option Year. A Committee member expressed reservations about not including the TUD measures and Ms. Gerland explained the Committee's general agreement that these measures go beyond the scope of the measure inventory. Ms. Gerland also emphasized that NQF plans on incorporating prevention strategies throughout the report that can address actions related to TUD. The Committee agreed that the 16 measures were appropriate for the Final Report.

Guiding Principles Overview and Discussion

Ms. Lantigua reviewed the guiding principles, which showcase the central themes and ideas of the measurement framework. Ms. Lantigua noted that while aspirational, the guiding principles aim to drive future work by promoting implementation of the framework and its domains and subdomains or promoting larger changes that make implementation of the framework feasible. The Committee identified five guiding principles: (1) promoting health equity, (2) reducing stigma, (3) emphasizing

shared decision-making and person-centered care, (4) encouraging innovation, and (5) intentionality in measure development and implementation. Ms. Lantigua gave a high-level overview of the rationale for each of the five guiding principles. Ms. Lantigua asked for Committee feedback to identify if the guiding principles and their reasoning are still applicable within the context of the measurement framework and Committee discussions to date. Committee members agreed that the guiding principles are aligned with the measurement framework.

Regarding the reducing stigma guiding principle, a Committee member proposed measures should continuously reassess commonly excluded populations (e.g., refugees) to ensure no population is forgotten. A Committee member noted that existing cost implications and reporting burdens create significant challenges for providers related to the guiding principle of ensuring intentionality in measure development and implementation. A Committee member suggested that measure developers begin to include the assessed impact and expected burden for a new measure as an innovative tactic. Lastly, a Committee member mentioned that it is essential to have standardization of data and data elements, which will require collaboration between healthcare systems and entities.

The Committee engaged in a robust discussion on the harm reduction strategies incorporated in the guiding principles. Laura Bartolomei-Hill, Committee co-chair, commented that including language around harm reduction within the guiding principles is valuable because it applies to traditional health care services and harm reduction programs, which leaves room for expansion in the services provided. Similarly, Committee members recommended emphasizing that harm reduction goes beyond abstinence and that traditional healthcare systems need to collaborate with advanced harm reduction programs conducted by other community organizations to achieve optimal care. A Committee member mentioned that some of the outcome measures should be determined by focusing on specifically what the patient would see as valuable outcomes. Another Committee member further explained that these measures should be tested within the population who have substance use disorders (SUDs)/opioid use disorder (OUD).

Overarching Measurement Framework Barriers and Solutions

Ms. Gerland reviewed and facilitated a discussion on the critical stakeholders to engage in the implementation of the measurement framework and its guiding principles. The key critical stakeholders include providers, payers, measure developers, patients, and support systems. Ms. Gerland emphasized that the NQF team did not want to limit the support system to just family and expanded it to those who patients identify as their support system. A Committee member emphasized that human services organizations (i.e., harm reduction centers) and other community organizations that primarily work with individuals with SUDs/ OUD should be included as critical stakeholders. Committee members discussed including policymakers due to their influence over legislative activities and administrative orders, which impact and create variability in data collection and quality measure requirements. Lastly, the Committee discussed expanding on the complexity of payers to include government payers, health plans, and large employers (e.g., Walmart, Amazon, Costco).

Ms. Gerland then reviewed and facilitated a discussion on the overarching barriers and solutions of the measurement framework. Ms. Gerland provided an overview of the overarching barriers and highlighted the key categories of solutions for each. The top five overarching barriers identified were stigma, limited resources, payment challenges, data inconsistency and limitations, and a rapidly evolving measurement landscape. Ms. Gerland began by reviewing the overarching barrier of stigma and the three broad categories of solutions, which include patient-centered care, opportunities to broaden care, and education strategies. A Committee member noted that the proposed solutions were system-focused and recommended adding additional solutions for the organization to ensure anyone who may

encounter patients will have appropriate training. In addition, a Committee member suggested the creation of a patient advocate resource that patients can call regarding mistreatment in care due to stigma. One Committee member said including recovery coaches is a great resource for patient advocates. Another Committee member emphasized the critical role language plays in normalizing SUDs/OUD and preventing stigma, and highlighted the importance of differentiating between withdrawal and physical dependences. Several Committee members agreed with the inclusion of trauma-informed care to create a better understanding among providers and lower stigma when providing care to individuals with SUDs/OUD.

Ms. Gerland transitioned to the second barrier, limited resources, and discussed solutions including seeking external funding, partnerships and collaborations, and structural changes. One Committee member suggested that the funding sought by healthcare organizations should focus on coverage of strategies that address poor social determinants of health (SDOH) just as much as treatment. A Committee member suggested creating a stable and sustainable system for long-term care instead of short-term needs. Another Committee member suggested expanding the solutions to consider state and federal level policies that might hinder the integration of care. Under partnerships and collaborations, a Committee member recommended modifying the language around collaboration from suggestions to mandates to make it more impactful. Another Committee member suggested including alternative payment models that move beyond accountable care organizations (ACOs) to offer more services and treatment options and overall lower costs for patients.

Ms. Gerland then discussed the third barrier, payment challenges, and corresponding categories of solutions that include promoting parity in reimbursement and coverage, expanding resources, and ensuring continuity of care. A Committee member suggested not limiting parity to case management but expanding the services being reimbursed or covered given the complexity of patients with SUD/OUD. Another Committee member suggested that the 24/7 network should also be broadened and include services from case managers, coordinators, and access to a crisis team. When discussing continuity of care, a Committee member suggested creating a cross-accountability program or attribution model that incorporates accountability to all providers who care for a patient in alignment with an anchor provider.

Ms. Gerland transitioned to the fourth barrier, data inconsistency and limitations, and described categories of solutions that include integration of systems and standardization. A Committee member expressed support for this category and highlighted that the NQF team appropriately captured the different components of the integrations of systems. The member suggested strengthening the proposed solutions to include the establishment of standardized registries with data specifications for clinical and claims data that are adopted by payers, with the rationale that payment drives change, and creates accountability through regulatory measures and payment processes. The Committee agreed with these changes.

Lastly, Ms. Gerland gave an overview of the fifth barrier, a rapidly evolving measurement landscape. She provided a brief overview of the barrier and corresponding categories of solutions, including education and expansion of data collected. A Committee member recommended standardizing routine use of patient experience surveys at beginning of clinical interventions. Ms. Gerland solicited feedback from the Committee on whether to consolidate the last two barriers as they are related or if they are distinct enough to keep separate. Committee members noted that if merging the two barriers would require losing the details of the identified solutions and intricacies and complexities mentioned for each barrier, they would prefer not to combine.

Use Case Exemplars Overview and Discussion

Dr. Arthur Robin Williams, NQF Consultant, highlighted the key takeaways, subdomains, and top identified barriers from each use case exemplar. Ms. Bartolomei-Hill reviewed the solutions specific to the Equitable Access exemplar and solicited Committee feedback to ensure that these were appropriate solutions for the narrative. A Committee member noted that the proposed solutions were targeted toward systems rather than patient-level or provider-level solutions, such as leveraging peer supports to assist with the discharge protocol for the patient. In addition, a Committee member proposed adding a solution to address providers experiencing burnout, which may result in increased stigma within the healthcare settings. Other Committee members expressed agreement with this sentiment. Lastly, a Committee member suggested organizing the solutions by stakeholder category, including patient, provider, and system perspectives.

Ms. Bartolomei-Hill transitioned the conversation to discuss the Clinical Intervention case exemplar solutions and sought Committee feedback on whether the identified strategies address the challenges presented in the narrative. Committee feedback included the addition of a strategy around trauma-informed care and connecting patients to outpatient resources that are well-equipped to process and understand their trauma. Another Committee member suggested that providers in the Emergency Department should receive basic training to understand trauma, which will encourage compassion when working with patients with SUD/OUD and co-occurring behavioral health conditions and better inform a patient's treatment plan. The Committee noted that many providers assume that a patient's behaviors are due to their SUD/OUD diagnosis when it could be caused by previous trauma. The Committee felt this should be highlighted in the solutions for the Clinical Intervention exemplar.

Ms. Bartolomei-Hill transitioned to discuss the Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions case exemplar. Ms. Bartolomei-Hill solicited feedback on the solutions identified for each of the barriers. Ms. Bartolomei-Hill suggested incorporating more harm reduction strategies into the identified solutions. The Committee offered no additional feedback and agreed with the solutions identified.

Public Comment

Ms. Gerland opened the discussion to allow for public comments and member comments. There were no comments from the public.

Next Steps

The NQF team shared the link to the Final Report updates survey. Ms. Olawuyi asked Committee members to complete the survey as soon as possible. The NQF team will use the information from Web Meeting 6 and the survey to help complete the first draft of the Final Report. Ms. Olawuyi emphasized that the public commenting period will be held from July 5 to July 19. Ms. Olawuyi informed the Committee that Web Meeting 7 will be held on August 10, 2022, from 12-2 pm ET.

Adjourn

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