NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Opioids and Behavioral Health Committee Web Meeting 6

National Quality Forum (NQF) convened a web meeting for the Opioids and Behavioral Health Committee on June 2, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Meredith Gerland, NQF Senior Director, welcomed participants to the web meeting, and Committee Co-Chair Dr. Caroline Carney made brief opening remarks to welcome meeting participants. Ms. Gerland reviewed the housekeeping reminders, introduced the NQF project team members in attendance, and reviewed the meeting agenda.

Attendance

Carolee Lantigua, NQF Manager, 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.

Web Meeting 5 Recap and Project Updates

Ms. Gerland provided a brief recap of Web Meeting 5, held on May 6, 2021. During Web Meeting 5, the project team reviewed the results from the measurement gap prioritization survey and discussed the key themes from the top gaps, including care coordination, follow-up, linkages to evidence-based treatment, harm reduction strategies, recovery, person-centeredness, and vulnerable populations. Committee members also suggested modifications to the measurement framework during Web Meeting 5. Committee members suggested adding equity as a new subdomain, reframing patient engagement to focus on person-centeredness, and highlighting the importance of non-traditional settings. Further Committee feedback included the identification of additional focus areas for measure concepts, including access to harm reduction services and medications for opioid use disorder (MOUD) in jails and prisons, adding buprenorphine to the co-prescription of naloxone with an initial opioid prescription, and initiating MOUD in the Emergency Department (ED) and/or prior to hospital discharge, as opposed to waiting seven or 30 days.

During Web Meeting 5, NQF also reviewed the final report outline, highlighting the three core sections of the report: the measurement priorities in polysubstance use involving opioids, the measurement framework, and the discussion section. Ms. Gerland concluded by providing an update on project activities since the last web meeting, which included NQF posting the Web Meeting 5 summary to the project web page and revising the first draft of the final report.

Measurement Priority Gaps

Dr. Robin Williams, NQF Consultant, reviewed the measurement priority gap areas that were identified by Committee members in the previous web meeting and that will be included in the final report. The gap areas include the following measures and measure concepts:

- All-payer measures that address opioid use, misuse, and behavioral health conditions
- Measures and measure concepts that encourage care coordination and collaboration across settings, providers, and/or non-medical professionals
- Measures and measure concepts that support harm reduction strategies
- Measure and measure concepts that link individuals to evidence-based Substance Use Disorder (SUD)/Opioid Use Disorder (OUD) treatment
- Measures and measure concepts recognizing high-risk populations
- Measures and measure concepts focused on person-centeredness
- Monitoring for potential unintended consequences, quality, and outcomes

Committee Co-Chair Ms. Laura Bartolomei-Hill facilitated a discussion to ensure the identified gaps were accurately reflected. Committee members provided suggestions to include data continuity as a potential measurement gap. Committee members discussed how care providers are expected to transfer patient information when patients transition; however, these expectations do not currently apply to patients transferring between payers. Implementing guidelines around data continuity would prevent a delay in transferring patient data and assist clinicians with knowing when patients are at-risk for overdose or adverse events related to SUD/OUD and behavioral health conditions. The Committee also discussed the importance of ensuring that clinicians who obtain buprenorphine waivers are prescribing MOUD. Committee members discussed the possibility of requiring psychiatric residency programs to train clinicians on prescribing MOUD while under the supervision of an attending physician. Committee members also considered implementing sensitivity training programs that prioritize de-escalation and anti-stigma when caring for patients who are experiencing withdrawal. Committee members also emphasized that local, state, and federal restrictions and gaps in understanding present barriers to providing quality care for individuals with co-occuring SUDs and behavioral health conditions.

Measurement Framework and Draft Measure Concepts

Dr. Williams presented the visual representation of the Measurement Framework, which consists of three concentric circles. Access is the outer layer serving as the foundational and essential component to improving outcomes, and recognizing that access alone is insufficient to connecting patients to evidence-based, comprehensive care. Dr. Williams noted that based on Committee feedback during Web Meeting 5, the project team included equity as a subdomain under Access. Clinical Interventions is in the middle of the graphic, ensuring providers offer evidence-based care that improves health, addresses overdose, and reduces mortality resulting from polysubstance use in individuals with co-occurring behavioral conditions. Finally, the Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions domain is at the center of the visual, recognizing that high-quality care often exists in silos, and for an individual to receive optimal care and clinical interventions, individuals must receive integrated and comprehensive care for SUD/OUD and their concurrent behavioral health conditions. While explaining the reasoning for the figure, Dr. Williams proposed moving the harm reduction subdomain from Integrated and Comprehensive Care domain into the Access domain. However, no Committee member raised support for this change.

Dr. Carney facilitated the measurement framework discussion on the Access domain. Committee suggestions included explicitly stating that equitable access to care means that a patient does not face undue psychological burden while trying to access care and measure whether stigma is a limiting factor. For example, healthcare entities should ensure that SUD patients have the same access to care as cancer patients. The Committee recommended developing a measure concept that assesses the number of hospitalized SUD patients who leave against medical advice. Dr. Williams presented the Clinical Interventions domain, and committee members provided no further suggestions or additions to the

subdomains or measure concepts. For the Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions domain, the Committee expressed that the two measure concepts around co-prescription of naloxone with an opioid prescription were competing measures. Committee members suggested removing the measure concept focused on co-prescribing naloxone with every initial opioid prescription. Committee members also stated that this measure concept could become expensive over time since it may be difficult for payers to ascertain which opioid prescription is the initial prescription.

Final Report Discussion

Dr. Williams then provided a high-level overview and summary of the Discussion section of the report. When describing how to leverage the measurement framework, the report will highlight how measurement can support a comprehensive and coordinated approach and be used for accountability and quality improvement. The section will also discuss vulnerable populations, highlighting the need for measurement to be equitable and person-centered. To start the discussion on how to best ensure the measurement framework and measure concepts are equitable, Dr. Carney briefly reviewed the concept and intentions of risk adjustment and stratification with the Committee, opening the floor for discussion on whether the framework should incorporate these methods. Committee members suggested accounting for shifts in social risk factors such as employment, social stability, and housing stability. Committee members emphasized that risk factors should not prevent individuals from receiving necessary care.

To conclude, Dr. Williams and Ms. Laura Bartolomei-Hill reviewed opportunities to overcome barriers to measurement and care. Committee members discussed opportunities for bundling payments and/or using capitation rates as a mechanism to remove barriers to non-medical services. Committee members also shared how variations in treatment and prescription regulations across states have inhibited the ability for clinicians to provide care and use resources across state lines. The Committee noted how the relaxation of regulations during the COVID-19 pandemic has resulted in an increase in telehealth services and overall access to care, especially for individuals in rural areas. Committee members recognized that these regulations may be enforced again in the wake of the pandemic, which could result in reduced access to care. As a potential solution, Committee members discussed the need to balance quality of care when using telehealth across state lines and the considerations for a national approach for regulating services across border states. Additional barriers identified by the Committee included the different licensure requirements for facilities that wish to offer both SUD treatment and behavioral health services, and the challenges of transferring patients between different levels of care when health entities have rules that disallow specific patients from this population based on the treatment they receive.

Public Comment

Ms. Lantigua opened the discussion for public and member comments. No public comments were offered.

Next Steps

Jhamiel Prince, NQF Analyst, reviewed the project's upcoming dates and deliverables, which included the 21-Day Public Comment Period for the Draft Report, Web Meeting 7 which will be held on August 18 2:00—4:00 pm ET, and the Final Report.

Adjourn

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