



### Opioids and Behavioral Health Committee Option Year Web Meeting 7

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The National Quality Forum (NQF) convened a web meeting for the [Opioids and Behavioral Health Committee](#) on August 10, 2022.

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

Charles (Chuck) Amos, NQF Senior Director, welcomed participants to the web meeting. Mr. Amos reviewed the housekeeping reminders and provided an overview of the WebEx platform. Mr. Amos then gave a brief overview of the meeting agenda. He informed the Committee that this is the final Web Meeting of the Option Year (OY).

#### Attendance and Scope of Option Year

Mia Vanelli, NQF Associate, assessed the Committee members' and federal liaisons' attendance and recognized the Centers for Medicare & Medicaid Services (CMS) members in attendance. Next, Mr. Amos reviewed the ground rules for the meeting. Mr. Amos provided an overview of the project updates since [Web Meeting 6](#), held on May 9, 2022. Since Web Meeting 6, the project team has posted the Web Meeting 6 Summary on the project webpage and completed writing and revising the first draft of the OY Final Report. NQF posted the draft Final Report for public comment from July 7-21, 2022. Mr. Amos highlighted that NQF drafted responses to public comments and began revising the OY Final Report.

#### Committee Feedback on Final Report Updates

Mr. Amos noted that various Committee members and federal liaisons submitted comments during the Public Comment period on the Final Report. NQF consolidated the comments into five themes.

The first theme focused on using NQF-endorsed measures within the report recommendations and examples whenever applicable. There was a Committee discussion on the rationale behind using NQF-endorsed measures. One Committee member suggested that NQF incorporate language noting that the report prioritized NQF endorsed measures based on their review criteria, validity testing, and implementation uptake. The Committee agreed with this recommendation. Another Committee member raised a question about the timing of the dissemination of the report with ongoing work such as the CDC recommendations on controlled substances. NQF suggested including language in the report noting the importance of monitoring ongoing changes in policy as well as recommendations by other government entities as a critical piece in advancing the work.

The second theme focused on ensuring the consistent use of acronyms throughout the OY Final Report. NQF shared that the Final Report will have a professional copy editor review the report to ensure consistency in punctuation and acronym usage.

The third theme suggested opportunities to expand the list of COVID-19 pandemic-related factors that disrupted access to care and contributed to overdose deaths. To address this feedback, NQF included

trauma and economic dislocation to the existing list in the report. The Committee also suggested incorporating workforce shortages and access to streamlined care provided to the vulnerable populations due to new guidelines during the pandemic. The Committee recommended noting the limited availability of telehealth services due to internal and external events outside of the pandemic (e.g., severe weather conditions) in the Final Report.

The fourth theme focused on expanding on the importance of community resilience and its impact on quality of life (QoL), including community resilience quality measures. Dr. Caroline Carney, NQF Co-chair, raised that the inclusion of community resilience is out of scope for this Option Year. She highlighted that this Committee does not have the expertise to go into the community-level aspect of this framework in depth. Mr. Amos agreed with the sentiments of the Committee, noting that NQF will add language around creating community resilience quality measures as part of future work. A Committee member raised the possibility of making sure that other Committee projects within NQF are aligned with this project to help harmonize the work across all NQF projects.

The fifth theme focused on including additional measures that are currently under development such as person-centered planning and person-driven outcomes. NQF proposed adding general information on these measures as future measure concepts. The Committee shared that these measures are out of scope and should not be added to the Final Report but considered for future work.

## Final Report Public Comments

Mr. Amos transitioned to reviewing the public comments received from four different individuals and organizations during the 21-day Public Commenting period.

Mr. Amos reviewed the first comment that focused on including community-level goals as a part of the functional outcome measures, and the Committee agreed this is out-of-scope for the Final Report but warrants mention in next steps. In addition to segmentation of measures from siloed measures, NQF proposed adding high-level language into the report that mentions the importance of reducing measurement burden and identifying work that is being done to further this work (e.g., the Core Quality Measures Collaborative [CQMC], which is an initiative that provides a collaborative effort to facilitate cross-payer measure alignment through the development of core sets of measures to assess the quality of healthcare in the United States.)

Mr. Amos reviewed two comments that suggested expanding the vulnerable populations to include those with intellectual and developmental disabilities and co-occurring mental illnesses and chronic medical conditions. The Committee agreed with NQF's proposed approach to add language that explicitly acknowledges the addition of these vulnerable populations within the high-risk section.

Mr. Amos discussed a lengthy comment that listed 23 recommendations. The NQF team grouped its responses into 14 overarching themes, which Mr. Amos presented and discussed with the Committee:

1. The NQF team will include information on the Comprehensive Addiction and Recovery Act (CARA) in the background section. The Committee had no concerns with adding this information to the report.
2. Incorporating a discussion of the dangers of cannabis and its derivatives. The Committee discussed the inclusion language regarding the potential risk of using controlled substances with cannabis and its derivatives. The Committee agreed that due to a lack of strong evidence and the comment being out of scope with the goal of this work NQF should not include any discussion in the Final Report.

3. NQF will clarify language in the report to acknowledge social, spiritual, and religious approaches (including 12-step programs) as potential resources for patients can be referred to base on their preferences. The Committee had no concerns with this approach and response.
4. NQF will add concise language to differentiate equality and equity within the guiding principles. The Committee was in agreement with this approach.
5. NQF will keep stigma as a guiding principle as it aligns with the Committee's recommendations throughout the past two years. The Committee agreed with this approach.
6. NQF will add content on the intersection of suicidality and SDOH to the executive summary to reflect similar language in the body of the report. The Committee had no objection to this proposition.
7. NQF will create a visual layout for the report to encourage readability. No discussion was held on this recommendation.
8. NQF proposed editing the language in the opening paragraphs of the Final Report to emphasize the impact of the lockdowns and social isolation in the upsurge of opioid use disorders (OUD) and substance use disorders (SUD), as opposed to COVID-19 virus itself. A Committee member suggested rephrasing to note public health emergency orders lead to increases instead of the virus. The Committee agreed to adding clarifying language noting there are a lot of drivers that contributed to the upsurge of OUD/SUD however, there is very limited evidence on which of those drivers caused the upsurge.
9. NQF suggested adding language to capture stratification by age with younger adults being at greater risk of mental illness and substance use. Mr. Amos shared that NQF is working with CMS on a risk adjustment project that focuses on recommendations for social risk that will be published in December. He mentioned that the OBH team will work with that team to ensure the recommendation are harmonized in both reports. A Committee member noted that including some language would be valuable but to be mindful of the source of information due to different variations in data.
10. NQF proposed retaining the report's existing language on recreational use as it is consistent with the previous Committee's discussions and the literature. The Committee agreed with using this terminology.
11. NQF proposed adding contextual information to reflect the relationship between laws/enforcement and the ability of individuals with unstable housing and homelessness to access and receive behavioral healthcare. There were no objections from the Committee.
12. NQF will add language to the report that supports the statement that measures benefit individuals and outcomes. There were no concerns from the Committee.
13. NQF sought Committee feedback to develop a response on how to organize the guiding principles sections to make each principle distinct. The Committee members had no strong argument to rearrange the order and will leave the order as is in the report.
14. NQF is streamlining the language in the report for clarity and brevity.

Mr. Amos transitioned to discussion questions pertaining to the Public Comment. A Committee member suggested adding indigenous peoples as a vulnerable population.

## Recommended Next Steps

Mr. Amos transitioned to the next section. Dr. Carney inquired about the Committee's input on future opportunities that can continue the work done during this project. Dr. Carney suggested that future work should look to establish what community parameters/measures are needed relating to OUD/SUD and behavioral health conditions. A Committee member suggested a new phase of work which focuses on identifying the stakeholders (e.g., community organizations, federal programs, etc.) that should execute the recommendations in their respective fields. There was agreement from other Committee members with both suggestions. One Committee member recommended that the Committee members update policies or reports in their respective organizations to reflect the work that has been captured in the OY Final Report.

## Dissemination Strategies

Mr. Amos introduced the next section and informed the Committee that NQF is working on a publicity kit that will be sent out to the Committee which can be used to post on LinkedIn and other social media platforms. Ms. Laura Bartolomei-Hill, NQF Co-chair, asked for Committee input on strategies and approaches to disseminate the Final Report. Ms. Bartolomei-Hill shared that the Final Report should be disseminated to payers such as Medicaid and Medicare groups. In addition, the Committee discussed benefits of sending it to agencies who are involved in the management of programs tailored to SUD/OUD interventions and policy formulations. Committee members also suggested sharing the Final Report with large consulting groups, accreditation entities, medical group associations, behavioral health associations, opioid and substance use collaborative action groups, and academic institutions.

## Public Comment

Carolee Lantigua, NQF Manager, opened the discussion to allow for public comments and member comments. There were no comments from the public.

## Next Steps

Ms. Vanelli reviewed the project's upcoming dates and deliverables, which included refining the OY Final Report to incorporate comments and revisions per Committee discussions, submitting the OY Final Report to CMS for clearance on September 12, 2022, and publishing the OY Final Report on September 12, 2022.

## Adjourn

Mr. Amos welcomed closing remarks from both co-chairs who shared gratitude for the Committee's work to date and for the work produced during the past two years. As a collective, they highlighted the engagement of each party and were pleased with how involved everyone was during the Option Year. Ms. Amos concluded the meeting by thanking the Committee members, CMS partners, and NQF staff.