



### Opioids and Behavioral Health Committee Web Meeting 7

---

The National Quality Forum (NQF) convened a web meeting for the [Opioids and Behavioral Health Committee](#) on August 18, 2021.

#### 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, 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 6 Recap and Project Updates

Ms. Lantigua provided a brief recap of [Web Meeting 6](#), held on June 2, 2021. Since Web Meeting 6 the project team has posted the Web Meeting 6 summary to the project webpage, finished writing and revising the first draft of the Final Report, posted the Final Report for public comment from July 9 – 30, 2021, revised the Final Report and drafted responses to public comments, and confirmed Committee member acknowledgements in the Final Report.

#### Committee Feedback on Final Report Updates

Ms. Gerland informed the Committee members that since the last web meeting, NQF has incorporated feedback from Committee members, federal liaisons, and other federal agencies, such as Substance Abuse and Mental Health Services Administration (SAMHSA), into the Final Report. Feedback on the report was organized into categories: 1. overarching/background feedback 2. measurement framework feedback and 3. measurement recommendations. Overarching feedback received on the report included suggestions to highlight the impact of the pandemic on individuals with behavioral health conditions, reference the most current data, increase the focus of health equity by incorporating demographic risk factors to address equity issues related to access to services, and include Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) diagnosis criteria. Based on these suggestions, NQF updated the report to incorporate and strengthen the tie and importance of health equity, update statistics to reflect the latest data on co-occurrence of SUD/OD and behavioral health conditions, and incorporate additional information on demographic risk factors throughout the report. Additional changes to the background section of the Final Report include adding in the CMS definition of behavioral health, including the DSM-IV criteria for mental health conditions, and adding a paragraph to highlight the impact of the pandemic on this population. The Committee did not suggest any further revisions to this section of the report.

Ms. Gerland reviewed the feedback from Committee members and federal agencies on the measurement framework. Suggestions for the framework included increasing the focus on health equity, adding more detail about measuring unintended consequences, reducing the overlap between domains and subdomains, and providing additional context around the lack of outcome measures in the report. In addition, there were suggestions to clarify that access to best-practice programs should go beyond evidence-based practices, ensuring community-based services (e.g., employment services and peer support) are prominent within the measurement framework, and incorporating new measure concepts. Ms. Gerland reviewed the updates to the measurement framework based on Committee and federal agency suggestions which included:

- Adding language about the lack of outcome measures and measure related to unintended consequences.
- Updating the names of the domains and subdomains for clarity.
- Adding clarifying text to create a better distinction between domains, and subdomains.
- Moving measure concepts around to match new domain and subdomain parameters.
- Adding language to increase the focus on the role of coordination with community-based services in the Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions domain.

Ms. Gerland then reviewed changes to measurement framework domains and subdomains, which included changing the Access domain to Equitable Access and including vulnerable populations as a subdomain. Other changes included minor wording changes to the Clinical Interventions domain and updating the Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions domain to include both clinical and community-based services and changing person-centeredness to person-centered care. Committee members suggested no further changes to the domains and subdomains.

Ms. Gerland briefly reviewed the Committee and federal agencies' feedback on the measurement recommendations section of the Final Report. Based on this feedback, NQF updated the report to incorporate a recommendation for payers to consider exploring payment mechanisms. NQF also added more detail about the Medicaid Section 1115 demonstrations and the need to ensure states are making meaningful progress. Further revisions also included adding a recommendation for exploring the use of the death reporting system as a measurement tool/data source and highlighting the newly approved 988 three-digit crisis phone number.

After reviewing feedback on the measurement recommendations Ms. Gerland opened the discussion for Committee feedback. Ms. Bartolomei-Hill facilitated the discussion on harm reduction services. Ms. Hill suggested three possible measure concepts: measuring screening for injection related wounds and discussions about wound care, education on overdose training and response, and screening for traumatic brain injuries. Committee members then discussed the feasibility of these suggestions. Some Committee members identified that they are performing these activities at their sites already but are not reimbursed for them, while others shared that adding additional screening recommendations could unintentionally reduce the number of practitioners willing to prescribe medications for opioid use disorder (MOUD). Committee members identified that providing overdose training and education builds on current recommendations in the report about co-prescribing naloxone for high-risk populations.

Moving on to the next discussion question, Dr. Williams led the Committee discussion on incorporating the role of Emergency Medical Services (EMS) and paramedics into the Final Report. Committee member discussed the importance of improving data collection and measurement in emergency transports. Committee members discussed the possibility of measuring when EMS staff administer naloxone to a patient at the site of an overdose. Committee members discussed limitations of the

feasibility of this data, since it is often unclear why a person is nonresponsive in the field and naloxone may be used in situations other than drug overdose.

## Final Report Public Comments

Ms. Gerland informed the Committee that the Final Report was out for public commenting from July 9 – July 30, 2021. During this time NQF received public comments from three organizations. The comments captured the following themes:

- Incorporating additional language and detail into the domains and subdomains
- Including occupational therapy alongside of other non-medication pain management techniques throughout the report
- Ensuring content that is referenced accurately summarizes the original citation
- Including references that reflect evidence-based interventions for individuals with SUD

Ms. Gerland continued on to review each comment received and the proposed response. NQF received a comment from the American Occupational Therapy Association (AOTA). The commenter recommended including occupational therapy when sharing examples of non-medication pain management approaches in specific areas throughout the report. In response to the comment, NQF updated Table 1 and Appendix D to include occupational therapy as a potential non-medication intervention. Committee members agreed with the proposed response.

The second comment was from the National Institute on Drug Abuse (NIDA). The commenter identified a question related to the references included in the Final Report, identifying that the report language may have unintentionally depicted a correlation with poverty and a reference that included a paid advertisement. The commenter further stated the need to include evidence-based programs, especially for the quality measure concepts. In the comment, NIDA also highlighted how some of the measure concepts incorporate aspects that are newer to the field, such as recovery support services and integrated care. Ms. Gerland shared that NQF reviewed and updated the references cited throughout the entire report to ensure the language in the report accurately reflects the citations, and NQF removed the reference with the paid advertisement and replaced it with an article from the American Journal of Public Health. Ms. Gerland shared that additional language has also been included in the report to clarify that the measure concepts outlined in the report are potential approaches, reiterating that quality measures would need to be thoroughly specified, developed, and tested for feasibility and scientific acceptability before being fully implemented. A Committee member suggested strengthening the language in the report highlighting that the treatment of SUD is an evolving area, so certain recommendations and measure concepts may have less robust evidence. Committee members agreed with the proposed response.

Ms. Gerland then reviewed the third comment received was from the American Association on Health and Disability (AAHD). The commenter recommended including additional detail in the measurement framework descriptions. More specifically, the commenter recommended highlighting parity and adequate payment rates in the equitable access domain and adding more about the role of symptom tracking via electronic health records (EHRs) and integrated treatment plans. In response to the comment, NQF has since strengthened the existing language in the report around parity and added additional language about payment rates and the use of EMRs. NQF also proposed adding a new measure concept of percentage of providers who have a shared or integrated treatment plan between general health and behavioral health providers. A Committee member stated that while feasible, measuring integrated treatment plan between general health and behavioral health providers can be

challenging, especially when 42 Code of Federal Regulation (CFR) and state confidentiality laws are considered. The AAHD commenter also recommended highlighting the role of adequate training in integrated care and ensuring case managers have sufficient time to liaise with other health providers. The commenter recommended highlighting social determinants of health and including the definition of person-centered planning from NQF's person centered planning and practice report that was released in July 2021. In response to this portion of the comment, NQF added language about the need to train on the value of integrated care and allocating appropriate time for these activities. Lastly, NQF added the definition of person-centered care planning and practice as recommended by the commenter. The Committee agreed with the proposed response.

## **Public Comments**

Ms. Gerland opened the discussion for public and member comments. One comment was received from a representative from the Pain Advocacy Coalition. The individual urged NQF to work closely with the pain community and patients who do not meet diagnosis for SUD/OD to ensure that these individuals are not reduced access to needed pain medications and opioid therapy. The individual also shared that the recommendations coming from this report will impact individuals in the pain community and the providers who care for them. Dr. Williams and Ms. Gerland thanked the commenter for sharing their perspective and reiterated that the goal of the report is not to reduce access or promote stigma to any individuals.

## **Next Steps**

Jhamiel Prince, NQF Analyst, reviewed the project's upcoming dates and deliverables, which included refining the Final Report to incorporate comments and revisions per Committee discussion, submitting the Final Report to CMS on September 14, 2021, publishing the Final Report on September 28, 2021, and disseminating the Final Report to increase awareness. Ms. Gerland also informed the Committee that pending approval from CMS, the Option Year will begin in the fall.

## **Adjourn**

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