Opioids and Behavioral Health Committee Web Meeting 1

The National Quality Forum (NQF) convened a meeting for the Opioids and Behavioral Health Committee on October 15, 2020.

Welcome and Introductions

Samuel (Sam) Stolpe, NQF Senior Director of Quality Measurement, welcomed all meeting attendees and introduced the NQF Opioids and Behavioral Health project team. Sam then reviewed the meeting agenda and welcomed the Committee co-chairs, Laura Bartolomei-Hill and Caroline Carney, who provided the audience with introductions and welcoming remarks. Sam assessed attendance by calling on each Committee member to introduce themselves and disclose any conflicts of interest. Afterwards, Sam read the names of participating Federal Liaisons and their associated governmental agencies and thanked them for their involvement.

Overview of NQF

Sam Stolpe provided an overview of NQF, to include the organizational mission, vision, and values. Sam highlighted that NQF has endorsed over 450 quality measures across multiple clinical areas and convenes 14 standing expert committees on various topic areas. NQF also convenes the Measure Applications Partnership (MAP) which provides recommendations to the Centers for Medicare and Medicaid Services (CMS) on selecting measures for use in federal programs. In addition to this, NQF convenes stakeholders around various healthcare topics to help spur action on patient safety and other critical issues, and gain consensus on healthcare quality measurement science.

Overview of Project

Sam Stolpe provided an overview of the Opioids and Behavioral Health project, including the overall goal to develop a systematic way to measure opioids and polysubstance abuse, focusing on the connection to concomitant behavioral health conditions. To begin, Sam highlighted data showing that in 2017, there was a significant increase in synthetic opioid use deaths and the need for opioid quality measures. To assist with this project, NQF and the Committee will review the previous environmental scan and final report completed by the Opioid Technical Expert Panel (TEP) in 2019-2020. During this project, which was in response to the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018, the TEP recommended opioid and opioid use disorder quality measures for use in value-based payment and reporting models under Medicare.

Sam highlighted the need for previous Opioid TEP and current Opioids and Behavioral Health Committee, stating that improving opioid-related care and health outcomes is a shared responsibility across medical care and social services. Quality measurement is needed for reasons

including accountability, incentivizing good care, knowing where to direct resources, and establishing best practices. Furthermore, Sam emphasized the connections between opioids, polysubstance use, and behavioral health, including the bidirectional relationship between opioid use disorder (OUD) and behavioral health problems. Additionally, Sam highlighted previous research that indicates that individuals with behavioral health problems are more likely to develop OUD, individuals with OUD are more likely to develop behavioral health problems, and that a high percentage of opioid related deaths involve additional substances.

Sam continued by describing additional project details, including that the Committee will convene up to 16 web meetings over 24 months, with the initial 7 web meetings occurring during the first 12 months. At the end of the initial 12-month period, CMS will determine if they would like to exercise the option to extend the project to 24 months. During the project, the Committee will seek to address polysubstance abuse involving synthetic or semi-synthetic opioids among individuals with co-occurring behavioral health conditions. The project is intended to highlight recommendations and will utilize feedback received from the Committee to be incorporated into the project's final report. Initial project steps include conducting an environmental scan to identify currently available measures and measure gaps, followed by development a specific measurement framework.

Sam reviewed the roles and responsibilities of Committee members, who are tasked with serving as experts in partnership with NQF staff to achieve project goals. Committee members are also expected to review meeting materials and be active participants. The co-chairs will be expected to facilitate Committee meetings in addition to providing their own contributions as Committee members. The co-chairs will also assist in keeping the Committee work and discussions on track to help achieve project goals and assist NQF staff in anticipating Committee questions and identifying any additional useful information. NQF project staff are fundamentally responsible for the project and their duties will include meeting facilitation, collaborating with stakeholders, responding to queries about the project, drafting and editing reports, publishing the Environmental Scan and final report, engaging with the public at large and the Committee members who will serve as experts. NQF Members and the public at large will be able to engage in the work by reviewing draft reports and providing comment, as well as by participating in web meetings during opportunities for public comment.

Introduction to Environmental Scan

Sam described the approach that will be used by NQF staff to complete the environmental scan for opioid measures, which will focus on current available all-player measures or measure concepts, including measures that address overdose and mortality resulting from polysubstance use involving synthetic or semi-synthetic opioids among individuals with co-occurring behavioral health conditions; measures that consider pertinent social determinants of health to opioids; and measures or measure concepts related to non-medical levers or medical-non-medical partnerships. Sam noted that outcome measures are not the only useful measures when considering gaps and best practices, but it is important to consider measures and measure concepts that tie medical and non-medical partnerships. NQF staff will utilize the following databases and resources:

- Centers for Medicare and Medicaid Services Measure Inventory Tool (CMIT)
- National Quality Forum Quality Positioning System (QPS)
- National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS)
- Qualified Clinical Data Registries (QCDR)

- State Laws
- Medicaid Waiver Programs
- The Center for Medicare and Medicaid Innovation (CMMI) Models
- Literature Review

Committee Discussion

The Committee co-chairs solicited Committee member reactions and feedback to the information reviewed by Sam.

- Sander Koyfman inquired about any existing measure sets that might be helpful to raise awareness and better align incentives to which Margaret Jarvis responded that she is not aware of any current measure sets but that there has been some interest from specialty societies to look specifically at soft tissue infections that occur with intravenous drug use and to develop guidelines to have behavioral health experts work with surgeons and hospitalists in treatment of these infections. Caroline Carney recommended that common medical comorbidities and conditions that occur with intravenous drug use and other drug use be considered during the project.
- Tyler Sadwith commented on the expanding number of states that were approved in 2017 for Medicaid waivers and suggested the NQF staff review during the environmental scan. Tyler also asked if Committee members should share their knowledge of any third agency, (i.e. nonfederal or state agencies) reporting metrics that may not be in state law but aren't being reported, to which Sam affirmed.
- Sarah Wattenberg recommended considering the domain of Employee Assistance Programs to address workplace issues. Sarah also commented that the criminal justice and Department of Justice data collection is very limited and only addresses federal settings. Incarcerated settings and reentry need measures but also require incentives and face basic data collection issues. Richard Logan agreed with Sarah, commenting that many patients treat behavioral health conditions by self-medicating which results in their entry to the criminal justice system where officers are not equipped to handle mental health issues, therefore many patients begin their healthcare from inside a jail. Sander Koyfman recommended focusing more specifically on this issue around incarcerated patients with a dedicated expert panel.
- Jameela Yusuff commented that many pharmacies are not stocking adequate supplies of medications that help prevent relapses into drug and alcohol abuse and is interested in ways to look at pharmacies and how they are keeping these medications in stock.
- Laura Bartolomei-Hill commented about harm reduction services, specially inquiring about a way to survey harm reduction programs to evaluate if there are populations being left out of the programs and who have been most able to use these programs. Laura also commented on wanting to know more on harm reduction and syringe services for polysubstance use, and highlighted the importance of screening for brain injury as related to previous overdoses and the impact that has on patients' ability to use more traditional drug treatment services.
- Claire Wang asked Sam if the project scope includes the more local levels such as county, state, and community, to which Sam replied that it may be possible to address this as subdomain within the project.
- Mary Ditri asked in the web platform chat if there are metrics that may be contained in the Homeland Security Information Network (HSIN) Drug Monitoring System that would be beneficial, to which Sam indicated that NQF staff would follow up with her.
- Eric Schmidt asked via the web platform chat if consulting with some groups who work with data sources outside of healthcare would be worthwhile, even if not focused on opioids (e.g.

US County Health Rankings at University of Wisconsin). Perry Meadows mentioned a collaboration with the University of Pittsburgh School of Pharmacy collaborating with opioid coalitions to address Substance Use Disorder across Pennsylvania, which he suggested would be a great resource for this project. Sam asked that Eric and all Committee members share any connections they may have and NQF staff will reach out.

- Sarah Shoemaker-Hunt asked if the Committee should only be discussing fully validated measures, to which Sam replied that while those would be of the utmost interest, the Committee is also interested in measure concepts and gaps.

- Susan Merrill commented on addressing patients who are uninsured and transition gaps such as those faced by new mothers who are only briefly eligible for Medicaid before becoming uninsured again. Susan offered to share information on related programs that the New Mexico Department of Health has developed.

- Eri Solomon emphasized the importance of the younger populations that should be considered within the scope of this project. Caroline Carney suggested that the Committee also consider diversity and inclusion in quality metrics, as many metrics have not been tested in youth.

- Tyler Sadwith emphasized priorities around social determinants of health as payors move from payments based on volume to those based on value. Tyler specially called out the role of housing insecurity.

- Carol Forster asked via the web platform chat if measures involving the adolescent population will be looked at separately or as a subgroup, to which Sam replied that they can be separated in the framework if it makes sense. Carol also commented that it would be interesting to measure/learn about how medical, nursing, and other affiliated provider training programs are addressing understanding of quality and measure-based care and value based care, as often providers are not aware.

- Caroline Carney solicited comments from the Committee on patient satisfaction measures, to which Margaret Jarvis commented that the patient satisfaction measures currently available are inadequate and she would be open to discussing the topic further. Eri Solomon added that incorporating the patient perspective is particularly important to the conversation and should be emphasized.

- Sam called out that Perry Meadows asked via the web platform chat if there is a mechanism to account for local and regional efforts which may not be found in a database, more specifically activities with community-based organizations and law enforcement. A small concern was noted regarding potential bias in the environmental scan away from psychosocial treatment and other behavioral intervention concepts, which may be evaluated from literature reviews rather than measure databases. Perry suggested the possibility that professional practice organizations or common conceptual sources to build quality measures from, such as a review of practice guidelines, would be worthwhile.

Sam thanked the Committee for their discussion and asked that all members please share any additional resource recommendations with NQF staff by emailing the project mailbox at opioidbehavioralhealth@qualityforum.org so that it may be incorporated into the project.

Opportunity for Public Comment Sam Stolpe provided opportunity for public comment; however, no comments were offered.

Next Steps

Chris Dawson, NQF Manager, reviewed next steps for the Committee, including the date of the next web meeting on November 12, 2020, the timeline of future meeting dates that are still to be scheduled, the forthcoming Committee SharePoint website, and NQF project team contact information.

Adjourn

Sam Stolpe and the Committee co-chairs thanked the meeting participants, and the meeting was adjourned.