



Opioids and Behavioral Health Committee Option Year Web Meeting 1

National Quality Forum (NQF) convened a web meeting for the [Opioids and Behavioral Health Committee](#) on November 3, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Meredith Gerland, NQF Senior Director, welcomed participants to the web meeting and introduced NQF President and CEO Dana Gelb Safran, who provided brief opening remarks to welcome meeting participants to the first meeting of the Option Year. Ms. Gerland reviewed the housekeeping reminders, introduced the NQF project team members in attendance, and reviewed the meeting agenda.

Attendance and Disclosures of Interest

Jhamiel Prince, NQF Analyst, assessed the attendance of the Committee members and invited them to disclose any conflicts of interest. Ms. Prince also conducted attendance of the Federal Liaisons and recognized the members of the Centers for Medicare & Medicaid Services (CMS) in attendance. Ms. Gerland shared that all Committee members will need to complete a new disclosure of interest form in the online system following today's meeting.

Overview of Opioids and Behavioral Health Committee

Roles and Responsibilities

Carolee Lantigua, NQF Manager, gave a brief overview of the roles and responsibilities of the Committee members, co-chairs, NQF project staff, NQF Members, and the public. Committee members will serve as subject matter experts working with NQF staff to achieve the project's goals, review meeting materials in advance, participate in all web meetings, and work towards meaningful consensus with their fellow Committee members. The Committee will also steer the development of major project components and provide guidance on the revisions to the measure inventory and updates to the Final Report, including guiding principles and a detailed use case for successful and equitable implementation of the three domains in the measurement framework. The co-chairs have the additional roles of assisting in facilitating Committee discussions and driving Committee members to a consensus-based outcome. NQF will also promote collaboration across different relevant NQF projects. The NQF project team will document project activities, such as meeting summaries, that capture the key points and takeaways from each meeting. The project team will also shepherd the development and publication of the Final Report updates. NQF members and the public can engage in the work by participating and providing feedback during public commenting opportunities in web meetings or for the Draft Final Report.

Ms. Lantigua also highlighted the work that the Committee has completed to date. During the Base Year, NQF convened a Committee of 36 experts for seven web meetings. With the help of the Committee, the project team conducted an Environmental Scan to identify existing measures and measure concepts and produced the Final Report, "Addressing Opioid-Related Outcomes Among Individuals With Co-occurring Behavioral Health Conditions." The Final Report provides a framework to address overdose and

mortality resulting from polysubstance use among individuals with a co-occurring behavioral health condition. The report also highlights opportunities for coordination and partnerships across care settings and supports stakeholders in quickly adapting and improving their readiness in a rapidly changing landscape.

Overview and Scope of Option Year

Ms. Gerland reviewed the scope of the Option Year, which aims to build on the foundational work established in the Base Year by further refining the Final Report to help users implement the measurement framework. The first update to the Final Report will include revisions to the measure inventory to reflect any new and relevant quality measures developed since the environmental scan. The second update is focused on developing a series of guiding principles for successful and equitable implementation of the three domains in the measurement framework. The guiding principles will represent overarching themes that align with the current priorities, domains, and subdomains of the existing Final Report. Lastly, the updated version of the report will include a detailed use case for how various stakeholders can apply and adapt the measurement framework.

The use case will highlight the critical stakeholders addressing measurement through the framework and across the various domains and subdomains. The use case will also identify challenges related to implementing the framework and shed light on why measurement progress has been slower in this field than in other fields in healthcare. NQF will look to the Committee to share potential solutions and strategies for overcoming the identified measurement challenges. Lastly, the use case will include three case exemplars, one for each domain, demonstrating successful and equitable implementation of the framework. The Committee will help develop the case exemplars to ensure that the inclusion of different co-occurring behavioral health conditions and the perspectives of a variety of stakeholder groups are balanced.

Measure Inventory Update Approach and Discussion

Dr. Robin Williams, NQF Consultant, provided a high-level overview of the types of measures the Committee and NQF previously identified for the Final Report. A total of 117 measures were identified, with the majority being process measures. Dr. Williams then reviewed the approach for the measure inventory update. The project team will update the report to include any new all-payer measures that address opioid use, as well as measures and measure concepts that encourage care coordination and measures and measure concepts that support harm reduction strategies. The remaining updates will include measure and measure concepts that link individuals to evidence-based substance use disorder (SUD) and opioid use disorder (OUD) treatment, measures and measure concepts that recognize high-risk populations, and measures and measure concepts focused on person-centeredness. Lastly, the report will be updated to include any new measures that address monitoring for potential unintended consequences, quality, and outcomes.

NQF will be conducting a measure scan of all known measure inventories for both NQF endorsed and non-NQF endorsed measures. Measure inventories include:

- Selected behavioral health organization or association registries
- CMS Measures Inventory Tool (CMIT)
- Qualified Clinical Data Registries (QCDR)
- National Quality Forum (NQF)
- Quality Positioning System (QPS)
- Measurement Information Management System (MIMS)

Committee Co-Chair Ms. Bartolomei-Hill facilitated the discussion on additional measures that NQF should incorporate in the measure inventory update, specific registries that Committee members recommend searching, and other approaches the project team should consider for the inventory update. Ms. Bartolomei-Hill suggested looking at measurement related to non-insight based approaches to care since patients experiencing psychosis and brain injury are unable to access the more typical insight based approaches to care (e.g., motivational interviewing). Ms. Bartolomei-Hill suggested incorporating measures produced by The National Association of State Head Injury Administrators (NASHIA) who examines brain injury approaches across the state. Ms. Bartolomei-Hill also commented that examining the role of suicidality and SUD may be helpful. A Committee member recommended exploring the use of the Columbia Suicide Scale. A Committee member shared that the American Society of Addiction Medicine is working with the American Psychiatric Association to create a guideline for the treatment of stimulant use disorder, which could be helpful to the Final Report once it is released.

One Committee member highlighted the impact of culture and how individuals' interactions with systems of care can vary based on culture. Committee members discussed that measuring the impact of culture, and if an organization adjusts care based on this impact, could be helpful. The Committee member further stated that it would be beneficial to examine the quality of care patients receive when the care is provided by staff experiencing burnout to measure impacts on care. Another Committee member raised suicidality among veterans, the general population, and women with bipolar disorder as areas that should be further explored for measurement. Another Committee member suggested performing a targeted literature review of domains of quality measures that are underrepresented in existing measure registries, such as equity.

In addition, a Committee member recommended further exploration measurement of contingency management interventions for stimulant use disorder. A Committee member explained that although contingency management interventions are extremely effective, they are not easy to implement and are not widely implemented. Committee members shared that two states (i.e., Montana and California) have proposed measures to CMS on contingency management. Another Committee member mentioned evaluating the proliferation, adoption rates, and ongoing engagement of online treatment and recovery applications.

In addition, a Committee member shared that studies in New Mexico are measuring preventable outcomes, such as maternal mortality and morbidity among women with SUD. The Committee member explained there is a high mortality rate for pregnant women with SUD, which has been further worsened by the current COVID-19 pandemic. The Committee discussed the implementation of outcome measures and use of harm reduction services, as opposed to measuring an abstinence-only approach, for pregnant women who use drugs. The role stigma plays in preventing individuals, including pregnant women, from accessing healthcare services was also addressed.

Guiding Principles Overview and Discussion

Ms. Gerland reviewed the guiding principles, explaining that they are overarching themes that guide the implementation of the measurement framework's domains, subdomains, measures, and measure concepts. The guiding principles are not the measurement framework itself but rather the aspirational lenses through which stakeholders should view the creation of future measure concepts and the implementation of the framework to ensure the end goal of the framework and its components are achieved. Ms. Gerland also explained that a guiding principle could have a close relationship with a specific domain and subdomain, or be integrated across the entire framework.

Committee Co-Chair Dr. Carney facilitated the discussion on ideas for principles to guide the implementation and use of the measurement framework. Dr. Carney shared one guiding principle that resonated with her: understanding the settings of care and how locations of care have changed due to the pandemic. Dr. Carney highlighted that a guiding principle could focus on thinking expansively about who gets measured, which providers are included, and how outcomes are considered for various providers.

A Committee member raised the challenges of providing virtual care, since virtual care can increase access while simultaneously decrease the services and assessments that clinicians can provide. The Committee member further stated that it would be helpful to consider how measures may need to vary to assess quality of care across platforms and settings. Dr. Carney agreed with the Committee member and stated that this would be helpful when trying to understand if the quality of care is dependent on the care setting.

The Committee also discussed including a guiding principle to highlight the importance of flexible, voluntary, and patient centered services for individuals with SUD/OD. Committee Co-Chair Ms. Bartolomei-Hill emphasized the importance of this as many substance use services are often mandated by courts or issued as part of a requirement (e.g., for housing programs, probation). Ms. Bartolomei-Hill also stated that the culture of criminalization has crept into the care of behavioral health. Patients should be able to choose how they want to participate in substance use services.

Committee members discussed guiding principles related to social determinants of health (SDOH), equity, and stigma. A Committee member stated a patient's preferable outcome, their background, race, gender, and SDOH are all determining factors in what resources are available to them. During this discussion, a Committee member commented that not all patients with OUD belong to underserved communities with limited resources and it is important to consider the drivers that lead individuals to becoming dependent on drugs.

Committee members discussed that when substance use is measured by a singular desired outcome, the results are not always helpful to those who cannot access resources. Dr. Carney suggested that the Committee should consider a guiding principle that is focused on identifying the intended outcome (e.g., abstinence, risk reduction, or allowing individuals to return to previous social roles). To support moving to a measurement-based care approach, Committee members discussed the importance of considering alternative ways of measuring outcomes aside from just abstinence. Measuring functionality, decreased Addiction Severity Index (ASI) scores, and implementing risk reduction are all alternative ways of measuring positive outcomes.

Public Comment

Ms. Gerland opened the discussion for public and member comments. One comment was received from a representative from The Pew Charitable Trust. The individual echoed the Committee's guidance on moving away from abstinence as the assumed outcome and encouraged adoption of this concept as a guiding principle. The individual shared that while vulnerable populations are an important part of this work, it does not seem like they are currently represented on the current Committee. The representative stated that individuals with a criminal justice history, as well as people with mental illness and SUD should be reflected. Ms. Gerland thanked them for their comment and informed them that patient advocates and partners are represented on the Committee. Ms. Gerland also stated that it is important to NQF for individuals with lived experience, or family members with lived experience, to participate in all Committee work.

Next Steps

Ms. Prince informed the Committee members that Web Meeting 2 will be held on Friday December 17, 2021, from 2:00pm-4:00 pm EST. Ms. Prince asked Committee members to inform the project team, via the project mailbox, if they are unable to attend the web meeting. Ms. Prince confirmed that all upcoming web meetings have been scheduled and Committee members should inform the project team if they did not receive the outlook invitations for each meeting.

Adjourn

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