NATIONAL QUALITY FORUM
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Meeting Summary

Opioids and Behavioral Health Committee Web Meeting #2

The National Quality Forum (NQF) convened a web meeting on November 12, 2020 for the Opioids and Behavioral Health Committee. In attendance were NQF project staff, the Committee co-chairs, the Committee at large, federal liaisons to the Committee, and project sponsors from the Centers for Medicare and Medicaid Services (CMS).

Welcome

Dr. Samuel (Sam) Stolpe, NQF Senior Director, welcomed all attendees to the second Opioid and Behavioral Health Committee web meeting, assessed Committee member attendance, and reviewed the meeting agenda. Committee co-chairs Dr. Caroline Carney and Laura Bartolomei-Hill also provided their welcome.

Environmental Scan Update

Dr. Stolpe began by providing an overview of the environmental scan methodology and discussed the environmental scan databases that were utilized for the search, including examples such as the CMS Measures Inventory Tool (CMIT), Qualified Clinical Data Registries (QCDR), National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS), and LexisNexis. Dr. Stolpe then reviewed the three environmental scan research questions that guided the NQF project team in their search, as may be seen on slide 10 of the presentation. Under the repository search parameters, Dr. Stolpe explained that the project team found very little in the way of the concomitant behavioral health conditions related to opioid use disorder. Dr. Stolpe also explained that while the search term “addict*,” was utilized, NQF recognizes that this term can be stigmatizing – however it was utilized due to the fact that many titles of peer-reviewed articles include this term.

Dr. Stolpe then displayed NQF’s Opioids, Polysubstance Use and Mental Health Conceptual Model – a Venn diagram that consists of “Opioid Use and Abuse,” “Other Substance Use and Abuse,” and “Mental Health Conditions.” He then explained that the repository parameters were updated to provide a broader search for this issue, and further stated that the purpose of this search was to look for apparent gaps in quality measurements. Committee member Dr. Steven Steinberg stated that polysubstance use should be differentiated between two categories, non-prescribed, or “street drugs” such as PCP, and polysubstance that are prescribed. One unidentified committee member also stated that Substance Use Disorder (SUD) isn’t just Opioid Use Disorder (OUD), and that NQF staff should implement a category that’s specifically for treatment for pain.

Dr. Stolpe explained that the project team first utilized a broader approach in the repository search, which resulted in 120 measures, which was then pared down to 89 relevant measures. Dr. Stolpe then asked the committee a series of questions, as may be seen on slide 16 of the presentation, to facilitate better repository searches in the future. The Committee co-chairs then reiterated the questions for members to respond to. Committee member Dr. Sander Koyfman stated that he believed it would be helpful to focus on providers since, according to his knowledge, approximately 70% of OUD now starts from prescription drugs. Dr. Koyfman then explained that measuring provider "burnout" in their prescribing practices can be helpful, adding that opioid prescribers must be able to handle any fallout from these prescriptions. Finally, Dr. Koyfman suggested that state-level performance data should be reviewed to measure prescribing practices, such as providing a "score" to states.

Committee member Dr. Margaret Jarvis suggested that data from coroner offices, such as toxicology reports from overdoses, could be used to identify those that were taking both psychiatric medications and opioids. Dr. Jarvis also suggested that poor prescribing practices should be analyzed. An unidentified committee member replied that urine drug screens should not be relied upon, since most emergency department rapid tests don't detect synthetic opiates, which makes it difficult to determine if an individual is on a combination of opioids and other drugs. Committee member Dr. Eric Schmidt suggested that NQF ask the United States Department of Veterans Affairs (VA) to share their internal measures regarding these concepts. Committee member Sarah Wattenberg stated that the concept of referrals as an engagement tool is critical to identify appropriate programs for measures. Dr. Koyfman explained that payor plans need meaningful assistance with reports.

Committee member Jaclyn Brown asked if there is data for diagnosis codes with opioids that may be appropriate for the research. Committee member Dr. Perry Meadows stated that law enforcement is integrated into the measurement process in some cases, and provided an example such as the Law Enforcement Treatment Initiative (LETI), where individuals can go to their local law enforcement department to receive treatment for OUD/SUD. Committee member Dr. Claire Wang commented that certain keywords can help provide more search results. Dr. Wang also shared that the state of Delaware has a program where collaboration between the state police and the state's Department of Justice on measurement programs within the criminal justice system. Dr. Stolpe explained that state laws and regulations portion of the research, the search methodology, and the database that was used, as well as the findings from the search. He then asked the committee three questions regarding this section, as may be seen on slide 20 of the presentation. The Committee Co-chairs then reviewed each of the questions with the members.

Responding to these questions, Dr. Steinberg mentioned that California has a law that requires offerings of naloxone for patients who are on a high dosage of opioids. Dr. Koyfman also explained that there is a similar law in the state of New York for individuals to pick up naloxone, with a state-wide standing order available at pharmacies. Dr. Koyfman further explained that the example regulatory language that was discovered in this search by NQF staff appears to be standard practice. Though Dr. Koyfman stated his preference for the latter portion of the regulation language that requires buprenorphine products to be compliant with certain federal guidelines. Committee member Mary Ditri explained that in New Jersey, there is a hospitalawarded program called the Opioid Reduction Opportunity Initiative. Committee Co-chair Dr.Caroline Carney stated that outside of state laws, there are also local practices that govern the use of opioids (such as the state of Indiana) and the Emergency Management Services system there that states that anyone with a pain score of "severe, 4 or greater" should receive intravenous opioids. Dr. Carney further explained that data on the number of ambulance runs where patients were administered intravenous opioids that would end in the emergency department was tracked. Finally, Dr. Carney suggested that it would be interesting to look at local-level policies.

Dr. Meadows explained that it could be helpful to look at state-level Medicaid agencies, and provided an example in the state of Pennsylvania where the state's Medicaid program has prior authorization criteria for opiates and buprenorphine products. Finally, it was suggested that NQF should expand its search criteria to look outside of opioids and buprenorphine. Dr. Steinberg provided another state law example in California, called the Controlled Substance Utilization Review and Evaluation System (CURES), which requires providers to check every four months for controlled substances. Committee Co-chair Laura Bartolomei-Hill mentioned that it could be worthwhile to consider state harm-reduction laws (such as good-Samaritan laws) in the search. Committee member Dr. Sarah Shoemaker-Hunt added that there are resources that track some of these opioid related laws over time. Committee member Tyler Sadwith explained that the intersection of the Opioids, Polysubstance Use and Mental Health Conceptual Model might be relevant to a proposed notice by the Drug Enforcement Agency (DEA) regarding methadone delivery modalities.

Dr. Stolpe then explained the project team's literature search parameters, which are similar to the search terms used in previous searches conducted by NQF, specifically the 2019 Opioids and Opioid Use Disorder Final Environmental Scan. Dr. Stolpe then explained the databases that were used, which returned 12 relevant peer-reviewed research articles, and asked the committee two questions regarding this section of the search, as may be seen on slide 23 of the presentation.

Dr. Stolpe asked the Committee to share research articles that could be helpful towards the measurement framework project. Dr. Steinberg explained that his own research study is relevant to this search and he was willing to share with the Committee. Committee Co-chair Dr. Carney offered to share an article from the Green Journal that details psychiatry and burnout in behavioral health professionals. Dr. Schmidt asked NQF how broad their search terms would be, and then offered to share his own research on the predictive validity of substance use measures. Dr. Stolpe replied that NQF is seeking to identify gaps in measure concepts relating to the three concepts outlined in the Opioids, Polysubstance Use and Mental Health Conceptual Model and would welcome any article that would inform the Committee review of these topics. Committee member Dr. Jameela Yusuff offered to share research material with NQF staff regarding this search. Dr. Wang explained that one approach is to look at unmet needs of this population (such as food insecurity), which could be helpful for developing measures in this space.

Committee Discussion

Dr. Stolpe provided an overview of the previous NQF Opioids and Opioid Use Disorder Technical Expert Panel findings, specifically the top 15 measurement gaps/priorities identified. The Committee co-chairs then asked the Committee members a series of questions from the slide deck (slides 25-28) to facilitate thoughtful discussion regarding measure concepts. Committee member Barbara Hallisey explained that one key best practice is for an integrated dual-disorder treatment so that individuals can receive care from a team that has experience with psychiatric and substance use issues. Dr. Koyfman explained that one challenge for health plans is that member tenure with any particular plan is short, such as an average of 18 months, which makes it difficult for health plans to determine what these individuals are experiencing. Dr. Koyfman also suggested that information that moves with the patient between locations could be incorporated in the best practices. Dr. Jarvis stated that a more readily available measure could better demonstrate that there is communication between providers in the behavioral health space. Mr. Sadwith explained that integrated care at the provider setting could be better served with a best practice that identifies which providers are dual-diagnosed enhanced. An unidentified Committee member explained that there is currently no level-of-care certification based on dual-diagnosed enhanced services, and that it could be several years before that is defined. Dr. Carney asked the Committee what they knew about the transition of information across health plans, and if it is currently being implemented, to which there was no feedback provided.

Ms. Bartolomei-Hill asked the Committee if they are aware of any known best practices for connecting health plans and the criminal justice system, as well as social work. Dr. Jarvis inquired if individuals involved in the criminal justice system who participate in a drug court, if that information shows up in Medicaid claims, such as for court ordered drug screenings. Dr. Logan explained that that individuals who are incarcerated due to drug issues have their expenses paid for by the state corrections department; at least in the state that he resides in, Missouri. Mr. Sadwith stated that an example of a best practice is from Arizona regarding their policies regarding their Medicaid Managed Care Organizations (MCOs) that requires connection to care in the behavioral health space. Dr. Koyfman explained that New York state has a mandate for a drug court treatment to be fully covered by health plans, adding that there are significant barriers to information on Medicaid recipients who enter and exit the criminal justice system. Ms. Bartolomei-Hill added that Baltimore has a pilot program where mobile vans immediately engage individuals who are exiting detention centers with health services.

Committee member Susan Merrill explained that the state of New Mexico has behavioral health specialists who are also social workers that conduct care coordination. Ms. Merrill further added that the state also has Federally Qualified Health Centers (FQHC) that provide care coordination for patients. Dr. Shoemaker-Hunt stated that the state of Oregon has integrated behavioral health and social work that address substance use. An unidentified Committee member stated that insurance billing is inadequate to capture the type of work that some social workers are doing with their patients, further stating that a lot of her social work is grant funded and that she is interested in these best practices.

Ms. Merrill stated that one of the challenges in her state of New Mexico is that insurance and reimbursement for social work is difficult to obtain. Ms. Merrill added that it is also a challenge to recruit individuals in this field. Ms. Bartolomei-Hill asked if there a role for social workers for identifying health inequities and health disparities, citing a 2017 statistic from the state of Maryland where overdose fatalities decreased among non-Hispanic Whites by 10% but increased by 35% among black individuals. Dr. Koyfman suggested insurers and providers have an opportunity to partner in the reimbursement space since there are difficulties on a state-by-state basis.

Opportunity for Public Comment

No public comments were received.

Next Steps

Chris Dawson, NQF Manager, reminded the Committee of the five remaining web meetings, informing them that calendar invitations would be sent in the upcoming weeks. Mr. Dawson also provided an overview of the timeline for the environmental scan report development, which includes a 21-day public commenting period, January 6-27, 2021, prior to the next Opioids and Behavioral Health Committee web meeting on February 17, 2021.

Adjourn

Dr. Stolpe thanked the co-chairs, Committee, CMS colleagues, and NQF project team as the meeting adjourned.