Shatterproof Rating System for Addiction Treatment Programs

Measure Set

Note: slides are adapted from materials provided by Shatterproof, Inc.

Shatterproof Proposed Measure Concepts

Proposed Measure Concepts

Principle	#	Proposed Measure Concept	Type	Source
Rapid access to appropriate Substance Use Disorder care	2a	Wait time for treatment: *The mean number of days between first contact or assessment and treatment.*	Process	Claims/EMR/ Secret Shopper/ Provider Survey
	2b	Access to treatment: *When you needed treatment right away, how often did you see someone from this treatment program as soon as you wanted?*	Patient Experience	CAHPS ECHO
	2c	Access to treatment: *Does your program offer same day access?*	Process	Provider Survey
Personalized diagnosis, assessment, and treatment planning	3a	*Does your program use a valid/reliable assessment instrument, if so, which one (e.g., ASAM, ASI, other)?*	Process	Provider Survey
	3b	*During your treatment, were you given information about different kinds of counseling or treatment that are available?*	Patient Experience	CAHPS ECHO
Engagement in continuing long-term outpatient care with monitoring and adjustments to treatment	4a	Continuous engagement: *Continuity of care after residential treatment for substance use disorder.*	Process	Claims
	4b	Continuous adjustments to treatment (measurement-based care): *Use of standardized tool or instrument to monitor individual's progress in achieving his or her care, treatment, or service goals. Results are used to inform goals and objectives of the plan for care as needed.*	Process	Provider Survey
Concurrent, coordinated care for physical and mental illness	5a	Program Uses an Electronic Medical Record: *Please select which of the following statements best describes your facility's highest level of Electronic Health System use (excluding billing)?*	Structure	Provider Survey
	5b	Provision of Mental Health Treatment: *Does your program provide mental health treatment either onsite with mental health professionals or through an MOU with mental health professionals?*	Structure	Provider Survey
	5c	Care Coordination with Other Medical Professionals.	Process	Provider Survey
	5d	Connection to Medical Care Providers: *Does your program have an MOU with primary care practice(s)?*	Process	Provider Survey

Proposed Measure Concepts

Principle	#	Proposed Measure Concept	Type	Source
Access to fully trained and accredited behavioral health professionals	6a	Evidence of appropriate behavioral interventions for individuals diagnosed with an SUD (e.g., Cognitive behavioral therapy, motivational interviewing, family therapy).	Process	Provider Survey
	6b	Overall rating of treatment program: *Using any number from 0 to 10, where 0 is the worst treatment program possible and 10 is the best treatment program possible, what number would you use to rate this treatment program?*	Patient Experience	CAHPS ECHO
	6c	Evidence of therapeutic alliance: *During your treatment, how often did the treatment staff show respect for what you had to say?*	Patient Experience	CAHPS ECHO
	6d	National accreditation: *Is the facility nationally accredited (or, has the facility ever lost its license and/or accreditation)?*	Structure	Provider Survey
Access to FDA-approved medications	7a	Evidence of OUD medication use among patients with OUD treated at this program.	Process	Claims
	7b	Continuity of Pharmacotherapy for Opioid Use Disorder: *Percentage of adults 18-64 years of age treated at this program with pharmacotherapy for OUD who have at least 180 days of continuous treatment.*	Process	Claims
	7c	Availability of medications to treat substance use disorders.	Process	Provider Survey
Access to non-medical recovery support services	8a	*Do you provide the following recovery support services (check all that apply): peer recovery support; employment support; housing assistance; legal aide; transportation assistance; child care for clients' children; assistance with obtaining social services; domestic violence services?*	Structure	Provider Survey
	8b	Family Support: *Have staff in this treatment program talked with you about including your family or friends in your counseling or treatment?*	Patient Experience	CAHPS ECHO
Outcomes	O1	Readmission to a higher level of care or admission (ED, hospital admissions, detoxification, residential treatment) to a hospital or community tenure.	Outcome	Claims
	O2	Amount helped by treatment: *How much have you been helped by the treatment you got here?*	Patient Experience	CAHPS ECHO
	O3	Improvement in ability to function: *Compared to when you entered this treatment program, how would you rate your ability to deal with daily problems now?*	Patient Experience	CAHPS ECHO
		Patient Narrative Treatment Experience: *Please think about some treatment experiences at this program. What is the program doing right? What could be done to improve this program?*	Patient Experience	Perceptions of Care Study

Shatterproof Proposed Measures
Principle: Rapid Access to Appropriate SUD Care

Measure Concept	2a. Wait time for treatment: *The mean number of days between first contact or assessment and treatment.*
Measure Type	Process
Measurement Background	Adapted from NIATx promising practices
Data Source	Claims, electronic medical record data, simulated shopper, or provider survey (based on aggregation of NIATx promising practices data collection approach for outpatient or residential levels of care)
Summary of Specifications	The total number of days between first contact or assessment (TBD) and treatment for all consumers who contacted the program. Programs record when patients first call to make an appointment. They also record when the patient first comes to the facility or first begins treatment. The difference between the two dates is the wait time for treatment.
Other Considerations	Two definitions of contact have been used in the literature. The first is "first contact," which would be verified through electronic health records. The second is "assessment," which would be measured through claims. The definition for operationalizing this measure is TBD. This measure is being used in the Certified Community Behavioral Health Center demonstration. Depending on the data collection approach, data validation may be required.

Shatterproof Proposed Measures
Principle: Rapid Access to Appropriate SUD Care

Measure Concept	**2b. Access to treatment:** *When you needed treatment right away, how often did you see someone from this treatment program as soon as you wanted?*
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Care Organization 3.0, Q5. Q5 is 1 question within the 3-question composite "Getting Treatment Quickly"
Specifications	*When you needed treatment right away, how often did you see someone from this treatment program as soon as you wanted? Answer choices: Never, Sometimes, Usually, Always*
Other Considerations	*The original ECHO, as endorsed by NQF, has face validity and content validity and reliability (Daniels, 2004; Shaul, 2003). Several states ask clients similar questions about the timeliness of access to treatment. Examples include: The NY OASAS PoC Survey asks consumers "When I needed services right away, I was able to see someone as soon as I wanted." The California Perceptions Survey asks "Services were available when I needed them." The South Carolina SAMH Survey asks how much the consumer agrees with the statement "I was seen for services on time." The Delaware DSAMH Consumer Survey includes 3 questions related to timeliness: Staff were willing to see me as often as I felt it was necessary, Staff returned my call in 24 hours, and Services were available at times that were good for me.*

Shatterproof Proposed Measures
Principle: Rapid Access to Appropriate SUD Care

Measure Concept	2c. Access to treatment: *Does your program offer same day access?*
Measure Type	Process
Measurement Background	According to the National Council for Behavioral Health, same day access is associated with, on average, a 60% reduction in wait times, greater engagement and reduced no-shows. Same day access is being implemented in some states as part of their addiction treatment system reforms (e.g., http://dls.virginia.gov/groups/mhs/same%20day%20updates.pdf). Additional examples and information on "same day access" or "open access" are available from AHRQ https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/access/strategy6a-openaccess.html.
Data Source	Provider Survey
Summary of Specifications	"Does your program offer same day access?" "Does your facility have the ability to admit clients after hours?" If you do not have available beds or treatment slots, do you assist consumers in finding alternative treatment providers?" Do you use any of the following to assist clients: Please select all that apply: (1) We keep a running list of available beds and treatment slots and provide the consumer with the telephone number of other treatment providers with availability, (2) We call the other treatment facility and assist the consumer in setting up an appointment with the other facility, (3) We advise the consumer to check out the SAMHSA treatment locator, (4) Other [specify]
Other Considerations	Shorter-wait time for addiction treatment is associated with improved treatment engagement, reduced substance use, and reduced mortality (Sigmon et al., N Engl J Med. 2016 Dec 22;375(25):2504-2505; Hoffman et al. Addict Behav. 2011 Jun;36(6):643-7. Schmidt et al., Subst Abus. 2017 Jul-Sep;38(3):317-323.)

Shatterproof Proposed Measures
Principle: Personalized Diagnosis, Assessment, and Treatment Planning

Measure Concept	**3a.** *Does your program use a valid/reliable assessment instrument, if so, which one (e.g., ASAM, ASI, other)?*
Measure Type	Process
Measurement Background	Adapted from Medicaid 1115 SUD Demonstration Waiver requirement.
Data Source	Provider Survey
Summary of Specifications	What assessment instrument is used at intake? Does the intake assessment collect information on the following: substance use, mental health status, physical health conditions, social relationships, risk of relapse (e.g., cravings), other?
Other Considerations	Currently required for Medicaid beneficiaries in states with Medicaid SUD 1115 waiver requirements. Shatterproof proposes building out understanding of assessment tools used. Patients who are matched to appropriate level of care using comprehensive assessment criteria have better outcomes than those that are not matched. (Angarita, J Addict Med. 2007 Jun;1(2):79-87; Sharon J Addict Dis. 2003;22 Suppl 1:79-93; Baker et al.. J Addict Dis. 2003;22 Suppl 1:45-60.)

Shatterproof Proposed Measures
Principle: Personalized Diagnosis, Assessment, and Treatment Planning

Measure Concept	**3b.** *During your treatment, were you given information about different kinds of counseling or treatment that are available?*
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Care Organization 3.0, Q21. Q21 is 1 question within the 2-question composite called "Information About Treatment Options."
Summary of Specifications	*During your treatment, were you given information about different kinds of counseling or treatment that are available? Answer choices: Yes, No.*
Other Considerations	*The original ECHO, as endorsed by NQF, has face validity and content validity and reliability (Daniels, 2004; Shaul, 2003). Several states/counties/organizations ask SUD clients similar questions about receiving information on outside/additional treatment services. Examples include: NY OASAS Perceptions of Care survey question, "I was given information about different services that were available to me;" South Carolina SAMH Survey question: "Staff helped me find other services I needed;" Delaware DSAMH questions "I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.) and "I was able to get all the services I thought I needed."*

Shatterproof Proposed Measures
Principle: Engagement in Continuing Long-Term Outpatient Care with Monitoring and Adjustments to Treatment

Measure Concept	**4a. Continuous engagement:** *Continuity of care after residential treatment for substance use disorder.*
Measure Type	Process
Measurement Background	Adapted from NQF #3453, stewarded by Centers for Medicare & Medicaid Services, Centers for Medicaid & CHIP Services.
Data Source	Claims
Summary of Specifications	Numerator Statement: Discharges in the denominator with an outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or filled a prescription for or were administered or ordered a medication for SUD. Two rates are reported, continuity within 7 and 14 days after discharge. Denominator Statement: Patient discharge from a residential treatment program with a principal diagnosis of SUD during the measurement year.
Other Considerations	There is general agreement that continuity of care (including encounters with the health system within a defined period of time) after discharge from inpatient or residential care for SUD is related to better outcomes including reduced substance use (DeMarce, Lash, Stephens, Grambow, & Burden, 2008; McKay & Hiller-Sturmhofel, 2011), readmissions (Mark et al., 2013; Reif et al., 2017), and criminal justice involvement (McKay, 2009), lower risk of death in the two post-discharge years (Harris et al., 2015), and improved employment status (McKay, 2009).

Shatterproof Proposed Measures
Principle: Engagement in Continuing Long-Term Outpatient Care with Monitoring and Adjustments to Treatment

Measure Concept	**4b. Continuous adjustments to treatment (measurement-based care):** **Use of standardized tool or instrument to monitor individual's progress in achieving his or her care, treatment, or service goals.** **Results are used to inform goals and objectives of the plan for care as needed.**
Measure Type	Process
Measurement Background	Adapted from Joint Commission requirement.
Data Source	Provider Survey
Summary of Specifications	Does the program apply standardized assessments over time to determine treatment progress? If so, what outcomes are measured? How frequently are they measured? What instruments are used to measures outcomes?
Other Considerations	The Joint Commission requires that, to be accredited, behavioral organizations must assess the outcomes of care in an ongoing manner to inform the treatment delivered. The Joint Commission does not require the use pf particular tool; the key determination is whether there is evidence that the tool is being used as part of measurement-based care.

Shatterproof Proposed Measures
Principle: Concurrent, Coordinated Care for Physical and Mental Illness

Measure Concept	**5a. Program Uses an Electronic Medical Record:** *Please select which of the following statements best describes your facility's highest level of Electronic Health System use (excluding billing)?*
Measure Type	Structure
Measurement Background	Adapted from CMS (Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program).
Data Source	Provider Survey
Summary of Specifications	Please select which of the following statements best describes your facility's highest level of Electronic Health System use (excluding billing)?"
Other Considerations	The exact specification of this question is still being determined. An EHR was a measure that was used in the inpatient psychiatric facility (IPFQR) program: https://www.qualityreportingcenter.com/wp-content/uploads/2015/02/IPF-Measures-Final.pdf.

Shatterproof Proposed Measures
Principle: Concurrent, Coordinated Care for Physical and Mental Illness

Measure Concept	**5b. Provision of Mental Health Treatment:** *Does your program provide mental health treatment either onsite with mental health professionals or through an MOU with mental health professionals?*
Measure Type	Process
Measurement Background	New Measure
Data Source	Provider Survey Potential verification: NSSATS, claims data
Summary of Specifications	Does your program provide mental health treatment onsite? Which of the following mental health professionals does your organization employ and for how many hours per year? Psychiatrist, psychologist, masters of clinical social work. Does your program have a memorandum of understanding with a mental health care practice(s)?
Other Considerations	Mental illness commonly co-occurs with substance use disorders. Integrating addiction treatment with primary mental health services improves outcomes for individuals with both substance use disorders and mental illness (Wolitzky-Taylor, 2018).

Shatterproof Proposed Measures
Principle: Concurrent, Coordinated Care for Physical and Mental Illness

Measure Concept	**5c. Care Coordination with Other Medical Professionals.**
Measure Type	Process
Measurement Background	New Measure
Data Source	Provider Survey Potential verification: Electronic Health Record
Summary of Specifications	"Do you coordinate care with clients other healthcare providers, when given permission to do so by the clients? Do you obtain a medical history? Do you document in the medical record which medications your patients are currently taking? Do you ask if the patient in currently receiving behavioral health treatment?"
Other Considerations	

Shatterproof Proposed Measures
Principle: Concurrent, Coordinated Care for Physical and Mental Illness

Measure Concept	**5d. Connection to Medical Care Providers:** *Does your program have an MOU with primary care practice(s)?*
Measure Type	Process
Measurement Background	New Measure
Data Source	Provider Survey Potential verification: NSSATS, Claims Data
Summary of Specifications	Does your program have physicians on staff? If so, what is the ratio of physicians to patients? Does your program have a memorandum of understanding with medical care practice(s)?
Other Considerations	Substance use disorders are associated with significant medical comorbidities. Integrating addiction treatment with primary healthcare services improves outcome (Wolitzky-Taylor, 2018)

Shatterproof Proposed Measures
Principle: Access to Fully Trained and Accredited Behavioral Health Professionals

Measure Concept	**6a. Evidence of appropriate behavioral interventions for individuals diagnosed with an SUD (e.g., Cognitive behavioral therapy, motivational interviewing, family therapy).**
Measure Type	Process
Measurement Background	New Measure
Data Source	Provider Survey
	Begin collecting in year one. Fidelity approach is TBD.
Summary of Specifications	Do you offer the following types of therapies? Do you offer them in a group and/or in 1:1 individual therapy sessions? How many patients received each type of therapy over the past year?
	Cognitive-behavioral therapy (CBT), contingency management, community reinforcement approach (CRA), motivational enhancement therapy (MET), the matrix model, twelve-step facilitation therapy (TSF), MultiSystemic Therapy (MST), Multi-Dimensional Family Therapy (MDFT), Brief Strategic Family Therapy (BSFT), Functional Family Therapy (FFT), and behavioral couples therapy (BCT)).
Other Considerations	This measure will be implemented immediately through the provider survey given the current inability to distinguish between therapy types using current billing codes.
	Once billing codes are adapted, this should become a claims-based measure.
	Evidence-based therapies currently restricted to those included in the Surgeon General's Report, new therapies may be added to the numerator with compelling evidence.

Shatterproof Proposed Measures
Principle: Access to Fully Trained and Accredited Behavioral Health Professionals

Measure Concept	**6b. Overall rating of treatment program:** *Using any number from 0 to 10, where 0 is the worst treatment program possible and 10 is the best treatment program possible, what number would you use to rate this treatment program?*
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO. Also asked by CAHPS surveys in other health care settings.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Care Organization 3.0, Q 28. Q28 is a single-item Global Rating measure in ECHO named "Overall Rating of counseling and treatment."
Summary of Specifications	*Using any number from 0 to 10, where 0 is the worst treatment program possible and 10 is the best treatment program possible, what number would you use to rate this treatment program?*
Other Considerations	*Zhang et al. found positive effects of patient satisfaction on drug use outcomes across a one year period after treatment. Kelly et al. found participants who were more satisfied with their programs remained in treatment for at least 12 months. Examples of states that survey clients receiving substance use disorder treatment about how they would rate their treatment services are: California, Connecticut, Delaware, Maine, Maryland, North Carolina, South Carolina, Texas, and Ohio.*

Shatterproof Proposed Measures
Principle: Access to Fully Trained and Accredited Behavioral Health Professionals

Measure Concept	6c. Evidence of therapeutic alliance: *During your treatment, how often did the treatment staff show respect for what you had to say?*
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO. Similar "respect" questions are asked in CAHPS studies across many other health care settings.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Care Organization 3.0, Q13. Q13 is 1 question within the 6-question composite called "How Well Clinicians Communicate."
Summary of Specifications	*During your treatment, how often did treatment staff show respect for what you had to say? Answer choices: Never, sometimes, usually, always.*
Other Considerations	*The original ECHO as endorsed by NQF, has face validity and content validity and reliability (Daniels, 2004; Shaul, 2003). Examples of states that survey clients about whether the treatment staff treated them with respect (courtesy and respect was sometimes used for that question) include: California, Texas, South Carolina, and Ohio. Additionally, the new Mental Health CAHPS, now under development by the CAHPS Consortium, is retaining a respect question in its ECHO revisions.*

Shatterproof Proposed Measures
Principle: Access to Fully Trained and Accredited Behavioral Health Professionals

Measure Concept	**6d. National accreditation:** *Is the facility nationally accredited (or, has the facility ever lost its license and/or accreditation)?*
Measure Type	Structure
Measurement Background	New Measure
Data Source	Provider Survey
Summary of Specifications	*TBD*
Other Considerations	The measure could assess whether the facility is nationally accredited by TBD organization(s) or whether the facility has ever lost its accreditation, licensure, or failed to meet conditions of participation in Medicare. It is important to be conscious of time and resources consumed by accreditation and audit processes and the true impact on quality.

Shatterproof Proposed Measures
Principle: Access to FDA-Approved Medications

Measure Concept	**7a. Evidence of OUD medication use among patients with OUD treated at this program.**
Measure Type	Process
Measurement Background	Adapted from NQF #3400, stewarded by Centers for Medicare & Medicaid Services, Centers for Medicaid & CHIP Services.
Data Source	Claims
Summary of specifications	Numerator Statement: Individuals with medical or pharmacy claim for FDA approved medication specific to OUD treatment. Denominator Statement: Patients with an OUD diagnosis treated at the program.
Other Considerations	This is a plan-level measure and will be adapted to the program level.

Shatterproof Proposed Measures
Principle: Access to FDA-Approved Medications

Measure Concept	7b. Continuity of Pharmacotherapy for Opioid Use Disorder: Percentage of adults 18-64 years of age treated at this program with pharmacotherapy for OUD who have at least 180 days of continuous treatment.
Measure Type	Process
Measurement Background	Adapted from NQF #3175, stewarded by University of Southern California.
Data Source	Claims
Summary of Specifications	Numerator Statement: Individuals in the denominator who have at least 30, 60, 90, 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days. Denominator Statement: Individuals 18-64 years of age who had a diagnosis of OUD and at least one claim for an OUD medication and treated at a particular program.
Other Considerations	This is a plan-level measure that will be adapted to the program level. Patients who receive treatment at the program and have an OUD diagnosis will be attributed to the program.

Shatterproof Proposed Measures
Principle: Access to FDA-Approved Medications

Measure Concept	**7c. Availability of medications to treat substance use disorders.**
Measure Type	Process
Measurement Background	Adapted from NSSATS data set and TEDS data set.
Data Source	Provider Survey
Summary Specifications	The question is anticipated to be multipart to determine which medicines are offered, whether they are offered onsite, or whether they are offered through a contract with another provider. The measures may also include sub-questions regarding what percentage of patients received the medication, as a validation check and the NSSATs may also be used as a validation check.
	Pharmacotherapies tracked by NSSATS:
	Medications for psychiatric disorders, Nicotine replacement, Buprenorphine, Buprenorphine with naloxone (Suboxone®), Buprenorphine without naloxone, Campral®, Naltrexone (oral), Antabuse®, Non-nicotine smoking/tobacco cessation medications, Methadone, Injectable naltrexone
	Shatterproof will also engage with NASADAD to understand how States are contracting with abstinence-only facilities and how information is conveyed to patients.
Other Considerations	This may be more of a yes/no versus a % of the medications offered. Do they offer vivitrol versus the % of individuals receiving vivitrol in their organization.
	Questions to plans: When contracting with abstinence-only facilities, is there a required disclosure to patients about the availability of medications and the informed decision to pursue abstinence-based treatment? Is this audited in any way?

Shatterproof Proposed Measures
Principle: Access to Non-Medical Recovery Support Services

Measure Concept	**8a. *Do you provide the following recovery support services (check all that apply): peer recovery support; employment support; housing assistance; legal aide; transportation assistance; child care for clients' children; assistance with obtaining social services; domestic violence services?***
Measure Type	Structure
Measurement Background	Adapted from NSSATS data set.
Data Source	Collected via NSSATS
Summary of Specifications	Does the program offer: • Peer Recovery Support • Employment counseling or training for clients • Assistance in locating housing for clients • Transportation assistance to treatment • Child care for clients' children • Assistance with obtaining social services (for example, Medicaid, WIC, SSI, SSDI) • Domestic violence (family or partner) services (physical, sexual, and emotional abuse) • Legal aide
Other Considerations	The ability to connect patients to drug-free housing, vocational training, parenting classes, and peer recovery services is an important part of professional care – there should be evidence that qualified staff have taken and passed courses or training programs that qualify them to perform these services. TBD how this measure will factor into a composite score, but it is important for consumers to see whether these services are offered.

Shatterproof Proposed Measures
Principle: Access to Non-Medical Recovery Support Services

Measure Concept	**8b. Family Support:** *Have staff in this treatment program talked with you about including your family or friends in your counseling or treatment?*
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Care Organization 3.0, Q 19. Q19 is a single-item Global Rating measure called "Including Family and Friends."
Summary of Specifications	*Have staff in this treatment program talked with you about including your family or friends in your counseling or treatment? Answer choices: Yes, No.*
Other Considerations	*NIDA describes family involvement as a principal of effective treatment. "Family and friends can play critical roles in motivating individuals with drug problems to enter and stay in treatment. Family therapy can also be important, especially for adolescents. Involvement of a family member or significant other in an individual's treatment program can strengthen and extend treatment benefits." Studies reviewing the effectiveness of family involvement in substance abuse treatment programs conclude that there is a growing evidence base to support family-focused interventions in substance misuse. (Copello, 2005). Connecticut and California ask a similar question.*

Shatterproof Proposed Measures
Principle: Outcomes

Measure Concept	**O1. Readmission to a higher level of care or admission (ED, hospital admissions, detoxification, residential treatment) to a hospital or community tenure.**
Measure Type	Outcome Proxy
Measurement Background	New Measure (although readmission measures are used by individual payers)
Data Source	Claims
Specifications	*TBD*
Other Considerations	Readmissions or admissions to a higher level of care could indicate suboptimal treatment in the prior setting or could indicate appropriate treatment given that substance use disorder recovery often involves relapse and higher levels of care may be needed. This measure may be used for population-based information rather than as a performance measure.

Shatterproof Proposed Measures
Principle: Outcomes

Measure Concept	**O2. Amount helped by treatment:** *How much have you been helped by the treatment you got here?*
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed organization 3.0, Q 29. Q29 is an ECHO single-item measure named Amount Helped
Specifications	*How much have you been helped by the treatment you got here? Answer choices: Not at all, a little, somewhat, a lot.*
Other Considerations	*The original ECHO, as endorsed by NQF, has face validity and content validity and reliability (Daniels, 2004; Shaul, 2003). Examples of states that survey clients receiving specialty substance use disorder treatment about how much they were helped by their treatment program include: Delaware, Maine, Maryland, and South Carolina.*

Shatterproof Proposed Measures
Principle: Outcomes

Measure Concept	**O3. Improvement in ability to function:** *Compared to when you entered this treatment program, how would you rate your ability to deal with daily problems now?*
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Care Organization 3.0, Q 31. Q31 is part of a 4-question composite called "Perceived Improvement."
Summary of Specifications	*Compared to when you entered this treatment program, how would you rate your ability to deal with daily problems now? Answer choices: Much better, A little better, About the same, A little worse, Much worse*
Other Considerations	*The original ECHO, as endorsed by NQF, has face validity and content validity and reliability (Daniels, 2004; Shaul, 2003). Examples of states that include similar questions in their surveys of clients receiving specialty substance use disorder treatment include: California, Connecticut, Delaware, Maine, Maryland, North Carolina, South Carolina, and Texas.*

Shatterproof Proposed Measures

Measure Concept	**Patient Narrative Treatment Experience:** *Please think about some treatment experiences at this program. What is the program doing right? What could be done to improve this program?*
Measure Type	Patient Experience
Measurement Background	Perceptions of Care Study
Data Source	Perceptions of Care Study
Summary of Specifications	*What is this program doing right? What could be done to improve this program?*
Other Considerations	*The CAHPS Consortium has developed a 5-item Patient Narrative Elicitation Protocol which enables patient to give detailed feedback that enriches their answers to the closed-ended questions. Although guided by the CAHPS elicitation concept, we recommend the simpler item shown above from the Perceptions of Care study. This has been tested and designed for the substance use population. Examples of states that ask clients receiving specialty substance use disorder similar open-ended questions include: New York, California, Connecticut, Maryland, and Ohio.*