OUD Cascade of Care and Quality Measure Development

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New York Society of Addiction Medicine

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OUD, Overdose, or opioid misuse

- Ongoing opioid use (even if on MAT)
- High dose/MEQ opioid use
- Black market substances (fentanyl)
- Injection drug use
- Concomitant benzo, alcohol use, etc.
- Medical conditions (OSA, CHF)
- Suicidality (?other psych)
- Unable to access specialty care
- Medication-free treatment, detox
- Treatment drop out/LTFU

Fatal Overdose

- MAT initiation
- Opioid-negative u toxins first 2 weeks on MAT
- MAT retention >180 days
- Comprehensive psychiatric care

High risk populations, mediators of fatal overdose, other adverse outcomes

NOWS
HCV, HIV
Other infections
Acute care services
Hospitalizations
Social contagion?
Injury/death
DUI

AR Williams, Columbia
Cascade of Care (COC) Frameworks

- Becoming standard approach to chronic disease management
- Breaks long-term management into key, sequential stages
- Success/failure at each stage can help identify needed interventions
- Multiple applications
  - Practice guidelines and standards of care → accreditation standards
  - Quality measure development
  - Funding allocations and value based reimbursement
  - Inform further research
- HIV, Diabetes, Hepatitis C have deployed effectively
Socías ME, Volkow N, Wood E; Adopting the 'cascade of care' framework: an opportunity to close the implementation gap in addiction care? Addiction; 2016 Dec;111(12):2079-2081.

SUD Cascade derived from HIV Cascade
OUD Cascade of Care: 90-90-90 Gaps

Applying the Cascade Framework
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- **Practice Guidelines and Standards of Care**
  - E.g. Kampman & Jarvis ASAM 2015; ASAM 2014
  - SAMHSA TIP #63 re MAT for OUD
Applying the Cascade Framework

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• **Quality Measures**
Applying the Cascade Framework

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• **Quality Measures**
• **Funding allocations**
• **Value based reimbursement**
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• **Value based reimbursement**

• **Accreditation Standards**
  • “Measurement-based care” recent example
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- **Comparisons across populations and settings (v. individuals)**
  - E.g. Belenko et al JSAT 2017
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• Inform further research
APA Awarded CMS Funding to Develop Quality Measures

Washington, D.C. – The American Psychiatric Association (APA) has been awarded funding to develop mental health and substance use quality measures as part of the Centers for Medicare and Medicaid Services’ (CMS) Quality Payment Program (QPP) established under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). APA is working with experienced measurement developer NCQA. The three-year funding was awarded by CMS who awarded funding to a total of seven organizations.
Quality Measures: Donabedian model

• *Structural measures* refer to quality measures at the system and provider level
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  - Easiest to track through EHR

- **Outcome measures** typically refer to patients’ clinical outcomes
  - Require risk adjustment

Quality Measures, specification

• Numerator (i.e. percent with OUD “receiving MAT”)
• Denominator (i.e. who counts as having “OUD”)
• Inclusion/Exclusion criteria

• Standardization
• Risk adjustment
Quality Measures, stakeholders

- **Evidence Developers**
  - Researchers and agencies: NIH, NIDA, PCORI, AHRQ

- **Guideline Developers**
  - Professional Associations, e.g. APA, ASAM, SAMHSA, NIDA

- **Measure Developers/Stewards**
  - (NIDA?), NCQA, TJC, CMS, Contractors, Researchers, Professional Associations

- **Measure Endorsers**
  - NQF, MAP

- **Measure Users**
  - CMS, Plans, Provider Organizations, Media, Public  
    \[(Pincus, 2018)\]
Developing an opioid use disorder treatment cascade: A review of quality measures

Arthur Robin Williamsa,b,*, Edward V. Nunesea,b, Adam Bisagaa,b, Harold A. Pincusa,b,c, Kimberly A. Johnsond, Aimee N. Campbella,b, Robert H. Remienh, Stephen Crystalf, Peter D. Friedmanng, Frances R. Leva,b, and Mark Olfsona,b

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eHIV Center for Clinical and Behavioral Studies, Columbia University, United States

fInstitute for Health, Health Care Policy and Aging Research, Rutgers, United States

gDepartment of Medicine, University of Massachusetts-Baystate and Baystate Health, United States
<table>
<thead>
<tr>
<th>Construct</th>
<th>Clearinghouse</th>
<th>Quality Measure Identifying Detail</th>
<th>Developer</th>
<th>Year Endorsed by NQF</th>
<th>Type</th>
<th>Specific to OUD?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAT retention for 180+ days among MAT initiators</td>
<td>NQF Clearinghouse</td>
<td>#3715 Continuity of Pharmacy for OUD (percent with 180+ days retained on MAT among those who initiate MAT)</td>
<td>RAND</td>
<td>2017</td>
<td>Process</td>
<td>Yes</td>
</tr>
<tr>
<td>AOD service following substance-related ED visit</td>
<td>NQF Clearinghouse</td>
<td>#2605 Follow up AOD service after Emergency Department visit for AOD (percent within 7 days and percent within 30 days)</td>
<td>NCQA</td>
<td>2015</td>
<td>Process</td>
<td>No</td>
</tr>
<tr>
<td>Referrals at discharge for inpatients with SUDs</td>
<td>AHRQ NQMC and NQF Clearinghouse</td>
<td>#010148 Percent with AOD diagnosis that receives or refuses a MAT or referral at hospital discharge (Comparable to NQF #1664 Sub3: AOD treatment provided/offered at discharge from inpatient hospitalization)</td>
<td>TJC</td>
<td>2014</td>
<td>Process</td>
<td>No</td>
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<td>TJC</td>
<td>2014</td>
<td>Process</td>
<td>No</td>
</tr>
<tr>
<td>Initiation of AOD treatment among those with a SUD (HEDIS initiation measure)</td>
<td>AHRQ NQMC and NQF Clearinghouse</td>
<td>#0099966 Identical to: #010574 Percent with Initiation AOD treatment within 14 days of new SUD diagnosis (Comparable to NQF #0004 Initiation and Engagement of AOD treatment)</td>
<td>NCQA</td>
<td>2009</td>
<td>Process</td>
<td>No</td>
</tr>
<tr>
<td>Engagement in treatment among those with a SUD (HEDIS Engagement measure)</td>
<td>AHRQ NQMC and NQF Clearinghouse</td>
<td>#009967 Identical to: #010575 Percent with engagement in AOD treatment (2+ visits) within 30 days of initiation (Comparable to NQF #0004 Initiation and Engagement of AOD treatment)</td>
<td>NCQA</td>
<td>2009</td>
<td>Process</td>
<td>No</td>
</tr>
<tr>
<td>Counseling on treatment types for those with OUD</td>
<td>AHRQ NQMC</td>
<td>#004208 Percent &gt;18 years with current opioid addiction counseled on psychosocial and pharmacologic treatments</td>
<td>APA, NCQA, PCPI</td>
<td>N/A</td>
<td>Process</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Quality Measures: Treatment of OUD

- Few measures (n=7) applicable to treatment of OUD
- All are process measures
- Few (n=2) are specific to OUD

- Published studies mostly limited to use of the 2 HEDIS Initiation and Engagement measures and not the other 5 measures

Williams et al JSAT 2018
OUD Cascade of Care

- Treatment gap under 90% goal
- Current estimates

- General population 12+ (283M)
- At risk, using opioids (11.8M)
- OUD diagnosed
- 1. Engaged in Care
- 2. Maint. 1-6 months
- 3. Retain
- 4. Remission

Population (M)

- Primary prevention
- Secondary prevention
- OUD

Existing measures under OUD Treatment Cascade

- Receives referral at hospital discharge
  - Receives or refuses referral at discharge
  - Those with OUD counseled on treatment

- Follow up AOD service after ED visit
  - Initiation AOD treatment in 14 days
  - Engagement AOD treatment in 30 days

- Engaged in Care

- Initiate MAT

- MAT retention 180+ days

- Retention > 6 months

- Remission
Structural, Process, & Outcomes Measures for post-OD

S: % EDs with addiction specialist FTE
P: % patients Engaged within 44 days
O: % with repeat overdose in following year

S: % of OUD providers with EHR tracking MAT
P: % Initiated MAT within 14 days of first intake visit
O: Opioid negative toxicology in first 14 days of MAT

S: % providers with CBT or CM specialist
P: % retained on MAT for 180+ days
O: Reduction in drug use among those retained

S: % programs that follow patients who no-show
P: % patients drug tested monthly
O: % who no longer meet OUD criteria
Structural, Process, & Outcomes Measures for OUD

Engaged in Care
- S: % programs with transportation services
- P: % patients Engaged within 44 days
- O: % with OUD receiving acute care services

Initiate MAT
- S: % programs with MAT prescriber
- P: % Initiated MAT within x days of intake
- O: Opioid negative toxicology in first 14 days of MAT

Retention > 6 months, ?longer
- S: % programs with CBT or CM specialist
- P: % retained on MAT for 180+ days
- O: Reduction in drug use among those retained

Remission
- S: % programs that follow patients who no-show
- P: % patients drug tested monthly
- O: % who no longer meet OUD criteria
Thank You

• Mark Olfson MD MPH
• Edward V. Nunes MD
• Adam Bisaga MD
• Frances R. Levin MD
• Robert Remien PhD
• Steven Crystal PhD
• Kimberly Johnson MD
• Peter Friedmann MD MPH
• Ben Nordstrom MD