New Quality Measures Related to Substance Use Disorders For Use in Medicaid

June 20, 2019

This work was conducted under a contract with the Centers for Medicare & Medicaid Services (CMS) Measure Instrument Development and Support, #HHSM-500-2013-13011, Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees, #HHSM-500-T0004.
Webinar Logistics

• All lines are muted

• If you would like to make a comment or ask a question, there will be question and answer (Q&A) sections twice during the presentation
  – Use the ON24 “Q&A” function to send a message

• Webinar slides will be made available this summer
Webinar Objectives

- Describe the purpose of three new quality measures related to substance use disorders (SUDs)
- Describe how to calculate each measure
- Discuss importance and implementation in state Medicaid programs
Agenda

• Overview & Speakers

• Description of SUD Measures
  – Use of Pharmacotherapy for Opioid Use Disorder (NQF 3400)
  – Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs (NQF 3312)
  – Continuity of Care After Inpatient or Residential Treatment for Substance Use Disorder (NQF 3453)
  – Q&A

• Potential Use of SUD Measures

• Q&A
Introductions

• Centers for Medicare & Medicaid Services (CMS)
  – Roxanne Dupert-Frank

• Mathematica
  – Brenda Natzke, Melissa Azur, Claire Dye, Sandi Nelson

• Brandeis University
  – Deborah Garnick, Cindy Parks Thomas, Constance Horgan, Margaret Lee, Brandy Henry
Description of SUD Measures
Common Elements

- All three measures intended for voluntary use by state Medicaid agencies that are interested

- All three measures use the same data sources
  - Medicaid claims and encounter data
  - Pharmacy claims

- Both continuity measures (NQF 3312 and NQF 3453)
  - Use follow-up periods of 7 or 14 days
  - Require eligibility in month of discharge and following month
Use of Pharmacotherapy for Opioid Use Disorder (OUD) (NQF 3400)
OUD Pharmacotherapy Measure

• The prevalence of OUD in the Medicaid population is estimated to be over 10 times higher than in populations who have private insurance.

• Pharmacotherapy for OUD is associated with a decrease in:
  – Opioid use
  – Relapse
  – Overdose-related emergency department or inpatient admissions
  – Risk of death

• Less than half of adults with OUD receive pharmacotherapy.
NQF 3400 OUD Pharmacotherapy: Measure Overview

**Description:** percentage of Medicaid beneficiaries ages 18–64 with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measure year

**Purpose:** assesses whether beneficiaries who are diagnosed with an opioid use disorder (OUD) receive pharmacotherapy
- Does not assess the amount or timing of pharmacotherapy individuals receive
Step 1: Identify the Denominator

• Identify Medicaid beneficiaries ages 18–64
  – Include beneficiaries enrolled for full 12 months of measurement year

• Include beneficiaries with at least one encounter with a diagnosis of opioid abuse, dependence or remission
  – Encounter can have either primary or any secondary diagnosis of OUD
Step 2: Calculate Measure Numerator

- Identify beneficiaries with evidence of at least one prescription filled, or who were administered or dispensed a medication for OUD
  - Only include Food and Drug Administration (FDA) approved medications: buprenorphine, oral naltrexone, long-acting injectable naltrexone, and methadone
  - Only include formulations with an OUD indication (not pain management)
  - Include medications at any time during measurement year
  - Use pharmacy claims and National Drug Code (NDC) codes for prescriptions
  - Use relevant medical claims and Healthcare Common Procedure Coding System (HCPCS) codes for medical services (e.g., administration of methadone, injectable naltrexone)
Step 3: Flag Medication-Specific Numerators

• Flag beneficiaries with evidence of each specific medication:
  • Buprenorphine
  • Oral naltrexone
  • Long-acting, injectable naltrexone
  • Methadone
  – Beneficiaries can be flagged for more than one medication
Step 4: Calculate Performance Rate

\[
\frac{\text{Numerator}}{\text{Denominator}} \times 100 = \text{performance rate}
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<table>
<thead>
<tr>
<th>Denominator</th>
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<tbody>
<tr>
<td>Total number of beneficiaries with OUD diagnosis</td>
<td>Total number of beneficiaries with evidence of at least one prescription filled, or who were administered or dispensed a medication for OUD</td>
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Step 5: Calculate Medication-Specific Performance Rates

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<td>Rate 3: Long acting, injectable naltrexone</td>
<td>Rate 4: Methadone</td>
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Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs (NQF 3312)
Continuity After Medically Managed Withdrawal Measure$^2$

• Continuity of care is associated with:
  – Decrease in behavioral health readmissions and risk of death
  – Increase in employment status
  – Longer time to repeat medically managed withdrawals

• While there is wide variation across studies, less than half of adults receive timely care after medically managed withdrawal
NQF 3312 Medically Managed Withdrawal: Measure Overview

**Description:** percentage of discharges from a medically managed withdrawal episode for adult Medicaid beneficiaries, ages 18–64, that were followed by a treatment service for a SUD

**Purpose:** assesses whether beneficiaries with medically managed withdrawal receive follow-up care within 7 or 14 days

- Does not limit the type of provider who conducts the follow-up care

**Measure is based on discharges from medically managed withdrawal, not individuals**

- A beneficiary may have more than one qualifying medically managed withdrawal in measurement year
Step 1: Identify Beneficiaries with Medically Managed Withdrawal

- Identify Medicaid beneficiaries ages 18–64
- Include beneficiaries with any medically managed withdrawal
  - Include medically managed withdrawal in all settings: inpatient hospital, residential addiction treatment program, or ambulatory care
Step 2: Identify the Denominator

• Identify discharges from medically managed withdrawal from January 1 to December 15
  – If beneficiary has more than one discharge from medically managed withdrawal in year, treat each discharge from medically managed withdrawal as a separate episode
  – Combine multiple medically managed withdrawal claims up to two days apart into single episode
Step 3: Flag the Location of Medically Managed Withdrawal

• For optional stratification, flag location of medically managed withdrawal:
  • Hospital inpatient
  • Inpatient residential addiction
  • Outpatient residential outpatient addiction
  • Other stayover treatment
  • Ambulatory
  – If multiple medically managed withdrawal claims are combined into a single episode, use first claim's location
  – Prioritize using Healthcare Common Procedure Coding System (HCPCS) claims to identify location
Step 4: Calculate Measure Numerator

• Identify number of discharges in denominator for which there was continuity of care within 7 or 14 days
  – Include:
    • Claims with SUD diagnoses in any position – primary or any secondary
    • Pharmacotherapy that occurs on the day of discharge or later
    • Outpatient, intensive outpatient, partial hospitalization, residential treatment, inpatient admission, or long-term institutional stays that occur on the day after discharge or later
  – Do not include:
    • Claims with an overdose diagnosis code on the same claim as the continuity service
    • Emergency department visits alone (not associated with an admission)
Step 5: Calculate Performance Rate

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| Total number of discharges from a medically managed withdrawal episode for adult Medicaid beneficiaries, ages 18–64 | Rate 1: Total number of discharges with a qualifying continuity service within 7 days  
Rate 2: Total number of discharges with a qualifying continuity service within 14 days |
Step 6: Calculate Location-Specific Performance Rates

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<tr>
<td>Denominator 2: Residential addiction treatment program</td>
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<td>Denominator 3: Ambulatory</td>
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Continuity of Care After Inpatient or Residential Treatment for Substance Use Disorder (NQF 3453)
Continuity After Inpatient or Residential Treatment Measure\(^3\)

- Continuity of care is associated with:
  - Decrease in hospital admissions, substance use, and risk of death
  - Increase in employment status
- Few adults receive timely care after inpatient or residential treatment for SUD
NQF 3453 Continuity After Inpatient/Residential: Measure Overview

**Description**: percentage of discharges from inpatient or residential treatment for SUD for Medicaid beneficiaries, ages 18–64, which were followed by a treatment service for SUD

**Purpose**: assesses whether beneficiaries with inpatient or residential treatment for SUD receive follow-up care within 7 or 14 days

– Does not limit the type of provider who conducts the follow-up care

Measure is based on **discharges** from inpatient or residential treatment, not **individuals**

– A beneficiary may have more than one qualifying inpatient or residential treatment discharge in measurement year
Step 1: Identify Beneficiaries with Inpatient or Residential Treatment

• Identify Medicaid beneficiaries ages 18–64

• Include beneficiaries with discharges from inpatient or residential treatment for SUD
  – Only include discharges with SUD as primary diagnosis
Step 2a: Identify the Denominator

- Identify discharges from inpatient or residential treatment for SUD from January 1 to December 15
  - If beneficiary has more than one discharge in year, treat each discharge as separate episode
  - Combine multiple inpatient or residential treatment claims up to two days apart into single episode
Step 2b: Identify the Denominator

• Exclude discharges if there is an admission or direct transfer to any inpatient or residential treatment setting within 7 or 14 days
  – Exception: include admission to SUD residential treatment following discharge from inpatient treatment (because this is considered appropriate treatment)
Step 3: Flag the Location of Treatment

• For optional stratification, flag location of treatment:
  • Inpatient
  • Residential
  – If episodes are combined, use first claim's location
Step 4: Calculate Measure Numerator

• Identify number of discharges in denominator for which there was continuity of care within 7 or 14 days
  – Include:
    • Claims with SUD diagnoses in any position – primary or any secondary
    • Pharmacotherapy that occurs on the day of discharge or later
    • Outpatient, intensive outpatient, partial hospitalization, residential treatment, inpatient admission, long-term institutional stays or telehealth visits that occur on the day after discharge or later
    • Residential treatment only if it occurs after inpatient discharge
  – Do not include:
    • Claims with overdose diagnosis code on the same claim as the continuity service,
    • Emergency department visits alone (not associated with an admission)
Step 5: Calculate Performance Rate

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Questions & Answers

Use the ON24 “Q&A” function to send a message
Implementation Tips
These SUD Measures Are Feasible to Calculate

• Use readily available Medicaid claims data
• Straightforward to calculate
• Require reasonable resources to calculate
Tips for Successful Implementation

• A few states using similar measures found it helpful to:
  – Focus on aspects of care delivery that providers can directly influence
  – Set up quality improvement dissemination plan
    • Quarterly and annual reports
    • Annual meetings with practice managers
  – Regularly report performance rates and benchmarks with providers
Additional Resources

• CMS will post the measure technical specifications this summer

• Contact IAPMeasures@cms.hhs.gov
Questions & Answers

Use the ON24 “Q&A” function to send a message
1. References: Use of Pharmacotherapy for Opioid Use Disorder (NQF 3400)

• National Institute on Drug Abuse (June 2018). “Medications to Treat Opioid Use Disorder.” Available at: https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/overview


2. References: Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs (NQF 3312)


3. References: Continuity of Care After Inpatient or Residential Treatment for Substance Use Disorder (NQF 3453)


