The Office of the National Coordinator for Health Information Technology

Behavioral Health eMeasures Technical Expert Panel

In-Person Meeting

August 9, 2012

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Drug Use/Prescription Drug Misuse Morning - Breakout Session

Session Goals

- Morning Session:
  - Develop consensus recommendations based on clinical evidence and measure gap analysis for new clinical quality measures for primary care and general medical setting based screening and follow up for DU/PDM

- Afternoon Session:
  - Construct elements of proposed new clinical quality measure for primary care and general medical setting based screening and follow up for DU/PDM

Review of MU Stages 1 FR and Stage 2 NPRM

- Meaningful Use Stage 1—Final Rule
  - NQF 0004—Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement
- Meaningful Use Stage 2 —NPRM
  - NQF 0004—Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement
  - NQF 0110—Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use

Phase 1 TEP Recommendations

- TEP Recommendations
  - COMPOSITE MEASURES—Drugs and Alcohol: The TEP members expressed support for composite measures that would include screening and referral for both drugs and alcohol abuse. The TEP expressed support of a composite measure for the value in identifying all substance abuse conditions while the opportunity to intervene presents itself.
  - The TEP will evaluate the feasibility of building a composite measure or suite of measures for this domain.
  - MEASURE GAP—Self-Administered Screening Tools: The TEP recognized that clinical evidence exists for the effectiveness of patient self-administered alcohol screening tools and supported current investigation of self-administered screening tools for drug use.

Gap Analysis

- TEP Discussion
  - For clinical quality measure reporting for Drug Use/Prescription Drug Misuse what gaps exist?
    - Age ranges?
    - Screening tool/s?
    - Clinical guidelines?
    - Other considerations?

Clinical Literature Review – Examples

Otto, C. et al. (2009) Brief intervention in general hospital for problematic prescription drug use: 12-Month outcome. Drug and Alcohol Dependence 105: 221–226	2009	Single Study: effectiveness of brief intervention for problematic PD use in a general hospital revealed a significant reduction in PD use follow up 12 mo.		prescription drug users		PD cessation and reduction	intervention group received two brief Motivational Interviewing (MI) sessions. Two follow-ups (after 3 and 12 months) were conducted; No significant intervention effects were found in the overall sample. Respecting significant differences between the intervention and control groups, we detected no effects of the intervention for the subgroups of sedative/hypnotic- or opioid-users.	In contrast to the short-term effects after 3 months, no long-term effects of brief MI sessions on PD use were found. More intensive interventions, booster-sessions or regular aftercare might help in stabilizing intervention effects on PD use among hospital patients.
Schonfeld, L. et al. (2010). Screening and Brief Intervention for Substance Misuse Among Older Adults: The Florida BRITE Project. Research and Practice 100(1).	2010	Single Study: developed and examined the effectiveness of the Florida Brief Intervention and Treatment for Elders (BRITE) project, a 3-year, state-funded pilot program of screening and brief intervention for older adult substance misusers.	eldery				Prescription medication misuse was the most prevalent substance use problem, followed by alcohol, over-the-counter medications, and illicit substances. Depression was prevalent among those with alcohol and prescrip- tion medication problems. Those who received the brief intervention had improvement in alcohol, medication misuse, and depression measures.	The BRITE program effectively shaped state policy by respond- ing to legislative mandates to address the needs of an increasing, but under-served, elder population.
How Does Use of a Prescription Monitoring Program Change Medical Practice? Traci C. Green, Marita R. Mann, Sarah E. Bowman, Nickolas Zaller, Xaviel Soto, John Gadea, Catherine Cordy, Patrick Kelly and Peter D. Friedmann	2012	Study to test differences in prescription monitoring program (PMP) use between two states, Connecticut (CT) and Rhode Island (RI)				Health care MD's in CT can actively query PMP database about potential patient's Schedule II-V prescriptions. Inquiriesof the RI PMP are not electronic but can be called in, emailed, faxed, or mailed. In study, PMP patient reports used to screen for drug abuse and detect doctor shopping.	When asked to specify how illicit drug abuse was screened, few state-based differences. For both states, the most frequent methods were asking the patient directly, professional judgment, and urine drug screens. In CT, the PMPwas mentioned by 36.2% as a tool used for screening for drug abuse and had higher use endorsement than any of the standardized screening assessments (e.g., CAGE, CRAFFT, DAST, and ASSIST).	PMP users tended to perceive that the PMP was helpful in reducing abuse of prescription opioids in their practice. PMP users take a more active approach to detecting abuse and doctor shopping in their practices than non-users. Health care professionals accessing electronic PMP data tend to use it to screen for abuse and doctor shopping among their patients and as a clinical tool for discussing a patient's health status. The form of the PMP critical to uptake: a paper-based PMP in RI was accessed far less extent than the electronic PMP in CT.

Screening Tools - Examples

Instrument Name	Description	Copyright Y/N	Matrix Ref #	
			PHASE I	PHASE II
Prescription Drug Use Questionnaire (PDUQ)	42 yes/no items, patient interview, 20 min. to administer and score; advantages: screens for a past history of substance abuse, which is significantly related to the risk of opioid abuse in chronic pain patients, capable of pointing out other substance abuse problems other than pain medication; limitations: lengthy to administer			# 70 # 74 # 77 # 78 # 82 # 84
Pain Medication Questionnaire (PMQ)	26 items, self report, 10 min. to administer and score; advantages: specific to chronic pain patients using opioid treatments, reliable for long term use across a patient's pain management program; limitations: not validated in populations other than chronic pain patients			#74 #78 # 79 # 82 # 88 # 89
Prescription Opioid Misuse Index (POMI)	9 items, patient interview, < 5 min to administer and score; advantages: by asking specifically about the adequacy of treatment for pain, POMI identifies patient behaviors driven by unrelieved pain rather than addiction, no group differences regarding gender, ethnicity, or education; limitations: studied on a small homogenous sample of pain patients			# 80 #82

Considerations for Measure Development

- Process
  - Assessment tool selection
  - Measurement details
    - Frequency of assessment
    - Measurement period
    - Numerator, Denominator, Exclusions
    - Measure layout and technical specifications

Lunch Break

Drug Use/Prescription Drug Misuse Afternoon - Breakout Session

AM Recap and Session Goals

- Summarize agreements made in morning session
- Afternoon session goal: Construct elements of proposed new clinical quality measure for primary care and general medical setting based screening and follow up for DU/PDM

Clinical Quality Measures

"A standard for measuring the performance and improvement of population health or of health plans, providers of services, and other clinicians in the delivery of health care services."

Patient Protection and Affordable Care Act of 2010,
Title III, Part II of the Act (Sec. 3013)

What is a Measure Specification

- The logic required to calculate the quality measure
- Contains
  - The population criteria and measure logic for the numerator, denominator and exclusion categories.
  - The algorithm used to calculate performance.
- Format:
  - Typically human readable PDF with narrative concepts and measure logic
  - Excel spreadsheet with codes
- An electronic specification (or e-measure) is a means to report clinical quality measures (CQMs) from an electronic health record (EHR)
  - Includes the data elements, logic and definitions for that measure in a format that can be captured or stored in the EHR so that the data can be sent or shared electronically with other entities in a structured, standardized format, and unaltered.

Clinical Quality Measure Structure

- Clinical Quality Measure Definitions:
  - Numerator statement: *Brief, narrative description of the **measure focus or what is being measured**, i.e. the target population*
  - Denominator statement: *Brief, narrative description of the **target population** being measured*
  - Exclusions: *Brief narrative description of exclusions from the target population*

Clinical Quality Measures Structure

- *Example:* NQF 0712- Utilization of the PHQ-9 Tool
  - **NUMERATOR STATEMENT:**
    - Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during the four month measurement period.
  - **DENOMINATOR STATEMENT:**
    - Adult patients age 18 and older with the diagnosis of major depression or dysthymia
  - **EXCLUSIONS:**
    - Patients who die, are a permanent resident of a nursing home or are enrolled in hospice are excluded from this measure. Additionally, patients who have a diagnosis (in any position) of bipolar or personality disorder are excluded

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National Quality Forum

Measure Endorsement Application Process

8/9/12

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Overview

The National Quality Forum (NQF) Endorsement Process reviews:

1. Impact, Opportunity, Evidence
2. Reliability and Validity
3. Usability
4. Feasibility

1. Impact, Opportunity, Evidence

Importance to Measure and Report: Extent to which the specific measure focus is **evidence-based**, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-impact aspect of healthcare where there is variation in or overall less-than-optimal performance.

- **1a. High Impact -** The measure focus addresses:
  - a specific national health goal/priority identified by DHHS or the National Priorities Partnership convened by NQF;

    OR
  - a demonstrated high-impact aspect of healthcare (e.g., affects large numbers of patients and/or has a substantial impact for a smaller population; leading cause of morbidity/mortality; high resource use (current and/or future); severity of illness; and severity of patient/societal consequences of poor quality).

1. Impact, Opportunity, Evidence

AND

- **1b. Performance Gap -** Demonstration of quality problems and **opportunity for improvement**, i.e., data demonstrating considerable variation, or overall less-than-optimal performance, in the quality of care across providers and/or population groups (disparities in care)

AND

- **1c. Evidence to Support the Measure Focus -**The measure focus is a health outcome or is **evidence-based**, demonstrated as follows:
  - **Health outcome:** a rationale supports the relationship of the health outcome to processes or structures of care.
  - **Intermediate clinical outcome, Process, or Structure:** a systematic assessment and grading of the quantity, quality, and consistency of the body of evidence that the measure focus leads to a desired health outcome.
  - **Patient experience with care:** evidence that the measured aspects of care are those valued by patients and for which the patient is the best and/or only source of information OR that patient experience with care is correlated with desired outcomes.
  - **Efficiency:** evidence for the quality component as noted above.

2. Reliability and Validity

Scientific Acceptability of Measure Properties:

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.

3. Usability

Extent to which intended audiences (e.g., consumers, purchasers, providers, policymakers) can understand the results of the measure and find them useful for decision making

4. Feasibility

Extent to which the required data are readily available or could be captured without undue burden and can be implemented for performance measurement.

- **4a.** For clinical measures, the **required data elements are routinely generated** and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).
- **4b.** The required data elements are **available in electronic health records** or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.
- **4c. Susceptibility to inaccuracies**, errors, or unintended consequences and the ability to audit the data items to detect such problems are identified.
- **4d.** Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality,[17] etc.) **can be implemented** (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use).

NQF Endorsement Application

Selected Sections

Descriptive Information

- **De.1. Measure Title***

  e.g. Print View Test

- **De.2. Brief description of measure** *(including type of score, measure focus, target population, timeframe,*

  e.g. Percentage of adult patients aged 18-75 years receiving one or more HbA1c tests per year)

- **De.3. If included in a composite, please identify the composite measure *(title and NQF number if endorsed)***

Descriptive Information

- **De.4. Subject/Topic Areas (Check all the areas that apply):**
  - ❑ Mental Health : Mental Health
  - ❑ Mental Health : Alcohol, Substance Use/Abuse
  - ❑ Mental Health : Depression
  - ❑ Mental Health : Domestic Violence
  - ❑ Mental Health : Serious Mental Illness
  - ❑ Mental Health : Suicide
  - ❑ Prevention : Prevention
  - ❑ Prevention : Development/Wellness
  - ❑ Prevention : Screening
  - ❑ Prevention : Tobacco Use

Descriptive Information

- **De.5. Cross Cutting Areas (Check all the areas that apply):**

  - ❑ Care Coordination
  - ❑ Disparities
  - ❑ Access
  - ❑ Functional Status
  - ❑ Infrastructure Supports : Infrastructure Supports
  - ❑ Infrastructure Supports : Health IT
  - ❑ Infrastructure Supports : System Capacity
  - ❑ Infrastructure Supports : Workforce
  - ❑ Overuse
  - ❑ Palliative Care and End of Life Care
  - ❑ Patient and Family Engagement
  - ❑ Population Health
  - ❑ Safety : Safety
  - ❑ Safety : Complications
  - ❑ Safety : Healthcare Associated Infections
  - ❑ Safety : Medication Safety
  - ❑ Safety : Venous Thromboembolism

Numerator

- **2a1.1. Numerator Statement** *(Brief, narrative description of the measure focus or what is being measured the target population, e.g., cases from the target population with the target process, condition, event, or outcome)*
- **2a1.2. Numerator Time Window** *(The time period in which the target process, condition, event or outcome eligible for inclusion)*
- **2a1.3. Numerator Details** *(All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, codes with descriptor and/or specific data collection items/responses)*

Denominator

- **2a1.4. Denominator Statement** *(Brief, narrative description of the target population being measured)*
- **2a1.5. Target Population Category** *(Check all the populations for which the measure is specified and tested - choose any):*
  - ❑ Adult/Elderly Care
  - ❑ Children's Health
  - ❑ Populations at Risk
  - ❑ Maternal Care
  - ❑ Special Healthcare Needs
- **2a1.6. Denominator Time Window** *(The time period in which cases are eligible for inclusion)*
- **2a1.7. Denominator Details** *(All information required to identify and calculate the target population/denominator such as definitions, codes with descriptors, and/or specific data collection items/responses)*
- **2a1.8. Denominator Exclusions** *(Brief narrative description of exclusions from the target population)*

Evidence Review

Matrix and Summary

1. Impact, Opportunity, Evidence

High Impact (Measure evaluation criterion 1a)

- **1a.1. Demonstrated High Impact Aspect of Healthcare**
  - ❑ Affects large numbers
  - ❑ A leading cause of morbidity/mortality
  - ❑ Frequently performed procedure
  - ❑ High resource use
  - ❑ Patient/societal consequences of poor quality
  - ❑ Severity of illness
  - ❑ Other
- **1a.3. Summary of Evidence of High Impact *(Provide epidemiologic or resource use data)***
- **1a.4. Citations for Evidence of High Impact cited in 1a.3**

1. Impact, Opportunity, Evidence

Opportunity for Improvement (Measure evaluation criterion 1b)

- **1b.1. Briefly explain the benefits (improvements in quality) envisioned by use of this measure**
- **1b.2. Summary of Data Demonstrating Performance Gap** *(Variation or overall less than optimal performance across providers)*
- **1b.3. Citations for Data on Performance Gap**
- **1b.4. Summary of Data on Disparities by Population Group**
- **1b.5. Citations for Data on Disparities cited in 1b.4**

1. Impact, Opportunity, Evidence

Evidence (Measure evaluation criterion 1c)

- **1c.1. Structure-Process-Outcome Relationship** *(Briefly state the measure focus, e.g. health outcome, intermediate clinical outcome, process, structure; then identify the appropriate links, e.g. structure; process- health outcome; intermediate clinical outcome-health outcome)*
- **1c.2. Type of Evidence** *(Check all that apply)*
  - ❑ Clinical Practice Guideline
  - ❑ Other
  - ❑ Selected individual studies (rather than entire body of evidence)
  - ❑ Systematic review of body of evidence (other than within guideline development)
- **1c.4. Directness of evidence to the specified measure** *(State the central topic, population, and outcomes addressed in the body*

Session Conclusions and Wrap Up

- Review of session goals and outcomes
- Determination of Top 3 next steps for Drug Use/Prescription Drug Misuse

Sample Report-Out

- Lit Review Findings (high-level summary):
- Selected measure(s) & rationale:
- Pros / Cons
  - +
  - +
  - -
  - -
- Next Steps


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