ILLINOIS DEPARTMENT OF
Healthcare and
Family Services

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Opioid Use Disorder Withdrawal Management Subcommittee

Department of Healthcare & Family Services
401 South Clinton
7th Floor – Large Video Conference Room
Chicago, Illinois

And

201 South Grand Avenue East
3rd Floor 3-22 Law Library
Springfield, Illinois

July 19, 2019
10 a.m. – 12 p.m.

Agenda

I. Introductions

II. HFS Updates

III. Recap of Previous meetings

IV. Review/Discussion of proposed recommendations

V. Vote on Recommendations

VI. Adjournment

Illinois Department of Healthcare & Family Services
Opioid Use Disorder Withdrawal Management Subcommittee
June 21, 2019
Minutes

OUD Committee Members Present:
Sherie Arriazola – Safer Foundation
Tom Britton – Gateway Foundation
Kathy Chan – Cook County Health
Jeffrey Collord – Haymarket Center
Eric Foster – Illinois Assoc. for Behavioral Health
Thomas Huggett, Lawndale Christian Health Center
Ronald Vlasaty – Family Guidance Centers, Inc.
Kuliva Wilburn – Wilburn Strategic Solutions

HFS Staff Present
Maria Bruni
Cheryl Easton
Doug Elwell
Arvind Goyal
Kim McCullough
Gabriel Robinson

Interested Parties:
Staci Ashmore – IL Primary Healthcare Association
Jesse Beebe – AIDS Foundation Chicago
Laura Brookes - TASC
Paula Campbell – Touchette Regional Hospital
Jessica Chatman – County Care
Hilton Gordon – Family Guidance Center
Lorrie Jones – NextLevel Health
Dani Kirby - IDHS/SUPR
Amber Kirchhoff - Thresholds
Lynn Lemke – Touchettee Regional Hospital
Marvin Lindsey - CBHA
Rosalind McGee – Access Community Health Network
Diane Montanez – NPA
Dan Rabbitt – Heartland Alliance
Tony Smith – NAMI Chicago
Marc Turner – Gateway Foundation
Ryan Voyles – Health News Illinois
Robert Wright – Indivior Pharmaceuticals

Illinois Department of Healthcare and Family Services
OUD Withdrawal Management Subcommittee Minutes
June 21, 2019

I. **Call to Order/Introduction of subcommittee members:** The meeting of the Detox Subcommittee was called to order on June 21, 2019, at 10:25 a.m., by Chair Kathy Chan. A quorum was established. Introduction of subcommittee members and HFS staff in Chicago and Springfield.

II. **Discussion of New Name for Detox Subcommittee:** Members discussion of New Name for Detox Subcommittee – Kathy Chan made a motion to rename the Detox Subcommittee from its current name to the Opioid Use Disorder Withdrawal Management Subcommittee, Thomas Huggett seconded the motion, which passed unanimously.

III. Update on New Quality Measures Related to Substance Use Disorders in Medicaid – Maria Bruni provided an update on new quality measures as follows:

1. **Use of Pharmacotherapy** (Adults with an OUD diagnosis).

2. **Continuity of Care** - after medically managed withdrawal (Adults - for all SUDs patients).

3. **Continuity of Care** - after in-patient or residential treatment (Adults - for all SUDs patients).

The source for all of the three measures will come from Medicaid claims, counter data and pharmacy claims. All measures are voluntary.

The subcommittee also discussed the following:

- How to Incentivize
- Payment for Performance for MCOs and Health Homes
- Accurate capture of data
    - Cleanable
    - Identifiable
    - Usable across the system

- Evidence-based Treatment
- Connecting patients to the right type of care
- Improve care coordination
- Additional clarification from CMS about quality measures

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Additional Data: Maria Bruni provided the following additional information:

In SFY18, hospital-based withdrawal management (detox) services were reimbursed by Medicaid at 186 hospitals for a total of $36,242,523. Information on the utilization of these services includes the following:

- A total of 9,730 unique patients received hospital-based detox services, with a total of 13,867 admissions and 46,581 days of care.
- The average cost per day of care was $778
- The top 7 hospitals (3.7%) accounted for 36% of the admissions; the top 15 hospitals (8.1%) accounted for 58% of the admissions.

The information above is a person-based data set versus a claimed-based data set.

IV. **Discussion of Proposed Recommendations** – Kathy gave a recap of what was discussed at the last meeting.

The subcommittee discussed the following:

- Clarity & directions from HFS
- Universal consent
- 42 CFR Part II
- Ensuring that people are getting care in the appropriate setting
- Levels of care
- Update Service Definitions for Level 4.0 providers
- Stabilization Centers
- SUPR -Short term stabilization
- Induction through MAT
- Some type of acknowledgement form outlining acceptance or denial of opportunities given to patients
    - Maria will follow up to see if other states have some type of consent/acknowledgement forms for patients

V. **Approval of Minutes** – the minutes were approved with the moving item #3 to its proper place.

VI. **Adjournment** – The meeting was adjourned at 12:04p

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Policy Research

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FOR SOCIAL POLICY AND MANAGEMENT

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[1]

- **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

$$\frac{Numerator}{Denominator} x\ 100 = performance\ rate$$

Denominator	Numerator
Total number of beneficiaries with OUD diagnosis	Total number of beneficiaries with evidence of at least one prescription filled, or who were administered or dispensed a medication for OUD

Step 6: Calculate Medication-Specific Performance Rates

$$\frac{Numerator}{Denominator} x\ 100 = performance\ rate$$

Denominator	Numerator
Total number of beneficiaries with OUD diagnosis	Total number of beneficiaries with evidence of at least one prescription filled for: Rate 1: Buprenorphine Rate 2: Oral naltrexone Rate 3: Long acting, injectable naltrexone Rate 4: Methadone

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

$$\frac{Numerator}{Denominator} x\ 100 = performance\ rate$$

Denominator	Numerator
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 5: Calculate Location-Specific Performance Rates

$$\frac{Numerator}{Denominator} x\ 100 = performance\ rate$$

Denominator	Numerator
Total number of discharges from a medically managed withdrawal episode for adult Medicaid beneficiaries, ages 18–64 in: Denominator 1: Inpatient hospital Denominator 2: Residential addiction treatment program Denominator 3: Ambulatory	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

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

$$\frac{Numerator}{Denominator} x\ 100 = performance\ rate$$

Denominator	Numerator
Total number of discharges from inpatient or residential treatment 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

$$\frac{Numerator}{Denominator} x\ 100 = performance\ rate$$

Denominator	Numerator
Total number of discharges from inpatient or residential treatment episode for adult Medicaid beneficiaries, ages 18–64 in: Denominator 1: Inpatient hospital Denominator 2: Residential addiction treatment program	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

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

- Office of the Assistant Secretary for Planning and Evaluation (February 2019). "Use of Medication-Assisted Treatment for Opioid Use Disorders in Employer-Sponsored Health Insurance: Final Report." Ann Arbor, MI: Truven Health Analytics.

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- Centers for Medicare & Medicaid Services. (January 5, 2017). Opioid Misuse Strategy 2016. Retrieved from https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/CMS-Opioid-Misuse-Strategy-2016.pdf.

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

- Carrier, E., McNeely, J., Lobach, I., Tay, S., Gourevitch, M.N., and Raven, M.C. (2011). "Factors Associated with Frequent Utilization of Crisis Substance Use Detoxification Services." *Journal of Addictive Diseases*, 30(2):116-122.
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- Mark, T.L., Vandivort-Warren, R., and Montejano, L.B. (2006). "Factors Affecting Detoxification Readmission: Analysis of Public Sector Data from Three States." *Journal of Substance Abuse Treatment*, 31(4):439-445.
- Reif, S., Acevedo, A., Garnick, D.W., and Fullerton, C.A. (2017). "Reducing Behavioral Health Inpatient Readmissions for People with Substance Use Disorders: Do Follow-Up Services Matter?" *Psychiatric Services*, 68(8):810-818.
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- Thomas, C.P., Ritter, G.A., Harris, A.H.S., Garnick, D.W., Freedman, K.I., and Herbert, B. (2018). "Applying American Society of Addiction Medicine Performance Measures in Commercial Health Insurance and Services Data." *Journal of Addiction Medicine*, 12(4):287-294.

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

- Garnick, D.W., Lee, M.T., Horgan, C.M., Acevedo, A., and Washington Circle Public Sector Workgroup (2009). "Adapting Washington Circle Performance Measures for Public Sector Substance Abuse Treatment Systems." *Journal of Substance Abuse Treatment*, 36(3):265-277.

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