



February 16, 2018

Re: Finance Committee Request for Stakeholder Input to Address Opioid Crises

The Honorable Orrin Hatch
U.S. Senate Finance Committee
Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
U.S. Senate Finance Committee
Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

I am pleased to share the National Quality Forum's response to the Senate Finance Committee's request for stakeholder input to improve Medicare and Medicaid to address the opioid epidemic and improve access and quality of pain management care. NQF appreciates the opportunity to provide our insights on this critically important issue and look forward to working with you to advance policy priorities to combat the epidemic.

Founded in 1999, the National Quality Forum (NQF) is the nation's resource for healthcare quality measurement and improvement. NQF is an independent, not for profit, membership-based organization that brings healthcare stakeholders together to evaluate quality measures submitted for endorsement and recommend improvement strategies that reduce costs and help patients access better care. Through its multistakeholder membership of more than 430 organizations, NQF facilitates an open and thorough dialogue across the public and private sector on healthcare measurement and improvement, and strives to lead national collaboration to improve health and healthcare quality for all Americans.

NQF applauds the leadership of the Senate Finance Committee in their efforts to combat the nation's opioid epidemic. NQF actively engages with the healthcare community to evaluate quality measures and identify practical opioid stewardship approaches that advance the appropriate use of both pharmacological and non-pharmacological pain management therapies.

Our comments below address the opioid epidemic, access to care, and treatment through the following topics:

- Promoting evidence-based care through quality measurement;
- Enhancing data sharing and electronic health record (HER) integration;
- Engaging and educating clinicians and patients; and,
- Incentivizing quality improvement.

NQF, through its National Quality Partners (NQP™), leads practical, action-oriented initiatives to drive meaningful and lasting change for patients and their families. In 2017, NQP brought together 40 experts and national stakeholders from the public and private sector to form the NQF Opioid Stewardship Action Team. On March 12, 2018, NQF will release its *The NQP Playbook™: Opioid Stewardship*, which provides strategies for healthcare organizations and clinicians to curb opioid misuse and overuse through more appropriate prescribing practices and pain management approaches. Many of the comments below pertaining to opioid stewardship reflect the work of the

Action team, *The NQP Playbook™: Opioid Stewardship*, and other related NQF efforts.

Promoting evidenced-based care through quality measurement

All measures endorsed by NQF undergo rigorous tests of validity, reliability, and feasibility. Identifying, tracking and monitoring key quality metrics is critical to identify opportunities for improvement and the impact of interventions across care settings.

Currently, NQF has endorsed four health plan-level performance measures relevant to the opioid crisis. These measures address the use of opioids at high dosage or from multiple providers, with appropriate exclusions, including cancer patients.

In addition, NQF has endorsed measures for improving the delivery of behavioral health services, achieving better behavioral health outcomes, and improving the behavioral health of the U.S. population, especially individuals with mental illness and substance abuse.ⁱ These endorsed measures, which were reviewed by the NQF Behavioral Health Standing Committee, are scientifically sound and provide a good cornerstone to promoting evidenced-based care and program reform.

However, few measures that address the quality of treatment and management of care for opioid use disorders (OUD) and substance use disorders (SUD) exist. Rather most substance use measures focus on screening and assessment for these disorders. As a healthcare community, we should pursue measurement that recognizes addiction as a chronic condition best managed through long-term, coordinated care.

To address areas such as opioid treatment and management where measures are too few or nonexistent, NQF employs multistakeholder and expert panels to create a strategic and specific measurement blueprints that provide critical guidance and approaches to improving quality. If charged, NQF stands ready to convene an expert, multistakeholder panel to develop the necessary framework for measurement, including prioritized measure concepts to address quality, cost, and preferred care management practices, for the treatment of OUDs.

NQF's ability to craft measurement framework guidance for leading issues such as rural health, telehealth, and ambulatory care, are now possible due to Congressional action to authorize multi-year funding for NQF, with much credit due to the leadership of the Senate Finance Committee and its strong commitment to quality improvement.

Effective and appropriate opioid stewardship by providers and health systems also offers an opportunity to gather valuable data on prevention practices. The Playbook concluded that a short-list of new, meaningful measures could effectively monitor the impact of opioid stewardship and pain management initiatives. Such measures could address opioid utilization, non-opioid and non-pharmacologic pain management utilization, best practice adherence, and outcomes. New measures should be aligned to assess performance consistently, identify areas for improvement, target interventions, and minimize burden on providers and clinicians.

Congress should prioritize additional measurement approaches in opioid stewardship as a lever to focus attention and drive performance improvements.

Enhancing data sharing and Electronic Health Record integration

The NQP Playbook™: Opioid Stewardship highlights the need to promote and prioritize the integration of prescription drug monitoring programs (PDMP) and EHRs. PDMPs allow healthcare organizations and providers to regularly assess and monitor prescribing practices.

Integration would provide documented and consistent information to all parties involved in a patient's pain management and advance the use of health information technology (HIT) to promote patient safety as envisioned by NQF's Health IT Patient Safety Measurement Frameworkⁱⁱ. This 2016 report provides recommendations on how to identify measurement areas with the greatest potential of using HIT to improve patient safety and provide helpful guidance in facilitating a safe and secure integration.

The integration of PDMPs and EHRs would alleviate burden on clinicians who often must access multiple portals prior to prescribing. Additionally, standardized data collection and the regular sharing of performance data acquired through quality performance measures strengthens integration efforts and promotes transparency. The integration of PDMPs and EHRs can track opioid stewardship efforts and more effectively identify examples of excellence as well as opportunities for improvement.

Existing and new PDMPs should be able to communicate uniformly and consistently across state lines. Congress should consider supporting efforts to align data across PDMPs and facilitate data sharing between these programs.

Engaging and educating clinicians and patients

Involving patients and family caregivers in therapy and treatment decisions is essential to addressing opioid stewardship. People have access to healthcare information as never before, but in reality, individuals often do not understand basic information about the risks and benefits of treatments and alternatives, including pain management, that are necessary to make informed decisions. Many patients—though not all—prefer to make healthcare decisions with guidance from or in partnership with their clinicians. This model of two-way communication—known as shared decision making (SDM)—is critical to person-centered care, and has the potential to become the gold standard for informed consent in healthcare.

Pain management therapy actively engages two parties: the care provider and the patient receiving the therapy. *The NQP Playbook™: Opioid Stewardship* encourages improved education for both parties in order to fully inform pain management decision-making.

Continuing education provides an ideal forum to ensure providers have a common understanding of pain classifications, pain pathology, and psychosocial factors that may impact a pain intensity. Continuing education also provides the ability for education to be discipline- or specialty-specific, taking into account that there will be variation in prescribing practices based on specialty and patient population. It also affords an opportunity to inform clinicians and community partners about referral services that can play an important role for at-risk patients.

A common barrier to adequate pain management occurs when a patient or family caregiver requests, or insists on, opioid therapy for pain management. Patient and public education on pharmacological and non-pharmacological pain management practices provide opportunities to overcome this very real barrier. Many patients are unaware of the potential for rapid development of physical dependence, even after only several days of therapy.

In March, NQF will release the *NQP Playbook™: Shared Decision Making in Healthcare* which provides practical guidance for healthcare organizations to implement or strengthen SDM, using available resources. This Playbook will be an additional resource to clinicians interested in engaging patients and family caregivers to manage expectations regarding pain during recovery.

Incentivizing quality improvement

Quality measures are an important tool to implement care team and clinician accountability. Accountability improvement metrics could incentivize pain management discussions, the development of patient-centered pain management plans, and the use of opioid stewardship as a key performance standard for health systems in public reporting programs.

Over the last decade, Medicare's efforts to improve patient safety by using quality measures to drive accountability and change clinical practices have been successful. As a result, the nation has seen a dramatic decrease in medical errors that cause unnecessary harm. Similar to patient safety programs, quality measures can provide an important lever to improve pain management practices and reduce inappropriate opioid therapy use.

NQF encourages the Senate Finance Committee to reflect upon these successful outcomes as well as the lessons-learned from these effective patient safety programs as a starting platform for future Medicare and Medicaid program development.

The Medicare population has among the highest and fastest-growing rates of diagnosed opioid use disorder, currently at more than 6 of every 1,000 beneficiaries.ⁱⁱⁱ The human toll combined with the economic cost outlined in your letter only add to the urgency to combat the escalating public health threat facing our nation. It is my privilege to offer any assistance the NQF can provide to reverse the tide of this crisis.

If NQF can be of any additional assistance, please do not hesitate to contact me directly at sagrawal@qualityforum.org. I look forward to our continued work together.

Sincerely,



Shantanu Agrawal, MD, MPhil
President and CEO
National Quality Forum

ⁱ NQF. *Behavioral Health 2016-2017*. Washington, DC: NQF; 2017. Available at http://www.qualityforum.org/Publications/2017/08/Behavioral_Health_2016-2017_Final_Report.aspx. Last accessed February 2018.

ⁱⁱ NQF. *Identification and Prioritization of Health IT Patient Safety Measures*. Washington, DC: NQF; 2016. Available at http://www.qualityforum.org/Publications/2016/02/Identification_and_Prioritization_of_HIT_Patient_Safety_Measures.aspx. Last accessed February 2018.

ⁱⁱⁱ Lembke A, Chen J. Use of Opioid Agonist Therapy for Medicare Patients in 2013. *JAMA Psychiatry*. 2016; 73(9): 990992.