NATIONAL QUALITY FORUM

NQF Quality Innovation:

Measuring Quality of Care in Substance Use Disorder (SUD) Treatment Programs

Project Summary Report

January 24, 2019

This NQF Quality Innovation project is supported by Shatterproof, a Nonprofit Corporation.

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Executive Summary

Executive Summary

Overview

NQF convened an Expert Panel to:

- "Pressure test" Shatterproof's proposed measure set by gathering multistakeholder expert input on the measures, additional measure concepts, and guidance on Shatterproof's proposed implementation of the measure set in its provider rating system pilot and future national expansion.

The Expert Panel:

- Provided collective feedback on the Shatterproof proposed measure set*, including additional/alternative measure concepts
- Discussed measuring quality of care in an SUD Treatment Program Rating System
- Outlined data and implementation barriers and solutions
- Discussed adapting existing measures for the practice or facility level
- Offered considerations for supporting national implementation of the Shatterproof measure set

Notes

**A measure set developed by the Shatterproof Quality Measure Committee was used as a starting point.*

Executive Summary

Key Takeaways—SUD Treatment Quality Measurement

- Chronic disease management and disease control (e.g., diabetes) serves as a good model for SUD treatment and performance measurement
- Key barriers to implementing consumer-focused SUD treatment quality programs include: data and interoperability; the policy environment; and, funding for SUD treatment infrastructure and health IT
- System- and provider-level improvements require both measure set implementation and parallel investments in workforce development, wraparound services, health IT, and quality improvement
- Collaboration is needed between health plans, providers, IT vendors, and policymakers to address the benefit design, payment/access policies, care delivery, and data limitations that constrain efforts to measure and improve SUD care across settings

Data collected on patient characteristics, provider use of evidence-based practices, workforce characteristics, and outcomes can **support measure development and research to improve quality of SUD care for all patient populations**.

Executive Summary

Key Takeaways—Advancing SUD Quality of Care and Measurement

Barriers

- Data and interoperability
  - *Lack of electronic health record (EHR) adoption among SUD programs hinders care coordination and measurement*
  - *Challenging to obtain medication-assisted treatment (MAT) prescribing data and track clinical events across care settings*
- Current policy environment
  - *Can prevent or limit the use of MAT*
- Lack of funding
  - *Prevents investments in data and measurement infrastructure*
  - *Often results in large gaps in data*

Facilitators

- Data and interoperability
  - *Prescription drug monitoring programs (PDMPs) can help fill some gaps in MAT prescribing data*
  - *Health plan data sharing and improved access to third-party data can elucidate what happens within the clinical space*
- Future policy environment
  - *Needs to promote choices of treatment for the individual*
- Funding mechanisms
  - *Federal funding can drive EHR adoption at dedicated SUD treatment programs*
  - *Pay-for-reporting can help offset measurement burden (esp. for SUD treatment programs caring for underserved populations)*

Executive Summary

Key Takeaways—Shatterproof Pilot

The Shatterproof pilot represents a good starting point to improve SUD quality of care in the U.S.—there's an urgency to start somewhere*

- To balance measurement burden and the need for timely, meaningful information to support quality improvement, Shatterproof should:
  - *Pare back to a core set of validated, consumer-focused measures for accountability*
  - *Allow for optional supplementary measures to differentiate high-quality providers and increase transparency around quality of care*
  - *Create protocols to ensure data accuracy and adequacy*
  - *Define appropriate peer groups and risk adjustment/stratification approaches*
    - » Particularly important given variation across providers in patient characteristics, focus, and services offered
  - *Connect providers with educational resources needed to utilize data fully*

Notes

**Given the existing Shatterproof pilot timeline and work plan, it is understood that Shatterproof may be unable to adopt all of the recommendations contained herein as part of the initial pilot rollout.*

Project Overview

Background and Rationale

Epidemiology

- According to the National Survey on Drug Use and Health (NSDUH), over 21.5 million Americans aged 12 and older has a substance use disorder (SUD)[1]
- 37% (8 million Americans) of individuals with an SUD also struggle with a mental health disorder[2]
- The National Institutes of Health (NIH) National Institute on Drug Abuse (NIDA) reports that drug-related deaths have more than doubled since 2000, and that there are more deaths, illness, and disabilities from substance use than from any other preventable health condition[3]

While there is strong evidence supporting the impact of evidence-based medical treatment in improving patient outcomes, **only 1 out of 10 individuals with an SUD receive any form of treatment,**[4] most often without the use of evidence-based medical care.

Background and Rationale

Quality Rating Systems

- There is great demand for accurate, useful information on healthcare quality to inform the decisions of consumers, employers, clinicians, and policymakers, particularly as the healthcare system moves towards value-based reimbursement models[5]
- Hospital systems that have implemented publicly reported quality metrics have observed improved patient impacts including:[6]
  - *Increase in patients with controlled blood pressure*
  - *Fewer deaths following hospitalization for a heart attack*
  - *Fewer unplanned readmissions*
  - *More patients reporting a highly favorable experience with their hospital*

While the use of quality metrics to make health care-related decisions continues to grow, no universally adopted system exists to rate addiction treatment in the U.S.

Background and Rationale

Overview of SUD Treatment Measurement [7]

- NQF identified 46 unique screening and assessment instruments for SUD
- There are 17 identified quality measures related to SUD, of which 10 are currently endorsed by NQF*
- While there are numerous SUD measures for primary care, hospitals, health systems, and health plans, measures specific to addiction specialists are virtually nonexistent

There are clear opportunities to develop and implement SUD measures that provide a nuanced understanding of addiction specialists' role in identifying, treating, and monitoring patients with addiction over time.

Notes

**SUD measures exist for specific care settings (e.g., hospital) or levels of analysis (e.g., health plan). However, measures are lacking for broad use and performance comparisons across the diverse care settings in which SUD is treated.*

Background

Shatterproof

- Shatterproof is a national nonprofit organization dedicated to ending the devastation addiction causes families
- Shatterproof assembled a Substance Use Disorder Treatment Task Force (the Task Force) to move the addiction treatment system to high-quality, evidence-based care, bridge research and practice, and ensure implementation of the most up-to-date findings that increase access to quality treatment for SUDs and improve patient outcomes
- The Task Force developed the National Principles of Care© (the Principles) as the core elements (e.g., measures) of quality addiction treatment
- 19 payers have signed on to the Principles of Care, which form the foundation for the Task Force's initiatives:
  - *To provide payers the information they need to incentivize high-quality care through network decisions and innovative payment models;*
  - *To engage providers and support them to provide quality care; and,*
  - *To educate consumers to identify and demand high-quality care.*

Background

Shatterproof National Principles of Care©

#1. Routine screenings in every medical setting

#5. Coordinated care for every illness

#2. A personal plan for every patient

#6. Behavioral health care from legitimate providers

#3. Fast access to treatment

#7. Medication-assisted treatment

#4. Disease management, rather than 28 days

#8. Recovery support services beyond medical care

Background

Shatterproof Rating System of Addiction Treatment Programs

Shatterproof is launching a 2-year pilot of a rating system of addiction treatment programs:

- **Purpose:** identify, promote, and reward high-quality addiction treatment, based on the Principles
- **Providers:** specialty addiction treatment programs
- **Rating System Users:** consumers (patients and caregivers), payers, addiction treatment providers, referral sources (e.g., criminal justice system), and states
- **Performance Measures:** mix of structure, process, outcome, and patient experience measures to assess quality of care among specialty addiction treatment programs (see slides 28-30 for a list of measures and Appendix B for detailed measure information)
- **Data Sources:** insurance claims (public and commercial), provider survey, and consumer experience survey
- **Pilot Scope:** 5 Medicaid expansion states

Project Purpose

This NQF project supports the Task Force's initiatives by facilitating multistakeholder guidance to inform implementation of a rating system of addiction treatment programs

Project Objectives

1. Gather feedback on Shatterproof's proposed measure set*, including additional or alternative measure concepts
2. Discuss considerations for measuring quality of care for purposes of rating substance use disorder SUD treatment programs
3. Provide guidance for adapting existing measures for use at the practice or facility level (where applicable) and aligning with related measures under development
4. Identify potential data and implementation barriers and proposed solutions
5. Outline recommendations for improving the initial measure set to support national implementation

Notes

**A measure set developed by the Shatterproof Quality Measure Committee was used as a starting point.*

Project Approach

Environmental Scan

- Performed scan of existing quality measures and research relevant to SUD treatment

Key Informant Interviews

- 12 key informant interviews provided insights on addiction treatment, referral patterns, quality-of-care gaps, and early input on Shatterproof's proposed measure set

Public Feedback

- Received 352 comments on Shatterproof's proposed measure set, including data and implementation barriers and potential solutions

Expert Panel

- 15-member multistakeholder panel provided strategic guidance and iterative recommendations on Shatterproof's proposed measure set*
  - *Including additional/alternative measure concepts and data/ implementation barriers and potential solutions*
  - *Mix of email surveys, a 1-day in-person Strategy Session meeting, and one-on-one interviews informed by the Environmental Scan and feedback from fellow panelists, Key Informants, and public*

Notes

**A measure set developed by the Shatterproof Quality Measure Committee was used as a starting point. The Expert Panel was able to consider an Environmental Scan and feedback from fellow panelists, Key Informants, and the public in providing feedback and sharing recommendations for the measure set and the pilot, more broadly.*

Expert Panel Insights

Expert Panel Insights

Overview

- Measuring Quality of Care in an SUD Treatment Program
- Feedback on the Shatterproof Measures for Addiction Treatment Programs
- Data and Implementation Barriers and Solutions
- Adapting Existing Measures for the Practice or Facility Level
- Improving the Shatterproof Measures for National Implementation

Measuring Quality of Care in an SUD Treatment Program

Expert Panel Insights

Measuring Quality of Care in an SUD Treatment Program

Model SUD treatment quality measurement on chronic disease management and control

- Measure outcomes continuously from the beginning of care
- Incorporate patient preferences, values, and goals:
  - *What is important to the individual patient?*
  - *What does recovery mean over the course of treatment?*
- Align measurement with clinical management approaches that:
  - *Reduce primary symptoms to non-problematic levels*
  - *Facilitate general functioning and wellness*
  - *Aid patients and families in self-directed recovery management*
  - *Drive patient engagement and retention in treatment*

Expert Panel Insights

Measuring Quality of Care in an SUD Treatment Program

Promote accountability for high-quality care without exacerbating disparities and workforce shortages

- Avoid weaponizing data:
  - *Penalizes providers that care for patients with psychosocial issues and/or work in lower-resource settings*
  - *Worsens disparities through patient selection*
- Measure set implementation cannot address all quality-of-care challenges and should be pursued in parallel with greater support of and investment in:
  - *Workforce development, esp. peer recovery and co-occurring disorders*
  - *Wraparound services (e.g., housing and transportation) that support patients' success and retention in SUD treatment across the continuum*

Expert Panel Insights

Measuring Quality of Care in an SUD Treatment Program

Use measurement to drive system- and provider-level improvement in care and shared learning

- Adopt measures that examine how the entire treatment system and individual providers meet patient needs
  - *Focus on the entire care process so as not to penalize good providers*
  - *Balance holding providers accountable for things outside their control and for the moment in time they are connected with the patient*
  - *Include all forms of SUD treatment*
- Facilitate "rising tide" approach
  - *Highlight exemplars, not bad players*
    - » e.g., providers that incorporate recovery support services at treatment onset
  - *Share practice performance and benchmarks to enable practice change*
  - *Consider how programs can collaboratively meet and exceed minimum quality standards*

Expert Panel Insights

Measuring Quality of Care in an SUD Treatment Program

Prioritize well-defined, consumer-focused measures with a clear relationship to outcomes

- Select measures that promote patient autonomy and shared decision-making aligned with patient preferences, goals, and needs
- Examine adequacy of structure, mix of services, and outcomes during acute and chronic phases of care
- Implement well-defined measures where the potential benefit to patients outweighs the reporting burden:
  - *Ensure measures are reliable, valid, meaningful (to clinicians, patients, and the programs), feasible, and actionable*
  - *Consider relevance to providers focused solely on SUD care (e.g., inpatient programs) and providers with a small focus on SUD (e.g., primary care)*
- Consider unintended consequences of some measures
  - *e.g., could a readmissions measure penalize a provider that is guiding a patient back into SUD care?*

Feedback on the Shatterproof Measures for Addiction Treatment Programs

Expert Panel Insights*

Feedback on the Shatterproof Measures

Most feedback was neutral in tone

- *Comments included questions, proposed modifications, and identified barriers and potential solutions*

Viewed pilot and measure set as a "starting point" to:

- *Improve SUD quality of care across settings*
- *Increase alignment across existing SUD quality measurement initiatives*
- *Address the diverse needs of patients, caregivers/family members, providers, and payers*
- *Destigmatize SUD*

Commenters praised:

- *Comprehensive, multi-dimensional approach*
- *Inclusion of objective and subjective measure concepts*
- *Mix of patient-reported, provider-reported, and claims-based measure concepts*
- *Emphasis on coordinated care (esp. mental health) and recovery support services*
- *Use of validated instruments (e.g., Addiction Severity Index, or ASI, and Consumer Assessment of Healthcare Providers and Systems Experience of Care & Health Outcomes, or CAHPS ECHO)*

Notes

**Slides 25-27 reflect consolidated feedback and recommendations for the Shatterproof Measures for Addiction Treatment Programs from a multistakeholder Expert Panel. Expert panelists were able to consider an Environmental Scan and feedback from fellow panelists, Key Informants, and the public in providing feedback and sharing recommendations for the measure set and the pilot, more broadly.*

Expert Panel Insights

Feedback on the Shatterproof Measures

- Some comments challenged the readiness and fidelity of the Shatterproof measure set, citing the need for:
  - *Formal testing of new (or adapted) measure concepts for use and usability, feasibility, validity, and reliability at the program level*
    - » e.g., CAHPS ECHO is validated for use at the health plan level
  - *Protocols to ensure accuracy of provider-reported data*
  - *Review of measures for cultural and linguistic appropriateness*
  - *Appropriate peer groups, risk adjustment/stratification, and benchmarks*
  - *Consolidation of overlapping measures (e.g., 2a-c and 7a-c)*
  - *Greater outcomes focus*
  - *Adequate sample sizes*
- Measurement burden, duplication of existing initiatives, and lack of data access were prominent themes
  - *Provider capacity/knowledge to collect and analyze measures was of particular concern*

Expert Panel Insights

Feedback on the Shatterproof Measures

- Some respondents questioned whether a single measure set is sufficient to meet the needs of patients, providers, and payers
  - *Proposed measures may fall short of guiding consumer decision-making*
  - *Access measures, in particular, may disadvantage public programs*
- Potential unintended consequences were noted:
  - *Penalizing providers that care for patients with psychosocial issues and/or work in lower-resource settings*
  - *Holding providers accountable for performance data to which they have previously lacked access*
  - *Encouraging providers to 'cherry pick' lower risk clients*
  - *Limiting patients' ability to move appropriately through care settings according to their needs and preferences*

The Shatterproof pilot would be best served by a core set of validated, consumer-focused measures for accountability, with optional supplementary measures to improve transparency and differentiate high-quality providers.

Shatterproof Measures for Addiction Treatment Programs*

Measure Set For Feasibility Testing (Slide 1 of 3)

Principle	#	Proposed Measure Concept	Type	Source
Rapid access to appropriate Substance Use Disorder care	2a	Wait time for treatment: The mean number of days between first contact or assessment and treatment.[#, ++]	Process	Provider Survey
	2b	Access to treatment: *When you needed treatment right away, how often did you see someone from this treatment program as soon as you wanted?*	Patient Experience	Consumer Experience Survey
	2c	Access to treatment: D*oes your program offer same day access? Does your facility have the ability to admit clients after hours? If you do not have available beds or treatment slots, do you assist consumers in finding alternative treatment providers?" Do you use any of the following to assist clients: (1) We keep a running list of available beds and treatment slots and provide the consumer with the telephone number of other treatment providers with availability, (2) We call the other treatment facility and assist the consumer in setting up an appointment with the other facility, (3) We advise the consumer to check out the SAMHSA treatment locator, (4) Other [specify]* [#, ++]	Process	Provider Survey
Personalized diagnosis, assessment, and treatment planning	3a	*Does your program use a valid/reliable assessment instrument, if so, which one (e.g., ASAM, ASI, other)? Does the intake assessment collect information on the following: substance use, mental health status, physical health conditions, social relationships, risk of relapse (e.g., cravings), other?* [++]	Process	Provider Survey
	3b	*During your treatment, were you given information about different kinds of counseling or treatment that are available?*	Patient Experience	Consumer Experience Survey
Engagement in continuing long-term outpatient care with monitoring and adjustments to treatment	4a	Continuous engagement: Continuity of care after residential treatment for substance use disorder.	Process	Claims
	4b	Continuous adjustments to treatment (measurement-based care): *Does the program apply standardized assessments over time to determine treatment progress? If so, what outcomes are measured? How frequently are they measured? What instruments are used to measures outcomes?*	Process	Provider Survey

Notes

**The revised measure set on slides 28-30 was prepared based on a review of feedback and recommendations from a multistakeholder Expert Panel. Expert panelists were able to consider feedback from fellow panelists, Key Informants, and the public in offering recommendations on the measure set. Shatterproof will continue refining the measure set (e.g., revising specifications and consolidating or removing some measures) through initial feasibility testing.*

 # Shatterproof will review the need for both Measures 2a and 2c after feasibility testing is complete.

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs

Measure Set For Feasibility Testing (Slide 2 of 3)

Principle	#	Proposed Measure Concept	Type	Source
Concurrent, coordinated care for physical and mental illness	5a	Program Uses an Electronic Medical Record: Please select which of the following statements best describes your facility's highest level of Electronic Health System use (excluding billing)? ++	Structure	Provider Survey
	5b	Provision of Mental Health Treatment: *Does your program provide mental health treatment onsite? Which of the following mental health professionals does your organization employ and for how many hours per year? (Expanded list of professional distinctions) Does your program have a memorandum of understanding with mental health care practice(s)?* ++	Structure	Provider Survey
	5c	Connection to Medical Care Providers: *Does your program have physicians on staff? Does your program have an MOU with primary care practice(s)? Do you coordinate care with clients other healthcare providers, when given permission to do so by the clients? Do you obtain a medical history? Do you document in the medical record which medications your patients are currently taking? Do you ask if the patient in currently receiving behavioral health treatment?* ++	Process	Provider Survey
Access to fully trained and accredited behavioral health professionals	6a	Evidence of appropriate behavioral interventions for individuals diagnosed with an SUD: *Do you offer the following types of therapies? Do you offer them in a group and/or in 1:1 individual therapy sessions? Cognitive-behavioral therapy (CBT), contingency management, community reinforcement approach (CRA), motivational enhancement therapy (MET), the matrix model, twelve-step facilitation therapy (TSF), MultiSystemic Therapy (MST), Multi-Dimensional Family Therapy (MDFT), Brief Strategic Family Therapy (BSFT), Functional Family Therapy (FFT), and behavioral couples therapy (BCT)).* ++	Process	Provider Survey
	6b	Overall rating of treatment program: *Using any number from 0 to 10, where 0 is the worst treatment program possible and 10 is the best treatment program possible, what number would you use to rate this treatment program?*	Patient Experience	Consumer Experience Survey
	6c	*During your treatment, how often did the treatment staff show respect for what you had to say?*	Patient Experience	Consumer Experience Survey
	6d	National accreditation: *Is the facility nationally accredited (or, has the facility ever lost its license and/or accreditation)?* ++	Structure	Provider Survey

Notes

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs

Measure Set For Feasibility Testing (Slide 3 of 3)

Principle	#	Proposed Measure Concept	Type	Source
Access to FDA-approved medications	7a	Evidence of OUD medication use among patients with OUD treated at this program: Individuals with an OUD diagnosis that have medical or pharmacy claims for an FDA-approved medication specific to OUD treatment.	Process	Claims
	7b	Continuity of Pharmacotherapy for Opioid Use Disorder: Percentage of adults 18-64 years of age treated at this program with pharmacotherapy for OUD who have at least 30, 60, 90, or 180 days of continuous treatment.	Process	Claims
	7c	Availability of medications to treat substance use disorders. ++	Process	Provider Survey
Access to non-medical recovery support services	8a	*Do you provide the following recovery support services or offer these services via connection to local community providers: Peer Recovery Support; Employment counseling or training for clients; Assistance in locating housing for clients; Transportation assistance to treatment; Child care for clients' children; Assistance with obtaining social services (for example, Medicaid, WIC, SSI, SSDI); Domestic violence (family or partner) services (physical, sexual, and emotional abuse); Legal aide*	Structure	Provider Survey
	8b	Family Support: *Have staff in this treatment program talked with you about including your family or friends in your counseling or treatment?*	Patient Experience	Consumer Experience Survey
Outcomes	O1	Overdose after treatment: Admission to the ED or hospital for poisoning 14, 30, 90, and 180 days after discharge.	Outcome	Claims
	O2	Amount helped by treatment: *How much have you been helped by the treatment you got here?*	Patient Experience	Consumer Experience Survey
	O3	Improvement in ability to function: *Compared to when you entered this treatment program, how would you rate your ability to deal with daily problems now?*	Patient Experience	Consumer Experience Survey
Narrative		Patient Narrative Treatment Experience: Please think about some treatment experiences at this program. *What is the program doing right? What could be done to improve this program?*	Patient Experience	Consumer Experience Survey

Notes

++ Shatterproof may revise wording based on feasibility testing.

Data and Implementation Barriers and Potential Solutions

Expert Panel Insights

Barriers to Data Collection, Sharing, and Implementation

Data Collection

- Expensive, time-consuming, and resource-intensive
- Fewer resources in smaller organizations; more time to institute new processes in larger organizations
- Large workload/ burden on providers to collect data on patients who have left treatment

Data Sharing

- Not all organizations have EHRs, and lack of interoperability in the behavioral health space often limits data sharing
- Confusion among providers/treatment centers on how to interpret 42 CFR Part 2
- Privacy considerations impede data sharing

Data Implementation

- Providers often unable to access their own data to measure quality of care
- Providers lack access to risk-stratified data to inform resource allocation decisions
- Providers lack access to other providers' data, and so do not have benchmarks for accountability

Expert Panel Insights

Solutions for Data Collection, Sharing, and Implementation

Data Collection

- Prioritize data that are easy to collect and support measures with a clear patient benefit
- Data collection instruments need to be low- or no-cost
- IT infrastructure for troubleshooting electronic data collection
- Think creatively about funding and resource streams to support data collection, especially when resource levels differ

Data Sharing

- Reinforce the need for integrated data to understand the full picture of care
- Revisit 42 CFR Part 2 and state laws that hinder appropriate data sharing
- Give providers access to benchmarks or aggregate peer data to enable them to measure their own quality of care

Data Implementation

- Multistakeholder groups (i.e., payers, providers, and community partners) can collectively review data and identify what works/what needs improvement
- Providers need access to risk-stratification data to help allocate resources appropriately

Adapting Existing Measures for the Practice or Facility Level

Expert Panel Insights

Adapting Existing Measures for the Practice or Facility Level

Benefit design, payment/access policies, care fragmentation, and data access/adequacy inhibit measure adaptation

- Shared accountability across providers can support valid program-level attribution models
- Partnerships between health plans and providers can elucidate what happens within the clinical space and across care settings and help overcome data limitations (e.g., population size and frequency of events)
  - *Data sharing by health plans and improved access to third-party data sets can help address data gaps but additional data sources are needed*
- Providers and health plans can co-create alternative payment models to improve patient outcomes and engagement in care and facilitate measurement at the plan and provider levels

Expert Panel Insights

Adapting Existing Measures for the Practice or Facility Level

Experiences from the Field

Individual Practices: adapted ED visits, readmissions, and patient satisfaction measures with some success

Payers: drill down to provider-level identifiable data (esp. for MAT prescribing) proved challenging in adapting plan-level measures

Public/Private Collaborations: health plans and individual practices had different experiences under the Certified Community Behavioral Health Clinic (CCBHC) demonstration

- Practices struggled to adapt plan-level measures due to:
  - Misalignment with EHR structures
  - Difficulty interpreting measure specifications
  - Lack of benchmarks (available plan-level benchmarks could not be used)
- Medicaid plans had an easier time adapting plan-level measures

Improving the Shatterproof Measures for National Implementation

Expert Panel Insights

Improving the Shatterproof Measures for National Implementation

- Identify and agree upon what constitutes good outcomes for SUD to support consumer decision-making
  - *e.g., ability to work, care for families, etc., 1-year abstinence rate, and 5-year relapse rate*
- Collect recovery information from every patient, regardless of insurance status
- Facilitate data collection on all SUD programs, regardless of funding source
- Guide consumers to the Shatterproof website and provide interpretive information to guide consumer decisions
- Ensure providers have timely data and relevant benchmarks to interpret data
- Demonstrate that the Shatterproof pilot improves patient outcomes

Expert Panel Insights

Measurement Gaps in the Shatterproof Proposed Measure Set

Ensuring Patient Engagement and Retention in Treatment

- Achieving and sustaining recovery (e.g., 5-year sobriety and relapse rate)
- Substance use decline (e.g., cessation of drug use during treatment)
- Patient engagement in productive activities (e.g., employment, work, volunteering) as a measure of functioning

Holistic Approach to Treatment

- Availability of and referral to multi-modal treatment
- Availability of and referral to community-level support

Excellence in Care

- Appropriate level of treatment/avoiding under- and overtreatment
- Transitions of care (esp. from inpatient/residential or criminal justice to outpatient)
- Care responsive to cultural needs
- Assessment of adverse childhood events
- Costs of care (in total and by care setting, including patient out-of-pocket costs)

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Appendices

Appendix A
Project Stakeholders

Expert Panel

- **Jennifer B. Atkins, MBA,** Vice President, Network Solutions, Blue Cross Blue Shield Association
- **Ellen Bouchery, MS,** Principal Program Analyst, Mathematica Policy Researcher
- **Teresita Camacho-Gonsalves, PhD, MA,** Co-Director of Behavioral Health Team, Human Services Research Institute
- **Vitka Eisen, EdD, MSW,** President & CEO, HealthRight 360
- **Miriam Komaromy, MD, FACP, DFASAM,** Professor of Medicine, Director of Addiction and Community Health Worker Programs at the ECHO Institute, University of New Mexico Health Sciences Center
- **Joseph Lee, MD,** Medical Director, Hazelden Betty Ford Foundation Youth Consortium
- **Tami Mark, PhD, MBA,** Senior Director, Behavioral Health Financing and Quality Measurement, RTI International
- **Tiffany McCaslin, MPP,** Senior Policy Analyst, Public Policy, National Business Group on Health
- **Thomas McLellan, PhD,** Founder, Treatment Research Institute
- **Kirk Moberg, MD, PhD, FASAM, FACP, FAAPL, CPE,** Executive Medical Director, UnityPoint Health Illinois Institute for Addiction Recovery
- **Douglas Nemecek, MD, MBA,** Chief Medical Officer-Behavioral Health, and National Medical Officer-Coverage Policy and Trend Review, Cigna
- **Andrey Ostrovsky, MD,** Chief Medical Officer and Senior Vice President of Behavioral Health, Solera Health
- **Justin Luke Riley, MBA,** President & CEO, Young People in Recovery
- **Patricia Santora, PhD,** Public Health Analyst, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Service Administration (SAMHSA)
- **Sarah Wattenberg, MSW,** Director of Quality and Addiction Services, National Association for Behavioral Healthcare

Key Informants

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Appendix B
Shatterproof Measures for Addiction Treatment Programs: Measures for Feasibility Testing

Shatterproof Measures for Addiction Treatment Programs*

Measure Set For Feasibility Testing (Slide 1 of 3)

Principle	#	Proposed Measure Concept	Type	Source
Rapid access to appropriate Substance Use Disorder care	2a	Wait time for treatment: The mean number of days between first contact or assessment and treatment.[#, ++]	Process	Provider Survey
	2b	Access to treatment: *When you needed treatment right away, how often did you see someone from this treatment program as soon as you wanted?*	Patient Experience	Consumer Experience Survey
	2c	Access to treatment: D*oes your program offer same day access? Does your facility have the ability to admit clients after hours? If you do not have available beds or treatment slots, do you assist consumers in finding alternative treatment providers?" Do you use any of the following to assist clients: (1) We keep a running list of available beds and treatment slots and provide the consumer with the telephone number of other treatment providers with availability, (2) We call the other treatment facility and assist the consumer in setting up an appointment with the other facility, (3) We advise the consumer to check out the SAMHSA treatment locator, (4) Other [specify]* [#, ++]	Process	Provider Survey
Personalized diagnosis, assessment, and treatment planning	3a	*Does your program use a valid/reliable assessment instrument, if so, which one (e.g., ASAM, ASI, other)? Does the intake assessment collect information on the following: substance use, mental health status, physical health conditions, social relationships, risk of relapse (e.g., cravings), other?* [++]	Process	Provider Survey
	3b	*During your treatment, were you given information about different kinds of counseling or treatment that are available?*	Patient Experience	Consumer Experience Survey
Engagement in continuing long-term outpatient care with monitoring and adjustments to treatment	4a	Continuous engagement: Continuity of care after residential treatment for substance use disorder.	Process	Claims
	4b	Continuous adjustments to treatment (measurement-based care): *Does the program apply standardized assessments over time to determine treatment progress? If so, what outcomes are measured? How frequently are they measured? What instruments are used to measures outcomes?*	Process	Provider Survey

Notes

**This revised measure set was prepared based on a review of feedback and recommendations from a multistakeholder Expert Panel. Expert panelists were able to consider feedback from fellow panelists, Key Informants, and the public in offering recommendations on the measure set. Shatterproof will continue refining the measure set (e.g., revising specifications and consolidating or removing some measures) through initial feasibility testing.*

 # Shatterproof will review the need for both Measures 2a and 2c after feasibility testing is complete.

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs*

Measure Set For Feasibility Testing (Slide 2 of 3)

Principle	#	Proposed Measure Concept	Type	Source
Concurrent, coordinated care for physical and mental illness	5a	Program Uses an Electronic Medical Record: Please select which of the following statements best describes your facility's highest level of Electronic Health System use (excluding billing)? ++	Structure	Provider Survey
	5b	Provision of Mental Health Treatment: *Does your program provide mental health treatment onsite? Which of the following mental health professionals does your organization employ and for how many hours per year? (Expanded list of professional distinctions) Does your program have a memorandum of understanding with mental health care practice(s)?* ++	Structure	Provider Survey
	5c	Connection to Medical Care Providers: *Does your program have physicians on staff? Does your program have an MOU with primary care practice(s)? Do you coordinate care with clients other healthcare providers, when given permission to do so by the clients? Do you obtain a medical history? Do you document in the medical record which medications your patients are currently taking? Do you ask if the patient in currently receiving behavioral health treatment?* ++	Process	Provider Survey
Access to fully trained and accredited behavioral health professionals	6a	Evidence of appropriate behavioral interventions for individuals diagnosed with an SUD: *Do you offer the following types of therapies? Do you offer them in a group and/or in 1:1 individual therapy sessions? Cognitive-behavioral therapy (CBT), contingency management, community reinforcement approach (CRA), motivational enhancement therapy (MET), the matrix model, twelve-step facilitation therapy (TSF), MultiSystemic Therapy (MST), Multi-Dimensional Family Therapy (MDFT), Brief Strategic Family Therapy (BSFT), Functional Family Therapy (FFT), and behavioral couples therapy (BCT)).* ++	Process	Provider Survey
	6b	Overall rating of treatment program: *Using any number from 0 to 10, where 0 is the worst treatment program possible and 10 is the best treatment program possible, what number would you use to rate this treatment program?*	Patient Experience	Consumer Experience Survey
	6c	*During your treatment, how often did the treatment staff show respect for what you had to say?*	Patient Experience	Consumer Experience Survey
	6d	National accreditation: *Is the facility nationally accredited (or, has the facility ever lost its license and/or accreditation)?* ++	Structure	Provider Survey

Notes

**This revised measure set was prepared based on a review of feedback and recommendations from a multistakeholder Expert Panel. Expert panelists were able to consider feedback from fellow panelists, Key Informants, and the public in offering recommendations on the measure set. Shatterproof will continue refining the measure set (e.g., revising specifications and consolidating or removing some measures) through initial feasibility testing.*

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs*

Measure Set For Feasibility Testing (Slide 3 of 3)

Principle	#	Proposed Measure Concept	Type	Source
Access to FDA-approved medications	7a	Evidence of OUD medication use among patients with OUD treated at this program: Individuals with an OUD diagnosis that have medical or pharmacy claims for an FDA-approved medication specific to OUD treatment.	Process	Claims
	7b	Continuity of Pharmacotherapy for Opioid Use Disorder: Percentage of adults 18-64 years of age treated at this program with pharmacotherapy for OUD who have at least 30, 60, 90, or 180 days of continuous treatment.	Process	Claims
	7c	Availability of medications to treat substance use disorders.++	Process	Provider Survey
Access to non-medical recovery support services	8a	*Do you provide the following recovery support services or offer these services via connection to local community providers: Peer Recovery Support; Employment counseling or training for clients; Assistance in locating housing for clients; Transportation assistance to treatment; Child care for clients' children; Assistance with obtaining social services (for example, Medicaid, WIC, SSI, SSDI); Domestic violence (family or partner) services (physical, sexual, and emotional abuse); Legal aide*	Structure	Provider Survey
	8b	Family Support: *Have staff in this treatment program talked with you about including your family or friends in your counseling or treatment?*	Patient Experience	Consumer Experience Survey
Outcomes	O1	Overdose after treatment: Admission to the ED or hospital for poisoning 14, 30, 90, and 180 days after discharge.	Outcome	Claims
	O2	Amount helped by treatment: *How much have you been helped by the treatment you got here?*	Patient Experience	Consumer Experience Survey
	O3	Improvement in ability to function: *Compared to when you entered this treatment program, how would you rate your ability to deal with daily problems now?*	Patient Experience	Consumer Experience Survey
Narrative		Patient Narrative Treatment Experience: Please think about some treatment experiences at this program. *What is the program doing right? What could be done to improve this program?*	Patient Experience	Consumer Experience Survey

Notes

**This revised measure set was prepared based on a review of feedback and recommendations from a multistakeholder Expert Panel. Expert panelists were able to consider feedback from fellow panelists, Key Informants, and the public in offering recommendations on the measure set. Shatterproof will continue refining the measure set (e.g., revising specifications and consolidating or removing some measures) through initial feasibility testing.*

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs

Principle: Rapid Access to Appropriate SUD Care

Measure Concept	**2a. Wait time for treatment: The mean number of days between first contact or assessment and treatment. #, ++**
Measure Type	Process
Measurement Background	Adapted from NIATx promising practices
Data Source	Claims, electronic medical record data, simulated shopper, or provider survey (based on aggregation of NIATx promising practices data collection approach for outpatient or residential levels of care)
Summary of Specifications	The total number of days between first contact or assessment (TBD) and treatment for all consumers who contacted the program. Programs record when patients first call to make an appointment. They also record when the patient first comes to the facility or first begins treatment. The difference between the two dates is the wait time for treatment. ++
Other Considerations	Two definitions of contact have been used in the literature. The first is "first contact," which would be verified through electronic health records. The second is "assessment," which would be measured through claims. The definition for operationalizing this measure is TBD. This measure is being used in the Certified Community Behavioral Health Center demonstration. Depending on the data collection approach, data validation may be required.

Notes

 # Shatterproof will review the need for both Measures 2a and 2c after feasibility testing is complete.

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs

Principle: Rapid Access to Appropriate SUD Care

Measure Concept	**2b. Access to treatment: *When you needed treatment right away, how often did you see someone from this treatment program as soon as you wanted?***
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Care Organization 3.0, Q5. Q5 is 1 question within the 3-question composite “Getting Treatment Quickly”
Specifications	*When you needed treatment right away, how often did you see someone from this treatment program as soon as you wanted? Answer choices: Never, Sometimes, Usually, Always*
Other Considerations	The original ECHO, as endorsed by NQF, has face validity and content validity and reliability (Daniels, 2004; Shaul, 2003). Several states ask clients similar questions about the timeliness of access to treatment. Examples include: The NY OASAS PoC Survey asks consumers "When I needed services right away, I was able to see someone as soon as I wanted." The California Perceptions Survey asks "Services were available when I needed them." The South Carolina SAMH Survey asks how much the consumer agrees with the statement "I was seen for services on time." The Delaware DSAMH Consumer Survey includes 3 questions related to timeliness: Staff were willing to see me as often as I felt it was necessary, Staff returned my call in 24 hours, and Services were available at times that were good for me.

Shatterproof Measures for Addiction Treatment Programs

Principle: Rapid Access to Appropriate SUD Care

Measure Concept	**2c. Access to treatment:** ***Does your program offer same day access? Does your facility have the ability to admit clients after hours? If you do not have available beds or treatment slots, do you assist consumers in finding alternative treatment providers? Do you use any of the following to assist clients: (1) We keep a running list of available beds and treatment slots and provide the consumer with the telephone number of other treatment providers with availability, (2) We call the other treatment facility and assist the consumer in setting up an appointment with the other facility, (3) We advise the consumer to check out the SAMHSA treatment locator, (4) Other [specify]?*** [#, ++]
Measure Type	Process
Measurement Background	According to the National Council for Behavioral Health, same day access is associated with, on average, a 60% reduction in wait times, greater engagement and reduced no-shows. Same day access is being implemented in some states as part of their addiction treatment system reforms (e.g., http://dls.virginia.gov/groups/mhs/same%20day%20updates.pdf). Additional examples and information on "same day access" or "open access" are available from AHRQ https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/access/strategy6a-openaccess.html.
Data Source	Provider Survey
Summary of Specifications	*See Measure Concept*
Other Considerations	Shorter-wait time for addiction treatment is associated with improved treatment engagement, reduced substance use, and reduced mortality (Sigmon et al., N Engl J Med. 2016 Dec 22;375(25):2504-2505; Hoffman et al. Addict Behav. 2011 Jun;36(6):643-7. Schmidt et al., Subst Abus. 2017 Jul-Sep;38(3):317-323.)

Notes

[#] Shatterproof will review the need for both Measures 2a and 2c after feasibility testing is complete.

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs

Principle: Personalized Diagnosis, Assessment, and Treatment Planning

Measure Concept	**3a. *Does your program use a valid/reliable assessment instrument, if so, which one (e.g., ASAM, ASI, other)? Does the intake assessment collect information on the following: substance use, mental health status, physical health conditions, social relationships, risk of relapse (e.g., cravings), other?*** ++
Measure Type	Process
Measurement Background	Adapted from Medicaid 1115 SUD Demonstration Waiver requirement.
Data Source	Provider Survey
Summary of Specifications	*See Measure Concept*
Other Considerations	Currently required for Medicaid beneficiaries in states with Medicaid SUD 1115 waiver requirements. Shatterproof proposes building out understanding of assessment tools used. Patients who are matched to appropriate level of care using comprehensive assessment criteria have better outcomes than those that are not matched. (Angarita, J Addict Med. 2007 Jun;1(2):79-87; Sharon J Addict Dis. 2003;22 Suppl 1:79-93; Baker et al.. J Addict Dis. 2003;22 Suppl 1:45-60.)

Notes

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs

Principle: Personalized Diagnosis, Assessment, and Treatment Planning

Measure Concept	**3b.** ***During your treatment, were you given information about different kinds of counseling or treatment that are available?***
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Care Organization 3.0, Q21. Q21 is 1 question within the 2-question composite called "Information About Treatment Options."
Summary of Specifications	*During your treatment, were you given information about different kinds of counseling or treatment that are available? Answer choices: Yes, No.*
Other Considerations	The original ECHO, as endorsed by NQF, has face validity and content validity and reliability (Daniels, 2004; Shaul, 2003). Several states/counties/organizations ask SUD clients similar questions about receiving information on outside/additional treatment services. Examples include: NY OASAS Perceptions of Care survey question, "I was given information about different services that were available to me;" South Carolina SAMH Survey question: "Staff helped me find other services I needed;" Delaware DSAMH questions "I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.) and "I was able to get all the services I thought I needed."

Shatterproof Measures for Addiction Treatment Programs

Principle: Engagement in Continuing Long-Term Outpatient Care with Monitoring and Adjustments to Treatment

Measure Concept	**4a. Continuous engagement: Continuity of care after residential treatment for substance use disorder.**
Measure Type	Process
Measurement Background	Adapted from NQF #3453, stewarded by Centers for Medicare & Medicaid Services, Centers for Medicaid & CHIP Services.
Data Source	Claims
Summary of Specifications	Numerator Statement: Discharges in the denominator with an outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or filled a prescription for or were administered or ordered a medication for SUD. Two rates are reported, continuity within 7 and 14 days after discharge. Denominator Statement: Patient discharge from a residential treatment program with a principal diagnosis of SUD during the measurement year.
Other Considerations	There is general agreement that continuity of care (including encounters with the health system within a defined period of time) after discharge from inpatient or residential care for SUD is related to better outcomes including reduced substance use (DeMarce, Lash, Stephens, Grambow, & Burden, 2008; McKay & Hiller-Sturmhofel, 2011), readmissions (Mark et al., 2013; Reif et al., 2017), and criminal justice involvement (McKay, 2009), lower risk of death in the two post-discharge years (Harris et al., 2015), and improved employment status (McKay, 2009).

Shatterproof Measures for Addiction Treatment Programs

Principle: Engagement in Continuing Long-Term Outpatient Care with Monitoring and Adjustments to Treatment

Measure Concept	**4b. Continuous adjustments to treatment (measurement-based care): Does *the program apply standardized assessments over time to determine treatment progress? If so, what outcomes are measured? How frequently are they measured? What instruments are used to measures outcomes?***
Measure Type	Process
Measurement Background	Adapted from Joint Commission requirement.
Data Source	Provider Survey
Summary of Specifications	*See Measure Concept*
Other Considerations	The Joint Commission requires that, to be accredited, behavioral organizations must assess the outcomes of care in an ongoing manner to inform the treatment delivered. The Joint Commission does not require the use pf particular tool; the key determination is whether there is evidence that the tool is being used as part of measurement-based care.

Shatterproof Measures for Addiction Treatment Programs

Principle: Concurrent, Coordinated Care for Physical and Mental Illness

Measure Concept	5a. Program Uses an Electronic Medical Record: Please select which of the following statements best describes your facility's highest level of Electronic Health System use (excluding billing)? ++
Measure Type	Structure
Measurement Background	Adapted from CMS (Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program).
Data Source	Provider Survey
Summary of Specifications	Please select which of the following statements best describes your facility's highest level of Electronic Health System use (excluding billing)?" ++
Other Considerations	The exact specification of this question is still being determined. An EHR was a measure that was used in the inpatient psychiatric facility (IPFQR) program: https://www.qualityreportingcenter.com/wp-content/uploads/2015/02/IPF-Measures-Final.pdf.

Notes

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs

Principle: Concurrent, Coordinated Care for Physical and Mental Illness

Measure Concept	**5b. Provision of Mental Health Treatment:** ***Does your program provide mental health treatment onsite? Which of the following mental health professionals does your organization employ and for how many hours per year? (Expanded list of professional distinctions) Does your program have a memorandum of understanding with mental health care practice?*** ++
Measure Type	Process
Measurement Background	New Measure
Data Source	Provider Survey Potential verification: NSSATS, claims data
Summary of Specifications	*See Measure Concept*
Other Considerations	Mental illness commonly co-occurs with substance use disorders. Integrating addiction treatment with primary mental health services improves outcomes for individuals with both substance use disorders and mental illness (Wolitzky-Taylor, 2018).

Notes

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs

Principle: Concurrent, Coordinated Care for Physical and Mental Illness

Measure Concept	**5c. Connection to Medical Care Providers:** ***Does your program have physicians on staff? Does your program have an MOU with primary care practice(s)? Do you coordinate care with clients other healthcare providers, when given permission to do so by the clients? Do you obtain a medical history? Do you document in the medical record which medications your patients are currently taking? Do you ask if the patient in currently receiving behavioral health treatment?*** ++
Measure Type	Process
Measurement Background	New Measure
Data Source	Provider Survey Potential verification: Electronic Health Record
Summary of Specifications	*See Measure Concept*
Other Considerations	

Notes

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs

Principle: Access to Fully Trained and Accredited Behavioral Health Professionals

Measure Concept	**6a. Evidence of appropriate behavioral interventions for individuals diagnosed with an SUD: *Do you offer the following types of therapies? Do you offer them in a group and/or in 1:1 individual therapy sessions? Cognitive-behavioral therapy (CBT), contingency management, community reinforcement approach (CRA), motivational enhancement therapy (MET), the matrix model, twelve-step facilitation therapy (TSF), MultiSystemic Therapy (MST), Multi-Dimensional Family Therapy (MDFT), Brief Strategic Family Therapy (BSFT), Functional Family Therapy (FFT), and behavioral couples therapy (BCT)?*++**
Measure Type	Process
Measurement Background	New Measure
Data Source	Provider Survey Begin collecting in year one. Fidelity approach is TBD.
Summary of Specifications	*See Measure Concept*
Other Considerations	This measure will be implemented immediately through the provider survey given the current inability to distinguish between therapy types using current billing codes. Once billing codes are adapted, this should become a claims-based measure. Evidence-based therapies currently restricted to those included in the Surgeon General's Report, new therapies may be added to the numerator with compelling evidence.

Notes

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs

Principle: Access to Fully Trained and Accredited Behavioral Health Professionals

Measure Concept	**6b. Overall rating of treatment program: *Using any number from 0 to 10, where 0 is the worst treatment program possible and 10 is the best treatment program possible, what number would you use to rate this treatment program?***
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO. Also asked by CAHPS surveys in other health care settings.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Care Organization 3.0, Q 28. Q28 is a single-item Global Rating measure in ECHO named "Overall Rating of counseling and treatment."
Summary of Specifications	*Using any number from 0 to 10, where 0 is the worst treatment program possible and 10 is the best treatment program possible, what number would you use to rate this treatment program?*
Other Considerations	Zhang et al. found positive effects of patient satisfaction on drug use outcomes across a one year period after treatment. Kelly et al. found participants who were more satisfied with their programs remained in treatment for at least 12 months. Examples of states that survey clients receiving substance use disorder treatment about how they would rate their treatment services are: California, Connecticut, Delaware, Maine, Maryland, North Carolina, South Carolina, Texas, and Ohio.

Shatterproof Measures for Addiction Treatment Programs

Principle: Access to Fully Trained and Accredited Behavioral Health Professionals

Measure Concept	**6c. *During your treatment, how often did the treatment staff show respect for what you had to say?***
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO. Similar "respect" questions are asked in CAHPS studies across many other health care settings.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Care Organization 3.0, Q13. Q13 is 1 question within the 6-question composite called "How Well Clinicians Communicate."
Summary of Specifications	*During your treatment, how often did treatment staff show respect for what you had to say? Answer choices: Never, sometimes, usually, always.*
Other Considerations	The original ECHO as endorsed by NQF, has face validity and content validity and reliability (Daniels, 2004; Shaul, 2003). Examples of states that survey clients about whether the treatment staff treated them with respect (courtesy and respect was sometimes used for that question) include: California, Texas, South Carolina, and Ohio. Additionally, the new Mental Health CAHPS, now under development by the CAHPS Consortium, is retaining a respect question in its ECHO revisions.

Shatterproof Measures for Addiction Treatment Programs

Principle: Access to Fully Trained and Accredited Behavioral Health Professionals

Measure Concept	**6d. National accreditation: *Is the facility nationally accredited (or, has the facility ever lost its license and/or accreditation)?*** ++
Measure Type	Structure
Measurement Background	New Measure
Data Source	Provider Survey
Summary of Specifications	TBD
Other Considerations	The measure could assess whether the facility is nationally accredited by TBD organization(s) or whether the facility has ever lost its accreditation, licensure, or failed to meet conditions of participation in Medicare. It is important to be conscious of time and resources consumed by accreditation and audit processes and the true impact on quality.

Notes

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs

Principle: Access to FDA-Approved Medications

Measure Concept	**7a. Evidence of OUD medication use among patients with OUD treated at this program: Individuals with an OUD diagnosis that have medical or pharmacy claims for an FDA-approved medication specific to OUD treatment.**
Measure Type	Process
Measurement Background	Adapted from NQF #3400, stewarded by Centers for Medicare & Medicaid Services, Centers for Medicaid & CHIP Services.
Data Source	Claims
Summary of specifications	Numerator Statement: Individuals with an OUD diagnosis that have medical or pharmacy claims for an FDA-approved medication specific to OUD treatment. Denominator Statement: Patients with an OUD diagnosis treated at the program.
Other Considerations	This is a plan-level measure and will be adapted to the program level.

Shatterproof Measures for Addiction Treatment Programs

Principle: Access to FDA-Approved Medications

Measure Concept	**7b. Continuity of Pharmacotherapy for Opioid Use Disorder: Percentage of adults 18-64 years of age treated at this program with pharmacotherapy for OUD who have at least 30, 60, 90, or 180 days of continuous treatment.**
Measure Type	Process
Measurement Background	Adapted from NQF #3175, stewarded by University of Southern California.
Data Source	Claims
Summary of Specifications	Numerator Statement: Individuals in the denominator who have at least 30, 60, 90, 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days. Denominator Statement: Individuals 18-64 years of age who had a diagnosis of OUD and at least one claim for an OUD medication and treated at a particular program.
Other Considerations	This is a plan-level measure that will be adapted to the program level. Patients who receive treatment at the program and have an OUD diagnosis will be attributed to the program.

Shatterproof Measures for Addiction Treatment Programs

Principle: Access to FDA-Approved Medications

Measure Concept	**7c. Availability of medications to treat substance use disorders. ++**
Measure Type	Process
Measurement Background	Adapted from NSSATS data set and TEDS data set.
Data Source	Provider Survey
Summary Specifications	The question is anticipated to be multipart to determine which medicines are offered, whether they are offered onsite, or whether they are offered through a contract with another provider. The measures may also include sub-questions regarding what percentage of patients received the medication, as a validation check and the NSSATs may also be used as a validation check. Pharmacotherapies tracked by NSSATS: Medications for psychiatric disorders, Nicotine replacement, Buprenorphine, Buprenorphine with naloxone (Suboxone®), Buprenorphine without naloxone, Campral®, Naltrexone (oral), Antabuse®, Non-nicotine smoking/tobacco cessation medications, Methadone, Injectable naltrexone Shatterproof will also engage with NASADAD to understand how States are contracting with abstinence-only facilities and how information is conveyed to patients.
Other Considerations	This may be more of a yes/no versus a % of the medications offered. Do they offer vivitrol versus the % of individuals receiving vivitrol in their organization. Questions to plans: When contracting with abstinence-only facilities, is there a required disclosure to patients about the availability of medications and the informed decision to pursue abstinence-based treatment? Is this audited in any way?

Notes

++ Shatterproof may revise wording based on feasibility testing.

Shatterproof Measures for Addiction Treatment Programs

Principle: Access to Non-Medical Recovery Support Services

Measure Concept	8a. ***Do you provide the following recovery support services or offer these services via connection to local community providers: Peer Recovery Support; Employment counseling or training for clients; Assistance in locating housing for clients; Transportation assistance to treatment; Child care for clients' children; Assistance with obtaining social services (for example, Medicaid, WIC, SSI, SSDI); Domestic violence (family or partner) services (physical, sexual, and emotional abuse); Legal aide***
Measure Type	Structure
Measurement Background	Adapted from NSSATS data set.
Data Source	Collected via NSSATS
Summary of Specifications	*See Measure Concept*
Other Considerations	The ability to connect patients to drug-free housing, vocational training, parenting classes, and peer recovery services is an important part of professional care – there should be evidence that qualified staff have taken and passed courses or training programs that qualify them to perform these services. TBD how this measure will factor into a composite score, but it is important for consumers to see whether these services are offered.

Shatterproof Measures for Addiction Treatment Programs

Principle: Access to Non-Medical Recovery Support Services

Measure Concept	**8b. Family Support:** ***Have staff in this treatment program talked with you about including your family or friends in your counseling or treatment?***
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Care Organization 3.0, Q 19. Q19 is a single-item Global Rating measure called "Including Family and Friends."
Summary of Specifications	*Have staff in this treatment program talked with you about including your family or friends in your counseling or treatment? Answer choices: Yes, No.*
Other Considerations	NIDA describes family involvement as a principal of effective treatment. "Family and friends can play critical roles in motivating individuals with drug problems to enter and stay in treatment. Family therapy can also be important, especially for adolescents. Involvement of a family member or significant other in an individual's treatment program can strengthen and extend treatment benefits." Studies reviewing the effectiveness of family involvement in substance abuse treatment programs conclude that there is a growing evidence base to support family-focused interventions in substance misuse. (Copello, 2005). Connecticut and California ask a similar question.

Shatterproof Measures for Addiction Treatment Programs

Principle: Outcomes

Measure Concept	**O1. Overdose after treatment: Admission to the ED or hospital for poisoning 14, 30, 90, and 180 days after discharge.**
Measure Type	Outcome Proxy
Measurement Background	New Measure (although readmission measures are used by individual payers)
Data Source	Claims
Specifications	TBD
Other Considerations	Readmissions or admissions to a higher level of care could indicate suboptimal treatment in the prior setting or could indicate appropriate treatment given that substance use disorder recovery often involves relapse and higher levels of care may be needed. This measure may be used for population-based information rather than as a performance measure.

Shatterproof Measures for Addiction Treatment Programs

Principle: Outcomes

Measure Concept	**O2. Amount helped by treatment: *How much have you been helped by the treatment you got here?***
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed organization 3.0, Q 29. Q29 is an ECHO single-item measure named Amount Helped
Specifications	*How much have you been helped by the treatment you got here? Answer choices: Not at all, a little, somewhat, a lot.*
Other Considerations	The original ECHO, as endorsed by NQF, has face validity and content validity and reliability (Daniels, 2004; Shaul, 2003). Examples of states that survey clients receiving specialty substance use disorder treatment about how much they were helped by their treatment program include: Delaware, Maine, Maryland, and South Carolina.

Shatterproof Measures for Addiction Treatment Programs

Principle: Outcomes

Measure Concept	**O3. Improvement in ability to function: *Compared to when you entered this treatment program, how would you rate your ability to deal with daily problems now?***
Measure Type	Patient Experience
Measurement Background	Adapted from CAHPS ECHO.
Data Source	CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Care Organization 3.0, Q 31. Q31 is part of a 4-question composite called "Perceived Improvement."
Summary of Specifications	*Compared to when you entered this treatment program, how would you rate your ability to deal with daily problems now? Answer choices: Much better, A little better, About the same, A little worse, Much worse.*
Other Considerations	The original ECHO, as endorsed by NQF, has face validity and content validity and reliability (Daniels, 2004; Shaul, 2003). Examples of states that include similar questions in their surveys of clients receiving specialty substance use disorder treatment include: California, Connecticut, Delaware, Maine, Maryland, North Carolina, South Carolina, and Texas.

Shatterproof Measures for Addiction Treatment Programs

Principle: Narrative

Measure Concept	**Patient Narrative Treatment Experience: Please think about some treatment experiences at this program. *What is the program doing right? What could be done to improve this program?***
Measure Type	Patient Experience
Measurement Background	Perceptions of Care Study
Data Source	Perceptions of Care Study
Summary of Specifications	*What is this program doing right? What could be done to improve this program?*
Other Considerations	The CAHPS Consortium has developed a 5-item Patient Narrative Elicitation Protocol which enables patient to give detailed feedback that enriches their answers to the closed-ended questions. Although guided by the CAHPS elicitation concept, we recommend the simpler item shown above from the Perceptions of Care study. This has been tested and designed for the substance use population. Examples of states that ask clients receiving specialty substance use disorder similar open-ended questions include: New York, California, Connecticut, Maryland, and Ohio.