

THE PEW CHARITABLE TRUSTS

# The Core OUD Treatment Measures for States

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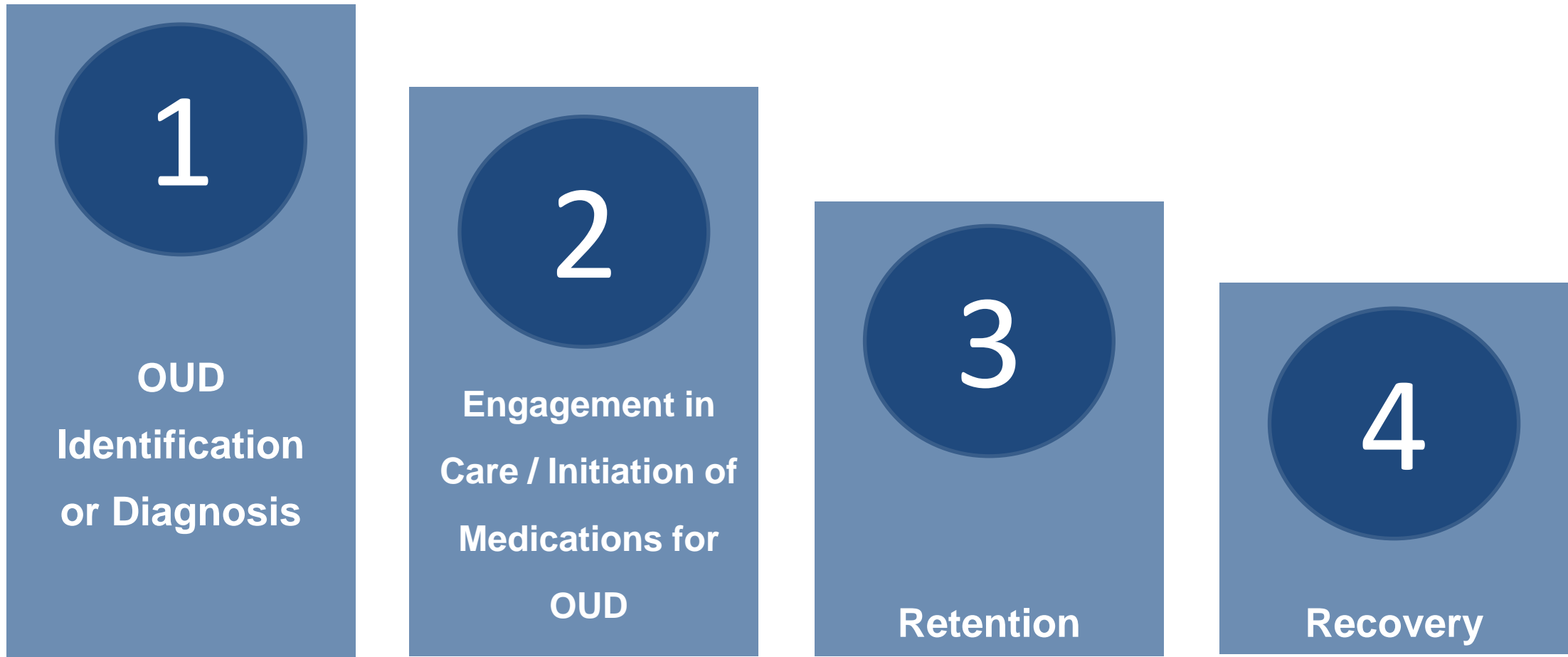
# The problem

- Record overdose deaths – and rising disparities
- Medication for opioid use disorder (MOUD) can save lives, but few people access it
- Black people especially unlikely to receive MOUD

# The problem (cont'd)

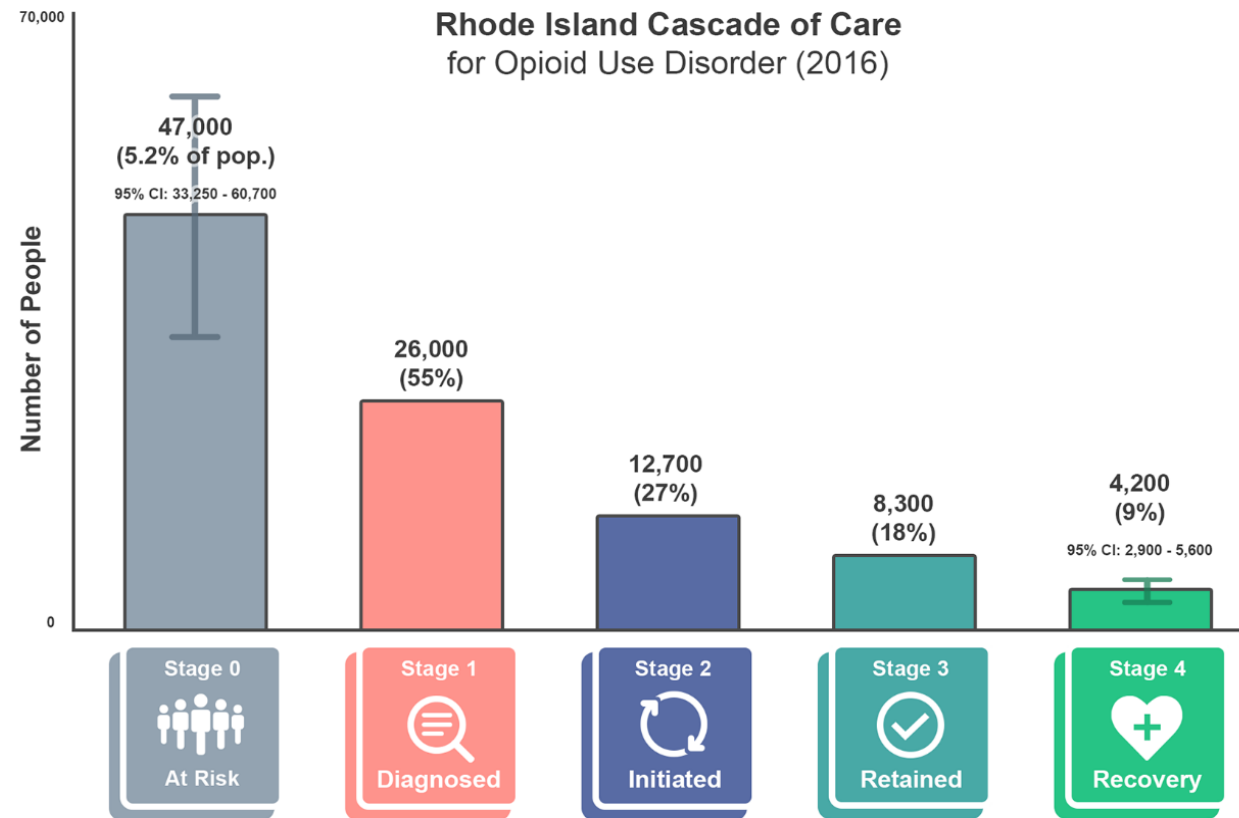
- States are responsible for ensuring their treatment systems provide high quality, equitable care. Yet they often don't know how well their treatment systems are performing:
  - Just **1 in 3** states publicly report OUD treatment metrics
  - Even fewer report measures related to medications for opioid use disorder (MOUD)
- No consensus on the right measures to use

# OUD Cascade of Care



**Citation:** Arthur Robin Williams, Edward V. Nunes, Adam Bisaga, Frances R. Levin & Mark Olfson (2019) Development of a Cascade of Care for responding to the opioid epidemic, The American Journal of Drug and Alcohol Abuse, 45:1, 1-10, DOI: 10.1080/00952990.2018.1546862

# Example cascade – Rhode Island



Source: J.L. Yedinak et al., “Defining a Recovery-Oriented Cascade of Care for Opioid Use Disorder: A Community-Driven, Statewide Cross-Sectional Assessment,” *PLOS Medicine* 16, no. 11 (2019): e1002963, <https://doi.org/10.1371/journal.pmed.1002963>. Image credit: Maxwell Krieger, Brown University.

# The solution

- Through stakeholder consensus, an expert panel identified a set of measures all states can and should use to assess and improve the effectiveness of their OUD treatment system.
- Pew is publishing a report on these measures and a toolkit, authored by RTI International, for implementation.

# Expert panel

Name	Affiliation
<b>Dr. Anika Alvanzo</b>	Pyramid Healthcare, Inc. (Representing ASAM)
<b>Dr. Robert Baillieu</b>	Substance Abuse and Mental Health Services Administration
<b>Shannon Biello</b>	Shatterproof
<b>Jan Brown</b>	SpiritWorks Foundation Center for the Soul
<b>Amanda Geller</b>	Centers for Disease Control and Prevention
<b>Ann Hollen</b>	Kentucky Department for Medicaid Services
<b>Jodi Manz</b>	National Academy for State Health Policy
<b>Dr. Tami Mark</b>	RTI International
<b>Stephanie Rogers</b>	Colorado Office of Behavioral Health
<b>Christopher Sellers</b>	Alabama Department of Mental Health
<b>Dr. Kimberly Sue</b>	National Harm Reduction Coalition
<b>Monica Trevino</b>	Michigan Public Health Institute

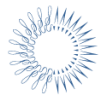
# Measure selection process

- Review existing measures
- Exclude measures that were mental health only, focused on healthcare utilization, specific SUD other than OUD, overdoses, spending-focused.
- Apply cascade of care framework
- Expert panel evaluated and selected based on
  - Usability and Use
  - Equity
  - Importance to Measure and Report
  - Feasibility: Extent to which the measure uses data that are readily available
  - Scientific Acceptability of Measure Properties:
  - Related or Competing Measures



# Selected Measures

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# OUD Identification/diagnosis

Measure	Definition	Source
<b>1a. OUD Diagnosis</b>	Percent of individuals who had documented OUD diagnosis (e.g., on an insurance claim).	N/A
<b>1b. Assessed for SUD Using a Standardized Screening Tool</b>	Percent of individuals who were screened/assessed for SUD using a standardized screening tool.	Medicaid 1115 SUD Waiver Monitoring

# Initiation of OUD Treatment

Measure	Definition	Source
<b>2a. Use of Pharmacotherapy for OUD</b>	Percent of individuals with an OUD diagnosis who filled a prescription for or were administered or dispensed an MOUD, overall and by type of MOUD (methadone, buprenorphine, naltrexone).	NQF #3400
<b>2b. OUD Provider Availability</b>	Number of providers who can prescribe buprenorphine, number of providers who do prescribe buprenorphine, number of opioid treatment programs that dispense methadone and/or buprenorphine	Medicaid 1115 SUD Waiver Monitoring

# Retention in OUD Treatment

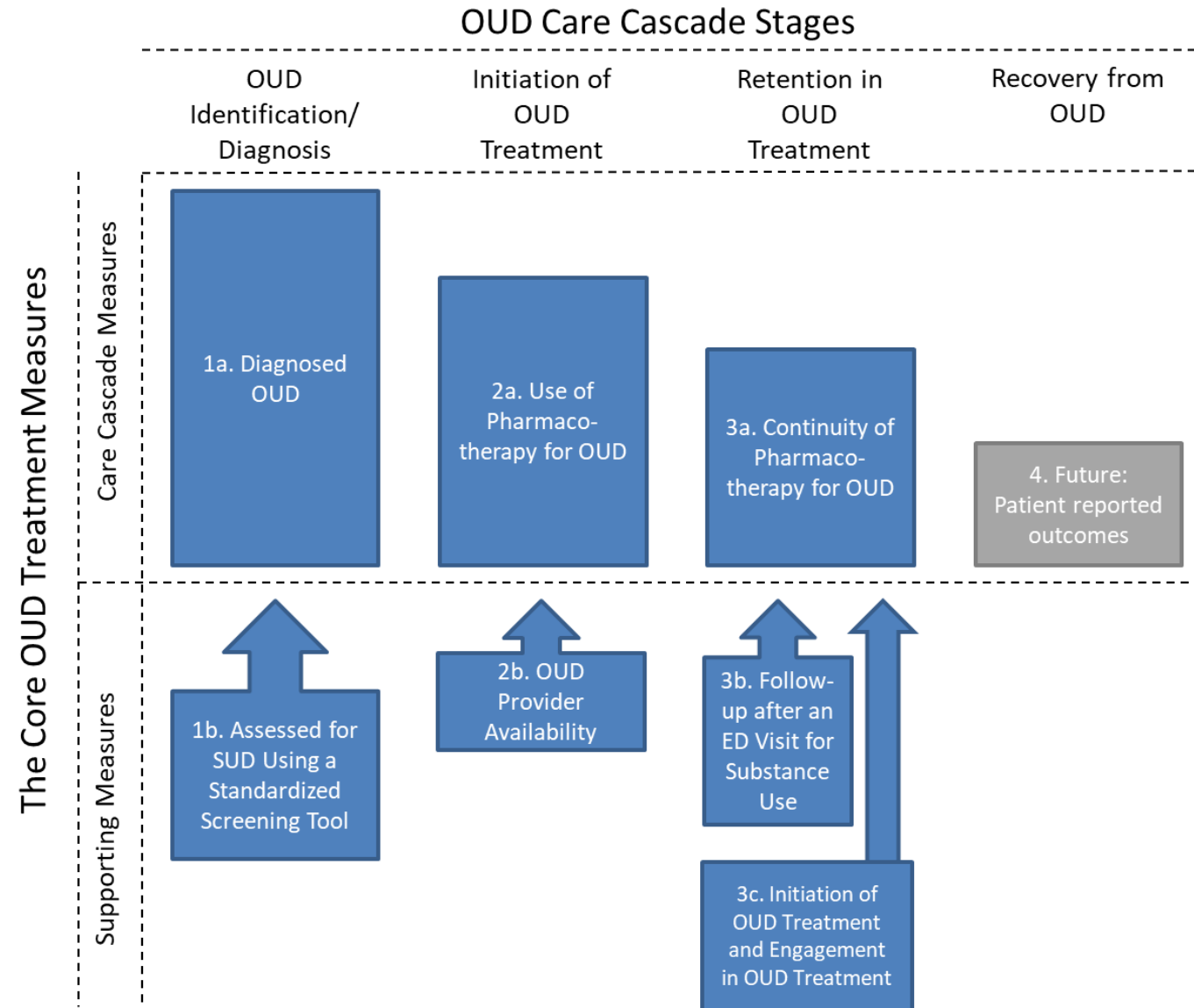
Measure	Definition	Source
<b>3a. Continuity of Pharmacotherapy for OUD</b>	Percent of individuals who filled a prescription or were dispensed an MOUD who received the MOUD for at least 6 months, overall and by type of MOUD (methadone, buprenorphine, naltrexone).	NQF #3175
<b>3b. Initiation of OUD Treatment and Engagement in OUD treatment</b>	Percent of individuals who initiate SUD treatment within 14 days of an OUD diagnosis.  Percent of individuals who had 2 or more additional SUD services within 30 days of the initiation SUD treatment encounter.	HEDIS® † Initiation and Engagement of Substance Use Treatment (NQF #0004), stratified for OUD
<b>3c. Follow-up after an Emergency Department Visit for Substance Use</b>	Percent of emergency department visits for individuals with a principal SUD or overdose diagnosis who had a follow-up visit for SUD within 7 days of the visit and within 30 days of the visit.	HEDIS® Follow-Up After Emergency Department Visit for Substance Use (NQF #3488)

†The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.

# Recovery

Measure	Definition	Source
<b>4. One or more patient reported outcome measures to be determined by each state</b>	Percentage of individuals who achieve an improved level of functioning or quality of life.	N/A

# Core Measures and the Cascade of Care



# The goal

All states have the data they need to address the opioid crisis. This data should be:

1. Publicly available
2. Interpreted with input from people with OUD and providers
3. Disaggregated by geography and demographics
4. Put into **action**

# Up next:

- Measuring recovery
- How Michigan is using data to identify and address SUD disparities



# Questions?

Contact Frances at [fmcgaffey@pewtrusts.org](mailto:fmcgaffey@pewtrusts.org)