

Advocating for Measures That Matter

A TRAINING ON IMPROVING QUALITY MEASURES
FOR SUBSTANCE USE DISORDERS PROGRAMS

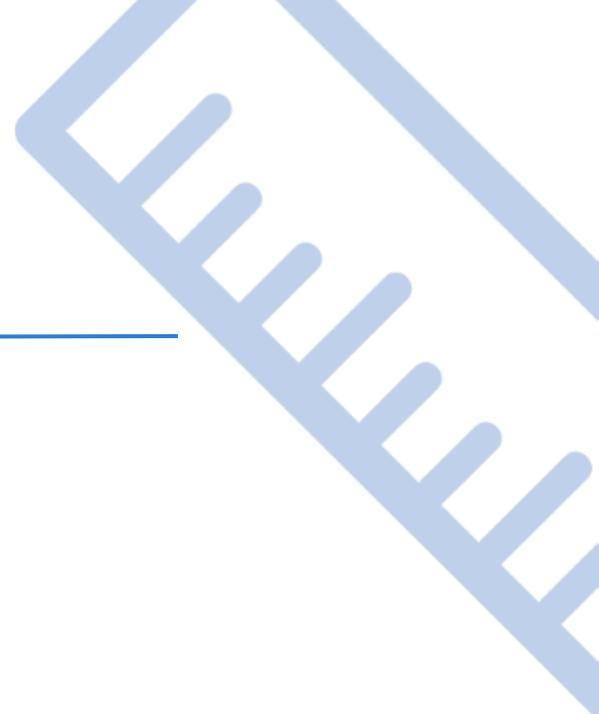
Acknowledgements

This slide deck and training were created by Community Catalyst, a national non-profit advocacy organization that works to ensure consumer interests are represented wherever important decisions about health and the health system are made: in communities, health facilities, statehouses and on Capitol Hill.

This training slide deck is funded by a grant from the Blue Cross Blue Shield of Massachusetts Foundation. Created in 2001, the mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care in Massachusetts through grantmaking and policy initiatives.

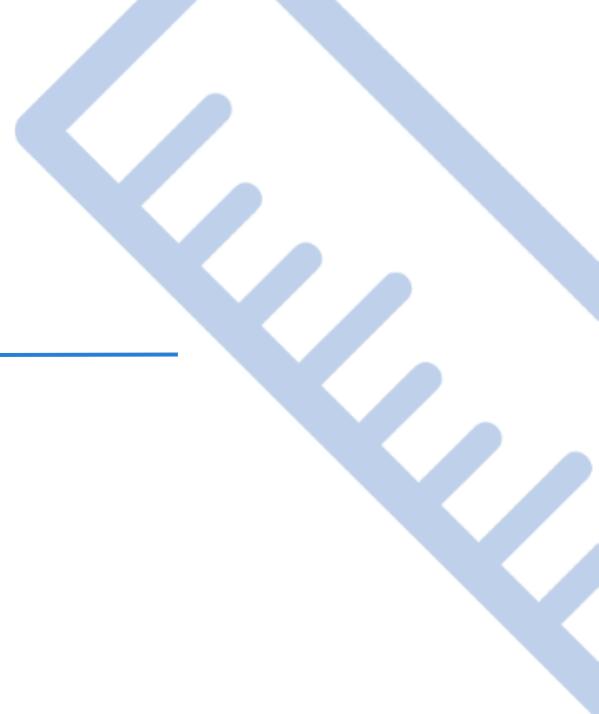


Meet Your Facilitator





Logistics



Introductions

Please share your...

- Name
- Pronouns
- Organizational affiliation
- One goal for today's training



Ground Rules

- One mic
- Be respectful and supportive
- Step up, step back
- Speak from the “I” or speak your truth
- Anything else to add?



Overview of the Day

Topic 1: Quality measurement basics

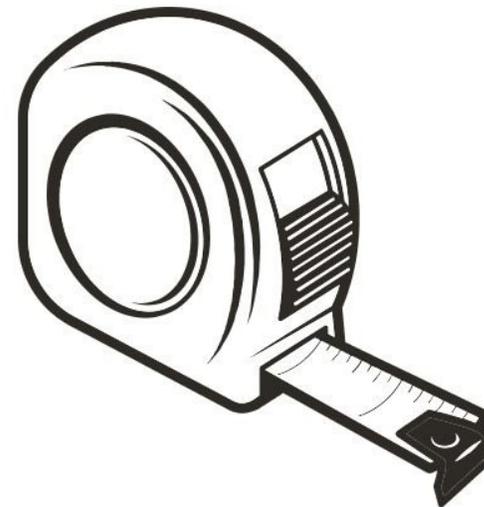
Topic 2: Substance use disorders measures

Topic 3: Advocacy strategies for better quality measures

Topic 4: Opportunities to advocate for quality measures

Background

- Why is quality measurement important?
- Why is it important for substance use disorders?
- You can apply the skills you already have to advocate in the area of quality measurement



Topic 1

Quality Measurement Basics

In this section you will learn about:

- The quality measure development process
- Criteria for a good quality measure

What We Already Know Exercise

Let's discuss

- What do you think are elements of good quality care in substance use?
- What has worked well for you, or for other consumers you know, in substance use services?
- What could use improvement?

Problems with “Bad” Substance Use Services



Vox TWITTER FACEBOOK

She wanted addiction treatment. She ended up in the relapse capital of America.

Brianna Jaynes asked for help for her drug addiction. Then Florida’s rehab industry exploited her for profit.

By German Lopez | @germanlopez | german.lopez@vox.com | Mar 2, 2020, 8:00am EST

Photographs by Libby March for Vox



4:28

+ QUEUE

DOWNLOAD

EMBED

TRANSCRIPT



HEALTH INC.

‘Body Brokers’ Get Kickbacks To Lure People With Addictions To Bad Rehab

August 15, 2017 · 4:29 PM ET
Heard on *All Things Considered*

PETER HADEN

FROM WLRN
Miami South Florida



Problems with the Health System Overall

- The health system doesn't work for everyone
- The system is inequitable
- It is hard for many people to find substance use disorders treatment and services



What Does Change Look Like?

Questions we can ask:

- Are people getting better?
- What does better even mean?
- For people with substance use disorders, did their recovery capital increase?



Who Decides What Getting Better Means?

Treatment participants
should help set
the standards!

Participants have expertise



Changing the System

How do we change the system?

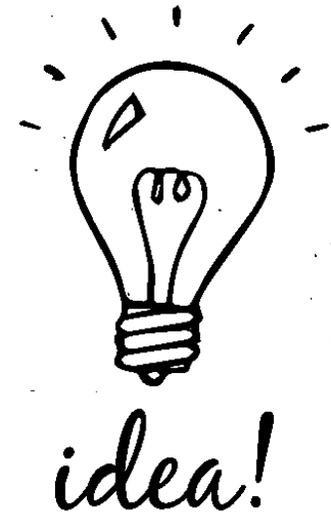
- People with lived experience have expertise but are left out of decision making
- In quality measurement, things that are easy to measure get the most attention
- Treatment participants should define what getting better means



How Quality Measures Can Help

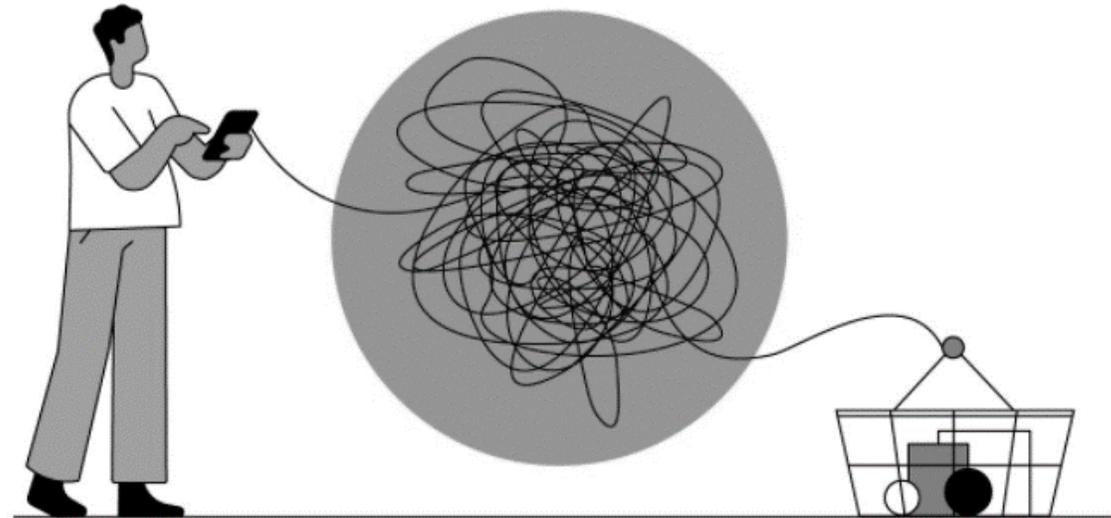
Quality measures help show us whether something is happening

- Is a program helping participants? Getting better/worse over time?
- A program could be services offered by a state agency, a large health care organization, a specific site, or a private health insurer



Uses of Quality Measures

- Improve treatment
- Inform consumers
- Affect payment
- Identify disparities



Measures and Disparities



- Research shows differences in how / whether people of different races access treatment
- What quality measures would help address disparities?
- Can we ensure data from quality measures is collected in a way that we can see differences by race and other demographics?

Common Pitfalls of a Measure

- Too narrow
- Does not measure what is important
- Based on something not relevant
- Based on old data



What Makes a Good Quality Measure

A **quality measure** is a specific way of analyzing the quality of a health care service, system or insurance plan!

What makes it "good" or "bad"?



National Quality Forum Criteria

The National Quality Forum (NQF) has criteria to decide whether a measure is good, which they call "endorsing" a measure

- *Note: These criteria were not developed with patient-reported outcomes in mind*

NQF Criteria

- Important, useable, feasible, scientific acceptability

Other Criteria

- Alignment, cost, clinical impact, person-centeredness

Discussion

What criteria do you think are most important for selecting measures for substance use disorders services?



Types of Measures



Characteristics of facilities, providers

Structure



What the provider does

Process



What happens to the patient as a result of treatment or service

Outcomes



What the patient experiences

Experience

Examples of Types of Measures

Structural – the ratio of patients to providers in a health clinic

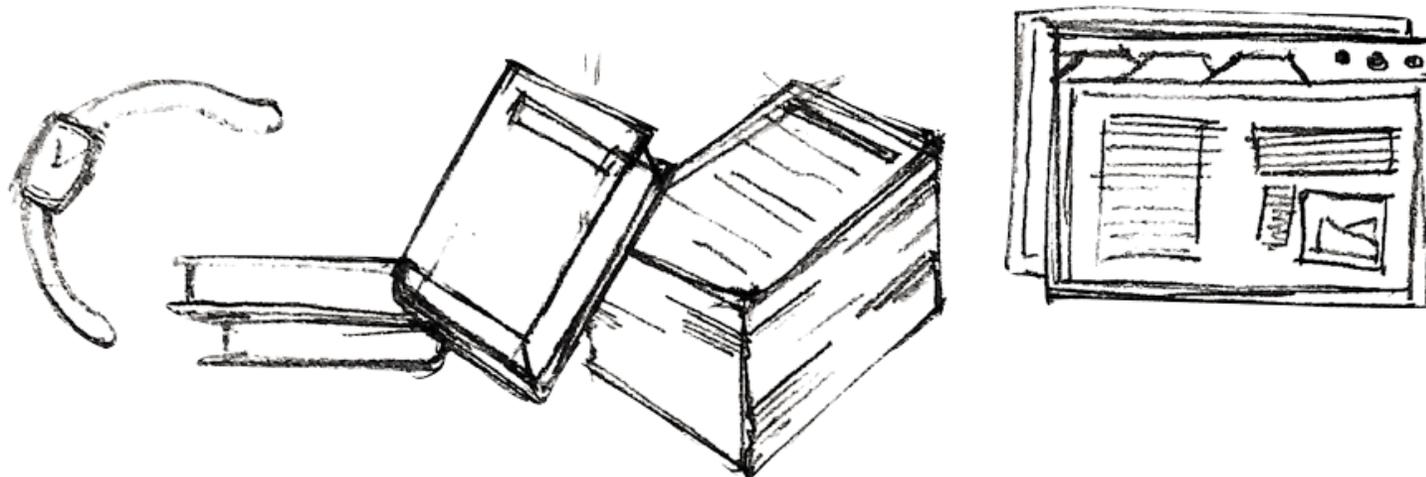
Process – % of patients who received counseling along with medicine for an opioid use disorder

Outcomes – % of patients who decreased their substance use after individual counseling

Experience – % of patients who reported they received treatment that was respectful and non-stigmatizing

Sources of Data for Quality Measures

- How information is gathered for measures
 - Is it based on billing records?
 - Is it based on medical records?
 - Is it based on consumer surveys?



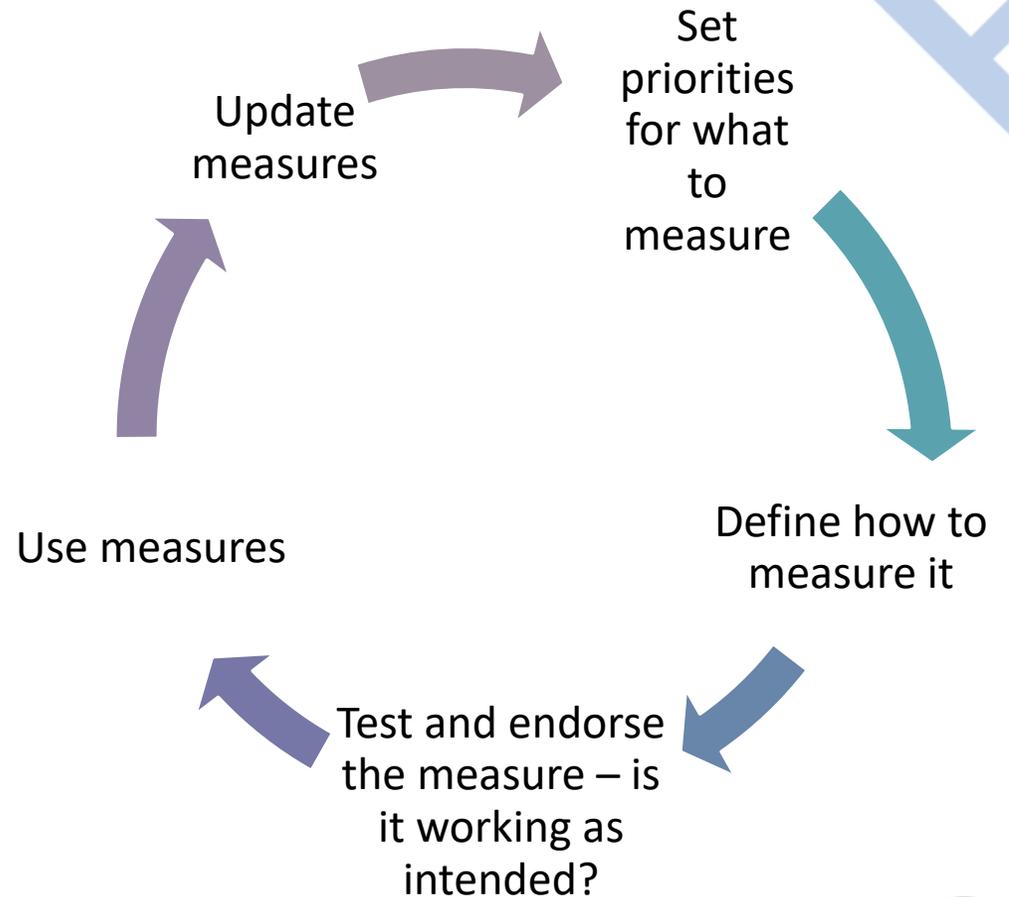
The Role of Consumer Surveys

- Surveys are typically used to assess consumer satisfaction, as part of "experience" measures
- Surveys can be used to measure outcomes, such as quality of life
- Benefits of surveys
 - Opportunity to hear directly from patients
 - Opportunity for more context
- Challenges of surveys
 - Take more time to collect and review
 - Can be expensive
 - Harder to get representative results

How Quality Measures Are Developed

The process can take years

People with lived experience are often left out



Quality Measure Endorsement

- Endorsement means experts review the measure to see if it meets certain criteria
- The NQF process allows for limited public comment
- Endorsed measures are more likely to be used
- Endorsement can be helpful, but it is not necessary



Recap

Quality measures are an important tool

You can...

- Shape what criteria are used to select quality measures
- Influence what measures are selected for use



Topic 2

Existing Substance Use Disorders Quality Measurements and Opportunities for Improvement

In this section you will learn about:

- Existing substance use disorders quality measures
- How current measures fall short
- Opportunities for improving the measures

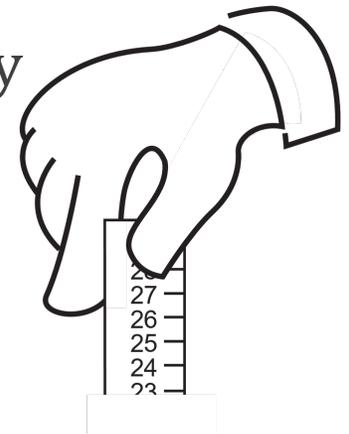


MassHealth ACO Quality Measures

- In 2020, MassHealth requires 3 measures about substance use
 - Continuity of medicine for opioid use disorder
 - Initiation and engagement in treatment for alcohol and/or drug dependence
 - Risk of continued opioid use
- Do these measure something meaningful to you? Are they enough?
- MassHealth also surveys Behavioral Health consumers
 - Asking about experience with: meeting needs, care planning, care coordination, and treatment outcomes

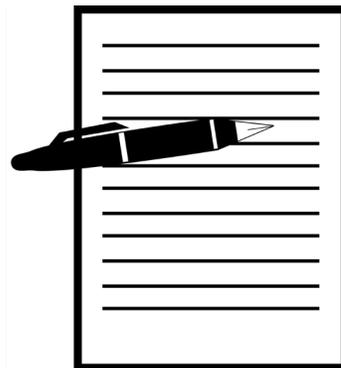
Other NQF Endorsed Measures

- Process measure examples
 - Screening & Brief Counseling for Unhealthy Alcohol Use
 - Continuity of Care after Detoxification
- Should MassHealth consider these? Why or why not?
- Consumer surveys, including
 - Experience of Care and Health Outcomes (ECHO) Survey



National Outcome Measures (NOMs)

- The Substance Abuse and Mental Health Services Administration (SAMHSA) developed NOMS to monitor the effectiveness of grants for treatment
- SAMHSA developed NOMs in consultation with their National Advisory Council
- The information is gathered through consumer surveys



SAMHSA Is Developing a Recovery Support NOM

- This effort started in 2012
- Questions include
 - How satisfied are you with your living space?
 - How would you rate your quality of life?
 - How satisfied are you with yourself?



Connecticut Uses NOMs But Not for Medicaid

- Connecticut state has **online data** on each behavioral health agency getting state funding
 - Uses: Improve provider performance via measures, TA and correction plans
 - Challenges: Recovery advocates didn't know this existed; online presentation of data is complex

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	542	605	-10% ▼
Admits	378	450	-16% ▼
Discharges	374	461	-19% ▼
Service Hours	5,450	6,538	-17% ▼

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	97%	98%
On-Time Periodic	Actual	State Avg
6 Month Updates	87%	49%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	■	■	■	■	■	■	■	■	■	■	■	■	100%
Discharges	■	■	■	■	■	■	■	■	■	■	■	■	100%
Services	■	■	■	■	■	■	■	■	■	■	■	■	100%

■ 1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Treatment Completed Successfully		234	63%	50%	78%	13% ▲

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Self Help		471	84%	60%	74%	24% ▲
✓ Employed		209	37%	20%	35%	17% ▲
✓ Stable Living Situation		475	85%	80%	86%	5%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		181	98%	90%	80%	8%

▲ > 10% Over ▼ < 10% Under

■ Actual | Goal ✓ Goal Met ● Below Goal

* State Avg based on 8 Active Standard Case Management Programs

Report Cards

- Report cards on providers or health plans can help consumers choose among their options
- Report cards are not a common practice for addiction treatment and services



Atlas Measures

- Shatterproof created a provider ratings system called Atlas
- The rating system is based on claims-based quality measures, consumer-experience data, and provider surveys
- Measures include
 - Fast access to treatment
 - Personalized evaluation and treatment plan
 - Substance use-related hospitalizations or emergency department visits

The screenshot displays the ATLAS website interface. At the top, the logo 'ATLAS' is followed by the text 'ADDICTION TREATMENT LOCATOR, ASSESSMENT, AND STANDARDS PLATFORM' and 'CREATED BY SHATTERPROOF'. Navigation links include 'Contact Us', 'Professionals', 'Find Treatment', 'Learn About Treatment', and 'About ATLAS'. The search bar contains the zip code '02110' and a 'Search' button. A filter for 'Quality Data Provided' is checked. Under 'Substance Focus', there are checkboxes for 'Opioids (prescription or heroin)', 'Alcohol', and 'Cocaine/crack', with a 'see more' link. Under 'Payment Options', there are checkboxes for 'Cash or self-payment', 'Medicaid', 'Medicare', 'Private health insurance', and 'Sliding fee scale (fee based on income)'. A 'Private Insurance Accepted' dropdown menu is set to 'Select one'. The 'Treatment Type' filter is partially visible. The search results show '36 facilities match your search' sorted by distance. Three facilities are listed: 'CleanSlate Centers, Inc.' (82 Paris St, Boston, MA 02128, 617-874-4160, https://www.cleanslatecenters.com, Outpatient Treatment, 0.9 miles away), 'Bridge Over Troubled Waters' (47 West St, Boston, MA 02111, 617-423-9575, https://www.bridgeotw.org, Outpatient Treatment, 0.9 miles away), and 'Institute for Health and Recovery - Boston' (105 Chauncy St, Boston, MA 02111, 0.9 miles away). A map on the right shows the location of these facilities in Boston.

New York Medicaid Is Using NOMs

- Outcome Measures for NY's Health and Recovery Plans (HARP)
 - Employed, Seeking Employment or Enrolled in a Formal Education Program
 - No Arrests in the Past Year
 - Stable House Status
- HARP also uses NQF-Endorsed Measures
 - Use of medicine for alcohol misuse or dependence
 - Continuity of care from inpatient detox to lower level of care
 - Follow-up after emergency department visit for alcohol or other drug dependence
- Do you think any of these this could be examples to share with MassHealth?

Other Surveys That Could Be Used to Create Quality Measures

In treatment and recovery, surveys are often used as a tool to assess individual progress and inform clinical decisions

- Brief Addiction Monitor
- SURE
- Many others



Some survey questions:

- How satisfied are you with your progress toward achieving your recovery goals? (BAM)
- I have coped with problems without turning to drugs or alcohol (SURE)
- I have felt happy with my overall quality of life (SURE)

Vote Your Measure Exercise

- Look at the different quality measures around the room
- Using a marker put a...
 - CHECK MARK next to measures that are useful
 - STAR next to measures we should advocate for
 - WRITE any measures or information you think is missing
- Discussion questions
 - Which of the possibilities seemed useful?
 - Which should we advocate for?
 - What are we missing?

Recap

There are not many officially "endorsed" substance use quality measures

But there are possibilities to advocate for!



Topic 3

Concrete Strategies for Advocacy

In this section you will learn about

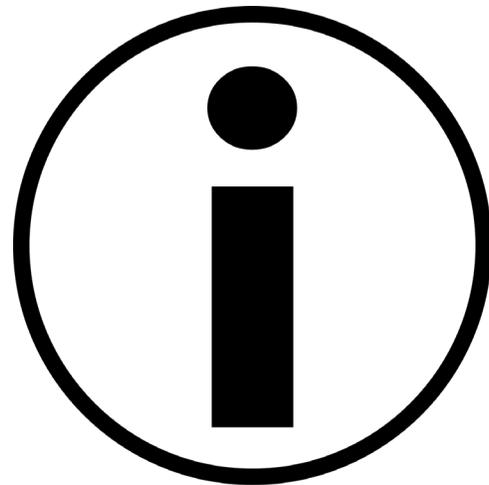
- How your current advocacy strategies relate to quality measurement advocacy strategies
- Barriers to improving quality measures
- Advocacy strategies for quality measures

Current Advocacy Strategies Discussion

What advocacy strategies are you using in your current work?

Suggested Strategies: Gather Information

- Gather input on what consumers value using community meetings, surveys or focus groups
- Gather evidence on measures other states are piloting /using
- Consult with providers on what they are using internally



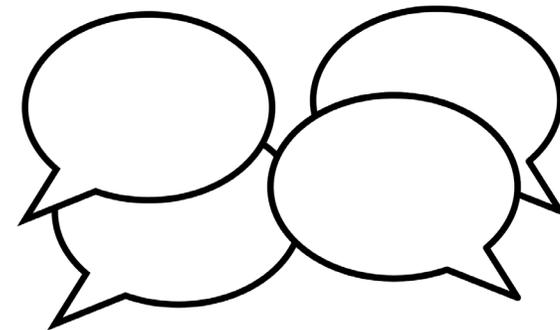
Suggested Strategies: Organizing

- Meeting with providers and stakeholders to find common ground
- Train and mobilize other consumers and advocates
- Prepare your counterarguments on barriers to consumer-focused measures



Suggested Strategies: Speaking Out

- Seek meetings with key state or local officials
- Provide testimony at public meetings
- Provide written feedback
- Bring consumers to public meetings
- Work with your legislator or city councilor



Addressing Barriers Exercise

Discussion Instructions

- Discuss your responses to the scenario and strategies you would use for 15 minutes
- Elect one person to report back to the larger group
- Discuss responses and strategies as a large group for 10 minutes

Scenario

Your team is proposing that MassHealth implement a quality measure on recovery, including quality of life, housing, and participation in work or volunteer activities of their choice. You are told that this can't be done, for the following reasons:

- “There’s no NQF-endorsed measure for that”
- “We don’t want to add administrative burden on providers” or:
 - “We don’t have the staff time for that” OR “We don’t have the money to do that”
- “It’s not fair to hold a provider accountable for things that are outside of their control”
- “We need detailed technical specifications or implementation details to do this”

Recap

Your advocacy strategies can be transferred

Adjust them to advocate for quality measures



Topic 4

Upcoming Opportunities to Advocate for Quality Measures

In this section you will learn about

- Areas and means by which you can advocate for improved quality measures within MassHealth and beyond
- Potential short and long-term opportunities for advocacy



What to Know Before You Start Advocating

How a board, agency or institution is currently using quality measures

What measures they are using

Who is involved in decision-making

Advocacy Targets in Your Community - Discussion

Places where you can advocate:

- City Board of Health
- Locally based substance use providers
- City Task Force on substance use / opioids
- Mayor's Office or City Council



What you can advocate for:

- Quality metrics for locally controlled or funded programs
- Enlisting local officials in efforts to influence MassHealth

What resonates with you? What else comes to mind?

Adding Measures in MassHealth ACOs

- MassHealth regularly reviews the ACO measures
- To provide input:
 - Talk with the director of the MassHealth Quality Office
 - Contact each ACO's Patient and Family Advisory Committee to enlist them in your efforts
 - Bring specific concerns or suggestions

Advocacy Examples

Advocates created a one-page handout to show MassHealth their priorities

4. *What are our priorities?*

- **We want MassHealth to prioritize the following short term results from substance use disorders services (process measures):**
 - Was there care coordination or case management to get from one level of care to another, to make sure the basic needs of the person were met?
 - Was the person offered choices for services, including recovery supports and recovery coaching?
 - Was care culturally and linguistically appropriate?
 - **We want MassHealth to prioritize the following long term results from substance use disorders services (outcomes):**
 - What were the person's specific recovery goals at the beginning of treatment? Were those goals achieved as a result of the treatment/services provided?
 - Did the person reduce their substance use? Depending on what's best for the person, this might mean continued non-harmful use, or abstinence.
 - Did the treatment or services improve the person's overall quality of life? Help the person gain employment? Help the person return to school? Help the person gain stable housing? Improve the person's success with relationships?
-

MassHealth Behavioral Health Survey

- Each year, a MassHealth team convenes with stakeholders to discuss possible survey improvements
- Process typically runs from late summer to early fall
- Advocates can contact MassHealth officials to offer suggestions
- MassHealth also invites consumers to provide feedback through focus groups or by testing the survey

Influencing Quality Measure Alignment Taskforce

- This taskforce recommends a set of measures to be used in MassHealth, private insurance, and provider groups
- Taskforce conducts an annual review process and submits recommendations to the Secretary of the Executive Office of Health and Human Services
- Opportunities for advocacy: public comment periods, reaching out to taskforce members

Adding Measures in Other State-Regulated Programs

Other state advocacy targets:

- Secretary of Health and Human Services
- The state's major insurance companies
- Commissioner of the Department of Public Health
- Director of the Bureau of Substance Addiction Services

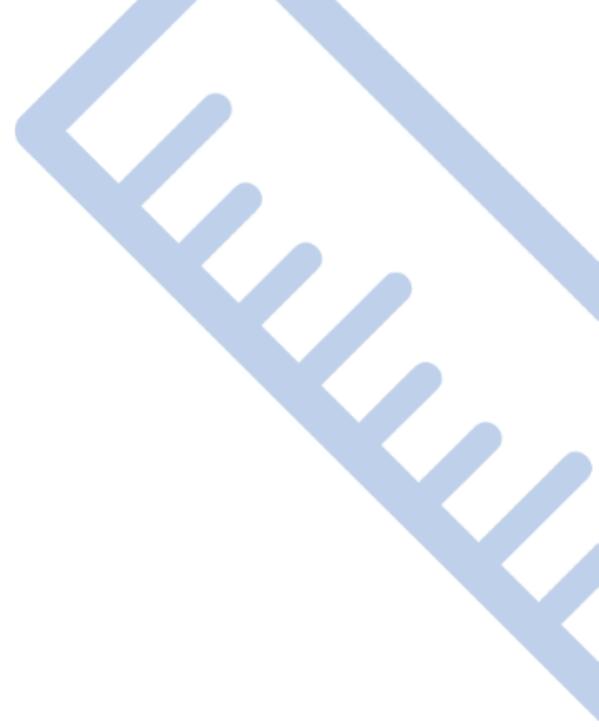
Advocacy Strategies Discussion

What strategies would work? How and where do we start?

- What more do we need to know?
- What are our strengths?
- What challenges do we face?
- What opportunities are there to work together?
- What should we do and say?
 - Short-term activities?
 - Long-term activities?



Wrap Up & Next Steps



Next Steps and Follow-Ups

- Use what you learned today
- Connect with each other
- Complete the follow-up survey



Feedback on the Training

Plus: something that you liked about the training

Delta: something you would have changed, done differently, or thought was missing

Lightbulb: something you learned today

Contact Information

Facilitator Contact Information

Thank You!

Thank you for participating