ADVOCATING FOR MEASURES THAT MATTER

Improving Quality Measures for Substance Use Disorders

TRAIN-THE-TRAINER GUIDE 2020

Community Catalyst

Acknowledgements

This training guide 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 grant making and policy initiatives.

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About Community Catalyst

This train-the-trainer guide and associated materials 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.

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ABOUT THIS GUIDE

Introduction

Given the growing demand for substance use disorders treatment and recovery services, there is a pressing need for consumer advocacy on measuring and improving the quality of services. But quality measurement is a jargon-heavy world. Without the knowledge of the terms and process involved, it can be hard to engage in advocacy for the development of consumer-focused and consumer-driven measures. That is why we have created this train-the-trainer guide. Our hope is that you will use this guide to help educate advocates in your community so they can include advocacy for consumer-driven quality measurement in their work.

We know that there is great variation in the effectiveness of health care across Massachusetts and the country. To ensure better treatment outcomes, we need quality measurement that reflects consumer priorities. Yet many of the existing quality measures are insufficient for capturing the overall performance of providers and systems. The situation is even worse when it comes to the substance use disorders field, where measurements lag even further behind. (In this document, when we refer to substance use disorders, we mean problematic use of alcohol or drugs. Please refer to the Guide to Non-Stigmatizing Language included in the Appendix.) There are only a handful of validated measures for substance use disorders and even fewer that reflect consumer priorities. Consumer advocates are underrepresented and underpowered in the quality measure development and selection process. As a result, important aspects of quality are left out.

Your advocacy can help improve the quality of substance use disorders services covered by the Massachusetts Medicaid program (MassHealth), private insurance, and programs funded by the Department of Public Health and by cities and towns. We hope that the development, selection and use of quality measures that reflect outcomes important to consumers will expand access to quality care to improve the lives of Massachusetts residents.

This training is designed for anyone interested in advocacy for consumer-driven measures—it does not require prior knowledge of quality measurement. Participants can range from representatives from advocacy organizations to members of advisory committees to community leaders. The training contains background information and interactive sessions that can be used for participants with any level of knowledge.

We hope that this curriculum will empower health advocates with knowledge and skills to advocate for improved quality measures. While this training focuses on substance use disorders, the overall concepts and strategies can help strengthen advocacy for consumer-driven quality measures for all health care services.

This guide was created to help you facilitate a Quality Measurement training. It contains all the activities, instructions, and resources you will need to facilitate a training.

In this guide, you will find:

- Outlines of each section of the training
- A facilitation script along with facilitation suggestions
- Exercises and handouts

Preparation is key to a successful training. Use this guide to help you practice at least twice before the day of the training. Do not use the guide as a script to read verbatim. Instead, use it as a support for your facilitation.

We encourage you to co-facilitate this training. Co-facilitation gives you support and extra help when you need it. The instructions are not explicitly written for more than one person, but with practice and preparation, the training can easily be co-facilitated.

Preparation

- Location: choose a site for your training with your target audience in mind. Pick a place where participants would normally congregate and feel comfortable. For online facilitation, use a platform that people are familiar with.
- Timing: we suggest giving this training in one day (see our suggested timeline on page 10 of the guide). However, the training can be broken up into two half-days, a smaller series, or whatever you feel is best. You know your participants best, so tailor the timing to their needs.
- Room: ensure that your room (physical or virtual) can accommodate the expected number of participants. Ideally, your space will allow full group discussions, small group discussions, and interactive exercises.
- Accessibility: trainers must be mindful of accessibility needs. Your location should be fully compliant with the Americans with Disabilities Act. Test your space or virtual platform before hosting your training to see if it accessible to people using assistive devices, people with visual and hearing impairments, those with physical disabilities, and those with intellectual and developmental disabilities. In advance of the training, talk to your participants to find out about specific needs. Communication access real-time translation (CART) for members who are deaf or hard-of-hearing should also be made available. Options for language interpretation should be made accessible as well.
- Audio-visual: this training requires the use of a slide deck. Whatever location or platform you use for your training must allow for the slide deck to be viewed by participants as you give the training. Test your equipment before the training and find out if there is a person who can troubleshoot technology problems.
- Handouts/materials: all handouts should be printed in a font size large enough to allow participants with visual impairments to read and follow along. Be sure to bring extra copies of all materials in case you have last-minute attendees. Avoid using acronyms, jargon, policy-wonky vocabulary and include a list of definitions/glossary when necessary. If you are hosting the event virtually, send out materials ahead of time.
- Food: if you provide food during your training, make sure you accommodate any restrictions or allergies. This can be determined through a registration form.
- Consent forms: if you plan to take photos/videos during the session, get participant consent beforehand via a consent form. If participants decline, you should not photograph/video them or use their images in any publication.

Understanding Formatting of this Train-the-Trainer Guide

In this training guide, we are using plain, italics and underlined text to denote different purposes.

- Plain text: this denotes the workshop lines – content that is meant to be said aloud. Facilitators are encouraged to use the text to create their own wording or paraphrase, but cover the main points in their entirety.
- *Italicized texts*: this is used for teaching instructions, which are not meant to be said aloud. They cover directions that are meant to help facilitate activities and discussions.
- Underlined text: this is used for key vocabulary terms that can be found in the glossary.

Role of the Trainer

Your role is to convey the material in this guide to your audience, moderate discussions, and create moments of reflection. We have included all the information you will need to know about quality measures for this training, so you can focus on sharing your facilitation skills.

An effective trainer knows…	An effective trainer…
The content and the flow of the training	Articulates ideas clearly
Learning is not a linear process	Encourage participants to dive into discussions with open minds and suspends doubts till the end of the training
The learning objective of every session	Focuses the participants on the exercise and its objective at the beginning
This training gives rise to sensitive topics which might create anxieties for participants with lived experience	Creates a supportive learning environment and listens actively
Understands that peer coaching is an effective practice	Does not have all the answers and admits when they do not know something
Keeping within the allotted time can be a challenge but helps us achieve our shared purpose and outcomes	Respects participants' time

Training Units and Objectives

By the end of this training, you will have prepared participants to advocate for improved quality of substance use services in Massachusetts health care settings and programs. You will accomplish this by educating them about the following topics and facilitating activities in which they can practice advocacy tactics.

1. The quality measure development process.
2. Existing substance use disorders quality measures and opportunities for improving the measures.
3. Concrete advocacy strategies.
4. Opportunities to influence quality measures in MassHealth, private insurance, and programs run by the state Department of Public Health or by cities and towns.

Below you will find the key learnings from each section of the training.

Section	**Key Learnings**
Introduction	• Why quality measurement is important • How current advocacy strategies can be transferred to this new issue
Topic 1: Quality Measurement Basics	• The quality measure development process • Criteria for a good quality measure
Topic 2: Substance Use Disorders Quality Measures	• Existing substance use disorders quality measures • How current measures fall short • Opportunities for improving the measures
Topic 3: Advocacy Strategies for Better Quality Measures	• How current advocacy strategies relate to quality measurement advocacy strategies • Barriers to improving quality measures • Advocacy strategies for quality measures
Topic 4: Upcoming Opportunities to Advocate for Quality Measures	• Opportunities within MassHealth and beyond • Potential short and long-term opportunities for advocacy
Conclusion and Wrap-Up	• How to apply the skills learned through the workshop in everyday work

Overview of the Day with Timeline

Please note that the start time, breaks, and end time are suggestions. You can change any of them to fit your participants' needs.

Time	Topic	Details
10:00-10:30 **(30 mins)**	**Welcome and Introductions**	**10:00-10:15:** Welcome (15 mins) ○ Logistics and ground rules ○ Agenda overview ○ Training goals ○ Introductions: name, pronouns, organizational affiliation, goal of the training **10:15 – 10:30:** Background (15 mins) ○ What is quality measurement? Why focus on substance use disorders? ○ This training will show how to transfer existing skills into this space
10:30-11:10 **(40 mins)**	**Topic 1: Quality Measurement Basics**	**10:30-10:45:** Discussion (15 mins) ○ What do you think are elements of good quality care for substance use disorder? ○ What has worked for you or for other consumers you know? ○ What could use improvement? **10:45-10:55:** Overview of quality measures (10 mins) ○ How quality measures can help ○ Why quality measures are not foolproof ○ What makes a good quality measure / NQF criteria **10:55-11:00** Discussion (5 mins) ○ What criteria do you think are most important for selecting measures for substance use disorders services in MassHealth, private insurance, or other health care programs? **11:00-11:05:** Types of quality measures (5 mins) ○ Substance use disorder examples ○ How measure information is gathered ○ Role of consumer surveys

		11:05-11:10: Development and Endorsement Process (5 mins) ○ Who is and is not included in development ○ The role of NQF in endorsement
11:10-11:20	**Break**	
11:20-12:00 **(40 mins)**	**Topic 2: Substance Use Disorders Quality Measures**	**11:20-11:40:** Existing Substance Use Disorders Quality Measures (20 mins) ○ MassHealth ACO Quality Measures ○ NQF endorsed process measures ○ National Outcome Measures **11:40-12:00:** Vote for Your Measure Exercise (20 mins)
12:00-1:00	**Lunch**	
1:00-2:05 **(65 mins)**	**Topic 3: Advocacy Strategies for Better Quality Measures**	**1:00-1:10:** Discussion (10 mins) ○ What advocacy strategies are you using in your current work? **1:10-1:25:** Suggested advocacy strategies (15 mins) **1:25-1:50:** Addressing barriers exercise (25 mins) **1:50-2:05** Recap of advocacy and pushback strategies (15 mins)
2:05-2:15	**Break**	
2:15-2:45 **(30 mins)**	**Topic 4: Upcoming Opportunities to Advocate for Quality Measures**	**2:15-2:45:** Current Landscape and strategies (30 mins) ○ What to know before you start advocating ○ Discussion: advocacy targets in your community ○ Adding measures for ACOs in MassHealth ○ Advocacy examples ○ Discussion: advocacy strategies
2:45-3:00 **(15 mins)**	**Wrap-up and Next Steps**	**2:45-3:00:** Feedback and contact info (15 mins) ○ Follow-up survey ○ Plus, delta, lightbulb ○ Share contact information

Required Materials

Each section lists the materials required to complete any discussions or exercises. The following is a list of materials needed to complete the full training.

- Slide deck
- Agendas for participants
- Non-stigmatizing language handout
- Markers
- Cards for Vote for Your Measure exercise (online slides if virtual)
- Handout on NOMs, BAM survey, and SURE survey
- Flip chart (online slides if virtual)

OPENING THE WORKSHOP

Opening the Workshop

Materials Required ○ *Slide deck (see appendix)* ○ *Agendas for participants (see appendix)* ○ *Non-stigmatizing language handout (see appendix)*

Topic and Acknowledgements (Slides 1-2)

Facilitator Script	Hints and Tips
Hi everyone! Welcome to our training on Quality Measurement Advocacy. Today we will focus on improving quality measures for substance use disorders.	*Slide 1*
This training was 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 care facilities, statehouses, and on Capitol Hill.	*Slide 2*
The training was made possible through 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 grant making and policy initiatives.	

Meet Your Facilitator (Slide 3)

Facilitator Script	Hints and Tips
Hi everyone! Welcome to our training on Quality Measurement Advocacy. My name is ___ and I will be your facilitator today.	*Introduce yourself and share a short description about who you are and why you are facilitating the training*

Logistics (Slide 4)

Facilitator Script	Hints and Tips
Before we get started, let's go over some housekeeping items.	*Inform people of when there will be breaks, where bathrooms are located, and other information necessary for your platform* *If you are hosting the training virtually, make sure people know where to submit questions, how to mute themselves, etc. Ensure people know when they should be unmuting and speaking their answers, and when they should type answers into chat.*

Introductions (Slide 5)

Facilitator Script	Hints and Tips
To start the workshop, please share your name, pronouns, organizational affiliation, and one of your goals for today's training.	

While you are giving your organizational affiliation and goal, speak in the third person instead of using "I". For example, I would say "my name is X. [She, he, they, etc.] work at Y. [Her, his, their, etc.] goal is to Z." We spoke in the third person so that all of us could hear everyone's pronouns. By doing this, we learned what pronouns everyone uses and avoided assuming someone's pronouns based on appearance or past interactions. Using the correct pronouns is a way to affirm someone's identity.	*If you have a group that is not familiar with sharing pronouns, use this exercise and explanation. Otherwise, skip this.* *After completing the exercise, give a brief explanation of why you did it.* *See the appendix for further information on pronouns.*
Thank you everyone for sharing your goals. Hopefully we will be able to achieve all of them today!	

Ground Rules (Slide 6)

Facilitator Script	**Hints and Tips**

Before we begin the training, it is important that we are all on the same page in terms of how we communicate during this training. Some of the ground rules I will ask you to follow today include:
• One mic
  ○ During large discussions, let's only have one speaker at a time. Do not speak over others.
• Be respectful and supportive
  ○ Make sure that you are respecting your peers. We all have different backgrounds and experiences, so we are all bringing different contributions to this workshop
• Step up and step back
  ○ Those who tend to speak less frequently should step up, and those who tend to speak more should step back
• Speak from the "I" or speak your truth
  ○ You are welcome to share your own experiences and what is true for you, but please do not share other people's personal information
	These are examples of ground rules that can be used to ensure all participants are on the same page and approach this training with respect for each other and the material.
	
	You can use these suggestions or come up with your own, but make sure you engage the participants by asking them if they have any to add.
	
	It's a good practice to write the ground rules on a flip chart paper that participants can refer back to during the training. If you're doing a virtual training, you can put them in the chat.

Does anyone have any ground rules to add?	*Write additional ground rules on the flip chart or in chat.*

Overview of the Day (Slide 7)

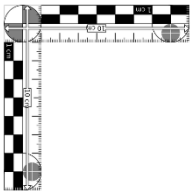
Facilitator Script	Hints and Tips
Today's training is broken down into four topics. 1. Quality measurement basics: you will learn the quality measure development process and what makes a good quality measure 2. Substance use disorders measures: you will learn about existing measures, how current measures fall short, and identify opportunities for selecting and designing better measures. 3. Advocacy strategies for better quality measures: you will learn how to transfer your existing advocacy strategies into quality measurement advocacy, how to overcome barriers to improving quality measures, and how to identify new advocacy strategies 4. Opportunities to advocate for quality measures: you will learn how to identify areas where you can advocate for quality measures and how to find short-term and long-term opportunities for advocacy	*Distribute the agenda to all participants. If virtual, share the agenda on a slide.*

Background (Slide 8)

Facilitator Script	Hints and Tips
Now for some background on this topic and why it is important. First, a word about language. In this training, when we say "substance use disorders," we mean problematic use of alcohol or drugs. We use "substance use disorders" instead of "substance abuse" because we want to use non-stigmatizing language that recognizes this is an illness.	*Remember: your participants may not be familiar with quality measures, MassHealth or ACOs. Check for comprehension and be prepared to answer questions.* *Distribute the non-stigmatizing language handout.*

Next, you might be asking, why is quality measurement important? And more specifically, why is this important for substance use disorders? In Massachusetts, the new structure for health care in MassHealth is the Accountable Care Organization or ACO. An ACO requires health care providers to work together to coordinate care. It is supposed to pay providers based on the quality of care they are providing. To do that, we need to be able to measure quality of care. Similarly, other major payers for health care – private insurance companies, local governments and the state Departments of Public Health and of Mental Health – are also focusing more on paying for quality, also sometimes called "value-based care." It is essential for consumer advocates to participate in defining what "quality care" looks like, and how it is measured. Otherwise, this will be determined by others who may not put our interests first. This is important for all aspects of health. We are focusing today on substance use disorders because quality measurement is weak in this area, despite significant variation in the quality of substance use services. The topic of quality measurement may seem overwhelming at first. We have a lot of content to go through because this is a complex topic, but it is important to keep in mind that you are all strong advocates. You already know most of the strategies we are talking about today—you are already using them for other issues! Today's training will focus on giving you the knowledge you need to transfer those strategies to this new issue of quality measurement.	

TOPIC 1: QUALITY MEASUREMENT BASICS



Topic 1: Quality Measurement Basics

Materials Required ○ *Slide deck*

Introduction to Topic 1 (Slide 9)

Facilitator Script	Hints and Tips
In this section you will learn about: • The quality measure development process; • And criteria for a good quality measure	*Use this part of each section to transition into a new topic. Let people know what they will be learning.*

What We Already Know Exercise (Slide 10)

Facilitator Script	Hints and Tips
In this exercise, we are going to share what we already know about quality measurement. For the next 5 minutes, turn to the person next to you and brainstorm answers to the following questions: • What do you think are elements of good quality care in substance use? • What has worked for you or for other consumers you know in substance use services? • What could use improvement? Let's start with the first question. What do you think are elements of good quality care in substance use? What has worked for you or for other consumers you know in substance use services? What could use improvement?	*15 minutes total.* *If virtual: Pair each of the participants off and ask them to directly message each other OR ask participants to use 5 minutes to come up with answers by themselves.* *After 4 minutes, give participants a warning that the pair share is almost over and the large group discussion will begin.* *Make sure to engage all the pairs during this discussion. Write down the examples participants give so you can refer to them during your recap of this section.*

Those were all great answers. As you can see, you all already know about quality! You know how to tell what good quality is, what has worked, and what has not. This next section will give you more specifics about the world of quality measures.	*Example responses include: non-stigmatizing treatment, coordinated care, and access to services.*

Problems with "Bad" Substance Use Services (Slide 11)

Facilitator Script	Hints and Tips
We know that there are very real problems out there in terms of "bad" substance use disorders services. As you identified in our discussion, and as these headlines highlight, there are fraudulent treatment programs, scams, and poor quality treatments. It is also important to note that even "good" services might not be good for everyone. For example: just because a program achieves high rates of successful detox, that doesn't necessarily mean an improved quality of life for the people using those services.	*You can change some of these examples to what participants raised in the discussion.*

Problems with the Health System Overall (Slide 12)

Facilitator Script	Hints and Tips
We also know that the health system doesn't work for everyone. And particularly, the system for substance use disorders services does not work for everyone. The system is also inequitable: meaning there are unjust disparities in access and quality across demographics including race, gender, identity, income, location, and other factors. It is hard for many people to find SUBSTANCE USE DISORDERS treatment and services that ○ Are easy to access ○ Are coordinated and comprehensive ○ Meet people's individual needs ○ Help people get better	*For more information about inequity, health disparities, and demographic information, see the appendix.*

What Does Change Look Like? (Slide 13)

Facilitator Script	Hints and Tips
When we think about changing the current system, some things we might ask include: • Are people getting better? • What does better even mean? • Did their recovery capital increase? Recovery capital means all of the internal and external resources needed to support a life in recovery. So that could be social supports, services, and more What does change look like to you?	*This is not a discussion or exercise, but take a few answers before moving on.*

Who Decides What Getting Better Means? (Slide 14)

Facilitator Script	**Hints and Tips**
Before we can really answer those questions to identify what changes we need to make, we have to look at who decides what "getting better" means. We believe treatment participants should be among those who set the standards! • Participants are the experts • Participants meaning people seeking and receiving substance use disorders services and treatment, people in recovery, patients, consumers, whatever term we use • It's the people with lived experience with the treatment and recovery system	*Depending on who the participants are in your training, you may want to use the term "treatment participants" or "consumers" or "people in treatment" or "people in recovery" or "patients"*

Changing the System (Slide 15)

Facilitator Script	Hints and Tips
So how do we change the system? • People with lived experience navigating the treatment and services system have expertise. But too often, they are left out of big policy decisions—like how recovery programs should be designed, and how programs can help people meet their recovery goals. • So, the things that get the most attention now typically are the things that are easiest to measure. Things like whether or not someone has started treatment or whether they were referred to the next level of care. • While these may be of some use, they don't necessarily get us what we want. • Treatment participants can define what getting better means by focusing on the outcomes that matter to them. There should be nothing about us without us!	

How Quality Measures Can Help (Slide 16)

Facilitator Script	Hints and Tips

We know that there needs to be a change, but how can quality measurement help create that change? First, we should define some important quality measurement terms. Quality measures help us show whether something is happening. For example:
• Is a program helping its participants?
• Is a program getting better or worse over time?
• Is program A better than program B?
• A program could refer to services provided by:
  ○ A state program like MassHealth
  ○ A large health care organization like Mass General Brigham
  ○ A specific site or practice like Uphams Corner Health Center Addiction Services
  ○ A private health insurer like Tufts Health Plan	

Uses of Quality Measures (Slide 17)

Facilitator Script	Hints and Tips
Quality measures can be used to help providers improve their treatment, help inform consumers as they are choosing providers or treatment, incentivize better services if linked to how much a provider is paid, and identify racial/ethnic and other disparities.	*If needed, elaborate on the use of quality measures. Quality measures work like a report card. They could be used by a provider to understand their performance and where they need improvement. They could help compare one provider to another. They could be used for a financial incentive (i.e., your parents give you an increase in your allowance if your report card grades go up!). They can also be used to see if there are disparities between groups of people.*

Measures and Disparities (Slide 18)

Facilitator Script	Hints and Tips
Research shows that there are differences in how and whether people of different races/ethnicities access substance use disorder treatment.	
What measures would help address disparities?	*Example response: measures that collect data and sort it by race, gender, socioeconomic status and other demographic indicators so we can see the differences*
Can we ensure measure data is collected in a way that notes differences among people of different races and other characteristics?	*Example response: yes, data that includes demographic responses can be collected IF those collecting the data seek information from a broad cross-section of people and note their specific demographic characteristics*

Common Pitfalls of a Measure (Slide 19)

Facilitator Script	Hints and Tips
Common pitfalls of a measure include: • It is too narrow: a measure that is too specific fails to represent the quality of the whole. For example, the quality of a methadone clinic is measured only by the percentage of participants who have a urine test checked monthly (rather than measuring other elements of treatment effectiveness, participant satisfaction, etc.) • It does not measure what is important. For example, measuring whether participants think the clinic is well decorated. • It measures something that is not relevant to the specific circumstances of the patient. For example, if someone is really interested in treatment for alcohol use, quality measures that are based only on methadone treatment may be less important. • Measures might be based on old data. It is not uncommon for quality measures to use data that is 2-3 years old. However, the data may not reflect recent improvements or deterioration in quality. With this in mind, how do we create a good quality measure?	*If participants are having a hard time getting this, use a common analogy, like restaurant ratings*

What Makes a Good Quality Measure? (Slide 20)

Facilitator Script	Hints and Tips
Let's start by defining what a quality measure is, and then we can discuss how to decide if it is "good" or not. The definition of "quality measure" we will use today is: a specific way of assessing the quality of a health care service, system, or insurance plan.	*Remember: underlined words can be found in the companion glossary (see appendix)*

National Quality Forum Criteria (Slide 21)

Facilitator Script	Hints and Tips

• The National Quality Forum, or NQF, is a non-profit organization that reviews, endorses, and recommends quality measures, as well as identifies areas for improvement.
• It important to note that the NQF criteria were not developed with patient-reported outcomes in mind and will need to continue to be adapted.
• For now, let's talk about what the NQF's endorsement criteria are
  ○ Important: is the measure addressing something important?
  ▪ Meaning, is the measure based on evidence, and important to improving quality and/or outcomes? Is there room to improve on what is being measured?
  ○ Useable: Are the measures being used and are they yielding useful data?
  ○ Feasible: how hard is it to collect the data that is being measured?
  ○ Scientific acceptability: is it reliable and valid? These are two technical terms with specific definitions.
  ▪ Reliability is whether it is well-defined and precise. A reliable measure gives consistent results.
  ▪ Validity is whether the results capture the quality of care, consistent with scientific evidence.
• Examples of other potential criteria that policymakers sometimes choose to use
  • Alignment: are the measures the same across programs? Policymakers sometimes wish to use the same quality measures across different programs, in order to simplify the measurement and reporting process
  • Cost: how much does it cost to collect the data in relation to the benefit gained?	

• Clinical impact: does it measure something that affects patient care? • Person-centeredness: does the measure reflect what is important to people and families?	

Discussion (Slide 22)

Facilitator Script	Hints and Tips
Now that we have heard what NQF's criteria is, let's hear from you. • What criteria do you think are most important for selecting measures for substance use disorders services? Thank you for those suggestions. One key point to note is that the criteria are not set in stone. Policymakers debate, just like we did here, which are the most important criteria. You have an important voice in shaping what the criteria should be. Now let's talk about the different types of measures that exist.	*5 minutes total* *Examples of responses: important to consumers and their families, easy to collect, identify overuse or underuse of services*

Types of Measures (Slide 23)

Facilitator Script	Hints and Tips
Measures fall into different categories. • Structure measures: measures related to characteristics of a facility or providers • Process measures: measures related to what the health care provider does, usually based on current treatment guidelines The structure and process measures are often used because of their feasibility. It is easier to collect and analyze this data but it may not be as meaningful. In many cases, outcomes measures are more important. • Outcomes measures: measures that look at what happens to a patient as a result of treatment or services. • Experience measures: a measure of a patient's experience with treatment or services	

Examples of Types of Measures (Slide 24)

Facilitator Script	Hints and Tips

• A structure measure would ask: what is the ratio of patients to providers in an addiction clinic
  ○ The ratio is a measure of the health care facility
• A process measure would look at: what percentage of patients received counseling along with medicine for their addiction?
  ○ The percentage is a measure of what services the clinician provides
• An outcomes measure would determine: what percentage of patients decreased their substance use after individual counselling?
  ○ This percentage evaluates what happens with a patient after they receive treatment
• An experience measure would ask: how many patients reported that they received treatment that was respectful and non-stigmatizing?
  ○ This measure determines a patient's experience with a treatment
	Remind participants that these terms can be found in the glossary
	
	Check for understanding: ask participants if they have any questions about the different types of measures.

Sources of Data for Quality Measures (Slide 25)

Facilitator Script	Hints and Tips

Now that we know the types of measures out there, let's think about how we get information for those measures.
• Think about how information is gathered for measures
  ○ Is it based on billing records (like many process-focused measure)?
  ○ Is it based on medical records (like some process and some outcomes measures)?
  ○ Is it based on consumer surveys (like experience focused measures and some outcomes measures)?
 	
Let's delve further into how information is gathered, starting with gathering information through consumer surveys.	

The Role of Consumer Surveys (Slide 26)

Facilitator Script	Hints and Tips

Surveys are sometimes part of quality measurement. They are often used to assess consumer satisfaction and experience.
 	
• Survey questions can be used to measure outcomes, including 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 (not everyone responds to a survey)
  ○ Reaching enough people from different backgrounds to ensure you can generalize from their experience	

An example of a survey you may have taken as a patient yourself is the widely used the Consumer Assessment of Healthcare Providers & Systems (CAHPS). This survey may come in the mail from your doctor or health plan after you have recently received health care. It includes questions such as how long you waited to be seen, whether you were treated with respect, etc.	

How Quality Measures Are Developed (Slide 27)

Facilitator Script	Hints and Tips
We now know what criteria is important in creating a measure, and we know about different types of measures. Now, we'll turn to how measures are developed. • Typically, the process can take years. • Community members, and people who use substance use disorders services and their families, are often left out. • The process usually starts with identifying what to measure. Next is defining how to measure it. Then, testing and endorsing the measure—is it working as intended? After that, the measure is used to collect information. While in use, the measure can be updated and improved. These improvements can also set new priorities for what to measure, therefore starting the process over again. • It is important to note that this process isn't always followed exactly.	

Quality Measure Endorsement (Slide 28)

Facilitator Script	Hints and Tips
You remember that when we introduced the National Quality Forum, we talked about endorsement. • What does it mean for a measure to be endorsed? An endorsement typically means experts review the measure to see if it meets certain criteria. The National Quality Forum is one agency that endorses measures. As we mentioned before, the NQF asks whether a measure is: important, usable, feasible to collect, scientifically acceptable (reliable and valid) • During the NQF process, there are limited opportunities for public comment. The process itself is slow and inflexible • Why is endorsement important? Endorsement is like a seal of approval, so endorsed measures are more likely to be used. • Remember: Just as we buy useful products that don't all have a seal of approval, we can use quality measures that aren't endorsed. Endorsement can be helpful, but it is not always necessary.	

Recap (Slide 29)

Facilitator Script	Hints and Tips
Quality measures are an important tool, but they aren't foolproof. That's where you come in • You can shape what criteria are used to select quality measures • You can influence what measures are selected for use	*Remember: providing a recap that highlights some of the participant responses can help you tailor your training to your audience as well as engage participants.*

TOPIC 2: EXISTING SUBSTANCE USE DISORDERS QUALITY MEASUREMENTS AND OPPORTUNITIES FOR IMPROVEMENT

Topic 2: Existing Substance Use Disorders Quality Measurements and Opportunities for Improvement

Materials Required:

- *Slide deck (see appendix)*
- *Cards for Vote Your Measure Exercise (cards with pre-populated quality measures)*
- *Markers for participants*
- *If virtual: online, editable slides with pre-populated quality measure ideas*
- *Handout on NOMs (see appendix)*
- *Handout on BAM survey or SURE survey (see appendix)*

Introduction to Topic 2 (Slide 30)

Facilitator Script	Hints and Tips
In this section you will learn about: • Existing substance use disorders quality measures • How current measures fall short • Opportunities for improving the measures As a reminder, in this training, when we talk about substance use disorders, we are referring to problematic use of alcohol and drugs, not tobacco. Now that we have a feel for the quality measure basics, we can dive into quality measures in relation to substance use.	*Use this part of each section to transition into a new topic. Let people know what they will be learning.*

MassHealth ACO Quality Measures (Slide 31)

Facilitator Script	Hints and Tips
As a reminder, MassHealth is now using a structure called Accountable Care Organizations to organize health services for many MassHealth members. The ACO health plans are groups of doctors, hospitals and other health care providers who come together to offer coordinated, high-quality care. MassHealth ACOs must report on a number of quality measures. In 2020, only 3 of the measures were about substance use • Continuity of Medicine (Pharmacotherapy) for Opioid Use Disorder • Initiation and Engagement in Treatment for Alcohol and/or Drug Misuse or Dependence • Risk of Continued Opioid Use Let's talk about these three measures • Are they measuring something meaningful for you and other consumers? Why or why not? • Are they enough to tell you whether ACOs are providing quality services to treat substance use disorders? MassHealth annually conducts a survey of people in the ACOs who are using behavioral health services, including substance use services. The survey was created by MassHealth's survey vendor, Massachusetts Health Quality Partners, in conjunction with stakeholders. Focus groups and testing were conducted to gather feedback from consumer advocates. The survey asks questions on a number of topics. We'll focus on a few: • Whether treatment is meeting your needs • Your care plan • Your care coordination	*Before the workshop, do some research to ensure this information is up to date.* *See the appendix for some resources related to MassHealth ACOs.* *This first measure includes the technical term for treating people with medicine, which is pharmacotherapy.* *Allow time for a brief discussion about these measures.* *See the appendix for the survey.*

• How behavioral health services may have helped you –(outcomes from treatment)– specifically, whether you are better able to take care of your needs, manage your money, go to work or to school, more secure about your housing, more comfortable in social situations. Are these measuring something meaningful? What information could you get from this survey that you could not get from the previous measures?	

Other NQF Endorsed Measures (Slide 32)

Facilitator Script	Hints and Tips
Here are some other measures endorsed by NQF that MassHealth is not using for ACOs. Let's talk about these. Process measure examples include: ○ Screening & Brief Counseling for Unhealthy Alcohol Use: a measure that looks at the percentage of patients 18 years or older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user ○ Continuity of Care after Detoxification: a measure used to identify the percentage of discharges from a detoxification program who are 18 years or older and received treatment for a substance use disorder within 14 days after discharge	*See the appendix for a full list of NQF-endorsed measures and instructions on how to find up to date information.*
Should MassHealth consider these? Why or why not? As we saw with the MassHealth consumer survey, there are other ways to get a better view of what's going on: consumer surveys like the Experience of Care and Health Outcomes (ECHO) Survey ○ This is a long survey, used with patients receiving behavioral health services through managed care. It mostly focuses on process questions. But it also asks patients to report on important outcomes like: ○ Compared to 12 months ago how would you rate your: ▪ Ability to deal with daily problems ▪ Ability to deal with social situations ▪ Ability to accomplish things you want to do	*Example responses: they measure process elements that can be useful, but by themselves they don't tell the full story.* *See the appendix for the full ECHO survey and other consumer survey examples.*

The Consumer Assessment of Healthcare Providers & Systems (CAHPS) we mentioned in Topic 1 is NQF endorsed but does not include specific questions about substance use treatment. Let's turn our attention to some specific outcomes measures, the National Outcomes Measures, or NOMs.	

National Outcome Measures (NOMs) (Slide 33)

Facilitator Script	Hints and Tips

SAMHSA is the Substance Abuse and Mental Health Services Administration. They are an agency within the US Department of Health and Human Services that focuses on behavioral health. Part of SAMHSA's work is to issue grants to support treatment programs.
 	
• SAMHSA officials developed the NOMs in consultation with SAMHSA's National Advisory Council, which includes three members of the general public including "leaders in the fields of public policy, public relations, law, health policy economics, or management."
• SAMHSA uses NOMs for monitoring effectiveness of grants. All grantees must report on these yearly and the results are published in annual reports accessible to the public
• There are 6 substance use NOMs, which cover these areas:
  ○ Abstinence
  ○ Employment and education status
  ○ Crime and criminal justice
  ○ Stability in housing
  ○ Social connectedness
  ○ Social consequences
• This information is gathered through consumer surveys administered in person at intake, discharge, and 3 and 6 months following discharge
	A list of SAMHSA's substance use disorders NOMs is in the appendix. Share a handout on the NOMs.

SAMHSA is Developing a Recovery Support NOM (Slide 34)

Facilitator Script	Hints and Tips

• SAMHSA is also piloting a new National Outcome Measure on recovery support. This effort started in 2012
• The measure compiles the answers to 8 questions:
  ○ How satisfied are you with the conditions of your living space?
  ○ Have you enough money to meet your needs?
  ○ How would you rate your quality of life?
  ○ How satisfied are you with your health?
  ○ Do you have enough energy for everyday life?
  ○ How satisfied are you with your ability to perform your daily activities?
  ○ How satisfied are you with yourself?
  ○ How satisfied are you with your personal relationships?
 	
Could MassHealth use the NOMs in its ACO program? There are at least two other states that are using NOMS beyond just reporting to SAMHSA. First, let's talk about Connecticut.
	Remember: you do not have to read all the questions. Pick two or three that you think would be most relevant for the group

Connecticut Uses NOMs But Not For Medicaid (Slide 35-36)

Facilitator Script	Hints and Tips
Connecticut state officials drew on the NOMs to create quarterly online reports on each mental health or substance use providers getting state funding. State officials use these reports to drive quality improvement. • Connecticut providers are measured against historical averages for all providers for each level of care. An example of a level of care is detox or outpatient. When the state sees problematic performance, it works with the provider to improve. The data shows some improvements. This is a good step forward. And you could consider proposing MassHealth consider doing something similar, perhaps with a slimmer set of data points. If you do, it's important to consider how the data collected is presented for public use and whether people know it exists. • As we mentioned, CT posts what they call a "dashboard" of information using these measures. • However, the dashboard is much harder to understand than the dashboard of your car, for example, and the existence of the dashboard is not well-known in CT. • Connecticut Community for Addiction Recovery (CCAR) provides recovery services. They themselves report outcomes data to the state. While they knew they had to report data, they did not know their data, and other organizations' data, was posted online. • When they reviewed the online data in the hope of learning more, they found it complex and hard to use. • As you can see from the example of the Recovery Network of Programs, the dashboard is not that helpful for consumers, and mainly geared towards data people.	*You can find examples of these reports on the Connecticut State Department of Mental Health Addiction Services website.* *Show slide 36 with the example of a dashboard*

Clearly this is a problem, but there are possible solutions.	

Report Cards (Slide 37)

Facilitator Script	Hints and Tips
Report cards on providers or health plans can help prospective patients choose one that performs better on the issues they care about. Report cards can also help in the long-term by driving better care as providers or health plans seek to increase their score. It's important that they be designed so that consumers can easily understand the information presented. Consumer report cards are not a common practice for addiction treatment and services, but with data available, they could be. A national group is creating provider reports cards in several states.	*See the appendix for more information about consumer report cards.* *Other areas like nursing homes and hospitals use report cards.*

Atlas Measures (Slide 38)

Facilitator Script	Hints and Tips
A new addiction provider rating system is being piloted in several states, including Massachusetts, by the national organization, Shatterproof. The rating system uses information from claims-based quality measures, consumer-experience data, and provider surveys. Most of the measures are process or structural. Some of the measures they use include: • Fast access to treatment • Personalized evaluation and treatment plan • Access to medications for opioid or alcohol use disorder • Substance Use-Related Hospitalizations or Emergency Department Visits Ratings data is posted on a website called ATLAS, which makes this information publicly available in user-friendly displays for people to use when seeking care. It consists of a searchable dashboard that allows consumers to look up addiction treatment programs by location and insurance, and includes filters including substance focus, payment options, treatment type, and more. Have you seen or used Atlas? Do you think the state should use any of these measures for MassHealth? Now let's talk about a state using NOMs in Medicaid.	*Visit the ATLAS website to see their dashboard.* *This new measure on hospitalizations and emergency department visits related to substance use among patients in substance use treatment was tested for the first time as part of this rating system.* *Reframing questions: how are the measures useful? Where do they fall short? How would this look in MassHealth?*

New York Medicaid Uses Elements of NOMs (Slide 39)

Facilitator Script	Hints and Tips
Specifically, New York uses these measures in part of its Medicaid program. Their Health and Recovery Plan (HARP) is a government-sponsored health insurance program for adults with significant substance use disorders and/or mental illness. HARP members are offered Health Home care management services that develop person-centered plans of care that integrate physical and behavioral health services.	*For updated information on HARP outcome measures as of January 2021, search online for "HARP MY 2021 quality measures"*
Outcome measures for 2020 for NY's new Health and Recovery Plans (HARP) included: • Employed, Seeking Employment or Enrolled in a Formal Education Program • No Arrests in the Past Year • Stable Housing Status	*Focus mainly on the outcomes-based measures.*
These measures are classified as Pay for Reporting measures, meaning they are used to incentivize providers to collect this data.	
New York's HARP also has some NQF-endorsed measures which include: • 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	
The state uses this data to enable comparison between health plans providing HARP services. Do you think this could be an example to share with MassHealth to encourage them to use NOMs as quality measures?	*Reframing questions: how are the measures useful? Where do they fall short? How would this look in MassHealth?*
Now, let's look at other surveys that could be used as quality measures.	

Other Surveys That Could Be a Source of Quality Measures (Slide 40)

Facilitator Script	Hints and Tips

• In treatment and recovery programs, surveys are often used as a tool to assess individual progress and inform clinical decisions
• Some examples of surveys include Brief Addiction Monitor (BAM) and the Substance Use Recovery Evaluator (SURE)
• Some of the questions or response options included on these surveys are about outcomes and could be considered for quality measures
  ○ How satisfied are you with your progress toward achieving your recovery goals
  ○ I have coped with problems without turning to drugs or alcohol
  ○ I have felt happy with my overall quality of life
 	
We have talked a lot about the different types of quality measures or potential measures available for substance use disorders. Now you get to weigh in on which measures or potential measures you think are important and worth advocating for.
	See the appendix for BAM, SURE, and other examples of surveys. Share handouts of one of the full surveys with participants.

Vote Your Measure Exercise (Slide 41)

Facilitator Script	Hints and Tips
Around the room you will see posters with different quality measure ideas. Using a marker, put a check mark next to the options that seem useful. Add a star to the ones you think are worth advocating for. If anything is missing, feel free to add your suggestions. *Give people up to 10 minutes to walk around the room and make their choices and additions.*	*20 minutes total* *Room set up: place posters with different quality measures around the room. See the appendix for a list of quality measures you can use. Give participants markers to make notes on each of them.* *Virtual set up: you can use an in-platform polling option. Or share a link to Google Slides (or whatever collaborative platform works for you). Each slide should contain an idea for a quality*

The results are… Now let's discuss these results. • Which of the possibilities seemed useful? • Which should we advocate for? • What are we missing?	*measure. Include different shapes (check marks and stars) and text boxes to the side of the quality measure. Ask participants to edit each slide by placing the corresponding shape on the quality measures that resonate with them. Change the language below as needed.* *When people have completed their voting, give them a 5-minute break and tally up the results so you can present them for discussion. Present a summary of the results, naming the few that were voted most useful and least useful – and then open up discussion. Then present the top measures people wanted to advocate for and open up discussion. Finally, ask people to share the new suggestions they offered and why.*

Recap (Slide 42)

Facilitator Script	Hints and Tips
There are not many endorsed quality measures on substance use treatment and the ones that are in use do not capture everything we know is important. But, as we just demonstrated in our exercise, there are possibilities we can advocate for. In our next section, we will discuss how to transfer your existing skills into this advocacy effort.	

TOPIC 3: CONCRETE STRATEGIES FOR ADVOCACY

Topic 3: Concrete Strategies for Advocacy

Materials Required
• *Slide deck* • *Flip chart (slides if virtual)*

Introduction to Topic 3 (Slide 43)

Facilitator Script	Hints and Tips
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	*Use this part of each section to transition into a new topic. Let people know what they will be learning.*

Current Advocacy Strategies Discussion (Slide 44)

Facilitator Script	Hints and Tips
Let's talk about the skills you already have. In this discussion, I want you to think about the strategies you are already using in your work. Please shout out what you are already doing and I will capture your comments. Again, I want to know: what advocacy strategies are you using in your current work?	*10 minutes total.* *Write down the participants' answers on a flip chart so everyone can see.* *If virtual: ask participants to type answers into the chat OR ask participants to unmute and speak their answers. Take note of their answers in a slide.* *Reframing question: what are you already doing to advocate for improvements that could be carried over to the quality measures advocacy?*

	Potential answers: build relationships with key allies as well as policymakers, participate in stakeholder meetings, share stories, build public support, and engage media.

Suggested Strategies: Gathering Information (Slide 45)

Facilitator Script	Hints and Tips
It was great to hear what skills you already have. Let's talk about some strategies you can use specifically for quality measurement. First is gathering information: • Gather input on what consumers value the most via community meetings, surveys, or focus groups • Gather evidence on measures other states or communities are piloting or using • Consult with providers on what they are using in their practices for quality improvement or to guide treatment or recovery supports. This may include some of the surveys we discussed earlier.	*Make sure to include what participants suggested during the discussion if the following list does not include them*

Suggested Strategies: Organizing (Slide 46)

Facilitator Script	Hints and Tips
Next is organizing: • Meet with providers and other stakeholders to find common ground • Train and mobilize other consumers and advocates • Prepare your pushback on barriers to consumer-focused measures	

Suggested Strategies: Speaking Out (Slide 47)

Facilitator Script	Hints and Tips

Last is speaking out:
• Seek meetings with key state or local officials to share input and evidence
• Provide testimony at public meetings or written feedback regarding measures
• Bring consumers to public committee meetings or organize them to send postcards to committee members
• Work with your legislator (or city councilor, if you are advocating for quality measures in locally funded rather than state funded services)
  ○ If you are just getting to know your legislator and their staff, start by asking to meet with the Legislator's staff and build a relationship with them. Find out who on their staff is focused on health care issues and ask them to find out when related health care briefings are happening so you can fold in a conversation about quality measures.
  ○ Ask your legislator to contact MassHealth leadership to request that they work to improve the quality of substance use services by adding quality measures relevant to consumers. There does not have to be legislation pending for legislators to weigh in on issues their constituents think are important. Ask your legislator to hold a briefing on MassHealth quality measures or private insurance quality measures either on its own or in conjunction with other "health services" related briefings
  ○ Find out when the next relevant bill hearing is happening. If there is a bill coming up, submit questions to the Legislature's Health Care Financing Committee members that they can ask during the hearing regarding improving quality of services through better quality measures
	If participants want to hear more about working with legislators, go through the following sub-bullet points.

○ Offer written and verbal testimony related to a specific bill at the hearings	

Addressing Barriers Exercise (Slide 48)

Facilitator Script	Hints and Tips
Now that we have talked about the skills you already have and strategies you can use in quality advocacy, we are going to address some of the barriers you could face. For this discussion, you will be broken up into small groups to talk about a scenario for 15 minutes, and then we will have 10 minutes for each group to report back to the larger group. Please nominate one person to share back the highlights from your discussion. The scenario is as follows: 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 work can't be done for the following reasons • "There's no NQF endorsed measure for that" • "We don't want to add administrative burden for the 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 providers accountable for things that are outside of their control" • "We need detailed technical specifications or implementation details to do this" Discuss in small groups, what are the possible responses to these arguments? Which advocacy strategies can you use? Now that you have discussed in your small groups, please share the key highlights from your discussions. • What strategies should we use if we hear: "there's no NQF endorsed measure for that"	*15 minutes for small group discussion, 10 minutes to report back to large group. 25 minutes total.* *In-person room set up: place people into small groups based on how many people are in attendance. Spread the groups out through the room. Ensure each group designates someone to report back to the larger group.* *Virtual set up: place people into "breakout rooms" based on how many people are in attendance. Ensure each group designates someone to report back to the larger group.* *Give groups 15 minutes to discuss in their small groups, with a warning once they have reached 10 minutes of discussion.* *Potential Responses* • *"There is no NQF-endorsed measure for that"* ○ *There is no requirement for the use of an NQF endorsed measure* ○ *Use examples of programs/states*

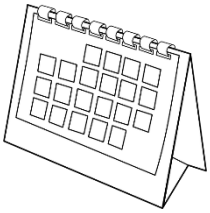
• How do we address the comment: "we don't want to add administrative burden" or "we don't have the staff time for that" or "we don't have the money to do that" • And lastly, what about "it's not fair to hold providers accountable for things that are outside of their control"	*that are already using the measure* ○ *Get help from the measure developers—bring them to talk with the state or other stakeholders* ○ *Emphasize that the state should be a leader and be innovative* • *"We don't want to add administrative burden on providers"* ○ *This information could be collected through a consumer survey, which would not require clinician involvement* ○ *Emphasize quality over quantity in measures—a few meaningful measures are more important than lots of easy-to-collect measures* • *"It's not fair to hold providers accountable for things outside their control"* ○ *The primary focus should be on what consumers need to know* ○ *Suggest a phase-in/pilot test phase or start by providing an incentive for reporting data rather than*

	improving performance ○ *Build consensus among stakeholders around the important of the measure* • *"We need detailed technical specifications or implementation details to do this"* ○ *That is not our role. Our role is to identify the key consumer priorities—the state has to take some responsibility in working to define the next steps*

Recap (Slide 49)

Facilitator Script	Hints and Tips
As you can see, a lot of the advocacy strategies you use in your work can also be used for quality measurement advocacy—it just needs a few adjustments. Do not be afraid of the barriers you might come across. Troubleshoot using what we learned today and keep advocating.	

TOPIC 4: UPCOMING OPPORTUNITIES TO ADVOCATE FOR QUALITY MEASURES



Topic 4: Upcoming Opportunities to Advocate for Quality Measures

Materials Required
• *Slide deck*

Introduction to Topic 4 (Slide 50)

Facilitator Script	Hints and Tips
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	*Use this part of each section to transition into a new topic. Let people know what they will be learning.*

What to Know Before You Start Advocating (Slide 51)

Facilitator Script	Hints and Tips
In any scenario, before launching advocacy, you and your partners will need to learn: • How a board, agency, or institution is currently using quality measures • What measures they are using • Who is involved in the decision-making Using these questions as a guide for your initial research can help you elevate your advocacy and identify where to put your time.	

Discussion: Advocacy Targets in Your Community (Slide 52)

Facilitator Script	Hints and Tips

• Places where you can advocate for better quality services
  ○ City Board of Health or Public Health Department
  ○ Locally based substance use providers
  ○ City Task Force on substance use/opioids
  ○ Mayor's office or City Council
• Possible topics to advocate for
  ○ Quality metrics for locally controlled or funded programs
  ○ Enlisting local officials in efforts to influence MassHealth
• Do any of these resonate with you? Where and what else comes to mind?
 	
Now let's review some specific opportunities to influence MassHealth ACO measures.
	5 minutes total.
	
	Engage the attendees in brainstorming where they might advocate for quality measures, using these as examples.

Adding Measures in MassHealth ACOs (Slide 53)

Facilitator Script	Hints and Tips
MassHealth regularly reviews quality measures for the ACOs. This process is led by the MassHealth Quality Office, which is a good place to target your advocacy. Another avenue is to contact the Patient and Family Advisory Committee that each ACO is required to support. They already have the ear of the ACOs, who may be allies in efforts to strengthen quality measures. It's important to prepare your pitch in advance of any contact.	*Before you begin this workshop, check with MassHealth officials on the process of adding measures for ACOs in to get up-to-date information.* *As of December 2020, Linda Shaughnessy is director of the MassHealth Quality Office.* Linda.Shaughnessy@state.ma.us *For substance use issues, you could reach out to Adam Stoler, Director for Addiction Services in the Office of Behavioral Health:* adam.j.stoler@state.ma.us List of Masshealth ACOs

Advocacy Examples (Slide 54)

Facilitator Script	Hints and Tips
Following the pilot version of this training in 2018, a group of advocates got together to create a one-page handout that they used during a meeting with MassHealth. The handout was simple. It contained information like • Who are we? • What is our concern? • What do people receiving substance use disorders services care about? • What are our priorities? Within this document, they outlined specific process and outcomes measures they wanted implemented within MassHealth. Some of the suggestions included: • Was the person offered choices for services, including recovery supports and recovery coaching? • Was care culturally and linguistically appropriate? • 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?	*See the appendix for the full one-page handout*

MassHealth Behavioral Health Survey (Slide 55)

Facilitator Script	Hints and Tips
Another specific opportunity for you involves the MassHealth Behavioral Health consumer survey, which we discussed earlier. • Annually, a MassHealth team convenes with stakeholders, including advocates, to discuss potential enhancements to the survey. The stakeholder group is called the DSRIP Subcommittee. • This typically starts in late summer and goes into early fall. • Advocates can contact MassHealth officials during this time to offer suggestions. • MassHealth also invites consumers to provide input through focus groups or testing the survey. • Advocates can contact officials in the MassHealth Quality Office or Behavioral Health Division in early summer to get involved.	*In December 2020, the lead MassHealth person on the survey is Majorie Levin, email Marjorie.Levin@state.ma.us* *DSRIP stands for Delivery System Reform Incentive Payment, which is a federal payment initiative supporting MassHealth's ACOs.*

Influencing Quality Measure Alignment Taskforce (Slide 56)

Facilitator Script	Hints and Tips
Another target in Massachusetts is the Quality Measure Alignment Taskforce that is seeking to align quality measures for MassHealth, private insurance and provider groups. Influencing this task force's recommendations could have a broad impact. The taskforce conducts an annual review process and submits recommendations to the Secretary of the Executive Office of Health and Human Services. One opportunity to engage the taskforce is by checking for public comment periods or contacting taskforce members.	*Go to the Quality Measure Alignment Taskforce website for more information.*

Adding Measures in Other State Regulated Programs (Slide 57)

Facilitator Script	Hints and Tips
Many other programs that are regulated or overseen by the state also use quality measures. For these programs, we've listed some of the possible advocacy targets. The Secretary oversees all of Health and Human Services, has extensive authority, and typically feels a responsibility to listen to consumer concerns. Most of the state's major insurance companies are nonprofits and leadership has been receptive to concerns raised by consumer advocates. Most also have their own initiatives aimed at improving quality of services they pay for. These insurers are: Blue Cross Blue Shield, Tufts Health Plan, BMC HealthNet Plan, Fallon Health, Health New England, Harvard Pilgrim Health Plan, AllWays Health Partners Other state regulated addiction programs are overseen by the commissioner of the Department of Public Health and the director of the Bureau of Substance Addiction Services.	*Before you begin this workshop, check with MassHealth officials on the process of adding measures for ACOs in to get up-to-date information.* *For substance use issues, you could reach out to Adam Stoler, Director for Addiction Services in the Office of Behavioral Health: adam.j.stoler@state.ma.us*

Discussion: Advocacy Strategies (Slide 58)

Facilitator Script	Hints and Tips

Let's discuss advocacy strategies, keeping in mind these opportunities in Massachusetts and what we brainstormed earlier about possible measures and advocacy.
• 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?
	5 minutes total.
	
	Refer to the advocacy strategies the participants generated in the previous section to remind participants of their ideas. Display the flip chart or slide with the ideas.
	
	What more do we need to know examples: what measures are officials considering, how can we influence those officials?
	
	What are our strengths examples: we know that our community is in our favor, we are strong in coalitions?

WRAP-UP AND NEXT STEPS

Wrap Up and Next Steps

Next Steps and Follow-Ups (Slide 59-60)

Facilitator Script	Hints and Tips
• Use the lessons from today with MassHealth or other programs • Connect with each other—make sure you get the contact information of some of the advocates here today • Complete the training evaluation that we will send by email within the next week	*If you will be available to coach advocates, or are recruiting advocates for a specific campaign, you can let attendees know.* *See appendix for the training evaluation*

Feedback on the Training (Slide 61)

Facilitator Script	Hints and Tips
As we end our training today, we will conclude with a round of plus, delta, and lightbulb. I will ask each of you to share a • 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	*Use whatever reflection exercise you would like, but encourage all participants to engage in this.*

Contact Information (Slide 62)

Facilitator Script	Hints and Tips
Please feel free to reach out with any questions.	*Include your contact information for participants on the final slide.* *Make sure you are clear about what you are able to help participants with—do not over-promise.*

Thank you! (Slide 63)

Facilitator Script	Hints and Tips
Thank you all for your participation!	*Thank your participants for completing the workshop with you.*

Appendix

A. Training Material

A.1 Glossary

A.2 Training Slide Deck

B. Opening the Workshop

B.1 Pronouns Resources

- My Pronouns: What are pronouns, why do they matter, how to use them, and more
- LGBT Life Center: What is a pronoun and why does it matter?

B.2 Participant Agenda

B.3 A Guide to Non-Stigmatizing Language

B.4 Health Equity Resources

- Robert Wood Johnson Foundation: Why health equity matters
- American Public Health Association: Health equity reports and resources
- Substance Abuse and Mental Health Services Administration: Behavioral Health Equity

2. Topic Two

2.1 MassHealth ACO Resources

- Mass.gov: MassHealth ACO description and links to Health Plans
- Mass.gov: EOHHS Quality Measure Alignment Taskforce
  - 2021 Measures
- MassHealth Behavioral Health Consumer Survey

2.2 NQF-Endorsed Substance Use Measures and Instructions

2.3 SAMHSA's National Outcome Measures (NOMs)

- SAMHSA Recovery Support Pilot National Outcome Measures
- SAMHSA National Outcome Measure Domains

2.4 Consumer Report Cards

- Health Affairs: Improving Addiction Treatment with Consumer Report Cards
- Shatterproof: Atlas Portal

2.5 Survey Examples

- Brief Addiction Monitor (BAM) Questions

- Brief Addiction Monitor (BAM) Explaination
- Experience of Care and Health Outcomes (ECHO), see outcomes questions #31-34
- Recovery Capital Scale
- Substance Use Recovery Evaluator (SURE)

2.6 Vote Your Measure Exercise

Quality measures examples for the cards

- Increased stability in housing
- Increased / retained employment or return to school
- Decreased criminal justice involvement
- Continuing care: continuity of care after detoxification
- Ability to deal with problems
- I have felt happy with my overall quality of life (SURE)
- Screening: Screening & Brief Counseling for Unhealthy Alcohol Use
- How satisfied are you with your progress toward achieving your recovery goals? (BAM)
- Increased social supports/social connectedness
- Ability to accomplish things you want to do
- Abstinence from drug/alcohol use
- No social consequences from drug/alcohol use
- Treatment: newly diagnosed patients get treatment within 14 days and get more treatment within 30 days
- Emergency room patients diagnosed with substance use disorders who get any follow-up care within 7 or 30 days
- Patients in treatment who visited the hospital or emergency department because of substance use disorders within 30 days of their latest treatment

4. Topic Four

4.1 One-pager on Quality Measure Priorities developed by Massachusetts advocates in 2018

4.2 Training Evaluation