

SQAC Quality Priority Proposal

Proposed Priority Area: Opioid Use

Description of the priority area and reason being highlighted: There has been widespread attention to the opioid epidemic in Massachusetts over the past two years. Massachusetts has seen increasing deaths related to opioid use and increased addiction across all age ranges, race/ethnicity, and income levels. Many individuals who are addicted to opioids began using these drugs as part of a prescription for treatment of an injury. In identifying opioid use as a potential priority area, the SQAC would reinforce the activities of the Baker Administration and two recent Task Forces focused on addressing the opioid crisis and support the implementation of those activities through measurement of progress of the Commonwealth towards reducing the opioid epidemic.

There are several areas of focus in reducing opioid death and addiction, beginning with prevention and including intervention, treatment and recovery services.

Ways that quality may be improved: Massachusetts provides a wide array of substance use treatment services.¹ There has been significant work throughout the Commonwealth to identify ways to improve access to substance use treatment services, including provision of additional funding to support prevention, intervention, treatment and recovery.² In particular, the Commonwealth is working to:

- improve access to and pricing of Naloxone, a prescription drug commonly known as Narcan, which can be an antidote to an opioid overdose.
- improve compliance with the Prescription Monitoring Program (PMP), where physicians and pharmacists can check to see whether an individual is receiving certain prescription drugs.
- improve understanding of access to the behavioral health system.
- improve access to treatment services through mandates on commercial insurers to cover services without prior authorization.
- improve access to medication assisted treatment (MAT).
- improve access to services covered through the Department of Public Health's Bureau of Substance Abuse Services (BSAS), including residential recovery homes and recovery support centers.

¹Center for Health Information and Analysis, Substance Use Disorder Treatment in Massachusetts, April 2015; accessible at: <http://www.chiamass.gov/assets/Uploads/SUD-REPORT.pdf>

² The findings from Governor Baker's Opioid Task Force, released in June 2015, are accessible at: <http://www.mass.gov/eohhs/feature-story/end-opioid-abuse-in-mass.html>; findings from Governor Patrick's Opioid Task Force, released in June 2014, are accessible at: <http://www.mass.gov/eohhs/docs/dph/substance-abuse/opioid/report-of-the-opioid-task-force-6-10-14.pdf>.

Because relapse is an expected and common part of the recovery process, it is difficult to measure the success and quality of substance use treatment services.

Ways that quality could be measured: There are limited standardized quality measures related to opioid use. To the extent measures do exist, they are focused on substance use generally, and not specifically on opioids.

Two measures included in the SQMS that focus on increased utilization of substance use treatment services are:

- Initiation and engagement of alcohol and other drug dependence treatment (HEDIS)³
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Additional measures not in the SQMS that may provide some information on progress towards reducing the opioid epidemic include:

- the number of overdose deaths per year,
- the number of overdose reversals per year,
- compliance statistics from the PMP,
- the number of providers offering suboxone treatment,
- the number of providers offering outpatient substance use treatment services,⁴
- utilization of substance use treatment services,⁵and
- the number of individuals continuing in step-down services following detoxification for a specified time period.

Cross Cutting Dimensions

The SQAC believes that it is important to consider opioid use across a number of different dimensions including disparities, transparency, care coordination and patient experience/activation.

Ways that disparities could be measured and improved: While opioid addiction impacts individuals of all races, ethnicities and incomes, it remains important to understand where there are gaps in

³ For the rates of Massachusetts health plans see: <http://www.chiamass.gov/assets/Uploads/SUD-REPORT.pdf>

⁴ A key challenge in understanding gaps in access to treatment is understanding the number of providers that provide substance use treatment services on an outpatient basis. This measurement is difficult to complete, but is part of the charge of the Health Planning Council through Chapter 224 of the Acts of 2012, as part of creation of a State Health Plan that identifies the location, distribution and nature of all health care resources and makes recommendations for the appropriate supply and distribution of resources, programs, capacities, technologies and services. While the Health Planning Council has completed the identification of inpatient resources it was not able to identify outpatient services.

⁵ This measure would not identify whether utilization was specifically due to an opioid addiction, versus another drug or alcohol.

services and/or access by race/ethnicity, geography, income and age. There is evidence that provider racial and ethnic concordance with patients can improve their retention in care⁶. Measuring the race/ethnicity of providers as part of the outpatient capacity survey may provide important information on cultural competency.

Improving transparency: As there is currently little regular and standardized measurement of treatment for opioid misuse, increased measurement and reporting of information is important for maintaining awareness of efforts to improve access and care, and to identify potential need for additional activity.

Link to care coordination: People frequently do not move through recovery in a linear fashion and many times they experience numerous cycles through recovery. Given the hand offs between emergency room, primary care, acute detoxification, treatment and ongoing recovery, there is significant potential for care coordination efforts, particularly through the use of peers to support individuals in their recovery.

Patient experience/patient activation: The research on patient experience and patient activation in the opioid abusing population is still evolving. Motivational interviewing is a technique used by providers that can help improve patient engagement by exploring and resolving ambivalence or reluctance to change.

State Actors Who Are Working in this Area: BSAS, CHIA, EOHHS, HPC, MassHealth

⁶ Massachusetts Department of Public Health, 2014, Findings of the Opioid Task Force and Department of Public Health Recommendations on Priorities for Investments in Prevention, Intervention, Treatment and Recovery.