Measurement Strategy
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Measurement Strategy: Overview

ATSH:PC Measurement Strategy

- Capability Assessment
  (also called IMAT-PC)

- Measure Set:
  Core (required) + Optional + Internal
Measurement Strategy: How and When

- **Core**: Quarterly submission
- **Optional**: Quarterly submission
- **Internal**: Site determines time frame
- **Capability Assessment**: Baseline, midpoint, conclusion

- **NICHQ Data Portal**: Clinic Maintains
- **Excel**: Program Measure Set
Measurement Strategy: How Data are Used

- Data-driven decision making (teams)
- Track progress over time (teams)

Program Evaluation & TA Design (CCI)
Capability Assessment
Capability Assessment: Summary

- **Integrating Medications for Addiction Treatment in Primary Care (IMAT-PC)** will support teams to better understand their current state, identify areas to make better, and evaluate change over time
  - The goal is to better understand MAT processes, approaches and environment – evaluating from multiple perspectives across multiple dimensions
- Developed primarily by Dr. Mark McGovern, leveraging evidence-based processes, with support from Dr. Brian Hurley and the CCI team
- Covers 7 dimensions: infrastructure, clinic culture, patient identification, care delivery, care coordination, workforce, staff training
Capability Assessment: Completing the Assessment

Schedule time! We suggest that you set aside 75 minutes to complete it.

Work with your team! This is an opportunity for you to learn more about your colleague’s perspectives.

Rate conservatively! Select the lower of the two ratings when you’re in between.

This isn’t a test! Be candid and use the tool to support transformation.
Capability Assessment: Submit by April 1st

Download Excel Template
https://www.careinnovations.org/atshprimarycare-teams/data-reporting/#assessment

Submit Online – submit your final excel assessment online
https://www.tfaforms.com/4725384
Measure Set
Measurement Strategy: How and When

- **Core**: Quarterly submission
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- **NICHQ Data Portal**
- **Clinic Maintains**
- **Excel**

Program Measure Set
### Measure Set: Summary

#### Core Required Measures
- **Adoption:** Four sub measures, tracking waivered prescribers
- **Reach:** Three sub measures, tracking patients receiving medications for addiction treatment
- **Retention:** Two sub measures, addressing adherence and continuation in care

#### Optional Measures
- **Screening:** Patients screened for OUD
- **Initiation:** Patients with follow-up visits after a medication start
- **Engagement:** Patients with follow-up visits after initial prescription
- **Toxicology:** Urine toxicology tests (2 sub measures)

#### Internal Measures
- **Process and Outcome Measures:** To support your planning and implementation efforts. Measures could address training and education, patient outreach and identification, or other data that will inform your improvement activities.
Measure Set: Collecting & Submitting Data April 15

Who is responsible? Determine who will be responsible for pulling quarterly data reports. We suggest that either your team lead or a data team member be responsible for entering data to the portal each quarter.

Will you report on optional measures? Determine if you will report on the optional measures and let CCI know. For internal measures, determine as a team what internal measures will be useful for you to collect and review. How often will your team review data together to use for improvement?

Timeframe of data. Data should be rolled up on a quarterly basis (starting with Q1: January 1, 2019 – March 31, 2019).

How to submit. Data is due 15 days after each quarter ends. Log into the NICHQ data portal and enter data for each measure set for that quarter. For more information visit https://www.careinnovations.org/atshprimarycare-teams/data-reporting/#measures
Attend training webinar. Register for the webinar on March 18th 12-1pm PT.

Who should attend? The person(s) responsible for entering data on a quarterly basis (we recommend either the team lead or data person on team).

What will be covered? The webinar will show how to log into your account and enter data on a quarterly basis. It will also show what types of reports will be generated and how to download these reports.
Measurement Strategy: Important Dates

March 8, 11 & 15 - Measurement Strategy Office Hours. Call log-in info

March 18 - NICHQ Data Portal Training Webinar. Register for the webinar on March 18th 12-1pm PT.

April 1 - DUE: Capability Assessment. Template & submission.

April 15 – DUE: Q1 Data Set (Jan–March 2019) Measure definitions & submission

Program Page: https://www.careinnovations.org/atshprimarycare-teams/
Measurement Strategy: Important Dates

July 15 – DUE: Q2 Data Set (April-June 2019)

October 15 – DUE: Q3 Data Set (July-September 2019)

January 15 – DUE: Q4 Data Set (October-December 2019)

April 15 – DUE: Q5 Data Set (January-March 2020)

July 15 – DUE: Q6 Data Set (April-June 2020)

Program Page: https://www.careinnovations.org/atshprimarycare-teams/
Contact Us With Questions

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Appendix

Measures: Core + Optional

https://www.careinnovations.org/atshprimarycare-teams/data-reporting/#measures
# Core (Required) Program Measure Definitions

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Adoption</td>
<td></td>
</tr>
<tr>
<td>A1 # of x-waivered prescribers</td>
<td>Total number of physicians, nurse practitioners or physician assistants, onsite and with whom the health center has contracts, who have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications approved by the U.S. FDA for this indication. This number must be current up to the reporting date. Planned, in process or pending waivers do not count.</td>
</tr>
<tr>
<td>A2 # of x-waivered prescribers actively prescribing</td>
<td>Total number of prescribers who have prescribed buprenorphine for opioid use disorder (OUD) to at least 1 patient over the three months prior to or on the reporting date.</td>
</tr>
<tr>
<td>A3 % of x-waivered prescribers of all eligible prescribers in practice</td>
<td>The numerator is calculated by the # in A1. The denominator is calculated by the total # of physicians, certified nurse practitioners and physician assistants who work onsite and who are under contract at the ATSH participating health center location. This denominator does not include providers at other locations of the participating health center.</td>
</tr>
<tr>
<td>A4 Ratio of x-waivered prescribers actively prescribing to the clinic’s total patient panel size</td>
<td>The numerator is calculated by the # in A2. The denominator is calculated by an estimate of the total number of patients at, or active panel size of, the ATSH participating health center location.</td>
</tr>
<tr>
<td>B. Reach</td>
<td></td>
</tr>
<tr>
<td>B1 # of patients prescribed buprenorphine</td>
<td>The total number of unique patients in the ATSH participating health center location with a current, active prescription for buprenorphine. The buprenorphine medication should be FDA approved for the indication of OUD. Included patients may be newly prescribed or established. “Active” is defined as a prescription covering any of the past 30 days of the reporting month. This number must be current up to the reporting date.</td>
</tr>
<tr>
<td>B2 # of patients prescribed naltrexone long acting injection</td>
<td>The total number of patients in the ATSH participating health center location with a current, active prescription for naltrexone long acting injection. Included patients may be newly prescribed or established. “Active” is defined as a prescription covering any of the past 30 days of the reporting month. This number must be current up to the reporting date.</td>
</tr>
<tr>
<td>B3 % of patients prescribed buprenorphine or naltrexone long acting injection of all patients with OUD</td>
<td>The numerator is calculated by adding the total number of patients in B1 + B2. The denominator is calculated by counting the number of patients in the ATSH participating health center location with a current ICD10 or DSM5 diagnosis of OUD (i.e. valid within the past 30 days). This percentage is to be calculated quarterly during the ATSH project.</td>
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</tbody>
</table>
# Core (Required) Program Measure Definitions: cont.

<table>
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<tr>
<th>MEASURE</th>
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</thead>
<tbody>
<tr>
<td><strong>C.</strong></td>
<td>Retention</td>
</tr>
<tr>
<td>C1</td>
<td># of patients prescribed buprenorphine or naltrexone long acting injection 6 months prior who have adhered to this medication continuously for 6 consecutive months</td>
</tr>
<tr>
<td>C2</td>
<td>% of patients prescribed buprenorphine or naltrexone long acting injection 6 months ago who have continued in treatment for 6 consecutive months of all patients prescribed buprenorphine or naltrexone long acting injection 6 month prior</td>
</tr>
</tbody>
</table>
## Optional Program Measure Definitions

<table>
<thead>
<tr>
<th>MEASURE</th>
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</thead>
<tbody>
<tr>
<td><strong>D.</strong></td>
<td><strong>Screening</strong></td>
</tr>
<tr>
<td>D1</td>
<td>% of patients screened for opioid use disorder of all patients seen during the last quarter</td>
</tr>
<tr>
<td></td>
<td>The numerator is calculated by counting the number of patients screened over the past 3 months. A standardized measure for OUD risk must be used to count in the numerator. Some options for measures include: NIDA Quick Screen, Drug Abuse Screening Test (DAST), DSM5 Checklist, the Tobacco, Alcohol, Prescription Medication and Other Substance Use (TAPS1 or TAPS 2), PRIME 1.1.1 or other validated screening tools. The denominator is calculated by counting the number of all patients seen during the last 3 months. The goal is at least 1 screening for OUD risk per year for all patients. This percentage is to be calculated quarterly during the ATSH project, and only for those patients not included in the previous quarter period data calculation.</td>
</tr>
<tr>
<td><strong>E.</strong></td>
<td><strong>Initiation</strong></td>
</tr>
<tr>
<td>E1</td>
<td>% of patients with 1 follow-up visit within 14 days of starting buprenorphine or naltrexone long acting injection</td>
</tr>
<tr>
<td></td>
<td>The numerator is calculated by counting the number of patients started on either buprenorphine or naltrexone long acting injection and making at least 1 follow-up visit to the clinic within 14 days (2 weeks) of their initial prescription. Either individual or group visits count in the numerator. The denominator is calculated by counting the total number of patients prescribed either buprenorphine or naltrexone long acting injection. This percentage is to be calculated quarterly during the ATSH project, and only for those patients not included in the previous quarter period data calculation.</td>
</tr>
<tr>
<td><strong>F.</strong></td>
<td><strong>Engagement</strong></td>
</tr>
<tr>
<td>F1</td>
<td>% of patients with 2 follow-up visits within 30 days of the date of the initial prescription for buprenorphine or naltrexone long acting injection</td>
</tr>
<tr>
<td></td>
<td>The numerator is calculated by counting the number of patients prescribed either buprenorphine or naltrexone long acting injection and making at least 2 follow-up visits (either individual or group) to the clinic within 30 days of their initial prescription. The denominator is calculated by counting the total number of patients prescribed either buprenorphine or naltrexone long acting injection. This percentage is to be calculated quarterly during the ATSH project, and only for those patients not included in the previous quarter period data calculation.</td>
</tr>
</tbody>
</table>
# Optional Program Measure Definitions

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<tbody>
<tr>
<td>G. Toxicology Monitoring</td>
<td>The numerator is calculated by counting the number of patients prescribed either buprenorphine or naltrexone long acting injection with documentation of one or more urine toxicology test results within 3 days of starting either medication. If a saliva toxicology or other validated toxicology test is performed and documented, this counts towards the numerator. The denominator is calculated by counting the total number of patients prescribed either buprenorphine or naltrexone long acting injection. This percentage is to be calculated quarterly during the ATSH project, and only for those patients not included in the previous quarter period data calculation.</td>
</tr>
<tr>
<td>G1 % of patients prescribed buprenorphine or naltrexone long acting injection who received a urine toxicology test within 3 days of starting all patients starting their medication</td>
<td></td>
</tr>
<tr>
<td>G2 % of patients taking buprenorphine or naltrexone long acting injection receiving a urine toxicology test at least once per month of all patients taking buprenorphine or naltrexone long acting injection</td>
<td>The numerator is calculated by pulling toxicology documentation on patients in C1 and counting the number who have at least 6 urine toxicology tests. The denominator is all patients in C1. This percentage is to be calculated quarterly during the ATSH project, and only for those patients not included in the previous quarter period data calculation.</td>
</tr>
</tbody>
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