



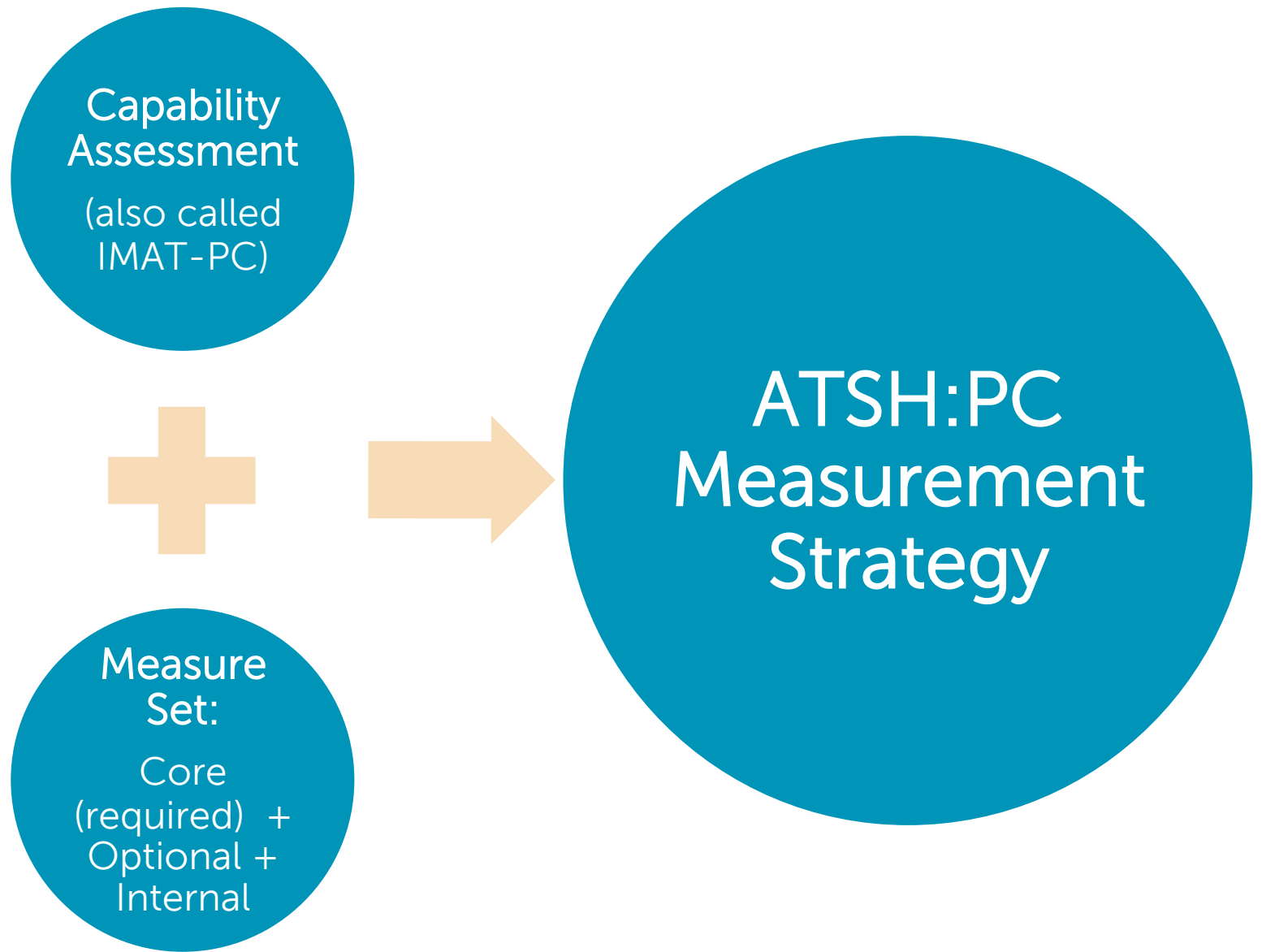
Measurement Strategy

Table of Contents

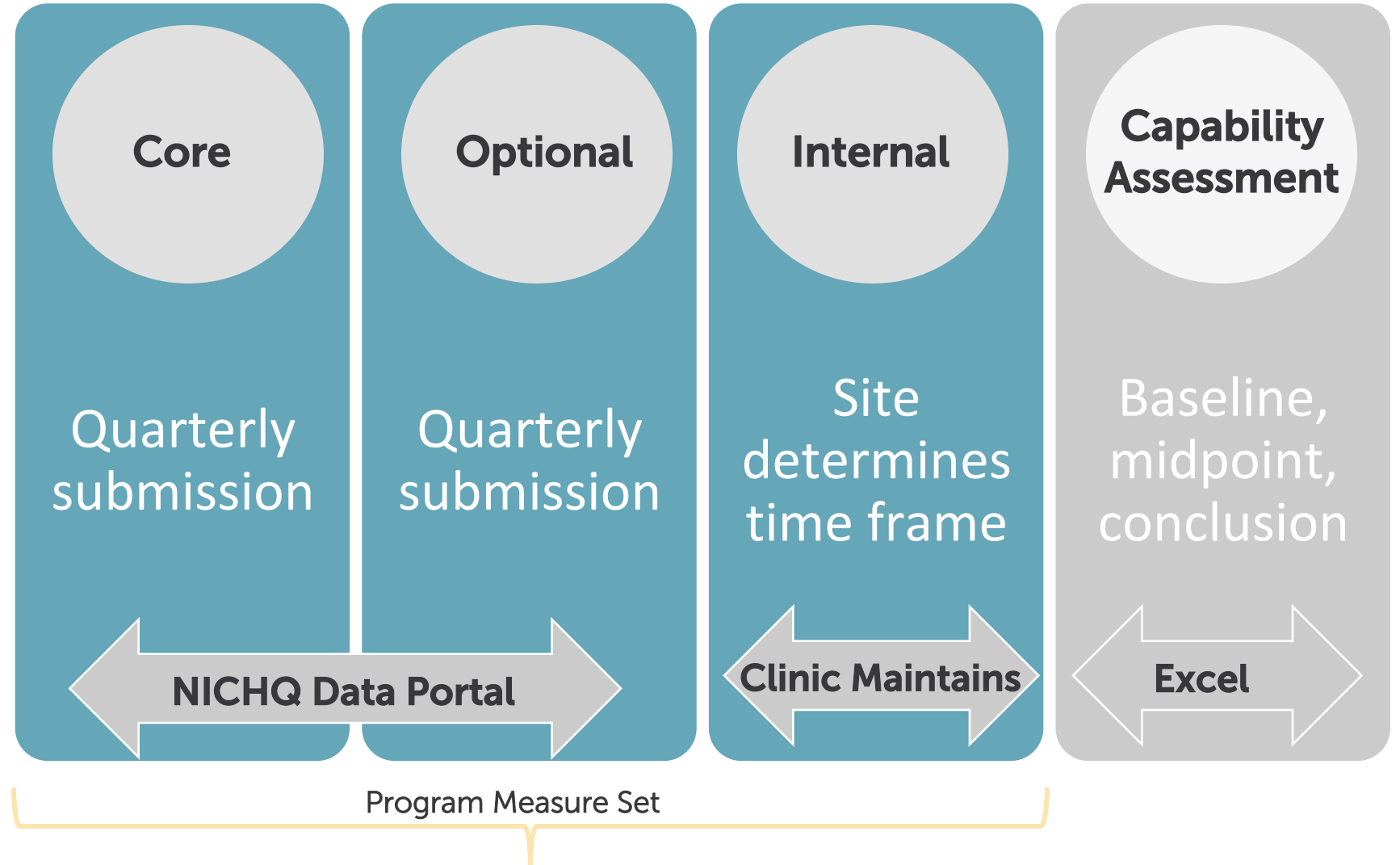
1. Overview of ATSH:PC Measurement Strategy
2. Capability Assessment: summary, completing, submitting
3. Measure Set: summary, definitions, collecting, submitting
4. Important Dates
5. Contact Us
6. Appendix: Core + Optional Measures and Definitions



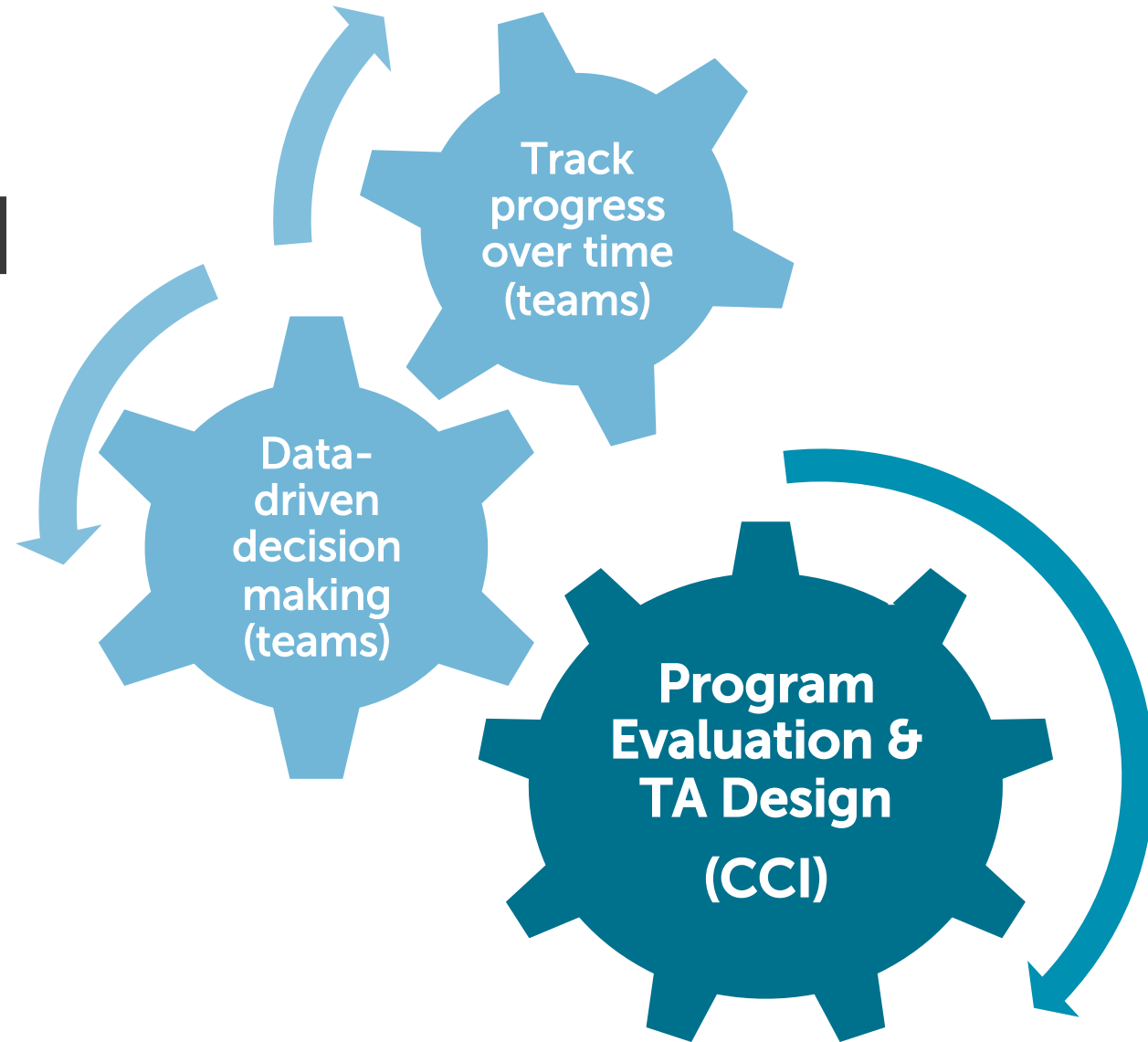
Measurement Strategy: Overview



Measurement Strategy: How and When



Measurement Strategy: How Data are Used



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

DIMENSION 1 (D1): INFRASTRUCTURE						
Benchmark	Description	1 (NI - Not integrated or not present)	2	3 (PI - Partially integrated or somewhat present, but variable)	4	5 (FI - Fully integrated, routine and systematic)
D1 - 1	Senior organizational and clinic leadership, including CEO, CMO, board and medical directors, strongly support providers prescribing medications for OUD in this clinic site	No overt strong leadership support demonstrated at either the agency or clinic site level	Our site is somewhere in between 1 and 3.	Strong clinic level leadership support for prescribing medications for OUD but not from senior agency leadership	Our site is somewhere in between 3 and 5.	Strong and overt support for prescribing medications for OUD at the agency and clinic levels
Additional comments here:						
D1 - 2	Medical records and releases of information are privacy compliant with HIPAA and 42CFR regulations	Our clinic has either not resolved or does not fully understand HIPAA and 42CFR regulations	Our site is somewhere in between 1 and 3.	Our clinic has developed some workarounds to address 42CFR regulations	Our site is somewhere in between 3 and 5.	Our clinic has clear policies to access, exchange and release patient information in compliance with HIPAA and 42CFR
Additional comments here:						
D1 - 3	Insurers cover medical consultations and visits for medication management of OUD or medical services are covered by bundled contractual rates	No provider services are covered by any insurance	Our site is somewhere in between 1 and 3.	Some provider services are covered, or all provider services are covered by some insurers	Our site is somewhere in between 3 and 5.	All reasonable provider services are covered for insured patients
Additional comments here:						
D1 - 4	Insurers cover medications for OUD (buprenorphine and naltrexone IM) or medications are covered by bundled contractual rates	No OUD medications are covered by any insurance	Our site is somewhere in between 1 and 3.	One OUD medication is covered, or both OUD medications are covered by some insurers	Our site is somewhere in between 3 and 5.	Both OUD medications are covered for insured patients
Additional comments here:						
D1 - 5	Insurers cover behavioral health services	No behavioral health services are covered by any insurance	Our site is somewhere in between 1 and 3.	Some behavioral health services are covered, or all behavioral health services are covered by some insurers	Our site is somewhere in between 3 and 5.	All behavioral health services are covered for insured patients
Additional comments here:						

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.



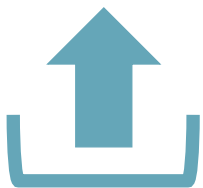
This isn't a test! Be candid and use the tool to support transformation.

Capability Assessment: Submit by April 1st



Download Excel Template

<https://www.careinnovations.org/atshprimarycare-teams/data-reporting/#assessment>



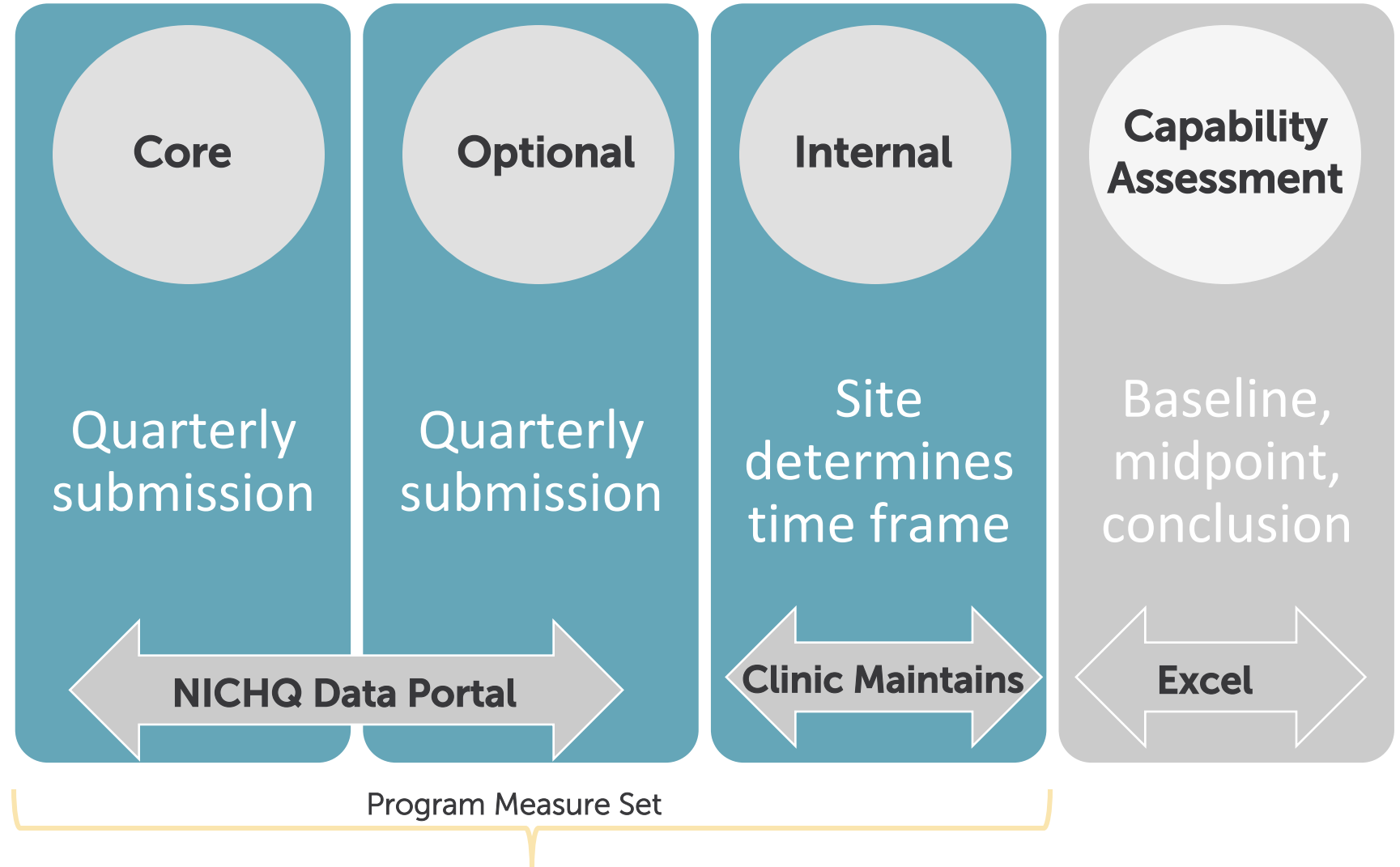
Submit Online – submit your final excel assessment online

<https://www.tfaforms.com/4725384>

Measure Set



Measurement Strategy: How and When



Measure Set: Summary

Core Required Measures

- **Adoption:** Four sub measures, tracking waived 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>

Measure Set: Using the NICHQ Data Portal (March 18 webinar)



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

	MEASURE	DEFINITION
A.	Adoption	
A1	# of x-waivered prescribers	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.
A2	# of x-waivered prescribers actively prescribing	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.
A3	% of x-waivered prescribers of all eligible prescribers in practice	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.
A4	Ratio of x-waivered prescribers actively prescribing to the clinic's total patient panel size	The numerator is calculated by the # in A2. The denominator is calculated by an <u>estimate</u> of the total number of patients at, or active panel size of, the ATSH participating health center location.
B.	Reach	
B1	# of patients prescribed buprenorphine	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.
B2	# of patients prescribed naltrexone long acting injection	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.
B3	% of patients prescribed buprenorphine or naltrexone long acting injection of all patients with OUD	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.

Core (Required) Program Measure Definitions: cont.

	MEASURE	DEFINITION
C.	Retention	
C1	# of patients prescribed buprenorphine or naltrexone long acting injection 6 months prior who have adhered to this medication continuously for 6 consecutive months	Total number of patients started on either buprenorphine or naltrexone long acting injection at 6 months prior to the reporting date, and who have remained in care continuously and without interruption. This includes new patients who have started on medication and continued with refills, and who have attended clinic visits. This also includes established patients who may have discontinued treatment for at least 2 months and have been “restarted”.
C2	% 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	The numerator is calculated in C1. The denominator is calculated by including a count of the total of all patients started on either buprenorphine or naltrexone long acting injection at 6 months prior to the reporting date. This percentage is to be calculated only on the data panel of eligible patients (i.e. those who started or restarted at 6 months prior to the reporting date) at every quarter of the ATSH project.

Optional Program Measure Definitions

	MEASURE	DEFINITION
D.	Screening	
D1	% of patients screened for opioid use disorder of all patients seen during the last quarter	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.
E.	Initiation	
E1	% of patients with 1 follow-up visit within 14 days of starting buprenorphine or naltrexone long acting injection	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.
F.	Engagement	
F1	% of patients with 2 follow-up visits within 30 days of the date of the initial prescription for buprenorphine or naltrexone long acting injection	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.

Optional Program Measure Definitions

	MEASURE	DEFINITION
G.	Toxicology Monitoring	
G1	% of patients prescribed buprenorphine or naltrexone long acting injection who received a urine toxicology test within 3 days of starting of all patients starting their medication	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.
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	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.