ALLIANCE FOR ADDICTION PAYMENT REFORM
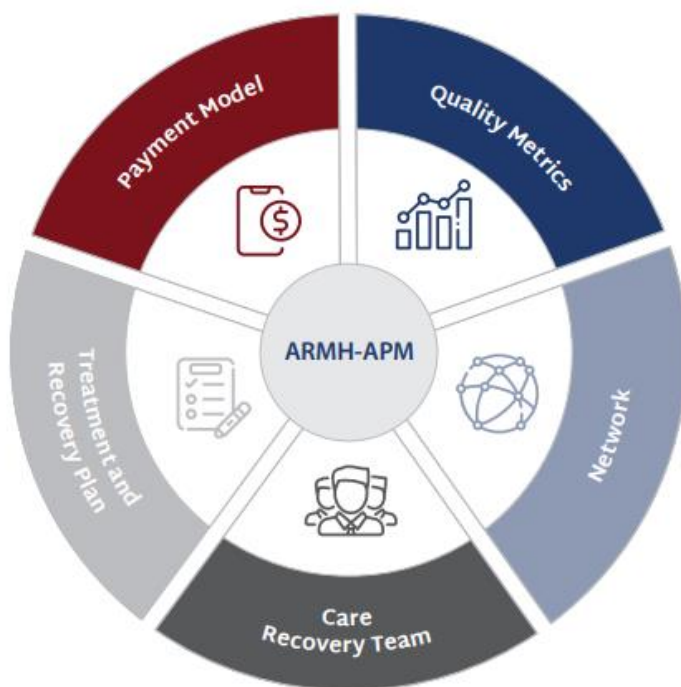
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Environmental Scan of Substance Use Disorder Quality Metrics/Measures Applicable to the Addiction Recovery Medical Home Alternative Payment Model

June 14, 2024

Background

The Alliance for Addiction Payment Reform (Alliance) is a cross-sector learning collaborative that convenes leading health experts and stakeholders to support the design and implementation of alternative payment models for substance use disorder (SUD) since 2017. The Alliance originally published the Addiction Recovery Medical Home – Alternative Payment Model (ARMH) in 2018. In 2023, the Alliance updated the paper and included lessons learned. The ARMH assimilates treatment and recovery services with a payment system that integrates assets and incentives to treat SUD as a chronic disease. The model has the flexibility to meet providers and patients where they are while improving the coordination and application of care and recovery. The five elements of the ARMH model include: payment model, quality metrics, network, care recovery team, and treatment and recovery plan (see Figure 1).

### Figure 1: Five Elements of the AHRM Model

Purpose

This issue brief specifically focuses on the **Quality Metrics** component of the ARMH model and the ability to select quality metrics to inform care commensurate with the specifically defined episodes of care (see Figure 2) in the ARMH model. Generally speaking, with respect to value-based payment methodologies, quality metrics/measures help to refine key performance indicators, informing and measuring expected and anticipated treatment outcomes:

- Episode 0: Pre-Recovery and Stabilization
- Episode 1: Recovery Initiation and Active Treatment
- Episode 2: Community-Based Recovery Treatment

Drawing from best current practices in the field, ARMH demonstrations will ideally continue to refine entry and participation criteria for providers. These demonstrations explore process and outcome metrics/measures that tie the provision of care to payment, incentivizing recovery and informing a national baseline of much-needed long-term SUD performance metrics.

Figure 2: ARMH Episodes of Care
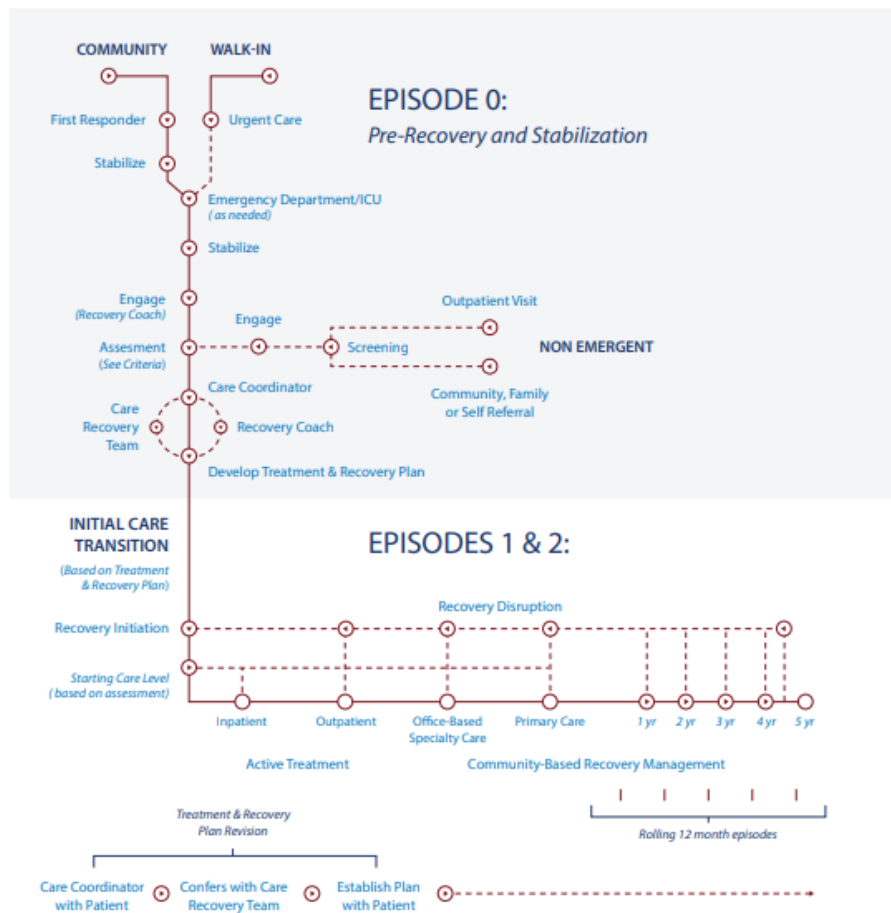
Quality Metrics Selection and Data Sources

When considering specific quality metrics tied to the ARMH episodes of care, metrics should assist with improving holistic treatment outcomes and recognize the importance of meaningful care with respect to enhanced well-being. Defined metrics should be valuable and not overly cumbersome or administratively burdensome. Ideally, metrics should focus on specifically

defined outcomes, including that patient's voice. For instance, transdiagnostic measures such as functioning assessments and patient experience can be incorporated. Additionally, measurements that assess the quality of life can be leveraged.

Quality Metrics Related to SUD Treatment Outcomes

Based on an extensive environmental scan of industry-standard quality metrics related to SUD treatment outcomes, the team identified several examples of metrics/measures extracted from various organizations or government-sponsored programs within the public domain. These metrics/measures represent some of the most prolifically utilized metrics/measures across the SUD treatment industry.

- **1115 –** Demonstration program guidance that specifically focused on improving access to and quality of treatment for Medicaid beneficiaries in the community to combat the ongoing opioid crisis.
- **Blue Cross Blue Shield, Blue Distinction Center for Substance Use Treatment and Recovery (BCBSA BDC)** – aims to improve patient outcomes and value by addressing the fragmented delivery of SUD treatment.
- **Centers for Medicare & Medicaid Services (CMS)**
    - o **Core Quality Measures Collaborative (CQMC)** – a diverse coalition of health care leaders representing over 75 consumer groups, medical associations, health insurance providers, purchasers, and other quality stakeholders, all working together to develop and recommend core sets of measures by clinical area to assess and improve the quality of health care in America.
    - o **Partnership for Quality Measures (PQM)** – powered by Batelle, a CMS consensus-based entity (CBE), Battelle's PQM uses a consensus-based process involving various experts- clinicians, patients, measure experts, and health information technology specialists- to ensure informed and thoughtful endorsement reviews of qualified measures.
- **Medicaid Outcomes Distributed Research Network (MODRN)** – Academy Health's MODRN is a collaborative effort that uses data from existing CMS measures to assess the impact of innovative policies and interventions using data from existing CMS measures. This seeks to assess the impact of innovative policies and interventions and facilitate learning among Medicaid agencies.
- **National Committee for Quality Assurance (NCQA Healthcare Data and Information Set (HEDIS)** – The National Committee for Quality Assurance uses measurement, transparency, and accountability to highlight top performers and drive improvement. HEDIS is a standardized population health management tool that employers can use to understand the health of their employees and measure the quality of care their

population receives. As the most widely used performance improvement tool in health care, its measures are based on scientific evidence and input from key stakeholders and experts in health measurement. NCQA uses HEDIS measures to set standards for measures in NCQA accreditation.

- **Office of National Drug Control Policy (ONDCP)** – ONDCP is responsible for developing and implementing the National Drug Control Strategy and Budget. ONDCP coordinates across 19 federal agencies and oversees a $43 billion budget as part of a whole-of-government approach to addressing addiction and the overdose epidemic.
- **Patient-Centered Medical Home (PCHMH)** – NCQA requires standardized measures, and practices should utilize the specifications of electronic clinical quality measures (eCQMs), which were designed to be applied at the practice or clinician level of reporting.
- **Pew Charitable Trusts (Pew)** – Pew uses data to make a difference. Pew addresses the challenges of a changing world by illuminating issues, creating common ground, and advancing ambitious projects that lead to tangible progress.
- **U.S. Preventive Services Task Force (USPTF) –** USPTF is an independent, volunteer panel of national experts in prevention and evidence-based medicine. USPTF works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medication.

Information pertaining to these measures can generally be found through the following data submission methods noted in the snapshot of the grid below:

- **Agency** – this is in reference to the collection of NCQA Medicare and Exchange data on behalf of the CMS. CMS collects Medicaid HEDIS data on behalf of state agencies and collects commercial data on behalf of states and the U.S. Office of Personnel Management.
- **Claims –** Health care organizations generate administrative data such as claims and encounters that provide specific information on the amount, frequency, and duration of individuals' health care services. Common data elements include the type of service, number of units (e.g., days of service), diagnosis and procedure codes for clinical services, location of service, amount billed, and the amount reimbursed.
- **Electronic Health Record (EHR)** – references organizations or facilities using an online digital database to house patient information.
- **Provider Attestation –** Any information a provider reports that may not be captured in the EHR or claims data submission methods (i.e., patient satisfaction scores).

Figure 3: Snapshot of National Quality Measures Submission Methods

Conclusion

The Alliance for Addiction Payment Reform's (Alliance) comprehensive approach to SUD treatment through the ARMH model demonstrates significant potential in reshaping how SUD care is delivered and compensated. By focusing on quality metrics that align with the defined episodes of care, the ARMH model aims to integrate treatment and recovery services effectively, promoting holistic and long-term recovery outcomes. The extensive environmental scan of existing quality metrics underscores the importance of evidence-based, patient-centered measures in improving care and ensuring accountability. As the ARMH model continues to evolve, it offers a promising framework for incentivizing recovery and establishing a robust, scalable foundation for SUD performance metrics nationwide. The ongoing efforts to refine and implement these metrics are crucial for addressing the complexities of SUD and enhancing the overall quality of care for individuals affected by addiction.

Visit https://incentivizerecovery.org/armh-apm-model/ to download an Excel version of these quality metrics/measures. Reach out to eric@thirdhorizonstrategies.com with any questions you may have.

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