General

Title

Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period.

Source(s)


Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial and pharmacologic treatment options for opioid addiction within the 12 month reporting period.

Rationale

Methadone and buprenorphine, in combination with psychosocial treatment, are effective in reducing drug use and supporting treatment retention. Until recently, their use had been limited due to regulatory requirements with capacity at approved facilities only able to meet the treatment needs of 15% of opioid dependent individuals. While the increased access to opioid agonist treatments has resulted in an increase in their use, a large number of clinicians have yet to gain eligibility to prescribe the appropriate medications. Moreover, among physicians with waivers to prescribe buprenorphine, 33% were not actively prescribing. Pharmacotherapy and psychosocial treatment should be routinely considered for all patients with opioid addiction, and patients should be informed of this option.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:
Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illnesses. (National Quality Forum [NQF])

Pharmacotherapy should be recommended and available to all adult patients diagnosed with opioid dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support. (NQF)

Maintenance treatment with methadone or buprenorphine is appropriate for patients with a prolonged history (greater than 1 year) of opioid dependence. (American Psychiatric Association [APA])

Maintenance treatment with naltrexone is an alternative strategy, although the utility of this strategy is often limited by lack of patient adherence and low treatment retention. (APA)

Psychosocial treatments are effective components of a comprehensive treatment plan for patients with an opioid use disorder. Behavioral therapies (e.g., contingency management), cognitive behavioral therapies (CBTs), psychodynamic psychotherapy, and group and family therapies have been found to be effective for some patients with an opioid use disorder. (APA)

Note: Federal and state regulations govern the use of methadone, levo-alpha-acetylmethadol (LAAM), and buprenorphine, the three opioids approved by the FDA for the treatment of opioid dependence. (APA) [Note: since the publication of the APA practice guideline, LAAM is no longer available in the United States for agonist maintenance treatment.]

The American Academy of Pain Medicine, the American Pain Society, and the American Society of Addiction Medicine issued a consensus statement to recognize and recommend definitions related to the use of opioids for the treatment of pain. They are as follows:

Addiction: Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.

Physical Dependence: Physical dependence is a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.

Tolerance: Tolerance is a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time.

Addiction in the context of pain treatment with opioids is characterized by a persistent pattern of opioid misuse that may involve any or all of the following:

- Use of prescription opioids in an unapproved or inappropriate manner (such as cutting time-release preparations, injecting oral formulations, and applying fentanyl topical patches to oral or rectal mucosa)
- Obtaining opioids outside of medical settings
- Concurrent abuse of alcohol or illicit drugs
- Repeated requests for dose increases or early refills, despite the presence of adequate analgesia
- Multiple episodes of prescription “loss”
- Repeatedly seeking prescriptions from other clinicians or from emergency rooms without informing prescriber, or after warnings to desist
- Evidence of deterioration in the ability to function at work, in the family, or socially, which appears to be related to drug use
- Repeated resistance to changes in therapy despite clear evidence of adverse physical or psychological effects from the drug
- Positive urine drug screen—other substance use (cocaine, opioids, amphetamines or alcohol)
- Meets DSM IV criteria for dependence on opioids (VA/DoD)

Evidence for Rationale


Primary Health Components

Opioid addiction; counseling; psychosocial and pharmacologic treatment

Denominator Description

All patients aged 18 years and older with a diagnosis of current opioid addiction (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting
Ambulatory/Office-based Care
Behavioral Health Care
Rehabilitation Centers
Substance Use Treatment Programs/Centers

Professionals Involved in Delivery of Health Services
not defined yet

Least Aggregated Level of Services Delivery Addressed
Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size
Does not apply to this measure

Target Population Age
Age greater than or equal to 18 years

Target Population Gender
Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim
Better Care

National Quality Strategy Priority
Person- and Family-centered Care
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report
Categories

IOM Care Need
Getting Better

IOM Domain
Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
All patients aged 18 years and older with a diagnosis of current opioid addiction*

*The term "opioid addiction" in this context corresponds to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) classification of opioid dependence that is characterized by a maladaptive pattern of substance use causing clinically significant impairment or distress, and manifesting by 3 (or more) of the 7 designated criteria. This classification is distinct from and not to be confused with physical dependence (i.e., tolerance and withdrawal) that is commonly experienced by patients with chronic pain who are treated with opioid analgesics.

Refer to the "Rationale" field for additional information regarding this distinction.

Exclusions
Patients may be excluded from the denominator for medical, patient or system reasons. Refer to the original measure documentation for details.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Patients who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period

Exclusions
None
Numerator Search Strategy
Fixed time period or point in time

Data Source
Administrative clinical data
Electronic health/medical record
Paper medical record

Type of Health State
Does not apply to this measure

Instruments Used and/or Associated with the Measure
Unspecified

Computation of the Measure

Measure Specifies Disaggregation
Does not apply to this measure

Scoring
Rate/Proportion

Interpretation of Score
 Desired value is a higher score

Allowance for Patient or Population Factors
not defined yet

Standard of Comparison
not defined yet

Identifying Information

Original Title
Measure #2: counseling regarding psychosocial and pharmacologic treatment options for opioid addiction.
Measure Collection Name

Substance Use Disorders Physician Performance Measurement Set

Submitter

American Psychiatric Association - Medical Specialty Society

Developer

American Psychiatric Association - Medical Specialty Society
National Committee for Quality Assurance - Health Care Accreditation Organization
Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

Funding Source(s)

Unspecified

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Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2008 Jul
Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in December 2015.

Measure Availability

Source not available electronically.

For more information, contact the American Psychiatric Association (APA) at 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209; Phone: 888-357-7924; E-mail: apa@psych.org; Web site: www.psychiatry.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on November 3, 2008. The information was verified by the measure developer on December 4, 2008.

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Production

Source(s)


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