NQF Standards of Care
Improving the Quality of Addiction Treatment

STANDARDS OF CARE FOR TREATMENT OF SUBSTANCE USE DISORDERS

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The Presentation

I. Basic Principles
II. What is the NQF?
III. Why Are Standards Important?
IV. The NQF Framework and Consensus Development Process
V. The Standards

The Need for Standards of Care

Standards of care are needed to improve the effectiveness, efficiency and cost-effectiveness of treatment for substance use disorders by assuring consistent implementation of proven clinical, administrative and organizational practices.

Basic Principles

- Substance use disorders (SUDs) are a health condition.
- A substantial proportion of SUDs are chronic diseases, not acute illnesses.
- SUDs are treated in a continuum of care that includes both healthcare and specialty treatment programs.

What is the NQF?

- The National Quality Forum (NQF) is a nonprofit membership organization, chartered by the government, to implement a national strategy for healthcare quality measurement and reporting.
- The NQF endorses standards and performance measures for many clinical conditions, including substance use disorders.

What is the NQF?

- *NQF-endorsed* consensus standards are widely viewed as the "gold standard" in the United States for measurement of healthcare quality.

What Do We Mean by "Standards?"

- Clinical and administrative standards contain the criteria that, based on research and experience, describe the expected levels of clinical and system behavior and courses of action that are expected to be taken in a system by a clinician.
- Standards are *NOT* clinical guidelines.

Why Are Standards Important?

- Unlike a guideline, which is a recommendation for best practices, standards are practices that are *medically necessary services that any practitioner under any circumstance would be required to render*.

Why Are The NQF Standards Important?

- The NQF standards and quality measures provide a way to distinguish high-quality care.
- The NQF framework guides reporting based on implementation of the standards.
- *NQF-endorsed* consensus standards are intended to be used by the federal and state governments and private purchasers for quality improvement and public reporting.

Where Are Standards Applied?

- The clinical level in all settings, as practitioners consider patient care.
- The level of a health care system, in deciding which treatments will be covered under a health plan.
- The level of public policy in legal standards established as part of court cases, and in Medicare coverage policy determinations.

NQF Framework

- Treatment of substance use disorders involves a ***continuum of care*** and a long-term perspective that is based on a ***chronic care model*** for individuals who are more severely ill.
- Treatment of severe substance use disorders requires ***comprehensive services*** with multiple interventions applied to diverse populations.

NQF Framework

- ***Treatment requires coordination*** between specialty settings and general and mental health care settings.
- Adequate treatment must incorporate the NIDA Principles of Addiction Treatment and the approach identified in the NIAAA Clinician's Guide.

NIAAA National Institute on Alcohol Abuse and Alcoholism of the NATIONAL INSTITUTES OF HEALTH

NIDA National Institute on Drug Abuse The Science of Drug Abuse & Addiction

Two Sets of Criteria

- Criteria for Priority Areas
- Criteria for Evaluation of Individual Standards

Identifying Priority Areas

Criteria Used to Identify Priority Areas for Standards:

- Apply broadly to multiple diverse populations and age groups
- Have a substantial evidence base
- Have potential as the basis for measurement

Identifying Priority Areas

Criteria (con't)

- Support immediate improvement and are appropriate for widespread adoption
- Have the greatest effect on people's lives if the practice is implemented

Criteria for Evaluation of Standards

- **Evidence of Effectiveness**: will improve outcomes based on research studies, broad expert opinion or professional consensus, including data from other settings.
- **Generalizable**: able to be used in multiple clinical settings with multiple diverse types of patients.
- **Benefit**: will improve patient outcomes or the likelihood of improved outcomes if widely utilized in all settings.

Criteria for Evaluation of Standards

- **Readiness**: needed technology, personnel, and trained staff are available in most organizations; practice provides an opportunity for measurement.
- **Specificity**: practice is clearly defined, target outcome is identified, and to the extent possible for whom indicated, by whom carried out, and in what setting.

High-Priority Domains

- **Identification of Substance Use Disorders**: screening/case finding, diagnosis and assessment
- **Initiation and Engagement in Treatment**: brief interventions, engagement in treatment, and withdrawal management
- **Therapeutic Interventions**: psychosocial interventions and pharmacotherapy
- **Continuing Care and Care Management**: appropriate, coordinated, adapted continuing care and care management

Identification

Screening and Case Finding

New patients and at least annually, patients in general and mental health settings should be screened for at risk use

Healthcare providers should use a systematic method to identify patients who use substances

Diagnosis and Assessment

Patients who have a positive screen for substance use disorders should receive a further biopsychosocial assessment to guide patient-centered treatment planning, including for coexisting conditions

Initiation and Engagement

Brief Intervention

All patients identified will unhealthy use of substances should receive a brief intervention by a trained healthcare clinician.

Promoting Engagement in Treatment

Healthcare providers should systematically promote patient initiation of and engagement in treatment, including use of supportive services to promote engagement.

Withdrawal Management

Supportive pharmacotherapy should be available and provided for withdrawal based on an systematic assessment of symptoms and risks; withdrawal management is not treatment

Therapeutic Interventions

Psychosocial Interventions

Empirically validated psychosocial treatment interventions should be used for all patients with substance use disorders in all settings.

Pharmacotherapy

Medications should be recommended and available to all adult patients with opioid or alcohol dependence and directly linked with comprehensive clinical services

Medications should be recommended and available to all adult patients with nicotine dependence and directly linked with brief counseling.

Continuing Care and Care Management

Continuing Care and Care Management

Patients with substance use disorders should be offered appropriate, coordinated management of their care, including care for coexisting conditions.

Patients should be offered continuing care following acute treatment.

Care management should be adapted based on ongoing monitoring of patient progress throughout acute and continuing care.

Using Standards for Purchasing

Specification by States, Counties, and other fiscal intermediaries or private purchasers must include:

- Description of the care to be provided
- Target outcomes/desired results
- What the standard and practice entails
- For whom it is indicated
- Who should perform it
- Settings in which it should be implemented

Specification Diagram

Practice Domain/Subdomain	Additional Specifications
Practice Statement (Description of Care) Target Outcome	What It Entails For Whom It Is Performed Who Should Perform It Where Should It Be Performed

Structure and Policy

Structure and policy must be aligned to encourage/accelerate adoption:

- Financing
- Legal/Regulatory and Oversight
- Education/Training
- Infrastructure: organization structure and culture, staffing, information (data) and clinical care systems

Structure and Policy

Financing, e.g., barriers to reimbursement

Data and Coding, e.g., data for quality improvement as well as billing

Legal/Regulatory and Oversight, e.g, be consistent with licensing and credentialing standards and linked with accreditation standards

Education/Training, e.g., professional curricula and training related to specific EBPs

Infrastructure, e.g., readiness of programs, treatment networks, standardized clinical nomenclature, identification of essential community services, consensus on continuum of care

Steps in Implementation of Standards

Implementation priorities must be set by purchasers:

- Purchasers adopt the standards as a whole (framework and principles)
- Conduct stakeholder information meetings with sub-State regions, providers, etc. to get feedback on implementation issues and potential priorities

Steps in Implementation of Standards

Implementation priorities must be set by purchasers (con't):

- Prioritize one or two standards to implement based on purchaser policy priorities and stakeholder feedback accompanied by performance measures
- Implement clinical information and decision support systems to support required public reporting with timely feedback to stakeholders

Measuring Adoption

- Measuring adoption/implementation of the NQF Standards requires active use of performance measures based on each of the practice standards, target outcomes, and specifications.

Measuring Adoption

- Using performance measures requires systems for reporting.
- Reporting requires continuous assessment of the measures and whether they work to support adoption of standards and achievement of results.
- If measures are not showing evidence of adoption further work may be needed with stakeholders to address barriers to implementation.

A Postscript

What These Standards Are Not:

- Licensing Standards:
  - minimum state health and safety requirements organizations are required to meet
- Credentialing Standards:
  - minimum requirements that establish an individual's professional and technical competence to conduct a specific task

For Further Information

Treatment Research Institute
www.tresearch.org

Integrated Substance Abuse Treatment Program
www.uclaisap.org

National Quality Forum
www.qualityforum.org

Or call Olivia Stroia at TRI: 215/399-0980, Ext. 139

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