NQF Standards of Care

Improving the Quality of Addiction Treatment

TRI | science addiction

UCLA

National Standards for the Treatment Of Substance Use Conditions

National Quality Forum (NQF) Report, 2007

Summary

Background and Context

Health care delivery in the United States has long been characterized by fragmentation at the national, state, community, and practice levels. There is no single national entity or set of policies guiding the health care system; states divide their responsibilities among multiple agencies, while providers practicing in the same community and caring for the same patients often work independently from one another.

In the context of healthcare reform there is an opportunity to reshape treatment of chronic conditions such as substance use disorders. Chronic disease has emerged as a major contributor to health-related costs and as a major challenge for health care leaders wanting to deliver high-quality cost-effective care. In fact, according to the Institute of Medicine (IOM) mental or substance use problems and illnesses are "the leading cause of combined disability and death among women and the second highest among men (IOM, 2006).

In a recent report "Improving the Quality of Health Care for Mental and Substance Use Conditions," (2006) the IOM stated "improving the nation's *general* health and resolving the quality problems of the overall health care system will require attending equally to the quality problems of mental health and substance use health care." In the context of healthcare reform, including the recent passage of parity legislation for treatment of mental illness and substance use disorders, these standards attain a new level of importance. Public and private purchasers of care need to be aware that these standards of care should be embedded in their purchasing agreements; providers of care need to be equally aware that there are expectations attached to the care they deliver; and, consumers need to be aware of what they should expect from both purchasers and providers.

The NQF Standards of Care Project was supported with funds from the Robert Wood Johnson Foundation (RWJF); the dissemination project is being administered by the Open Society Institute (OSI).

In this context the Robert Wood Johnson Foundation (RWJF) and the Federal Center for Substance Abuse Treatment (CSAT) in the Substance Abuse and Mental Health Administration (SAMHSA) funded the National Quality Forum (NQF) to identify a set of national standards for treatment of substance use conditions. Of note, throughout the development process the NQF identified the importance of performance measurement as a key factor in the implementation of the standards. Under healthcare reform, the availability of information technologies to support measurement will be a critical factor in making gains in quality of care and in improving health outcomes for individuals in treatment for substance use conditions.

Before reading these standards, note that they are intended to be applied in all settings, i.e. general healthcare and mental health settings as well as specialty settings for treatment of substance use disorders. The standards identify the nature of the care to be provided in all of the settings in which it is provided.

I. What is the NQF?

The National Quality Forum (NQF) is a voluntary not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. The NQF endorses healthcare consensus standards and performance measures for many clinical conditions, including substance use disorders.

Established as a public-private partnership, the NQF has broad participation from all parts of the health care system, including national, state, regional, and local groups. The NQF represents over 375 consumer groups, public and private purchasers, employers, health care professionals, provider organizations, health plans, accrediting bodies, labor unions, supporting industries, and organizations involved in health care research or quality improvement.

The broad stakeholder representation and formal consensus development process has given "NQF-endorsed" measures and standards special legal standing. NQF-endorsed consensus standards are now widely viewed as the "gold standard" for measurement of healthcare quality. Once a measure is "*NQF-endorsed*," it carries the full weight of a voluntary consensus standard and can be used by government agencies like the Centers for Medicare & Medicaid Services for public reporting and quality improvement in accordance with the provisions of the National Technology Transfer and Advancement Act of 1995 (P.L. 104-113) and the Office of Management and Budget Circular A-119" (NQF, 2007).

The NQF Standards of Care Project was supported with funds from the Robert Wood Johnson Foundation (RWJF);
the dissemination project is being administered by the Open Society Institute (OSI).

II. "National Voluntary Consensus Standards for Treatment of Substance Use Conditions" 2007)

A. Roots of the Project

The standards development process for substance use disorders began with a workshop and subsequent report that identified high-priority quality standards for patients with substance use disorders (NQF, 2005). ***The scope of the project included alcohol, nicotine, and other drugs; all populations with substance use disorders; patients at all severity levels; all provider organizations (primary and specialty care, healthcare and mental health settings); all clinicians delivering care.*** In addition, the workshop identified attributes of treatment programs more likely to be able to implement the practices and the system-level and individual barriers that would need to be addressed to accelerate adoption of the practices, e.g., aligning structure and policy related to financing, regulatory issues, education/training, infrastructure, and research translation.

B. Consensus Development Process

Based on the results of the workshop that recommended high-priority quality standards for substance use disorders, and the identified criteria used in the process, the Technical Advisory Panel and the Steering Committee conducted an assessment of the state of the field, including a review of the research literature, and recommended a set of standards and practices along with a rationale for proposing them. A commissioned background paper reviewed existing syntheses of the research to establish the candidate evidence-based practices/standards.

The primary participants in the development process were NQF member organizations with representation from consumer/patient groups, purchasers, providers/clinicians, health plans, research, and quality improvement organizations. These participants were supplemented with individuals with particular expertise in treatment of substance use disorders who were invited to participate in the early identification of draft consensus standards. In addition, the public was invited to comment on proposed standards in the course of their development.

The NQF Standards of Care Project was supported with funds from the Robert Wood Johnson Foundation (RWJF);
the dissemination project is being administered by the Open Society Institute (OSI).

III. Framework

The Consensus Development process that was undertaken for treatment of substance use conditions was intended to enhance the adoption of "*NQF-endorsed*" standards and practices used in treatment settings by focusing on those standards for which evidence is strongest and most accepted---and likely to have significant impact on improving care if applied in *all* settings.

The Framework includes basic principles, domains and sub-domains, the scope of practice, priority areas, and criteria for evaluation; and, identifies practices that can be added later based on research advances and establishment of a body of evidence.

A. Some Basic Principles:

- Treatment of substance use disorders involves a ***continuum of care*** and a long-term perspective based on a ***chronic care model*** for individuals who are more severely ill;
- Although access and availability are significant factors in delivery, in addition the standards are based on the ***six aims for high-quality treatment*** identified in the IOM report, "Crossing the Quality Chasm" (2001);
- Treatment of severe substance use disorders requires ***comprehensive services*** with multiple interventions;
- Treatment should be ***coordinated with general and mental healthcare settings*** (as appropriate);
- Treatment should incorporate the NIDA Principles of Addiction Treatment and the approach identified in the NIAAA clinician's guide.

B. Domains:

- **Identification of Substance Use Disorder**, including screening/case finding and diagnosis and assessment
- **Initiation and Engagement in Treatment**, including brief interventions, support for engagement in treatment by healthcare professionals as well as specialty clinicians, and withdrawal management
- **Therapeutic Interventions to Treat Substance Use Conditions**, including psychosocial interventions and pharmacotherapy (e.g., interventions identified in the National Repository of Evidence-based and Promising Practices (NREPP)
- **Continuing Care Management,** including extended monitoring and regular contact with a treatment professional (whether in person or by telephone), risk assessment, and recovery management support.

The NQF Standards of Care Project was supported with funds from the Robert Wood Johnson Foundation (RWJF);
the dissemination project is being administered by the Open Society Institute (OSI).

IV. Priority Areas

- Apply broadly to multiple diverse populations and age groups
- Are known to have substantial evidence base
- Can support immediate improvement and are appropriate for widespread adoption
- Have the potential as a basis for measures
- Have the greatest effect on people's lives if implemented in all settings

V. Criteria for Evaluation of Standards and Practices

- **Evidence of Effectiveness** --- effective in improving outcomes as shown by research studies directly related to substance use disorders, as well as experiential data including professional consensus or program data linking practice to improved outcomes, or findings or data from other healthcare or non-healthcare settings directly transferable to substance use disorders;
- **Generalizability** --- able to be used in multiple clinical care settings and with multiple types of patients and are effective for diverse populations;
- **Benefit** --- would improve patient outcomes or increase the likelihood of improved outcomes if the standard and practices are applied in all settings;
- **Readiness** --- necessary technology and appropriately trained staff are available in most organizations; opportunity for measurement exists and can be improved as new technologies are implemented;
- **Specificity** --- practice is clearly and precisely defined, target outcome is identified, for whom it is indicated, by whom it should be carried out, and in what setting.

VI. The Consensus Standards in Detail

A. Identification

- Screening and case finding in healthcare settings using standardized tools and methods
- Diagnosis and biopsychosocial assessment to guide patient-centered treatment planning, including coexisting conditions

The NQF Standards of Care Project was supported with funds from the Robert Wood Johnson Foundation (RWJF); the dissemination project is being administered by the Open Society Institute (OSI).

B. Initiation and Engagement

- Brief interventions in healthcare settings
- Promotion of initiation and engagement in treatment by clinicians following identification in healthcare settings
- Withdrawal management, including pharmacotherapy

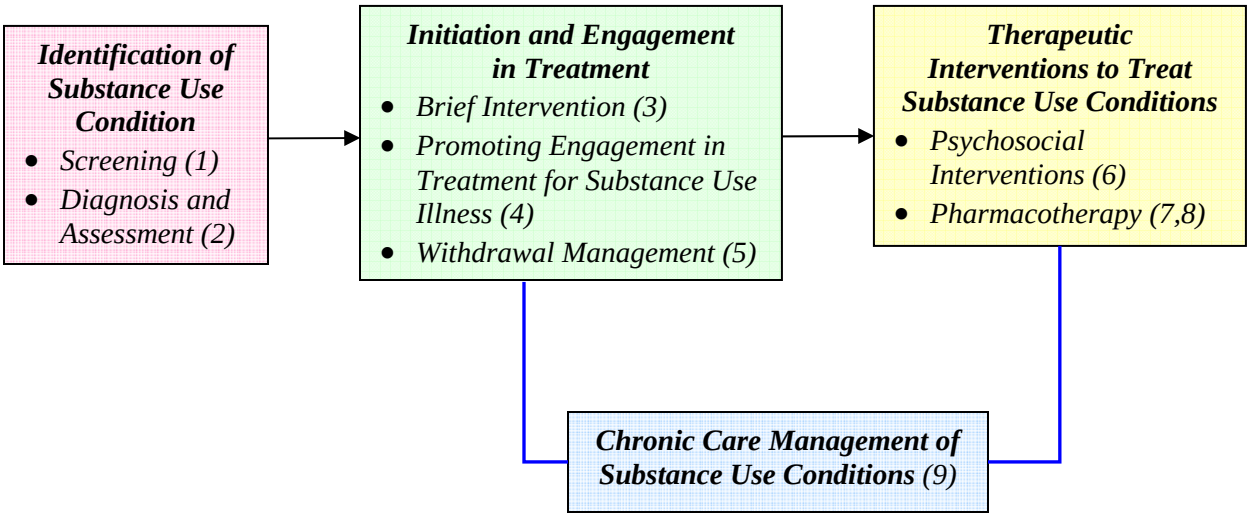
C. Therapeutic Interventions

- Psychosocial interventions in specialty care using evidence-based practices
- Medications recommended and available to patients directly linked with clinical services and, for nicotine dependence, brief counseling

D. Continuing Care

- Coordinated care management on a long-term basis including monitoring of patient progress, adaptive care, and recovery management support throughout the course of treatment in all care settings.

The algorithm below describes, in brief, the NQF standards and practices.



The NQF Standards of Care Project was supported with funds from the Robert Wood Johnson Foundation (RWJF); the dissemination project is being administered by the Open Society Institute (OSI).

VII. Implementation at the State, County, and Local Levels

The NQF has recommended that public and private purchasers adopt the standards as a whole. Public purchasers can adapt and specify standards to fit their already-existing published standards (if any). Implementation of standards may proceed on a prioritized basis according to the circumstances and needs of purchasers and stakeholders in individual States within the context of the full set of standards.

Regardless of the circumstances of state, county and local purchasers, specification should include:

- A description of the care to be provided
- The target outcomes or desired results
- What the standard and practices entail
- For whom the standard and practices are indicated
- Who should perform the standard and practices
- Settings in which the standard should be implemented

State Specifications of Standards for Treating Substance Use Conditions:

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

The NQF Standards of Care Project was supported with funds from the Robert Wood Johnson Foundation (RWJF);
the dissemination project is being administered by the Open Society Institute (OSI).

VIII. Additional Recommendations

The treatment environment and infrastructure are significant factors that affect adoption and implementation of consensus standards. A number of high-priority recommendations to accompany the standards were identified:

A. **Research to Improve the NQF-Endorsed Standards** so they are not static;

B. **Development and Implementation of Measures** based on each of the practice standards, target outcomes, and specifications;

C. **Implementation of the Full Set of Standards** by treatment organizations;

D. **Policy Development**, including financing (alignment of payment/reimbursement and coverage), legal and regulatory policies, and management in primary care.

The NQF Standards of Care Project was supported with funds from the Robert Wood Johnson Foundation (RWJF); the dissemination project is being administered by the Open Society Institute (OSI).