

eCQM Title	137	eCOM Version Number	13.0.004
Tool		GUID	C3657672-2104-4675-820a-8676d2929f5
CBE Number	Not Applicable		
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	National Committee for Quality Assurance		
Measure Developer	National Committee for Quality Assurance		
Endorsed By	None		
Description	<p>Percentage of patients 13 years of age and older with a new substance use disorder (SUD) episode who received the following (Two rates are reported):</p> <p>a. Percentage of patients who initiated treatment, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode</p> <p>b. Percentage of patients who engaged in ongoing treatment, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation.</p> <p>This Physician Performance Measure (Measure) and related data specifications are owned and were developed by the National Committee for Quality Assurance (NCQA). NCQA is not responsible for any use of the Measure. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications. NCQA holds a copyright in the Measure. The Measure can be reproduced and distributed, without modification, for noncommercial purposes (e.g., use by healthcare providers in connection with their practices) without obtaining approval from NCQA. Commercial use is defined as the sale, licensing, or distribution of the Measure for commercial gain, or incorporation of the Measure into a product or service that is sold, licensed or distributed for commercial gain. All commercial uses or requests for modification must be approved by NCQA and are subject to a license at the discretion of NCQA. (C) 2012-2024 National Committee for Quality Assurance. All Rights Reserved.</p> <p>Limited proprietary coding is contained in the Measure specifications for user convenience. Users of proprietary code sets should obtain any necessary licenses from the owners of the code sets. NCQA disclaims all liability for use of accuracy of any third-party codes contained in the specifications.</p> <p>CPT(R) codes, descriptions and other data are copyright 2024. American Medical Association. All rights reserved. CPT is a trademark of the American Medical Association. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Applicable FARS/DIFARS restrictions apply to government use.</p> <p>Some measure specifications contain coding from LOINC(R) (http://loinc.org). The LOINC table, LOINC codes, LOINC panels and form file, LOINC linguistic variants file, LOINC/R2NA Radiology Playbook, and LOINC/IEEE Medical Device Code Mapping Table are copyright 2004-2024 Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee, and are available at no cost under the terms of the LOINC(R) copyright.org/terms-of-use.</p> <p>This material contains SNOMED Clinical Terms(R) (SNOMED CTR) copyright 2004-2023 International Health Terminology Standards Development Organisation.</p> <p>ICD-10 copyright 2024 World Health Organization. All Rights Reserved.</p> <p>Some measures use RxNorm, a standardized nomenclature and coding for clinical drugs and drug delivery devices, which is made publicly available under the U.S. National Library of Medicine (NLM), National Institutes of Health, Department of Health and Human Services. NLM is not responsible for the measures and does not endorse or recommend this or any other product.</p> <p>"HL7" is the registered trademark of Health Level Seven International.</p> <p>The performance Measure is not a clinical guideline and does not establish a standard of medical care, and has not been tested for all potential applications. THE MEASURE AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.</p> <p>Due to technical limitations, registered trademarks are indicated by (r) or (R) and unregistered trademarks are indicated by (TM) or (TM).</p>		
Disclaimer			
Measure Scoring	Process		
Measure Type	Process		
Stratification	Report a total score, and each of the following strata: Stratum 1: Patients age 13-17 at the start of the measurement period Stratum 2: Patients age 18-64 at the start of the measurement period Stratum 3: Patients age 65 and older at the start of the measurement period		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	<p>There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition. In 2021, 46.3 million individuals in the U.S. age 12 or older (16.5 percent of the population) met the diagnosis criteria for having a SUD when the past year. (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). Despite the high prevalence of SUD in the U.S., 94 percent of individuals aged 12 or older with an SUD did not receive any treatment (SAMHSA, 2022).</p> <p>American Society of Addiction Medicine (2020)</p> <ul style="list-style-type: none"> <li>All Food and Drug Administration approved medications for the treatment of opioid use disorder should be available to all patients.</li> <li>Clinicians should consider the patient's preferences, past treatment history, current state of illness, and treatment setting when deciding between the use of methadone, buprenorphine, and naltrexone.</li> <li>There is no recommended time limit for pharmacological treatment.</li> <li>Patients' psychosocial needs should be assessed, and patients should be offered or referred to psychosocial treatment based on their individual needs. However, a patient's decision to decline psychosocial treatment or the absence of available psychosocial treatment should not preclude or delay pharmacotherapy, with appropriate medication management. Motivational interviewing or enhancement can be used to encourage patients to engage in psychosocial treatment services appropriate for addressing individual needs.</li> </ul> <p>American Psychiatric Association (2018)</p> <ul style="list-style-type: none"> <li>Patients with alcohol use disorder should have a documented comprehensive and person-centered treatment plan that includes evidence-based neuropsychological and pharmacological treatments. [1C]</li> <li>Naltrexone or acamprostate should be offered to patients with moderate to severe alcohol use disorder who have a goal of reducing or abstaining from alcohol consumption or achieving abstinence, prefer pharmacotherapy or have not responded to nonpharmacological treatments alone, and have no contraindications to the use of these medications. [1B]</li> <li>Disulfiram should be offered to patients with moderate to severe alcohol use disorder who have a goal of achieving abstinence, prefer disulfiram or are intolerant to or have not responded to naltrexone and acamprostate, are capable of understanding the risks of alcohol consumption while taking disulfiram, and have no contraindications to the use of this medication. [2C]</li> <li>Topiramate or pregabalin should be offered to patients with moderate to severe alcohol use disorder who have a goal of reducing alcohol consumption or achieving abstinence, prefer topiramate or gabapentin or are intolerant to or have not responded to naltrexone and acamprostate, and have no contraindications to the use of these medications. [2C]</li> </ul> <p>American Psychiatric Association (2006)</p> <ul style="list-style-type: none"> <li>Because many substance use disorders are chronic, patients usually require long-term treatment, although the intensity and specific components of treatment may vary over time [I rating]</li> <li>It is important to intensify the monitoring for substance use during periods when the patient is at a high risk of relapse, including during the first stages of treatment, times of transition to less intensive levels of care, and the first year after active treatment has ceased [I rating]</li> <li>Outpatient treatment of substance use disorders is appropriate for patients whose clinical condition or environmental circumstances do not require a more intensive level of care [I rating]. As in other treatment settings, a comprehensive approach is optimal, and, where indicated, a variety of psychotherapeutic and pharmacological interventions along with behavioral monitoring [I rating]</li> <li>Disulfiram is also recommended for patients with alcohol dependence [I rating]</li> <li>Naltrexone, injectable naltrexone, acamprostate, or gamma-aminobutyric acid (GABA) are recommended for patients with alcohol dependence [I rating]. Disulfiram is also recommended for patients with alcohol dependence [I rating]</li> <li>Methadone, buprenorphine, or extended-release naltrexone are recommended for patients with opioid dependence [I rating]</li> <li>Naltrexone is an alternative strategy [I rating]</li> </ul> <p>American Society of Addiction Medicine (2015)</p> <ul style="list-style-type: none"> <li>Methadone and buprenorphine are recommended for opioid use disorder treatment and withdrawal management.</li> <li>Naltrexone (oral, extended-release injectable) is recommended for relapse prevention.</li> </ul> <p>Michigan Quality Improvement Consortium (2021)</p> <ul style="list-style-type: none"> <li>Patients with alcohol use disorder or risky substance use: Patient Education and Brief Intervention by a Primary Care Physician (PCP) or Trained Staff (e.g., Registered Nurse [RN], Master of Social Work [MSW])</li> <li>If diagnosed with substance use disorder or risky substance use, initiate an intervention within 14 days.</li> <li>Follow-up follow-up to help to support behavior change, recommend 3 visits within 30 days.</li> <li>Refer to a substance abuse health specialist, an addiction physician specialist, or a physician experienced in the pharmacological management of addiction.</li> </ul> <p>Department of Veterans Affairs/Department of Defense (2015)</p> <ul style="list-style-type: none"> <li>Offer referral to specialty SUD care for addiction treatment based on willingness to engage. [B]</li> <li>For patients with moderate-severe alcohol use disorder, we recommend: Acamprostate, Disulfiram, Naltrexone- oral or extended release, or Topiramate. [A]</li> <li>Medications should be offered in combined with addiction-focused counseling, offering one or more of the following interventions considering patient preference and provider training/competence: Behavioral Couples Therapy for alcohol use disorder, Cognitive Behavioral Therapy for substance use disorders, Community Reinforcement Approach, Motivational Enhancement Therapy, 12-Step Facilitation. [A]</li> <li>For patients with opioid use disorder we recommend buprenorphine/naloxone or methadone in an Opioid Treatment Program. For patients for whom abstinence is preferred, we recommend extended-release naltrexone. [A]</li> <li>For patients initiated on an intensive phase of outpatient or residential treatment, recommend ongoing systematic relapse prevention efforts or recovery support, individualized as the context of treatment response. [A]</li> </ul>		
Clinical Recommendation Statement			
Improvement Notation	Higher score indicates better quality.		
Reference	Reference Type: CITATION Reference Text: American Psychiatric Association, Kessler, H. D., & Montzre, J. S. (2006). Practice Guideline for Treatment of Patients with Substance Use Disorder. Washington, DC: American Psychiatric Association.		
Reference	Reference Type: CITATION Reference Text: American Society of Addiction Medicine (ASAM). (2020). The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder. 2020 Focused Update.		
Reference	Reference Type: CITATION Reference Text: Department of Veterans Affairs, Department of Defense. (2015). VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders. Washington DC: Department of Veterans Affairs, Department of Defense.		
Reference	Reference Type: CITATION Reference Text: Kampman, K., Jarvis, M. (2015). The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. Journal of Addiction Medicine, 9(5), 358–367. https://doi.org/10.1097/ADM.00000000000000166		
Reference	Reference Type: CITATION Reference Text: Michigan Quality Improvement Consortium. (2021). Screening, Diagnosis and Referral for Substance Use Disorders. Southfield, MI): Michigan Quality Improvement Consortium. Retrieved from https://www.improvehealthvlp-content/uploads/2023/04/mqic-screening-diagnosis-and-referral-for-substance-use-disorders-FINAL-1.pdf		
Reference	Reference Text: Reus, V. et al. (2018). Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder. American Journal of Psychiatry, 175(1), 86-90. https://doi.org/10.1176/appi.ajp.2017.1750101		
Reference	Reference Type: CITATION Reference Text: Substance Abuse and Mental Health Services Administration (SAMHSA). (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PE22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report		
Definition	<p>The new SUD episode is the first encounter during the Intake Period with a diagnosis of SUD with no encounter or medication treatment for a diagnosis of SUD in the 60 days prior.</p> <p>The initiation of treatment is the first SUD treatment within 14 days of a new SUD episode.</p> <p>Treatment includes inpatient SUD admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations, and medications for the treatment of SUD.</p> <p>The Intake Period: January 1-November 14 of the measurement year. The Intake Period is used to capture new SUD episodes. The November 14 cut-off date ensures that all services can occur before the measurement period ends.</p>		
Guidance	This eCOM is a patient-based measure. This version of the eCOM uses QDM version 5.6. Please refer to the eCQI resource center (https://ecqi.health.qi.org/qi) for more information on the QDM.		
Transmission Format	TBD		
Initial Population	Patients 13 years of age and older as of the start of the measurement period who were diagnosed with a new SUD episode during a visit between January 1 and November 14 of the measurement period		
Denominator	Equals Initial Population		
Denominator Exclusions	Exclude patients who are in hospice care for any part of the measurement period		
Numerator	Numerator 1: Initiation of treatment includes either an intervention or medication for the treatment of SUD within 14 days of the new SUD episode. Numerator 2: Engagement in ongoing SUD treatment within 34 days of initiation includes: 1. A long-acting SUD medication on the day after the initiation through 24 days after the initiation of treatment. 2. One of the following options on the day after the initiation of treatment through 34 days after the initiation of treatment: a) two engagement visits, b) two engagement medication treatment events, c) one engagement visit and one engagement medication treatment event.		
Numerator Exclusions	Not Applicable		
Denominator Exceptions	None		
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex		