

Measure Information	2024 Performance Period
Title	Initiation and Engagement of Substance Use Disorder Treatment
CMS eCQM ID	CMS137v12
CBE ID	Not Applicable
MIPS Quality ID	305
Measure Steward	National Committee for Quality Assurance
Description	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):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.b. Percentage of patients who engaged in ongoing treatment, including two additional interventions or short-term medications, or one long-term medication for the treatment of SUD, within 34 days of the initiation.
Measure Scoring	Proportion measure
Measure Type	Process measure
Stratification	Report a total score, and each of the following strata:Stratum 1: Patients age 13-17 at the start of the measurement periodStratum 2: Patients age 18-64 at the start of the measurement periodStratum 3: Patients age 65 and older at the start of the measurement period
Risk Adjustment	None
Rationale	There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition. In 2018, 20.3 million individuals in the U.S. age 12 or older (approximately 8 percent of the population) were classified as having an SUD within the past year (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Despite the high prevalence of SUD in the U.S., fewer than 20 percent of individuals with SUD receive any substance use treatment and only 12 percent receive treatment in a specialty SUD program (SAMHSA, 2019).
Clinical Recommendation Statement	American Society of Addiction Medicine (2020)- All Food and Drug Administration approved medications for the treatment of opioid use disorder should be available to all patients. 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.- There is no recommended time limit for pharmacological treatment- 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.American Psychiatric Association (2018)- Patients with alcohol use disorder should have a documented comprehensive and person-centered treatment plan that includes evidence-based nonpharmacological and pharmacological treatments. [1C]- Naltrexone or acamprosate should be offered to patients with moderate to severe alcohol use disorder who have a goal of reducing 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]- 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 acamprosate, are capable of understanding the risks of alcohol consumption while taking disulfiram, and have no contraindications to the use of this medication. [2C]-

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Topiramate or gabapentin 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 acamprosate, and have no contraindications to the use of these medications. [2C]American Psychiatric Association (2006)- 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].- It is important to intensify the monitoring for substance use during periods when the patient is at a high risk of relapsing, including during the early stages of treatment, times of transition to less intensive levels of care, and the first year after active treatment has ceased [I rating].- 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, using, where indicated, a variety of psychotherapeutic and pharmacological interventions along with behavioral monitoring [I rating].- Disulfiram is also recommended for patients with alcohol dependence [II rating].- Naltrexone, injectable naltrexone, acamprosate, a gamma-aminobutyric acid (GABA) are recommended for patients with alcohol dependence [I rating]. Disulfiram is also recommended for patients with alcohol dependence [II rating].- Methadone and buprenorphine are recommended for patients with opioid dependence [I rating].- Naltrexone is an alternative strategy [I rating].American Society of Addiction Medicine (2015)- Methadone and buprenorphine are recommended for opioid use disorder treatment and withdrawal management.- Naltrexone (oral; extended-release injectable) is recommended for relapse prevention.Michigan Quality Improvement Consortium (2017)- Patients with substance use disorder or risky substance use: Patient Education and Brief Intervention by PCP or Trained Staff (e.g. RN, MSW)- If diagnosed with substance use disorder or risky substance use, initiate an intervention within 14 days.- Frequent follow-up is helpful to support behavior change; preferably 2 visits within 30 days.- Refer to a substance abuse health specialist, an addiction physician specialist, or a physician experienced in pharmacologic management of addiction.Department of Veterans Affairs/Department of Defense (2015)- Offer referral to specialty SUD care for addiction treatment if based on willingness to engage. [B]- For patients with moderate-severe alcohol use disorder, we recommend: Acamprosate, Disulfiram, Naltrexone- oral or extended release, or Topiramate. [A]- 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]- For patients with opioid use disorder we recommend buprenorphine/naloxone or methadone in an Opioid Treatment Program. For patients for whom agonist treatment is contraindicated, unacceptable, unavailable, or discontinued, we recommend extended-release injectable naltrexone. [A]- For patients initiated in an intensive phase of outpatient or residential treatment, recommend ongoing systematic relapse prevention efforts or recovery support, individualized on the basis of treatment response. [A]

Improvement Notation	Higher score indicates better quality
Definition	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.The initiation of treatment is the first SUD treatment within 14 days of a new SUD episode.Treatment includes inpatient SUD admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations, and medications for the treatment of SUD.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.
Guidance	This eCQM is a patient-based measure.This version of the eCQM uses QDM version 5.6. Please refer to the QDM page for more information on the QDM.
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

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Denominator	Equals Initial Population
Denominator Exclusions	Exclude patients who are in hospice care for any part of the measurement period
Numerator	<p>Numerator 1: Initiation of treatment includes either an intervention or medication for the treatment of SUD within 14 days of the new SUD episode</p> <p>Numerator 2: Engagement in ongoing SUD treatment within 34 days of initiation includes:</p> <ol style="list-style-type: none"> <li>1. A long-acting SUD medication on the day after the initiation through 34 days after the initiation of treatment</li> <li>2. One of the following options on the day after the initiation of treatment through 34 days after the initiation of treatment:               <ol style="list-style-type: none"> <li>a) two engagement visits, b) two engagement medication treatment events, c) one engagement visit and one engagement medication treatment event</li> </ol> </li> </ol>
Numerator Exclusions	Not Applicable
Denominator Exceptions	None
Telehealth Eligible	Yes