



NQF Standards of Care

Improving the Quality of Addiction Treatment

TRI | *science*
addiction

UCLA

Crosswalk of NQF National Voluntary Consensus Standards for the Treatment of Substance Use Conditions with Existing Substance Abuse Performance Measures

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).

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	AMA	HHS	NCQA	VHA	Washington Circle
DOMAIN: Identification of Substance Use Conditions					
Screening and Case Finding					
1. During patient encounters and at least annually, patients in general and mental health settings should be screened for at-risk drinking, alcohol use problems and illnesses, and any tobacco use.	✓ ^{1, 2}	✓ ^{6, 7}		✓ ¹⁸	
2. Healthcare providers should employ a systematic method to identify patients who use drugs that considers epidemiologic and community factors and the potential health consequences of drug use for their specific population.					
Diagnosis and Assessment					
3. Patients who have a positive screen for—or an indication of—a substance use problem or illness should receive further assessment to confirm that a problem exists and determine a diagnosis. Patients diagnosed with a substance use illness should receive a multidimensional, biopsychosocial assessment to guide patient-centered treatment planning for substance use illness and any coexisting conditions.					
DOMAIN: Initiation and Engagement in Treatment					
Brief Intervention					
4. All patients identified with alcohol use in excess of National Institute on Alcohol Abuse and Alcoholism guidelines and/or any tobacco use should receive a brief motivational counseling intervention by a healthcare worker trained in this technique.	✓ ^{2, 3}	✓ ^{7, 8, 9, 10}	✓ ^{15, 16}	✓ ^{19, 20}	
Promoting Engagement in Treatment for Substance Use Illness					
5. Healthcare providers should systematically promote patient initiation of care and engagement in ongoing treatment for substance use illness. Patients with substance use illness should receive supportive services to facilitate their participation in ongoing treatment.		✓ ^{11, 12}			✓ ^{23, 24}
Withdrawal Management					
6. Supportive pharmacotherapy should be available and provided to manage the symptoms and adverse consequences of withdrawal, based on a systematic assessment of the symptoms and risk of serious adverse consequences related to the withdrawal process. Withdrawal					

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management alone does not constitute treatment for dependence and should be linked with ongoing treatment for substance use illness.					
DOMAIN: Therapeutic Interventions to Treat Substance Use Illness					
Psychosocial Interventions					
7. Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illnesses.					
Pharmacotherapy					
8. 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.	✓ ⁴				✓ ²⁵
9. Pharmacotherapy should be offered and available to all adult patients diagnosed with alcohol dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.	✓ ⁵				
10. Pharmacotherapy should be recommended and available to all adult patients diagnosed with nicotine dependence (including those with other substance use conditions) and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with brief motivational counseling.	✓ ²	✓ ^{13, 14}	✓ ¹⁷	✓ ^{21, 22}	
DOMAIN: Continuing Care Management of Substance Use Illness					
11. Patients with substance use illness should be offered long-term, coordinated management of their care for substance use illness and any coexisting conditions, and this care management should be adapted based on ongoing monitoring of their progress.					

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American Medical Association, Physician Consortium for Performance Improvement®

¹ **Preventive care and screening:** percentage of patients aged 18 years and older who were screened for unhealthy alcohol use at least once during the two-year measurement period using a systematic screening method.

² **Preventive care and screening:** percentage of patients 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user.

³ **Preventive care and screening:** percentage of patients aged 18 years and older who were screened for unhealthy alcohol use at least once during the two-year measurement period using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.

⁴ **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.

⁵ **Substance use disorders:** percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period.

U.S. Department of Health & Human Services (HHS) Measure Inventory

⁶ **Inquiry regarding tobacco use (CMS):** patients who were queried about tobacco use one or more times within 24 months/ All patients aged 18 years and older.

⁷ **Alcohol screening and brief intervention (ASBI) in the electronic record (ER; IHS):** 1) Number of visits where patients were screened in the ER for hazardous alcohol use. A) Number of visits where patients were screened positive (also used as denominator #2) 2) Number of visits where patients were provided a brief negotiated interview (BNI) at or within 7 days of the ER visit (used only with denominator #2). A) Number of visits where patients were provided a BNI at the ER visit. B) Number of visits where patients were provided a BNI not at the ER visit but within 7 days of the ER visit/ 1) Number of visits for active clinical patients age 15-34 seen in the ER for injury during the Report Period. Broken out by gender and age groups of 15-24 and 25-34; 2) Number of visits for Active Clinical patients age 15-34 seen in the ER for injury and screened positive for hazardous alcohol use during the Report Period. Broken out by gender and age groups of 15-24 and 25-34.

⁸ **Proportion of persons appropriately counseled about health behaviors (OPHS):** number of adults aged 18 years and over who exhibit risky drinking and who were advised by their health care provider in the past 12 months to reduce their alcohol consumption or participate in a program to help reduce their alcohol consumption/Number of persons aged 18 years and older who exhibit risky drinking and who have had a health care visit in the past 12 months.

⁹ **Adult current smokers with a visit who received advice to quit smoking from a doctor in the last 12 months (AHRQ):** subset of the denominator population who received advice to quit smoking/ Adults age 18 and over who reported in the survey year that they currently smoke and had a routine check up in the past 12 months and answered the question "In the past 12 months did a doctor advise you to stop smoking?"

¹⁰ **Advising smokers to quit (CMS):** patients who received advice to quit smoking/ All patients aged 18 years and older

¹¹ **Proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one these conditions in a hospital emergency department (OPHS):** number of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one these conditions in a hospital emergency department/ Number of persons who are referred for follow-up care.

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¹² **Proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year (OPHS):** number of persons aged 12 years and older who need alcohol and illicit drug treatment and received specialty treatment for abuse or dependence in the past year/ Number of persons aged 12 years and older.

¹³ **Proportion of tobacco-using patients that receive tobacco cessation intervention (IHS):** patients who have received or refused tobacco cessation counseling or received a prescription for a smoking cessation aid during the Report Period, including documented refusal in past year; 2) Patients identified during the Report Period as having quit their tobacco use/ Active clinical patients identified as current tobacco users prior to the Report Period, broken down by gender and age groups: < 12, 12-17, 18 and older.

¹⁴ **Medical assistance with smoking cessation (IHS):** patients who have received tobacco cessation counseling during the Report Period, including documented refusal in past year; 2) Patients counseled during the Report Period on smoking cessation medications, including documented refusal in past year/ Active clinical patients identified as current tobacco users prior to the Report Period.

National Committee on Quality Assurance (NCQA)

¹⁵ **Advising smokers to quit:** Percentage of patients 18 years and older who are current smokers, and who received advice to quit smoking in the measurement year.

¹⁶ **Discussing smoking cessation strategies:** Percentage of patients 18 years and older who are current smokers, and for whom smoking cessation methods or strategies were recommended or discussed.

¹⁷ **Discussing smoking cessation medication:** Percentage of patients 18 years and older who are current smokers, and for whom smoking cessation medications were recommended or discussed.

Veterans Health Administration (VHA)

¹⁸ **Appropriate screening:** percent of eligible patients screened annually for alcohol misuse with AUDIT-C.

¹⁹ **Alcohol misuse:** percent of patients screened for alcohol misuse with AUDIT-C who meet or exceed a threshold score of 5 who have timely brief alcohol counseling.

²⁰ **Smoking cessation:** percent of patients using tobacco who have been provided with brief counseling within the past year.

²¹ **Smoking cessation:** percent of patients using tobacco who have been offered a referral to smoking cessation specialty program to assist with cessation within the past year.

²² **Smoking cessation:** percent of patients using tobacco who have been offered medications to assist with cessation.

Washington Circle Group

²³ **Initiation:** Percentage of adults aged 18 and over diagnosed with AOD abuse or dependence and receiving a related service who initiate treatment.

²⁴ **Engagement:** Assessment of the degree to which members engage in treatment with two additional AOD treatments within 30 days after initiating treatment.

²⁵ **MAT:** Number of adults with MAT medication (buprenorphine, naltrexone, acamprosate, disulfiram) or indication of prescription written within a specified time / Number of adults with a substance abuse diagnosis visit or service, or indication of prescription within a year. (*in development*)