

Quality Measures Fact Sheet

Substance Use Screening and Intervention Composite (NQF #2597) *National Quality Strategy Domain: Medication Management*

Quality Measures Set: Alternate

Data Source: Registry

BPCI Advanced and Quality

The Center for Medicare & Medicaid Innovation's (the CMS Innovation Center's) BPCI Advanced Model rewards health care providers for delivering services more efficiently, supports enhanced care coordination, and recognizes high quality care. Hospitals and clinicians should work collaboratively to achieve these goals, which have the potential to improve the BPCI Advanced Beneficiary experience and align to the CMS Quality Strategy goals of promoting effective communication and care coordination, highlighting best practices, and making care safer and more affordable. A goal of the BPCI Advanced Model is to promote seamless, patient-centered care throughout each Clinical Episode, regardless of who is responsible for a specific element of that care.

Background on Substance Use Screening and Intervention Composite

Smoking and heavy alcohol use are associated with poor wound healing and pneumonia.⁶⁶ Additionally, in combination with other factors, smoking and alcohol use correlate with a higher risk of narcotic dependency.⁶⁷ Providers commonly prescribe medications to surgical patients for pain management, and one in 16 will become long-term users after surgery. Systematic substance use screening may identify patients at highest risk for opioid dependency and allow providers to modify pain management strategies. The long-term cost and quality implications of opioid addiction are significant.

CMS Innovation Center Rationale for Including the Substance Use Screening and Intervention Composite Measure in BPCI Advanced

The CMS Innovation Center selected the Substance Use Screening and Intervention Composite measure for the BPCI Advanced Model because systematic screening of, and intervention for those with

⁶⁶ Tønnesen, H., Nielsen P. R., Lauritzen, J. B., & Møller, A. M. (2009). Smoking and alcohol intervention before surgery: evidence for best practice. *British Journal of Anesthesia*, 102(3), 297-306. Retrieved from https://www.researchgate.net/publication/24011620_Tonnesen_H_Nielsen_PR_Lauritzen_JB_Moller_AMSmoking_and_alcohol_intervention_before_surgery_evidence_for_best_practice_Br_J_Anaesth_102_297-306.

⁶⁷ Webster, L. R., & Webster, R. M. (2005). Predicting aberrant behaviors in opioid-treated patients: preliminary validation of the opioid risk tool. *Pain Medicine*, 6(6), 432-442. Retrieved from <https://academic.oup.com/painmedicine/article/6/6/432/1853982>.

substance use problems may prevent avoidable surgical complications. Screening can also identify beneficiaries at increased risk for opioid dependency before physicians formulate a postoperative pain regimen to dispense opioids. The CMS Innovation Center applied this measure to the Model to improve operative outcomes and is consistent with national efforts to stem the national opioid epidemic. Participants may satisfy this measure by administering an Opioid Risk Tool (ORT) (examples included, but are not limited to the tools indicated in the “Other Resources” table below) at the time of the patient’s preoperative history and physical, documenting the patient’s score on the chart, and indicating that they completed the screening to the pertinent registry.

Applicable Clinical Episodes

The Substance Use Screening and Intervention Composite measure is included in the Alternate Quality Measures Set and applies to the following inpatient and outpatient Clinical Episodes⁶⁸:

- Bariatric Surgery (Inpatient): Medicare Severity–Diagnosis-Related Groups (MS-DRGs) 619, 620, and 621
- Cardiac Valve (Inpatient): MS-DRGs 216, 217, 218, 219, 220, 221
- Coronary Artery Bypass Graft (CABG) (Inpatient): MS-DRGs 231, 232, 233, 234, 235, and 236
- Double Joint Replacement of the Lower Extremity (Inpatient): MS-DRGs 461 and 462
- Fractures of the Femur and Hip or Pelvis (Inpatient): MS-DRGs 533, 534, 535, and 536
- Hip and Femur Procedures Except Major Joint (Inpatient): MS-DRGs 480, 481, and 482
- Lower Extremity and Humerus Procedure Except Hip, Foot, Femur (Inpatient): MS-DRGs 492, 493, and 494
- Major Joint Replacement of the Lower Extremity (Inpatient and Outpatient): MS-DRGs 469, 470, 521, and 522; Healthcare Common Procedure Coding System (HCPCS) 27447
- Major Joint Replacement of the Upper Extremity (Inpatient): MS-DRG 483

Measure Specifications

The Substance Use Screening and Intervention Composite measure selected for BPCI Advanced is based on National Quality Forum (NQF) #2597 measure specifications. The registry will calculate Acute Care Hospital (ACH) level performance for all patients included in the denominator. The term “patients” refers to people 18 years and older who undergo a procedure at the hospital associated with the Clinical Episodes from the “Applicable Clinical Episodes” section, not limited to Medicare beneficiaries or BPCI Advanced Beneficiaries. For Physician Group Practices (PGPs), the registry will calculate the measure as specified at individual hospitals, then the CMS Innovation Center will weight measure performance based on PGP Clinical Episode volume for each ACH where a PGP triggers an episode.

Denominator

The denominator for the Substance Use Screening and Intervention Composite measure includes all patients 18 or older who undergo procedures performed by surgeons participating in BPCI Advanced and submitting data to the registry. This measure is not limited to Medicare beneficiaries or BPCI Advanced Beneficiaries.

⁶⁸ MS-DRGs are up to date as of Model Year 3 (2020) and will be updated for Model Year 4 as needed.

Numerator

The numerator includes individuals in the previously defined denominator who received a systematic substance use screening at the time of their preoperative history and physical, and who received an intervention for all positive screening results. Participants may satisfy this measure by administering a substance use assessment instrument, like the ORT, at the time of the patient's preoperative history and physical, documenting the patient's score on the chart, and indicating that they completed the screening to the pertinent registry. Although other instruments are available, the CMS Innovation Center recommends tools like the ORT because members of the health care team can administer and score it in less than one minute.⁶⁹ The CMS Innovation Center expects providers to apply clinical judgment if their patients require substance use interventions, based on the following assessment areas:

- tobacco use component: Patients whose providers screened them for tobacco use and who received tobacco cessation intervention if identified as a tobacco user.
- unhealthy alcohol use component: Patients whose providers screened them for unhealthy alcohol use using a systematic screening method and who received counseling if identified as an unhealthy alcohol user.
- drug use component (nonmedical prescription drug use and illicit drug use): Patients whose providers screened them for nonmedical prescription drug use and illicit drug use using a systematic screening method and who received brief counseling if identified as a nonmedical prescription drug user or illicit drug user.

Measure Submission

BPCI Advanced Participants may submit this measure through the American College of Surgeons (ACS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP®), American Academy of Orthopaedic Surgeons (AAOS) Registry Program, or the Society of Thoracic Surgeons (STS) National Database™, Adult Cardiac Surgery Database (ACSD) depending on the Clinical Episode.

The ACS MBSAQIP® will report on the following Clinical Episodes:

- Bariatric Surgery

The AAOS Registry Program will report on the following Clinical Episodes:

- Double Joint Replacement of the Lower Extremity
- Fractures of the Femur and Hip or Pelvis
- Hip and Femur Procedures Except Major Joint
- Lower Extremity and Humerus Procedure Except Hip, Foot, Femur
- Major Joint Replacement of the Lower Extremity (Inpatient or Outpatient)
- Major Joint Replacement of the Upper Extremity

The STS National Database™ ACSD will report on the following Clinical Episodes:

- Cardiac Valve
- CABG

⁶⁹ Opioid Risk Tool [PDF file]. (2005). Retrieved from <https://www.drugabuse.gov/sites/default/files/files/OpioidRiskTool.pdf>

Revisions to the Published Specifications

CMS recommends using a screening tool that assesses risk for future opioid dependence in addition to current substance use disorders at the time of the patient’s preoperative history and physical for a procedure that triggers an applicable Clinical Episode.

Composite Quality Score

The Substance Use Screening and Intervention Composite measure is one component of the BPCI Advanced Composite Quality Score (CQS) calculation. The CMS Innovation Center uses the CQS to adjust a portion of any Positive Total Reconciliation Amount and any Negative Total Reconciliation Amount. The CQS adjustment will not adjust the Positive Total Reconciliation Amount down by more than 10 percent, nor will it adjust the Negative Total Reconciliation Amount up by more than 10 percent. More information is available at the BPCI Advanced website provided below.

Other Resources

Organization/Resource	Website Address
NQF #2597 specifications	http://www.qualityforum.org/QPS/2597
BPCI Advanced	https://innovation.cms.gov/initiatives/bpci-advanced
Opioid Risk Tool	https://www.drugabuse.gov/sites/default/files/files/OpioidRiskTool.pdf
National Institute on Drug Abuse: Screening and Assessment Tools Chart	https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools
ACS MBSAQIP®	https://www.facs.org/quality-programs/mbsaqip
ACS NSQIP®	https://www.facs.org/quality-programs/acs-nsqip
AAOS Registry Program	https://www.aaos.org/registries/
STS National Database™	https://www.sts.org/registries-research-center/sts-national-database