

American Association on Health & Disability

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AAHD - Dedicated to better health for people with disabilities through health promotion and wellness



July 17, 2022

National Quality Forum Comment portal for:

NQF: Opioids and Behavioral Health Committee (qualityforum.org)

and:

OpioidBehavioralHealth@qualityforum.org

CC: NQF committee staff and several federal liaisons to the project

RE: June 17, 2022 Final Report – Draft 2 – for public comment: Addressing Opioid-Related Outcomes Among Individuals with Co-Occurring Behavioral Health Conditions

RE: Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions - Persons with Co-Occurring Mental Health and Intellectual and Other Developmental Disabilities; Persons with Co-Occurring Behavioral Health Conditions and Disabilities; Persons with Co-Occurring Mental Illness and Chronic Medical Conditions

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to comment on the NQF draft 2 excellent in-depth review of a significant public health crisis issue.

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities. AAHD is specifically dedicated to integrating public health and disability into the overall public health agenda.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

NQF June 12 Draft Report 2 – General Observations

The report is an excellent in-depth review of a significant public health crisis issue with excellent research and documentation. Thank you.

We are excited and very pleased with the identification and discussion of the domain – Integrated and Comprehensive Care for Concurrent Behavioral Health Conditions (pages 12; 14; 21; 27-32; 46-47; and 48). AAHD and the Lakeshore Foundation are public health and disability organizations. We hope that NQF receives the input of sister national organizations with direct experience in the integration of behavioral health-general health-primary care. These experiences experts include No Health without Mental Health (NHMH); American Psychiatric Association directly involved in the National Quality Forum and the Core Quality Measures Collaborative; American Psychological Association engaged in integration work; leading integration practice sites such as Montefiore; National Council for Mental Wellbeing engaged in integration work; and the National Committee on Quality Assurance; among others. We encourage NQF to outreach to these organizations.

We also commend the report for its identification and discussion of personcentered care (page 31) and data inconsistency and limitations (page 38).

Impacted Populations

A wonderful strength of the report is identification and research-based discussion of the following impacted populations: justice-involved individuals (pages 9, 12, and 48), individuals with SUD (page 10), individuals who use drugs recreationally

(page 11), individuals prescribed opioids for pain management (page 11), intimate partner violence (page 13) and the identification of some social risk factors (page 12). [A more in-depth identification and discussion of other Social Determinants of Health (SDOH) would also be helpful. The NQF TEP on social and functional risk factors materials might be helpful here.]

A strength of the report is the acknowledgement of rural populations (pages 9, 48), Veterans (page 9), adolescents and young adults (page 9), and those that inject drugs (page 9). [An actual discussion with research for these populations would enhance the report. The NQF rural advisory committee materials might be helpful here.]

Missing from the Report: Persons with Co-Occurring Mental Health and Intellectual and Other Developmental Disabilities; Persons with Co-Occurring Behavioral Health Conditions and Disabilities; Persons with Co-Occurring Mental Illness and Chronic Medical Conditions

[Shared by e-mail with NQF staff outside the NQF comment portal as memo attachments:] Particularly relevant data points on these co-occurring conditions include:

- 1. People with Serious Mental Illness have higher rates of chronic medical illness (and shorter life spans) charts from February 24, 2022 National Council on Mental Wellbeing webinars slides on integrating care.
- 2. Co-Occurring Mental Illness and ID/DD from August 9, 2018 SAMHSA webinar slides on emerging best practices.
- 3. Co-Occurring Mental Illness and ID/DD ID/DD only vs dual diagnosis costs Vaya Health Managed Care Plan, North Carolina; from SAMHSA April 19, 2017 webinar on the pivotal role of Medicaid in co-occurring ID/DD and BH slides.
- 4. Co-Occurring Mental Illness and ID/DD Demographic excerpts from NASDDDS-HSRI October 2019 National Core Indicators Data Brief

Co-Occurring Conditions: Some White Papers and Analyses

We bring to the NQF Committee's attention; and, available upon request are:

1. NASDDDS-NADD-NASMHPD paper: Supporting Individuals with Co-Occurring Mental Health and ID/DD; May 2021

- 2. NASMHPD August 2017 assessment paper #7: Co-Occurring Conditions The Vital Role of Specialized Approaches
- 3. Previous Administration for Community Living (ACL) funded: Mental Health and Developmental Disabilities National Training Center: a joint project of the University of Kentucky, University of Alaska, and Utah State University
- 4. Obesity Medicine, June 2021 article: Concurrent Mental Health Conditions and Severe Obesity
- 5. CMS MMCO RIC summary, June 2020: Supporting Persons with Co-Occurring ID/DD and Behavioral Health Needs New York Partners in Health program
- 6. National Academy of Medicine, December 2021 three-day summit Optimal Integrated Care for People with ID/DD. Specifically:
 - a. Sharon Lewis, HMA, on "Rethinking Holistic Coordination"
 - b. Charlene Wong, Duke University, on "Reimaging Models of Care for People with ID/DD: Integrating Cross-Sector Data."
- 7. HHS ASPE, September 22, 2021: "Considerations for Building Federal Data Capacity for Patient-Centered Outcomes Research Related To ID/DD."
- 8. The Arc: Support Needs of People with ID/DD and MH Needs and Their families
- 9. The Arc: Training Needs of Professionals Serving People with ID/DD and Mental Health Needs
- 10.PCORI, January 2022 Research Funding Announcement Mental Health and Developmental Disabilities Research
- 11.SAMHSA April 19, 2017 webinar slides (pivotal role of Medicaid) on addressing the needs of persons with co-occurring Mental Health and ID/DD
 - a. Slide #28: specialized training and provider networks needed
 - b. Slide #24: North Carolina Managed Care Organization serving persons with co-occurring ID/DD and Mental Illness: To serve a person with ID/DD "only" \$48,000 a year. To serve a person with co-occurring ID/DD and Mental Illness: \$64,000 a year

Persons with "Complex Health and Social Needs." During the past two years, several national projects, funded by seven foundations, have focused on recognizing and addressing the needs of persons with complex health and social needs. These are folks living with co-occurring conditions and frequently severe conditions. Many of their work and ideas would appropriately serve persons with co-occurring BH, disability, and chronic medical conditions. We encourage NQF to outreach to these projects and to include in the report a summary of persons with

complex health and social needs. Further information is available from the Camden Coalition.

RE: persons with co-occurring BH, disability, and chronic medical conditions: we suggest the NQF committee final report discuss the application of the draft #2 report: individuals prescribed opioids for pain management (page 11). People with disabilities and particular forms of pain (e.g., paralysis; MS; MD) should be factored into this discussion.

Thank you for considering our ideas.

Sincerely,

E. Clarke Ross

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National Quality Forum (NQF): Member, NQF Measure Applications Partnership (MAP) Coordinating Committee (July 2021-present); NQF Medicare Hospital Star Ratings Technical Expert Panel (June-November 2019 and September-October 2020); workgroup on Medicaid adult measures (appointed 2016 and 2017); Medicaid-CHIP Scorecard Committee (appointed October 2018); and Measure Sets and Measurement Systems TEP (June 2019-August 2020). Member, National Quality Forum (NQF) workgroup on persons dually eligible for Medicare and Medicaid (July 2012-July 2017) and NQF population health task force (2013-2014) http://www.qualityforum.org/) and NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports (http://www.c-c-d.org/). 2016-2017 NQF duals workgroup liaison to the NQF clinician workgroup. 2015-2016 and 2014-2015 NQF duals workgroup liaison to the NQF PAC/LTC workgroup. Member, NQF Technical Expert Panel for Social and Functional Risk Adjustment Within Quality Measurement (April 2022-present). AAHD Representative to the CMS-AHIP-NQF Core Quality Measures Collaborative (CQMC) (2019-present). Member: National Committee on Quality Assurance (NCQA) Consumer Advisory Council (2022-2024).

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