

Full Measure Submission to Partnership for Quality Measurement

Scientific Acceptability

Validity

Provide the statistical results from validity testing for each level of validity testing conducted.*

Exhibit 7. Convergent Validity for Correlation with HEDIS® IET Measures and CBE #3453

Measure	CBE #3400 (Total Rate)	
	Spearman Correlation	p-Value
HEDIS® IET (Initiation, 18+) within 14 days	0.78	<0.0001
HEDIS® IET (Initiation, 18+) within 30 days	0.76	<0.0001
CBE #3453 7-Day Rate	0.66	<0.0001
CBE #3453 14-Day Rate	0.68	<0.0001

Exhibit 8. Measure Score Face Validity Results for Question 4: This measure assesses access to pharmacotherapy among adult Medicaid beneficiaries with opioid use disorder.

Response Option	Response (%)	Response (#)
Strongly Agree	60%	3
Agree	20%	1
Undecided	0%	0
Disagree	0%	0
Strongly Disagree	0%	0
No Not Know or Not Applicable	20%	1

Exhibit 9. Measure Score Face Validity Results for Question 5: Comparing scores for this measure meaningfully differentiates good performance from poor performance.

Response Option	Response (%)	Response (#)
Strongly Agree	40%	2
Agree	20%	1
Undecided	20%	1
Disagree	0%	0
Strongly Disagree	0%	0
Do Not Know or Not Applicable	20%	1

Exhibit 10. Data Element Face Validity Results for Question 6: Identifying individuals who had at least one encounter with an ICD-10 diagnosis code for opioid abuse, dependence, or remission (primary or other) at any time during the measurement year is an appropriate way of identifying Medicaid beneficiaries with an OUD.

Response Option	Response (%)	Response (#)
Strongly Agree	40%	2
Agree	40%	2
Undecided	00%	0
Disagree	0%	0
Strongly Disagree	0%	0
No Not Know or Not Applicable	20%	1

Exhibit 11. Data Element Face Validity Results for Question 7: Access to pharmacotherapy for OUD can be identified by at least one prescription filled, or administration or dispensed an FDA-approved medication for OUD through use of pharmacy claims (NDC codes) or HCPCS coding of medical service.

Response Option	Response (%)	Response (#)
Strongly Agree	20%	1
Agree	40%	2
Undecided	20%	1
Disagree	0%	0
Strongly Disagree	0%	0
Do Not Know or Not Applicable	20%	1

Provide your interpretation of the results in terms of demonstrating validity.*

As presented in **Exhibit 7**, CBE #3400 is very strongly correlated with performance score data for the HEDIS® IET measure. The measure yields Pearson correlation coefficients of 0.78 with the IET 14-day treatment initiation score and 0.76 with the IET 34-day treatment initiation score, demonstrating strong correlation for both scores. Correlations with CBE #3453 were also strong. CBE #3400 yields Pearson correlation coefficients of 0.70 with the CBE #3453 7-day continuity of care score and 0.72 with the CBE #3453 14-day continuity of care score. In addition to strong Pearson correlation coefficients, all correlations were statistically significant with $p < 0.0001$, further indicating a strong validity rating for CBE #3400.

Results in **Exhibit 8** suggest that the measure, as specified, truly evaluates what it intends to assess. The majority of respondents either strongly agreed or agreed that NQF 3400 assesses access to pharmacotherapy for the adult Medicaid population. One respondent indicated *Do Not Know or Not Applicable*, noting a lack of experience in this area.

Exhibit 9 shows that the measure is useful in understanding and comparing the quality of care between different entities measured. The majority of respondents either strongly agreed or

agreed that comparing scores on this measure differentiates good from poor performance, were undecided or indicated *Do Not Know* or *Not Applicable*, noting a lack of experience in this area. One undecided respondent stated that access to pharmacotherapy may not be sufficiently assessed by a fill of one prescription, but did not provide additional detail.

In **Exhibit 10**, the findings suggest that the data elements defined in this measure for identifying beneficiaries for the denominator are reasonable and useful in identifying the population of interest. The majority of respondents agreed that identifying individuals who had at least one encounter with an ICD-10 diagnosis code for opioid abuse, dependence, or remission (primary or other) at any time during the measurement year is an appropriate way of identifying Medicaid beneficiaries with an OUD. Other respondents indicated *Do Not Know* or *Not Applicable*.

The results in **Exhibit 11** show that the majority of TEP respondents agree that the data elements used to define the measure's numerator criteria are reasonable and useful in capturing access to pharmacotherapy for OUD. The majority of respondents agreed that access to pharmacotherapy for OUD can be identified by at least one prescription filled, or administration or dispensed an FDA-approved medication for OUD through use of pharmacy claims (National Drug Codes [NDC]) or HCPCS coding of medical service. One of the respondents who agreed added that methadone would be an exception, as further research is needed to understand how methadone dispensing from methadone clinics is tracked. One respondent was undecided on this topic, given the long-term nature of treatment and recovery for individuals with OUD which often requires continued pharmacotherapy, and another respondent indicated *Do Not Know* or *Not Applicable* for this question. The team notes that the one respondent who was undecided on this question provided feedback on the face validity of the numerator specification, rather than numerator data element validity.
