

What are Quality Measures?

In healthcare, **quality measures** are tools used to evaluate how well existing processes, structures, services, and outcomes align with goals for the delivery of high-quality, evidence-based care. The information gathered through quality measures may be leveraged to assess, compare, and improve treatment. Quality measures increase transparency and data-driven decision-making in healthcare and encourage the use of evidence-based practices. Historically, quality measures have been developed for a technical audience of healthcare professionals, but increasingly they are now being used to help the public make important healthcare decisions.

Quality measurement systems, such as ATLAS, are platforms that measure the delivery of identified best practices and make this information available to groups such as consumers, providers, and other professionals to:

- ✓ Empower individuals to make informed decisions about care.
- ✓ Facilitate data-driven quality improvement efforts and innovations in the field.



This Photo by Unknown Author is licensed under [CC BY-SA-NC](#)

Publicly available quality measurement systems have existed for decades in many other areas of healthcare, such as hospitals, nursing homes, and surgery. Such systems are shown to drive quality improvement, improve care outcomes, save lives, and reduce costs.

ATLAS is the first of its kind quality measurement system for addiction treatment facilities.

ATLAS Quality Measures

The ATLAS quality measures are based upon [Shatterproof's National Principles of Care®](#) (see **Table 1**). These Principles are evidence-based best practices shown by multiple research studies to improve outcomes when treating substance use disorders (SUDs). They are endorsed by the field as critical elements of SUD treatment.

Data Sources

ATLAS assesses whether addiction treatment facilities are delivering care consistent with the Principles using three data sources, described below.

- **Treatment Facility Survey (TFS):** An online survey administered at the facility level that assesses processes, structures, and services. The survey must be reviewed and the accuracy attested by the CEO or senior leadership. A random subset of survey respondents is subject to validation checks. *If facilities offer multiple levels of care (e.g., outpatient, residential), they may choose to answer sections of the survey by setting or for the entire facility.*
- **Patient Experience Survey (PES):** A brief series of multiple-choice questions about the use of clinical best practices and patient perceptions of care and one open-ended or free-text question to be completed by patients of the addiction treatment facility or a loved one acting as a patient proxy.
- **Claims Measures (Claims):** Four claims-based measures to be calculated by public health insurers and private health insurers that cover a significant number of individuals in ATLAS states. *These measures are not displayed publicly in Phase 1. Medicaid claims measures are displayed in the ATLAS password-protected portals.*

Table 1: Shatterproof Principles of Care and ATLAS Quality Measures

PRINCIPLE	MEASURE	DATA SOURCE
Fast Access to Treatment	<p>Access to Treatment:</p> <ul style="list-style-type: none"> Does this facility offer same day access/walk-in appointments for patients requiring outpatient care? If this facility does not have available inpatient or residential beds for a potential patient, how do you assist them? 	TFS
	<p>Access to Treatment: When you/the patient needed treatment right away, how often did you/the patient see someone from this treatment facility as soon as you/the patient wanted?</p>	PES
Personalized Evaluation & Treatment Plan	<p>Use of Standardized Assessment Tool: Please indicate which standardized assessment instrument(s) are used for your intake assessment.</p>	TFS
	<p>Access to Behavioral Health: During treatment, were you/the patient given information about different kinds of treatment services and facilities that are available?</p>	PES
Long-term Treatment & Follow-up	<p>Continuous Engagement: Follow-up After SUD Inpatient/Residential Treatment</p>	Claims
	<p>Continuous Adjustments to Treatment: Please describe your facility's collection of data for the outcomes and symptoms listed in the table below to inform changes to treatment.</p>	TFS
Coordinated Care for Mental & Physical Health	<p>Use of an Electronic Health Record: Does this facility use an electronic health record (EHR)?</p>	TFS
	<p>Provision of Mental Health Treatment: To what degree is mental health care for patients with co-occurring disorders integrated into this facility?</p>	TFS
	<p>Connection to Trained Medical Providers: In the table below, please tell us the staff types and the number of FTEs of each provider type you have providing SUD therapies (behavioral or pharmacological) at this facility.</p>	TFS
Effective Behavioral Therapies for Addiction	<p>Use of Appropriate Behavioral Health Interventions for SUDs:</p> <ul style="list-style-type: none"> Please indicate the therapies for which your facility has at least one clinician trained in the use of the therapy and provides the therapy to patients for the treatment of substance use disorder. After initial intake into this facility, is ongoing 1:1 counseling or therapy offered at regular intervals or as needed? 	TFS
	<p>Overall Rating of Treatment Program: Using any number from 0 to 10, where 0 is the worst treatment facility possible and 10 is the best treatment facility possible, what number would you use to rate this treatment facility?</p>	PES
	<p>Staff Respect: During treatment, how often did treatment staff show respect for what you/the patient had to say?</p>	PES
	<p>National Accreditation of Facility: Please indicate which of the following accreditations your facility holds at the time of completing this survey.</p>	TFS
Access to Medications for Opioid or Alcohol Use Disorder	<p>Evidence of Opioid Use Disorder (OUD) Medication Use Among Patients with OUD</p>	Claims
	<p>Continuity of Pharmacotherapy for Opioid Use Disorder</p> <p>Availability of Medications to Treat SUDs: For each of the medications identified in the table below, indicate whether this facility provides (i.e., prescribes) or facilitates access to them at another facility for patients with an appropriate diagnosis.</p>	TFS
Additional Services to Support Recovery	<p>Availability of Recovery Support Services: Please identify the recovery support services offered by your facility.</p>	TFS
	<p>Including Family/Friends in Treatment: Have staff in this treatment facility talked with you/the patient about including family or friends in counseling or treatment?</p>	PES
Outcomes	<p>SUD-related Hospitalizations or Emergency Department Visits</p>	Claims
	<p>Amount Helped by Treatment: How much have you/the patient been helped by the treatment here?</p>	PES
	<p>Improvement in Ability to Function: Compared to when you/the patient entered this treatment facility, how would you rate your/the patient's ability to deal with daily problems now?</p>	PES

ATLAS Quality Measures Development Process

Shatterproof led a thoughtful, multi-step process in collaboration with experts in the field to develop the ATLAS quality measures. During this process, Shatterproof also gathered feedback from key stakeholder groups.

For the ATLAS quality measures development process:

- First, Shatterproof assembled experts to form a Quality Measures Committee to identify existing quality measures and reporting mechanisms aligned with the [Principles of Care®](#). This committee was focused on avoiding duplication, capitalizing on existing reporting, and identifying subsequent gaps not captured by existing measures. Measures were prioritized based on their potential impact and the feasibility of widespread implementation.
- Shatterproof then engaged additional stakeholders to review and revise the measure set, including hosting focus groups across the country with addiction treatment providers representing all levels of care.
- Shatterproof next retained the [National Quality Forum](#) (NQF) to facilitate an unbiased expert review. The NQF conducted an independent landscape review and held extensive interviews with 15 experts in addiction and convened an expert panel to make final recommendations on measures for Phase 1 of ATLAS.
- To further inform the Expert Panel recommendations, NQF hosted a public comment period, during which over 250 comments were received from stakeholders across the country. Following review of these comments, the Expert Panel made final recommendations for measure concepts to be used in Phase 1.
- Shatterproof then worked with RTI International (RTI), an independent research institute with expertise in quality measurement and SUDs, to turn the measure concepts into claims specifications and survey questions to be gathered through the three data sources described below. These survey questions and specifications underwent feasibility and pilot testing prior to ATLAS data collection. This process included continual iterations with input requested routinely from various stakeholder groups.

Next Steps

The quality measures set is being implemented during Phase 1 of ATLAS. Following Phase 1 implementation, Shatterproof will continue to refine measures to ensure continuous alignment with the most recent evidence-based best practices, retiring old measures and adding new and/or improved measures as they become available. Shatterproof also plans to collect stakeholder feedback on the Phase 1 data collection process and use this information to make improvements.

APPENDIX I. ATLAS Data Sources

Unit of Analysis

ATLAS collects quality data on specialty addiction treatment facilities. Specialty addiction treatment facilities are defined as those offering withdrawal management (“detox”) OR addiction treatment (services that focus on initiating and maintaining an individual’s recovery from substance use and on preventing relapse).

These facility-level quality data are collected via three sources:

Treatment Facility Survey

Facilities are asked to complete the ATLAS Treatment Facility Survey, which includes 12 sections of questions listed below:

- Contact Information and Facility Details
- Rapid Access to Appropriate SUD Care
- Personalized Diagnosis, Assessment, and Treatment
- Engagement in Continuing Long-term Care with Monitoring and Adjustments to Treatment
- Concurrent, Coordinated Care for Physical and Mental Health
- Accreditation, Provider Qualifications, and Use of Evidence-based Care
- Access to FDA-approved Medications
- Access to Non-medical Recovery Support Services
- Additional Information to Confirm about Your Facility
- Program Barriers
- Supporting Assignment of Claims-based Measures
- Attestation

Submitted data are reported as descriptive information or as quality measures in facility profiles on the ATLAS website under “Signs of High-Quality Care.” Data collected via questions in the Program Barriers section are not being publicly displayed on ATLAS.

Several validation processes are used to ensure the accuracy of submitted Treatment Facility Survey data. All facilities are asked to provide additional data for some survey questions to verify responses. Additionally, before a survey can be submitted, Shatterproof requires that leadership at facilities attest the accuracy of the data. Following submission, a subset of treatment facilities also undergoes a more involved validation process. These facilities are asked to provide additional deidentified data to validate a select number of survey responses and evaluate how accurately treatment facilities collect and report their data. After analysis, facilities are provided with a two-week data review period to ensure accurate data transfer to the website.

Patient Experience Survey

Shatterproof is collecting quality information from patients and families on their experiences at addiction treatment facilities through the Patient Experience Survey. The survey includes seven multiple choice questions about the use of clinical best practices and patient perceptions of care, one open-ended or free-text question, and two demographics questions. The survey questions are listed here:

1. Who is completing the survey (patient or family member/friend) [Demographic]
2. How much has the patient been helped by treatment

3. Patient rating of facility treatment quality (0 – 10 scale)
4. What the facility is doing right and what the facility could improve upon [Open-text Response]
5. Patient ability to deal with daily problems
6. Did staff talk with the patient about including family/friends in counseling or treatment
7. How often was the patient able to see staff as soon as the patient wanted
8. How often did treatment staff show respect for what the patient had to say
9. Was the patient given information about different kinds of treatment services and facilities available
10. Patient duration of care [Demographic]

These questions were derived from NQF-endorsed items in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program and Experience of Care and Health Outcomes (ECHO) Survey. These are developed by the government-run Agency for Healthcare Research and Quality (AHRQ) to assess patient experiences of care at hospitals and in other healthcare settings and are widely used to track the field, inform policy, and, in some cases, impact reimbursement. The ATLAS Patient Experience Survey may be completed by either the patient or by a family member or friend acting as a proxy and responding to items from the patient's point-of-view.

Claims Measures

ATLAS also includes claims-based data to inform the following measures:

1. Opioid Use Disorder (OUD) Patients Receiving Medications for OUD
2. Continuity of Medication Use for OUD among Patients with OUD
3. Follow-up After SUD Inpatient/Residential Treatment
4. SUD-related Hospitalizations or Emergency Department Visits

Measures 1 – 3 are adapted from NQF-endorsed measures. Measure 4 is being tested for potential use in Phase 1 of ATLAS. Claims measures are calculated by state Medicaid agencies and participating commercial health plans, specifically those partnered with ATLAS that have a significant market share in the Phase 1 states. These measures are not displayed publicly in Phase 1, but Medicaid claims measures are displayed in the ATLAS password-protected portals.

APPENDIX II: ATLAS Measures Concepts and Supporting Evidence

Supporting evidence for the ATLAS quality measures, organized by data source, are described below.

Treatment Facility Survey:

Measure Concepts	Supporting Evidence
Access to treatment (e.g., same day/walk-in availability)	Shorter-wait time for addiction treatment associated with improved treatment engagement, reduced substance use, and reduced mortality (Sigmon et al., 2016; Hoffman et al., 2011; Schmidt et al., 2017)
Use of standardized assessment tool (e.g., ASAM, ASI)	Patients matched to appropriate level of care using comprehensive assessment criteria have better outcomes (Angarita, 2007; Sharon, 2003; Baker et al., 2003)
Continuous adjustments to treatment	Adapted from Joint Commission requirement--to be accredited, behavioral organizations must assess the outcomes of care in an ongoing manner to inform the treatment delivered
Use of an electronic health record	Adapted from CMS (Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program)
Provision of mental health treatment	Integrating addiction treatment with primary mental health services improves outcomes for individuals with both substance use disorders (SUDs) and mental illness (Wolitzky-Taylor, 2018)
Connection to trained medical providers	<i>New Measure</i>
Use of appropriate behavioral health interventions for SUDs	Evidence-based therapies currently restricted to those included in the Surgeon General's Report, new therapies may be added to with compelling evidence/support from the field
National accreditation of facility	<i>New Measure</i>
Availability of medications to treat SUDs	Adapted from NSSATS data set and TEDS data set
Availability of recovery support services	Adapted from NSSATS data set. The ability to connect patients to drug-free housing, vocational training, parenting classes, peer recovery services, etc. is an important part of professional care

Claims Measures:

Measure Concepts	Supporting Evidence
Continuity of care after inpatient/ residential treatment	Adapted from NQF #3453; Related to better outcomes including reduced substance use (DeMarce, Lash, Stephens, Grambow, & Burden, 2008; McKay & Hiller-Sturmhofel, 2011), readmissions (Mark et al., 2013; Reif et al., 2017), and criminal justice involvement (McKay, 2009), lower risk of death in the two post-discharge years (Harris et al., 2015), and improved employment status (McKay, 2009)
Opioid Use Disorder (OUD) patients receiving medications for OUD	Adapted from NQF #3400, stewarded by Centers for Medicare & Medicaid Services, Centers for Medicaid & CHIP Services
Continuity of medication use for OUD among patients with OUD	Adapted from NQF #3175, stewarded by University of Southern California
SUD-related hospitalizations or emergency department visit	Readmissions/admissions to higher level of care could indicate suboptimal treatment in prior setting or appropriate treatment given that recovery often involves relapse and higher levels of care may be needed

Patient Experience Survey:

Measure Concepts	Supporting Evidence
Access to treatment	<ul style="list-style-type: none"> Adapted from CAHPS Experience of Care and Health Outcomes (ECHO) Survey Adult Managed Organization 3.0 ECHO measures endorsed by NQF Face validity and content validity and reliability (Daniels, 2004; Shaul, 2003)
Access to behavioral health	
Overall rating of treatment program	
Staff respect	
Including family/friends in treatment	
Amount helped by treatment	
Improvement in ability to function	
Patient narrative feedback on treatment	From Perceptions of Care Study; also fielded in select states