AHRQ UAU Process Measure Definitions

All measures to be reported at the **practice level** (i.e., each grantee reports all measures for each participating practice). Measures do not need to be reported at the provider level.

Measure 1 (M1)	**Number of Patients in Target Population**
Description	Number of patients aged ≥ 18 years with a patient encounter during the past 3 months. Exclude any patients who have a current diagnosis of or who are seeking treatment for alcohol abuse or dependence.
Data source(s)	EHR, registry, or manual chart review
Measure source	N/A (Evidence base for age range is USPSTF recommendation; look-back period was determined through discussion with grantees)
Data collection time points	T0 = baseline; T1 = end of intervention Optional T2 = 3 months after end of intervention
Definitions	A patient encounter is defined as an interaction between a patient and healthcare provider(s) for the purpose of providing healthcare service(s) or assessing the health status of a patient. Include both face-to-face and telehealth encounters.
Reporting	Report M1 by reporting a raw number

Measure 2 (M2)	**Number and Percent of Patients Screened for Unhealthy Alcohol Use**
Description	Number and percent of patients aged ≥ 18 years with a patient encounter during the past 3 months AND who were screened for unhealthy alcohol use using a systematic screening method at least once within the past 3 months.
Measure source	NQF #2152 / CMS Quality Payment Program ID #431, with adaptations for time periods
Data source(s)	EHR, registry, or manual chart review
Data collection time points	T0 = baseline; T1 = end of intervention Optional T2 = 3 months after end of intervention
Denominator	= M1 (Number of patients aged ≥ 18 years with a patient encounter during the past 3 months).
Numerator	Patients who were screened for unhealthy alcohol use using a systematic screening method at least once within the past 3 months
Definitions	A patient encounter is defined as an interaction between a patient and healthcare provider(s) for the purpose of providing healthcare service(s) or assessing the health status of a patient. Include both face-to-face and telehealth encounters. For the purposes of this measure, a systematic screening method is defined as one or more standardized questions designed to screen for unhealthy alcohol use. Questions may be administered orally, on paper, or electronically (e.g., through a patient portal or digital application). Examples of systematic screening methods include, **but are not limited to**, those included in the NQF-endorsed quality measure for unhealthy alcohol use screening & brief intervention (NQF #2152/QPP #431): the AUDIT Screening Instrument, AUDIT-C Screening Instrument, and Single Question Screening.
Reporting	Report M2 by reporting the numerator (raw number) and percent (formula = numerator/denominator). Denominator for this measure was reported in M1 and does not need to be reported again.

Measure 3 (M3)	Number and Percent of Patients who Screened Positive for Unhealthy Alcohol Use
Description	Number and percent of patients aged ≥ 18 years with a patient encounter during the past 3 months who were screened for unhealthy alcohol use using a systematic screening method at least once within the past 3 months AND who screened positive for unhealthy alcohol use
Measure source	NQF #2152 / CMS Quality Payment Program ID #431, with adaptations for time periods
Data source(s)	EHR, registry, or manual chart review
Data collection time points	T0 = baseline; T1 = end of intervention Optional T2 = 3 months after end of intervention
Denominator	= M2 numerator (Patients who were screened for unhealthy alcohol use using a systematic screening method at least once within the past 3 months)
Numerator	Patients who screened positive for unhealthy alcohol use
Definitions	Positive screen: Practices should determine a threshold (cut-off) score to indicate a positive screen using a systematic tool. The threshold score may vary based on the systematic tool used and the practice's target population. The threshold score should not change over time (i.e., a consistent threshold score corresponding to the tool used should be applied regardless of the data collection time point: T0, T1, or T2 if reported).
Reporting	Report M3 by reporting the numerator (raw number) and percent (formula = numerator/denominator). Denominator for this measure was reported as part of M2 and does not need to be reported again.

Measure 4 (M4)	Number and Percent of Patients who Received Brief Counseling for Unhealthy Alcohol Use
Description	Number and percent of patients aged ≥ 18 years with a patient encounter during the past 3 months who screened positive for unhealthy alcohol use using a systematic screening method AND who received brief counseling
Measure source	NQF #2152 / CMS Quality Payment Program ID #431
Data source(s)	EHR, registry, or manual chart review
Data collection time points	T0 = baseline; T1 = end of intervention Optional T2 = 3 months after end of intervention
Denominator	= M3 numerator (Patients who screened positive for unhealthy alcohol use using a systematic screening method at least once within the past 3 months)
Numerator	Patients who received brief counseling
Definitions	For the purposes of this measure, brief counseling is defined according to the NQF-endorsed quality measure for unhealthy alcohol use screening & brief intervention (NQF #2152/QPP #431) and refers to one or more counseling sessions, a minimum of 5-15 minutes, which may include: feedback on alcohol use and harms; identification of high risk situations for drinking and coping strategies; increased motivation and the development of a personal plan to reduce drinking. Counseling a patient in relation to MAT can also be used to count for the numerator in this measure.
Reporting	Report M4 by reporting the numerator (raw number) and percent (formula = numerator/denominator). Denominator for this measure was reported as part of M3 and does not need to be reported again.

Measure 5 (M5)	Number and Percent of Patients who Initiated Medication-Assisted Therapy for Alcohol Use Disorders
Description	Number and percent of patients aged ≥ 18 years with a patient encounter during the past 3 months who have a likely alcohol use disorder AND who initiated medication-assisted therapy
Measure source	NQF #004 / HEDIS Initiation and Engagement of Alcohol and other Drug Abuse or Dependence Treatment / CMS 137v6 (adapted)
Data source(s)	EHR, registry, or manual chart review

Data collection time points	T0 = baseline; T1 = end of intervention Optional T2 = 3 months after end of intervention
Denominator	Patients with a diagnosis of alcohol use disorder. If a diagnosis cannot be found, other clinical evidence indicating a likely alcohol use disorder may be used (e.g., clinical notes, DSM-5 symptom checklist, threshold score on a systematic screening tool).
Numerator	Patients who initiated medication-assisted therapy for alcohol use disorder
Definitions	For the purposes of this measure, medication-assisted therapy is the use of FDA-approved medications in combination with counseling and behavioral therapies to provide an integrated approach to the treatment of alcohol use disorder. Current FDA-approved medications for treating alcohol use disorder are: • Acamprosate • Naltrexone • Disulfiram Medical management as used in COMBINE is acceptable for "counseling and behavioral therapies."
Reporting	Report M5 by reporting the numerator (raw number), denominator, and percent (formula = numerator/denominator).

Measure 6 (M6)	**Number and Percent of Patients Referred to Specialty Care for Alcohol Treatment***
Description	Number and percent of patients aged ≥ 18 years with a patient encounter during the past 3 months who screened positive for unhealthy alcohol use using a systematic screening method and were referred to specialty care for alcohol treatment
Measure source	Oregon Health Authority Coordinated Care Organization (CCO) 2020 Incentive Measure: Alcohol and Drug Misuse SBIRT measure (age range adapted to fit target population for AHRQ initiative)
Data source(s)	EHR, registry, or manual chart review
Data collection time points	T0 = baseline; T1 = end of intervention Optional T2 = 3 months after end of intervention
Denominator	= M3 numerator (Patients who screened positive for UAU using a systematic screening method at least once within the past 3 months)
Numerator	Patients who receive a referral to specialty care for alcohol treatment
Definitions	For the purposes of this measure, referral to specialty care is the process of providing a patient with a referral to further treatment for unhealthy alcohol use or alcohol use disorder beyond what can be provided by the primary care practice. That treatment may take place in a facility or in an outpatient office, and may include physical, psychiatric, or behavioral health consultations or treatments. Referral is counted for numerator compliance when the referral is made. Given the feasibility challenges of documenting whether a referral was completed (that is, whether the patient actually saw the provider to whom the patient was referred), numerator compliance is not dependent on referral completion.
Reporting	Report M6 by reporting the numerator (raw number) and percent (formula = numerator/denominator). Denominator for this measure was reported as part of M3 and does not need to be reported again

*__Optional measure__. For practices in which this data can be collected within a reasonable amount of effort and resources, this data should be reported. For practices in which this would cause undue burden or require shifting resources away from other measure reporting, this measure will be optional.