Opioid Prescribing Quality Measure Updates

According to the Centers for Disease Control and Prevention (CDC), there were 49,860 deaths involving opioids in 2019, making up 70.6% of all drug overdose deaths.[1] Various models using claims data indicate that high daily dosages of opioids, overlapping prescriptions from multiple providers and pharmacies, and initial opioid prescriptions with more than a seven-day supply are risk factors for opioid abuse and overdose.[2-3] The National Committee for Quality Assurance (NCQA) designed three HEDIS measures to assess the use of opioids at high doses, from multiple providers and/or pharmacies, and to evaluate the risk of continued opioid use.[4]

HEDIS Quality Measures

1. **Use of Opioids at High Dosage (HDO).**[4] Examines the proportion of patients 18 years and older who received prescription opioids (excluding buprenorphine) for 15 days or more at average doses of at least 90 morphine milligram equivalents (MME). The calculation and conversion table below are used to determine MME:

   MME = (opioid strength) x (quantity / day supply) x conversion factor

Conversion Factors for Common Opioids	
Codeine (mg)	0.15
Fentanyl transmucosal tablet, lozenge (mcg)	0.13
Fentanyl buccal film, oral spray (mcg)	0.18
Fentanyl transdermal (mcg/hr)	7.2
Hydrocodone (mg)	1
Hydromorphone (mg)	4
Levorphanol tartrate (mg)	11
Methadone* (mg)	3†
Morphine (mg)	1
Oxycodone (mg)	1.5
Oxymorphone (mg)	3
Tramadol (mg)	0.1

* Methadone for opioid use disorder is not included in the measure.
† For HEDIS reporting purposes, a methadone conversion factor of "3" is used instead of a sliding scale conversion.

2. **Use of Opioids from Multiple Providers (UOP).**[4] Three submeasures report the proportion of patients 18 years and older who received prescription opioids for 15 days or more from:
   a. Four or more different prescribers
   b. Four or more different pharmacies
   c. Four or more different prescribers and four or more different pharmacies

3. **Risk of Continued Opioid Use (COU).**[4] Two submeasures report the percentage of patients 18 years and older who have a new episode of opioid use that puts them at risk for continued opioid use based on duration:
   a. 15 days or more in a 30-day period
   b. 31 days or more in a 62-day period

How do I help improve performance?[5]

- Reassess benefits and risks of pain regimens with daily MME ≥ 90. Consider tapering or discontinuing opioid therapy if the patient does not have a clinically meaningful improvement in pain and function, shows signs of overdose risk, or demonstrates signs of substance use disorder.
- Evaluate continued opioid therapy with patients every three months or more frequently.
- Regularly consult CURES, California's prescription drug monitoring program, to ascertain whether a patient is receiving controlled substances from multiple providers and/or pharmacies.
- For opioid-naïve patients needing treatment for acute pain, prescribe the lowest effective dose of immediate-release opioids for only the expected duration of pain severe enough to require opioids. More than seven days is rarely necessary.

References
1. CDC, National Center for Injury Prevention and Control; 2021. Available at https://www.cdc.gov/drugoverdose/deaths/index.html. Accessed 12/14/2021.
2. White AG, Birnbaum HG, Schiller M, Tang J, Katz NP. Analytic models to identify patients at risk for prescription opioid abuse. Am J of Managed Care 2009;15(12):897-906.
3. Peirce GL, Smith MJ, Abate MA, Halverson J. Doctor and Pharmacy Shopping for Controlled Substances. Med Care 2012 Jun;50(6):494-500.
4. HEDIS 2022, Volume 2. National Committee for Quality Assurance (NCQA).
5. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49.

Medi-Cal Rx Contract Drug List: https://medi-calrx.dhcs.ca.gov/home/cdl/
OneCare Formulary: www.caloptima.org/en/ForProviders/PharmacyInformation/OneCareMedicarePartD.aspx