Use of Opioids at High Dosage (HDO)

New Directions Behavioral Health® is committed to working with participating physicians to improve the quality of care for members. To evaluate performance on important care and service measures, we use the Healthcare Effectiveness Data and Information Set (HEDIS®) tool developed by the National Committee for Quality Assurance (NCQA®). This bulletin provides information about a HEDIS measure concerning the importance of monitoring potentially high-risk opioid analgesic prescribing practices to identify members who may be at elevated risk for opioid overuse and misuse.

In 2016, opioid-related overdoses accounted for more than 42,000 deaths in the United States.[1] Of those, 40% involved prescription opioids.[1] Literature suggests there is a correlation between high dosages of prescription opioids and the risk of both fatal and nonfatal overdose.[2,3,4]
The Centers for Disease Control and Prevention Guideline on opioid prescribing for chronic, nonmalignant pain recommends the use of "additional precautions" when prescribing dosages ≥50 morphine equivalent dose (MED) and recommends providers avoid or "carefully justify" increasing dosages ≥90 mg MED.[5]
In 2019, the authors of the 2016 guidelines published commentary that cautioned providers, systems, payers and states from developing policies and practices that are "inconsistent with and go beyond" the guideline recommendations.[6] The commentary included cautions regarding strict enforcement of dosage and duration thresholds, as well as abrupt tapering of opioids.[6] The opioid dosage assessed in this measure is a reference point for health plans to identify members who may be at high risk for opioid overuse and misuse.

Meeting the Measure: Measurement Year 2022 HEDIS® Guidelines

Assesses potentially high-risk opioid analgesic prescribing practices. The proportion of members who received prescription opioids at high dosages out of members 18 years and older receiving prescription opioids for ≥15 days during the calendar year.

Receiving prescription opioids means two or more opioid dispensing events on different dates of service that covered ≥15 total days during the calendar year.

High dosage means average daily milligram morphine equivalent [MME] for all the days the prescription opioids covered was ≥90.

One rate is reported:

> Members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.

Measure does not apply to members with cancer, sickle cell disease, or receiving palliative care (hospice).

This measure does not include the following opioid medications:

- Injectables.
- Opioid cough and cold products.
- Ionsys® (fentanyl transdermal patch) - This is for inpatient use only and is available only

through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).
- Methadone for the treatment of opioid use disorder.

You Can Help

- When prescribing opioids:
  - Use the lowest dosage of opioids for the shortest length of time possible.
  - Track the daily dosage in MMEs and the total number of days in the calendar year that the member is prescribed opioids. The average daily MMEs for all the days the prescription opioids covered should not be ≥90.
  - Establish and measure goals for pain and function
  - Discuss benefits and risks and availability of non-opioid therapies with member
  - Evaluate benefits and harms with members within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation
  - Review the member's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the member is receiving opioid dosages or dangerous combinations that put them at high risk for overdose
  - Emphasize the importance of consistency and adherence to the medication regimen.
  - Advise the member and significant others of side effects of medications, and what to do if side effects are severe and can potentially result in lack of adherence to the treatment plan and medication regimen.
  - Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects etc.
- Before scheduling an appointment, verify with the member that it is a good fit considering things like transportation, location and time of the appointment.
- Make sure that the member has appointments.
- If the member is an adolescent, engage parents/guardian or significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.
- Aftercare appointment(s) should be with a healthcare provider and preferably with a licensed behavioral therapist and/or a psychiatrist.
- Talk frankly about the importance of follow-up to help the member engage in treatment.
- Identify and address any barriers to member keeping appointment.
- Provide reminder calls to confirm appointment.
- Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
- Providers should maintain appointment availability for members with opioid prescriptions.
- Care should be coordinated between providers. Encourage communication between the behavioral health providers and Primary Care Physician (PCP).
- Transitions in care should be coordinated between providers. Ensure that the care transition plans are shared with the PCP.
- Instruct on crisis intervention options.
- Provide timely submission of claims with correct medication name, dosage, frequency, and days covered.

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New Directions is Here to Help

For providers calling New Directions -
If you need to refer a member or receive guidance on appropriate services, please call:

- New Directions Behavioral Health at (888) 611-6285
- Florida providers call (866) 730-5006

For providers directing members to call New Directions -

- Behavioral healthcare coordination and referrals 24 hours a day, call toll-free (800) 528-5763.
- Reach a substance use disorder clinician, call our member Hotline at (877) 326-2458.

or

New Directions' Substance Use Disorder Resource Center:
https://www.ndbh.com/Resources/SubstanceUseCenter

References:

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5. Dowell, D., T.M. Haegerich, and R. Chou. 2016. "CDC guideline for prescribing opioids for chronic pain—United States, 2016." *JAMA* 315(15), pp.1624–45.
6. Dowell, D., T. Haegerich, and R. Chou. 2019. "No Shortcuts to Safer Opioid Prescribing." *The New England Journal of Medicine* 380: 2285–7.
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