Pharmacotherapy for Opioid Use Disorder (POD)

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 pharmacotherapy for individuals with opioid use disorder (OUD).

Research suggests that the use of pharmacotherapy can improve outcomes for those with OUD and adherence to pharmacotherapy is critical to prevent relapse and overdose.[1,2,3] However, despite the evidence and recommendations of clinical practice guidelines, pharmacotherapy is an underutilized treatment option for individuals with OUD.

Meeting the Measure: Measurement Year 2022 HEDIS® Guidelines

Assesses new OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days (treatment period) among members age 16 and older with a diagnosis of OUD.

New OUD pharmacotherapy event means the date of an OUD dispensing event or OUD medication administration event with a period of 31 days prior when the member was not already receiving OUD pharmacotherapy.

Treatment period of 180 days begins on the new OUD pharmacotherapy event date through 179 days without a gap in treatment of 8 or more consecutive days (Total of 180 days). Exclude any new OUD pharmacotherapy event where the member had an acute or nonacute inpatient stay of eight or more days during the 180-day treatment period.

One rate is reported:

New opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.

Measure does not apply to members in hospice. This measure does not include Methadone for the treatment of opioid use disorder. Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.

You Can Help

- Consider Medication Assisted Treatment (MAT) for opioid abuse or dependence.
- Members with OUD should be informed of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.
- Closely monitor medication prescriptions and do not allow any gap in treatment of 8 or more consecutive days.
- Help the member manage stressors and identify triggers for a return to illicit opioid use

- Provide empathic listening and nonjudgmental discussion of triggers that precede use or increased craving and how to manage them.
- When prescribing opioids:
  - Use the lowest dosage of opioids for the shortest length of time possible.
  - Track the daily dosage in Morphine Milligram Equivalents (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 risks with member of using multiple prescribers.
  - 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 and to check status of member prescribing habits.
  - 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.
- Engage 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 MAT for opioid abuse or dependence.
- Care should be coordinated between providers. Encourage communication between the behavioral health providers and Primary care Physicians (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.

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:

1. National Institute on Drug Abuse. 2016. *Effective Treatments for Opioid Addiction.* https://www.drugabuse.gov/effective-treatments-opioid-addiction-0
2. Pew. 2016. *Medication-Assisted Treatment Improves Outcomes for Patient with Opioid Use Disorder.* https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder#1-background
3. Department of Health and Human Services. 2016. *Medicare Coverage of Substance Abuse Services.* https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1604.pdf
4. NCQA: https://www.ncqa.org/wp-content/uploads/2019/02/20190208_07_POD.pdf