

## Use of Opioids from Multiple Providers (UOP)

New Directions Behavioral Health<sup>®</sup> 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<sup>®</sup>) tool developed by the National Committee for Quality Assurance (NCQA<sup>®</sup>). 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.<sup>1</sup> Of those, 40% involved prescription opioids.<sup>1</sup> One area of risk related to opioid use is receipt of opioid prescriptions from multiple prescribers and pharmacies. Studies show that individuals who receive opioids from four or more prescribers or pharmacies have a higher likelihood of opioid-related overdose death than those who receive opioids from one prescriber or one physician.<sup>2</sup> Evidence suggests that people who see multiple prescribers and use multiple pharmacies are at higher risk of overdose.<sup>3</sup>

This measure provides health plans with a tool to identify members who may be at high risk for opioid overuse and misuse.

### Meeting the Measure: Measurement Year 2022 HEDIS<sup>®</sup> Guidelines

Assesses potentially high-risk opioid analgesic prescribing practices: The proportion of members 18 years and older, receiving prescription opioids for  $\geq 15$  days during the calendar year from multiple providers.

Providers means prescribing providers and pharmacies.

Multiple providers means four or more.

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

#### Three rates are reported:

**Multiple Prescribers:** The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.

**Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.

**Multiple Prescribers and Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different prescribers *and* four or more different pharmacies 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.
- Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).
- lonsys® (fentanyl transdermal patch), because:
  - It is only for inpatient use.
  - It is only available 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 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  $\geq 90$ .
  - 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 the 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 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.

## 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. S. Department of Health and Human Services (HHS). 2019. "What is the U.S. Opioid Epidemic?". Updated September 4, 2019. Retrieved from: <https://www.hhs.gov/opioids/about-the-epidemic/index.html>
2. Gwira Baumblatt, J.A., C. Wiedeman, J.R. Dunn, W. Schaffner, L.J. Paulozzi, T.F. Jones. 2014. High-Risk Use by Patients Prescribed Opioids for Pain and Its Role in Overdose Deaths. *JAMA Intern Med* 174(5):796–801.
3. Katz, N., L. Panas, M. Kim, A.D. Audet, A. Bilansky, J. Eadie, P. Kreiner, F.C. Paillard, C. Thomas, and G. Carrow. 2010. "Usefulness of Prescription Monitoring Programs for Surveillance—Analysis of Schedule II Opioid Prescription Data in Massachusetts, 1996–2006. *Pharmacoepidemiology and Drug Safety* 19:115–23.
4. NCQA: <https://www.ncqa.org/hedis/measures/use-of-opioids-from-multiple-providers/>