Risk of Continued Opioid Use (COU)

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 identify members with a new episode of opioid use who are dispensed opioids for a period of time that puts them at an increased risk of continued use.

Continued opioid use for noncancer pain is associated with increased risk of opioid use disorder, opioid-related overdose, hospitalization and opioid overdose-related mortality.

Meeting the Measure: Measurement Year 2021 HEDIS® Guidelines

HEDIS Description

The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

New episode of opioid use means a period of 180 days prior to a prescription dispensing date for an opioid medication when the member had no pharmacy claims for either new or refill prescriptions for an opioid medication.

Two rates are reported:

The percentage of members with at least 15 days of prescription opioids in a 30-day period.

The percentage of members with at least 31 days of prescription opioids in a 62-day period.

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).
- Ionsys® (fentanyl transdermal system), 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

- Use the lowest dosage of opioids for the shortest length of time possible.
- Reference the CDC Guideline for Prescribing Opioids for Chronic Pain (see references).
- Track the total number of days in the calendar year that the member is prescribed opioids.
- Consider employing UDS screens to assess other illicit substance use or other opiates.
- 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 patient.
- Review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving other opioids from other prescribers or dangerous combinations that put them at high risk for overdose (e.g., benzodiazepines). and to check status of member medication usage habits.
- Emphasize the importance of consistency and adherence to the prescribed medication regimen.
- Educate the member and the parents/guardians/family/support system and/or significant others about side effects of medications, including the risk of addiction and what to do if side effects appear. Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects, potential costs, clear written instructions for medication schedule, etc.
- Establish follow-up appointments shortly after prescribing opioids and when adjustments are made to reassess the pain management plan.
- 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.
- Appointment(s) should be with a physician and potential psychosocial treatment should be with a licensed behavioral therapist.
- 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.
- Instruct on crisis intervention options, including specific contact information, specific facilities, etc.
- Care should be coordinated between providers. Encourage communication between the behavioral health providers and PCP (Primary Care Physician).
- Provide timely submission of claims.

New Directions is Here to Help

If you need to refer a patient or receive guidance on appropriate services, please call:

Alabama: 855-339-8558	Kansas: 800-952-5906	Michigan: 800-762-2382
Arkansas: 816-523-3592	Kansas City Mindful: 800-528-5763	Michigan GM: 877-240-0705
Florida: 866-730-5006	Louisiana: 877-207-3059	Michigan URMBT: 877-228-3912

Reach a substance use disorder clinician by calling our member hotline at (877) 326-2458.

Visit New Directions' Substance Use Disorder Center for more resources and information.

References:

1. Centers for Disease Control and Prevention. 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Published August 31, 2018. Accessed [12-3-2020] from **https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf**
2. 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. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1external icon.