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 2021 HEDIS® Guidelines

HEDIS Description

One rate is reported:

> The proportion of 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.

Assesses potentially high-risk opioid analgesic prescribing practices.

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.

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 system) - 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

- 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.
- Employ UDS screens and/or breathalyzer to assess for use of other substances or illicit substance use.
- Engage parents/guardian/family/support system or significant others in the treatment plan when possible. Advise them about the importance of treatment and attending appointments.
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of non-opioid therapies with patient
- Evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation
- Review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient 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.
- 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.
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- 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 physician.
- 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 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, including specific contact information, specific facilities, etc.
- 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. 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
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3. Gomes, T., M.M. Mamdani, I.A. Dhalla, J.M. Paterson, and D.N. Juurlink, 2011. Opioid dose and Drug-Related Mortality in Patients With Nonmalignant Pain. *Arch Intern Med* 171:686–91.
4. Paulozzi L.J., C. Jones, K. Mack, and R. Rudd. 2011. "Vital signs: overdoses of prescription opioid pain relievers—United States, 1999–2008." *MMWR* 60(43):1487–92.
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.
7. NCQA: https://www.ncqa.org/hedis/measures/use-of-opioids-at-high-dosage/