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 2021 HEDIS® Guidelines

HEDIS Description

One rate is reported:

> The percentage of 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.

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.

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, including methadone, buprenorphine/naloxone and injectable naltrexone.
- 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.
- 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 parent/guardians/family/support system and/or significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.
- Employ UDS screens and or breathalyzer as appropriate to assess for continued use or other substance use.
- 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.
- Educate the member and the parents/guardians/family/support system and/or significant others about side effects of medications 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.
- 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 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. 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