Use of Opioids from Multiple Providers (UOP)

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] 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.[2] Evidence suggests that people who see multiple prescribers and use multiple pharmacies are at higher risk of overdose.[3]

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 2021 HEDIS® Guidelines

HEDIS Description

The proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers.

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.

Assesses potentially high-risk opioid analgesic prescribing practices.

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.
- 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.
- 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
- 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 (e.g., benzodiazepines) 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.
- 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.
- 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 parents/guardians/family/support system and/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
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/