Newly Endorsed PQA Performance Measures

*Use of Opioids from Multiple Providers or at High Dosage in Persons Without Cancer*

At the 2015 PQA Annual Meeting, PQA members endorsed three new performance measures that focus on opioid misuse/abuse.

**Measure 1:** Use of Opioids at High Dosage in Persons Without Cancer

**Description:** The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids with a daily dosage greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer.

*This measure identifies the proportion of individuals that are receiving prescriptions for opioids at a high dose that could be inappropriate or could contribute to an adverse event.*

**Measure 2:** Use of Opioids from Multiple Providers in Persons Without Cancer

**Description:** The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids from four (4) or more prescribers AND four (4) or more pharmacies.

*This measure identifies the proportion of individuals that are receiving opioid prescriptions from four (4) or more prescribers AND four (4) or more pharmacies, which may indicate uncoordinated care and/or doctor/pharmacy shopping.*

**Measure 3:** Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer

**Description:** The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids with a daily dosage greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer, AND who received opioid prescriptions from four (4) or more prescribers AND four (4) or more pharmacies.

*This measure identifies the proportion of individuals that are receiving opioid prescriptions from four (4) or more prescribers AND four (4) or more pharmacies where the daily dose is greater than 120mg MED for 90 consecutive days or longer. The measure may indicate misuse, abuse, or inappropriate and/or fragmented care.*
Measure Specifications

Use of Opioids from Multiple Providers or at High Dosage in Persons Without Cancer

**Description**

We describe 3 measures that examine multi-provider, high dosage opioid use among individuals 18 years and older without cancer. Patients in hospice also are excluded. The denominator includes individuals with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days supply is $\geq 15$ during the 12-month measurement year.

Three measures are described herein that examine the quality of opioid use. Each of the following numerators will be considered:

**Measure 1 (Opioid High Dosage):** The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for a daily dosage of opioids greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer.

**Measure 2 (Multiple Prescribers and Multiple Pharmacies):** The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids from four (4) or more prescribers AND four (4) or more pharmacies.

**Measure 3 (Multi-Provider, High Dosage):** The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer, AND who received opioid prescriptions from four (4) or more prescribers AND four (4) or more pharmacies.

**Definitions**

**Measurement Period:** Twelve-month measurement year.

**Opioid:** Also include tramadol and tapentadol (See Table Opioid-A)

**Morphine Equivalent Dose (MED):** The dose of oral morphine that is the analgesic equivalent of a given dose of another opioid analgesic.
Rationale

The purpose of quality measurement is to improve quality of care, inform consumers, reduce risk to patients and influence payment. The goal is to develop measure concepts that are indicative of potential improvements in or to our healthcare system so that evidence-based patient care can be provided and patient outcomes can improve. Towards this end, we propose 3 measures related to opioid use that are indicative of the quality of care for patients taking these medications. We propose these measures to examine the quality of use related to the dose of the medications over time, access to the medications and the combination of both of these criteria.

Claims data from commercially insured patients indicate that approximately 8% of opioid prescriptions for acute pain and 12% for chronic pain specify a daily dosage of 120 MED or more. The proportion of patients being treated at this dosage for more than 90 days has not been described. However, one study of veterans treated with 180 MED/day or more for 90+ days found that this group was characterized by high rates of psychiatric and substance abuse disorders and frequently did not receive care consistent with clinical guidelines. The Washington State Agency Medical Directors Group has suggested 120 MED as a dosage level that should not be exceeded without special consideration. Studies suggest that high opioid dosage increases the risk of overdoses and fractures.

Prescription drug monitoring programs (PDMP), which track the use of multiple providers by patients, indicate that such use is typically found among a small proportion of patients, with the proportion declining as the number of providers increases. In Massachusetts in 2006, considering only Schedule II opioids, 0.5% of patients saw 4+ prescribers and 4+ pharmacies. A national study found that 13% of patients had overlapping prescriptions from two or more different prescribers during an 18-month period. Of these, 0.5% used 4+ prescribers and 4+ pharmacies. People who see multiple prescribers or use multiple pharmacies are more likely to die of drug overdoses. Data from the California PDMP indicates that people with higher daily dosages are more likely to see multiple prescribers or go to multiple pharmacies. However, there is no clear threshold at which multiple prescribers and multiple pharmacies represent lack of continuity or poorly coordinated care.

The data above suggest that efforts to prevent opioid overdose deaths should focus on strategies that target (1) high-dose opioid users as well as (2) persons who seek care from multiple doctors and pharmacies. The data also suggests that these criteria can be considered separately, as measures related to prescribed opioids for appropriate clinical uses versus inappropriate uses. Thus, we propose 3 measures: one for each set of criteria and one that is the intersection of both sets of criteria. This approach will also assist health plans in managing the number of patients who meet the measure criteria and planning their respective interventions, so that a balance of identification and intervention can be determined.

Eligible Population

Ages: 19 years and older as of the last day of the measurement period.

Continuous enrollment ...using enrollment data Subjects should be continuously enrolled during the measurement period.
**Allowable Gap**
No more than one gap in continuous enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 consecutive days] is not considered continuously enrolled).

**Measurement Period**
The patient’s measurement period begins on the date of the first fill of the target medication (i.e., index date) and extends through the last day of the enrollment period or until death or disenrollment.

**Benefit**
Pharmacy

**Stratification**
Commercial, Medicaid, Medicare (report each product line separately). Low income subsidy (LIS) population (report rates for LIS population and non-LIS population separately.)

### Administrative Specification

**Intended Use:** Health Plans

**Data Source:** Medical claims, Pharmacy claims, Prescription Drug Hierarchical Condition Categories (RxHCCs)

**Measure 1**
**Denominator:** Any member with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days supply is ≥ 15.

**Numerator:** Any member in the denominator with greater than 120mg MED for ≥ 90 consecutive days*

**Measure 2**
**Denominator:** Any member with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days supply is ≥ 15.

**Numerator:** Any member in the denominator who received opioids from 4 or more prescribers AND 4 or more pharmacies.

**Measure 3 (intersection of 1 & 2)**
**Denominator:** Any member with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days supply is ≥ 15.

**Numerator:** Any member in the denominator with greater than 120mg MED for ≥ 90 consecutive days* AND who received opioid prescriptions from 4 or more prescribers AND 4 or more pharmacies.

**Note:** Report each measure as a proportion.
**Identifying members with prescription opioids that exceeded the MED threshold:**

To identify members with prescription opioids that exceeded the MED threshold, each claim is to be converted into the MED using the appropriate conversion factor associated with the opioid product of that prescription claim. The MED for each day’s claims then are summed to determine the total MED for that day.

For each member in the denominator:
1. Calculate the MED for each opioid prescription claim during the measurement period, using the following equations:
   - # of Opioid Dosage Units per day = (Opioid claim quantity) / (Opioid claim days supply)
   - MED Daily Dose per claim = (# of opioid dosage units per day) X (# mg opioid per dosage unit) X (MED conversion factor)
2. Sum the daily MEDs of all opioid claims for each day to arrive at a total daily MED for each member.
3. Identify the days where the MED threshold is exceeded.
4. Any member, for whom the MED threshold is exceeded for 90 consecutive days or longer, meets the criteria for the MED component of the numerator.

**Exclusions:**
Denominator exclusion: Any member with Prescription Drug Hierarchical Condition Categories (RxHCCs) 8, 9, 10, 11, or a hospice indicator from the enrollment database.

<table>
<thead>
<tr>
<th>RxHCC 8</th>
<th>Chronic Myeloid Leukemia</th>
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<tr>
<td>RxHCC 9</td>
<td>Multiple Myeloma and Other Neoplastic Disorders</td>
</tr>
<tr>
<td>RxHCC 10</td>
<td>Breast, Lung, and Other Cancers and Tumors</td>
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<tr>
<td>RxHCC 11</td>
<td>Prostate and Other Cancers and Tumors</td>
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**Table Opioid-A: Opioid Medications**

<table>
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<tr>
<th>Opioid Medications</th>
<th>buprenorphine</th>
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**Note:** Opioid cough and cold products and combination products containing buprenorphine and naloxone (e.g., Bunavail®, Suboxone®, Zubsolv®) are excluded from the MED calculations.
References


