



# HEDIS<sup>®</sup> Lunch and Learn

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Appropriate Opioid Use

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# Appropriate Opioid Use

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# HEDIS®

## News You can Use

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**Lunch and Learns will reinforce and elaborate on HEDIS News You Can Use information**

# Monthly Webinars: 30 minutes, 1 HEDIS topic



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# Improving Appropriate Opioid Use

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# Risk of Continued Opioid Use (COU)

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:

1. The percentage of members whose new episode of prescription opioid use lasts at least 15 days in a 30-day period.
2. The percentage of members whose new episode of prescription opioid use lasts at least 31 days in a 62-day period.

A **new episode** of opioid use = 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.

## Exclusions

Malignant Neoplasms, Sickle Cell Disease, Hospice, Palliative Care

***\*A lower rate indicates better performance.***

# Use of Opioids at High Dosages (HDO)

The proportion of members **18 years and older**, receiving prescription opioids for greater than or equal to 15 days during the measurement year at a high dosage (average milligram morphine dose [MME]  $\geq 90\text{mg}$ ).

***\*A lower rate indicates better performance.***

## **Exclusions**

Members treated for: Malignant Neoplasms, Sickle Cell Disease, Hospice, Palliative Care







# Use of Opioids from Multiple Providers (UOP)

The proportion of members **18 years and older**, receiving prescription opioids for greater than or equal to 15 days during the measurement year who received opioids from multiple providers. Three rates are reported:

1. Multiple prescribers – the proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. Multiple pharmacies – the proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. 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.

***\*A lower rate indicates better performance.***





# Medication List

## **Opioid Medications Include:**

Benzhydrocodone, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol

**Comprehensive drug lists are available by contacting QM.**

# Challenges

## Why Gaps in Care?



- **All administrative measures, meaning only pharmacy claims information is used to calculate compliance – NO chart review**
- **Limited access to providers and treatment programs (geography, transportation).**
- **Untreated and or undiagnosed mental health disorders that frequently co-occur with opioid use disorders.**
- **Inadequate attention to the reasons why many people who abuse drugs are not engaged in treatment.**



- **Lack of strong home support**
- **Member not aware of providers and available treatment programs.**
- **Member not aware of community recovery and peer support resources.**
- **Member in denial regarding substance use/opioid issues.**
- **Inability to take off from work to seek treatment.**

**Various reasons can cause gaps in care among members...**



- **Alternative therapies and pain management option not comprehensively explored.**
- **Lack of mental health/behavioral health treatment to address underlying root causes for substance use.**
- **Lack of consistent medical home and coordination of care.**
- **Stigma associated with seeking treatment for substance use disorder.**

# Take-Away Actions-Appropriate Opioid Use

## Best Practices

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graph TD; A((Best Practices)) --- B((Follow CDC, State and Federal Guidelines for Prescribing Opioids for Chronic Pain)); A --- C((Identify the underlying reason for the opioid use.)); A --- D((Set expectations with member regarding receiving opioids from one prescriber and one pharmacy.)); A --- E((Members with malignant neoplasms, sickle-cell disease or who are in hospice are excluded. Be sure to code for these situations.)); A --- F((Coordinate care between PCP and Behavioral Health provider)); A --- G((Consider the lowest dosage of opioids for the shortest length of time possible. Use alternative therapies if indicated)); A --- H((Screen Patients for a personal or family history of dependence disorders.))
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**Follow CDC, State and Federal Guidelines for Prescribing Opioids for Chronic Pain**

**Identify the underlying reason for the opioid use.**

**Set expectations with member regarding receiving opioids from one prescriber and one pharmacy.**

**Members with malignant neoplasms, sickle-cell disease or who are in hospice are excluded. Be sure to code for these situations.**

**Coordinate care between PCP and Behavioral Health provider**

**Consider the lowest dosage of opioids for the shortest length of time possible**  
**Use alternative therapies if indicated**

**Screen Patients for a personal or family history of dependence disorders.**

# Take-Away Actions-Appropriate Opioid Use (cont.)



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**Questions?**  
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# ABHWV website

## NEW Provider HEDIS Section

**There is now a HEDIS tab within the Provider Tab on the ABHWV website. The following are now available:**

1. **What is HEDIS?** – a short description of HEDIS
2. **HEDIS News You Can Use** –emailed to providers each month and will be available on the website, including current and prior months
3. **HEDIS Toolkit For Provider Offices** – comprehensive document of all HEDIS measures, including a coding/billing section. This is updated annually or sooner as needed.
4. **HEDIS Lunch and Learn Webinars For Providers** – monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

<https://www.aetnabetterhealth.com/westvirginia/providers/hedis>



# Closing Thoughts and Resources

## Members trust you!

Patients consider you their most trusted source of medical information.

Your guidance and encouragement is critical in their behavioral health management.

Allow time for discussion and questions. Hearing your answers can help patients feel more confident and comfortable.

## ABHWV Quality Partnerships

**Shelly Rouse, ABHWV Quality HEDIS Manager**

[ABHWVHEDIS@aetna.com](mailto:ABHWVHEDIS@aetna.com)

**304-348-2923**

- ABHWV can outreach to your members to assist in getting them into the office.

### Event Partnering

**David Roberts**

[robertsj13@aetna.com](mailto:robertsj13@aetna.com)

**304-539-9046**

## Other Resources

### ABHWV Integrated Care Management

Refer member to Aetna Better Health of West Virginia Case Management:

- Fax to 844-330-1001
- Call 1-888-348-292

A photograph of a woman with dark hair hugging a man with grey hair from behind. The man is wearing a brown textured sweater, and the woman is wearing a grey long-sleeved shirt. The background is blurred, showing other people in a public setting.

**Thank  
You for  
making a  
difference!**

