

HEDIS® News You Can Use

Aetna Better Health® of West Virginia

August 2021



Let's Improve Appropriate Opioid Use Together!

Risk of Continued Opioid Use (COU)

i Measure Requirements:

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. A lower rate indicates better performance. 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.

Exclusions

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

Use of Opioids at High Dosages (HDO)

i Measure Requirements:

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] > or = 90mg).

***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)

i Measure Requirements:

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. A lower rate indicates better performance. 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.



Medication Criteria:

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

Common Reasons for Gaps in Care:

- Lack of strong home support system
- Member not aware of providers and available treatment programs
- Limited access to providers and treatment programs (geography, transportation)
- Member not aware of community recovery and peer support resources
- Member in denial regarding substance use/opioid issues
- Alternative therapies and pain management options 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 disorders
- Inability to take off from work to seek treatment
- Untreated and/or undiagnosed mental health disorders that frequently co-occur with opioid abuse disorders
- Inadequate attention to the reasons why many people who abuse drugs are not engaged in treatment

Patients trust you:

Patients consider you their most trusted source of information when it comes to their health. When talking to patients, encourage and allow time for questions.

Here for you!

Thank you for the care you provide to our members!

For questions or for more information, please contact Shelly Rouse, ABHWV Quality HEDIS Manager at ABHWVHEDIS@aetna.com or **304-348-2923**.



Best Practices

- Screen patients for a personal or family history of dependence disorders.
- Use alternative therapies if indicated.
- Follow CDC, State and Federal Guidelines for Prescribing Opioids for Chronic Pain.
- Members with malignant neoplasms, sickle cell disease or who are in hospice are excluded. Be sure to code for these situations.
- Set expectations with member regarding receiving opioids from one prescriber and one pharmacy.
- Identify the underlying reason for the opioid abuse.
- Properly train staff to identify and treat Opioid Use Disorders (OUD).
- Refer member to an appropriate behavioral health provider as indicated. Please call member services if assistance is needed at **1-888-348-2922**.
- Refer member to Aetna Better Health of West Virginia Case Management by fax to **844-330-1001**.