



# Risk of Continued Opioid Use (COU)

HEDIS® Measurement Year 2020 & 2021 Measures

**Measure Description: 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 with at least 15 days of prescription opioids in a 30-day period.
2. The percentage of members with at least 31 days of prescription opioids in a 62-day period.

***\*New episodes of opioid use are captured from November 1 of the year prior to the measurement year through October 31 of the measurement year (Intake Period).***

## Eligible Population

Members age 18 years and older:

- 18 to 64 years
- 65 years and older
- Total

## The Following Members Will Not Be Counted in the Measure Population

Members with any of the following during the 12 months prior to the earliest prescription dispensing date for an opioid medication during the Intake Period:

- Cancer
- Sickle cell disease
- Palliative care
- Members in hospice will also not be included in the measure population

The COU measure is an inverse measure therefore a lower rate is desirable. The measure can assist in identifying members with potential opioid use disorder.

## How Is the Amount of Days Covered Captured?

Data capture for the COU measure is administrative only utilizing pharmacy claims data for opioid medications filled

## Opioid Medications

**The following prescribed medications will count towards the measure.**

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

## Quality Measure Toolkit

[AetnaBetterHealth.com/Pennsylvania](https://www.aetna.com/betterhealth/pennsylvania)

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**The following prescribed medications will not count towards the measure.**

- Injectables
- Opioid-containing 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 patch)
  - This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS)
- Methadone for the treatment of opioid use disorder

## Strategies for Combatting Opioid Use Disorder

- Assist patients with identifying alternative pain management methods to lower their risk of developing opioid dependence:
  - Cold and heat
  - Acupuncture
  - Topical pain relievers when clinically indicated
  - Corticosteroid injections when clinically indicated
  - Exercise and weight management
  - Chiropractic manipulation
  - Physical therapy
  - Stress reduction techniques
  - Transcutaneous electrical nerve stimulation (TENS)
  - Mind–body techniques (meditation, breathing exercising, yoga)
  - Massage therapy
- Work with patients who are ready to cut down on use to develop a treatment plan (these patients may not need a formal treatment program):
  - Avoid situations where they may be pressured to use opioids or feel uncomfortable being around others who may have opioids
  - Have them list in writing reasons to stop opioid use (getting healthy, sleeping better, improving relationships, having a successful job)
  - Set a goal for reducing and stopping use (how much they will cut down and the date they wish to stop use completely)
    - » Use a diary to track use as they are cutting back
    - » Incorporate drug free days into the treatment plan
  - Remove all drugs from their house
  - Exercise and keep busy