

**PATIENT POPULATION:** Patients 18 years of age and older.

**NUMERATOR COMPLIANCE:** Per HEDIS®<sup>1</sup>, patients 18 years of age and older who received prescription opioids at a high dosage (defined as average morphine milligram equivalent dose (MME) ≥ 90) for 15 or more days during the measurement year.

- » A lower numerator compliance rate on this measure indicates better performance

## EXCLUSIONS

- » Cancer
- » Sickle cell disease
- » Palliative or Hospice Care

## DOCUMENTATION REQUIREMENTS

Supplemental data and denied claims are not accepted for the eligible population; this data is captured via claims. Supplemental data may only be utilized for exclusions. The following are not included as opioid medications for this measure:

- » Injectables
- » Opioid cough and cold products
- » lonsys® fentanyl transdermal patch
- » Methadone for the treatment of opioid use disorder

## COMMON DOCUMENTATION INSUFFICIENCIES

- » Failing to document exclusions

## BEST PRACTICES

- 1 Review ACN Provider Portal for patients identified as non-compliant for this measure and utilize the opioid toolkits for patient<sup>2</sup> and provider<sup>3</sup> resources on managing chronic pain.
- 2 Follow the CDC Guideline for Prescribing Opioids for Chronic Pain,<sup>4</sup> including: establishing realistic treatment goals for pain and function, using nonpharmacological and nonopioid treatments first when treating chronic pain, and carefully reassessing the benefits and risks of opioid therapy with the patient within 1-4 weeks of beginning therapy, when increasing dose above 50 MME/day, and at least every 3 months (if not more often) during ongoing opioid therapy.<sup>4</sup>
- 3 In general, prescribe the lowest effective dosage of immediate-release opioids for the shortest possible length of time when treating chronic pain initially. Review the Arizona Prescription Drug Monitoring Program to check for duplicate opioid prescriptions and improper utilization whenever a new opioid prescription is initiated/dose change or every 3 months.
- 4 Familiarize your practice with resources for patients with opioid use disorder, including pain management specialists and substance abuse providers and programs.
- 5 Educate patients and members of their support system on the risks of opioid usage and alternative treatment options to manage pain, such as exercise, relaxation techniques, and healthy diet. Address any associated psychosocial issues.
- 6 Our care coordination team can assist with finding pain specialists and opioid use programs as well as providing patients with individualized support. To refer a patient please contact us:

602-406-7226 or 855-218-3451  
CareCoordination@azcarenetwork.org

<sup>1</sup> HEDIS® stands for Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA)

<sup>2</sup> <https://azcarenetwork.org/wp-content/uploads/2021/07/OpioidToolkit.pdf>

<sup>3</sup> <https://azcarenetwork.org/wp-content/uploads/2020/09/UPDATED-PROVIDER-Opioid-Toolkit.pdf>

<sup>4</sup> [https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines\\_Factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf)