Opioid Measures

March 26, 2019

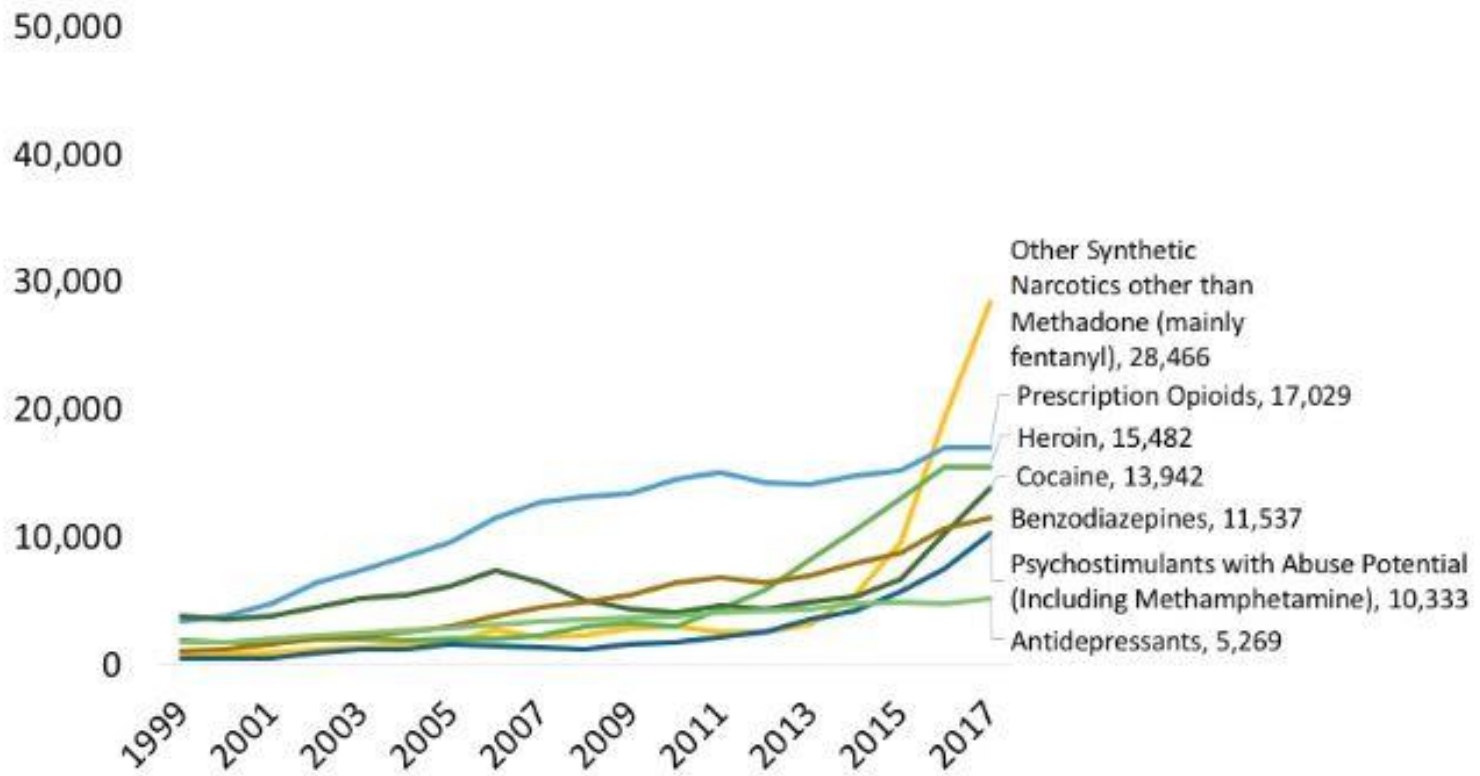
Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Great Plains
Quality Innovation Network

Objectives

- Review Federal approaches to opioid epidemic and goals of treatment
- Discuss new MIPS measures related to opioids

The Opioid Epidemic



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

https://www.cdc.gov/drugoverdose/epidemic/index.html

Federal Response

HHS 5 Point Strategy to Combat the Opioid Crisis

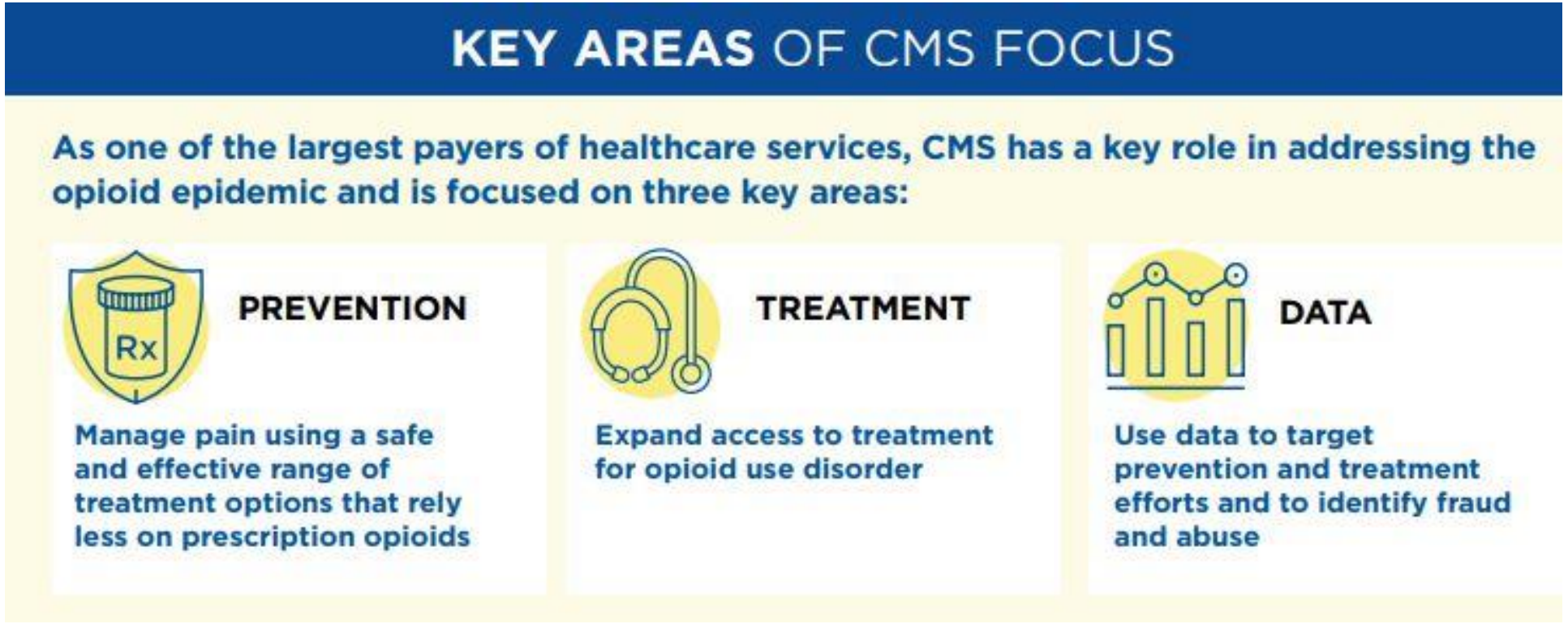
CMS Opioid Roadmap & Part D Overutilization Policies

CDC Opioid Guidelines

ONC Health IT Playbook

https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html

CMS Opioid Roadmap



https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf

CMS Opioid Part D Overutilization Policies

- Real-Time Alerts
  - 7 day supply limit for opioid naïve patients
  - Opioid care coordination alert
- Drug Management Programs
  - Patient specific claim edit
  - Pharmacy limitation
  - Prescriber limitation

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18016.pdf

CDC Opioid Prescribing Guidelines

12 recommendations under 3 principles

- Determining when to initiate or continue opioids for chronic pain
  1. Opioids are not first-line therapy
  2. Establish goals for pain and function
  3. Discuss risks and benefits
- Opioid Selection, Dose, Duration, Follow-Up, Discontinuation
  4. Use IR opioids when starting
  5. Use the lowest effective dose
  6. Prescribe short durations for acute pain
  7. Evaluate benefits and harms frequently
- Assessing Risk and Addressing Harms
  8. Use strategies to mitigate risk
  9. Review PDMP data
  10. Use urine drug testing
  11. Avoid concurrent opioid & benzodiazepine prescribing
  12. Offer treatment for Opioid Use Disorder (OUD)
- Additional Resource – Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain

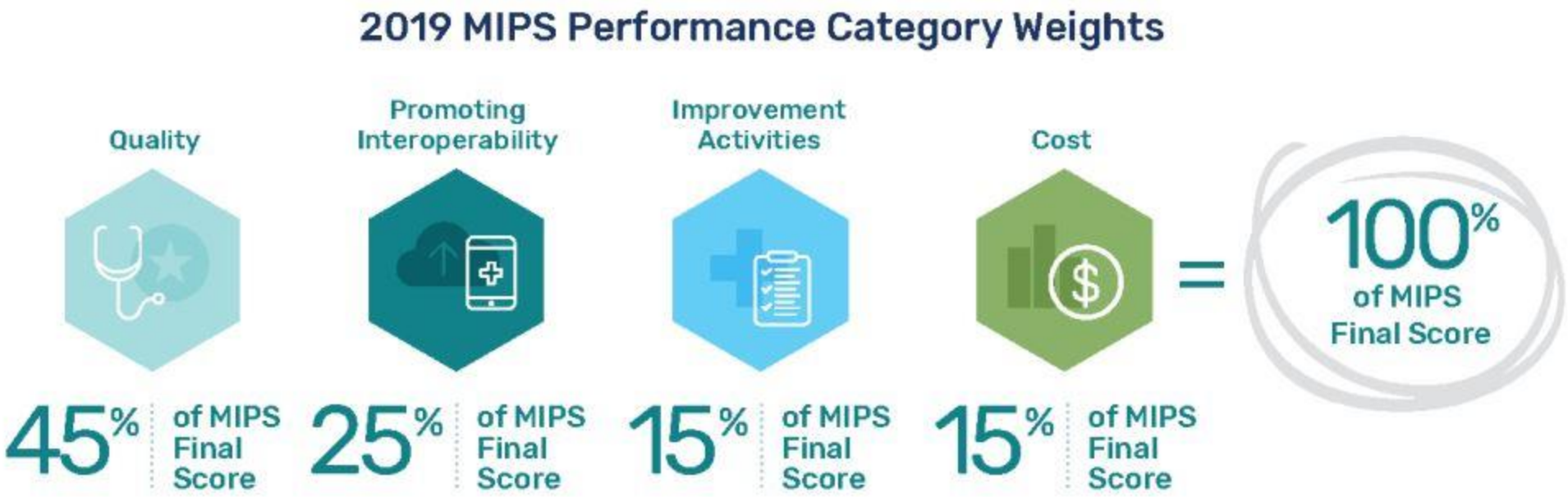
https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf
https://www.cdc.gov/drugoverdose/pdf/prescribing/CDC-DUIP-QualityImprovementAndCareCoordination-508.pdf

ONC Health IT Playbook

https://www.healthit.gov/playbook/opioid-epidemic-and-health-it/

MIPS MEASURES

MIPS Categories



https://qpp.cms.gov/mips/explore-measures/cost?py=2019#measures

Quality Measures

Quality

45% of MIPS Final Score

MEASURE NAME	MEASURE DESCRIPTION	QUALITY ID
Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)	Percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment	468
Documentation of Signed Opioid Treatment Agreement	All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record	412
Evaluation or Interview for Risk of Opioid Misuse	All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record	414
Opioid Therapy Follow-up Evaluation	All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record	408

https://qpp.cms.gov/mips/quality-measures?py=2019

Promoting Interoperability

Promoting Interoperability

25% of MIPS Final Score

MEASURE NAME	MEASURE DESCRIPTION	MEASURE ID	BONUS POINTS
Query of the Prescription Drug Monitoring Program (PDMP)	For at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a Prescription Drug Monitoring Program (PDMP) for prescription drug history, except where prohibited and in accordance with applicable law.	PI_EP_2	5
Verify Opioid Treatment Agreement	For at least one unique patient for whom a Schedule II opioid was electronically prescribed by the MIPS eligible clinician using CEHRT during the performance period, if the total duration of the patient's Schedule II opioid prescriptions is at least 30 cumulative days within a 6-month look-back period, the MIPS eligible clinician seeks to identify the existence of a signed opioid treatment agreement and incorporates it into the patient's electronic health record using CEHRT.	PI_EP_3	5

https://qpp.cms.gov/mips/promoting-interoperability?py=2019

Improvement Activities

ACTIVITY NAME	ACTIVITY DESCRIPTION	ACTIVITY ID	ACTIVITY WEIGHTING
Annual registration in the Prescription Drug Monitoring Program	Annual registration by eligible clinician or group in the prescription drug monitoring program of the state https://qioprogram.org/prescription-drug-monitoring-program-state-videos groups must participate for a minimum of 6 months.	IA_PSPA_5	Medium
CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain	Completion of all the modules of the Centers for Disease Control and Prevention (CDC) course "Applying CDC's Guideline for Prescribing Opioids" that reviews the 2016 "Guideline for Prescribing Opioids for 11 modules - https://www.cdc.gov/drugoverdose/training/online-training.html reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.	IA_PSPA_22	High
Communication of Unscheduled Visit for Adverse Drug Event and Nature of Event	A MIPS eligible clinician providing unscheduled care (such as an emergency room, urgent care, or other unplanned encounter) attests that, for greater than 75 percent of case visits that result from a clinically significant adverse drug event, the MIPS eligible clinician provides information, including through the use of health IT to the patient's primary care clinician regarding both the unscheduled visit and the nature of the adverse drug event within 48 hours. A clinically significant adverse event is defined as a medication-related harm or injury such as side-effects, supratherapeutic effects, allergic reactions, laboratory abnormalities, or medication errors requiring urgent/emergent evaluation, treatment, or hospitalization.	IA_PSPA_26	Medium
Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments	https://www.samhsa.gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training opioid use disorders using buprenorphine.	IA_PSPA_10	Medium

https://qpp.cms.gov/mips/improvement-activities?py=2019

Improvement Activities

ACTIVITY NAME	ACTIVITY DESCRIPTION	ACTIVITY ID	ACTIVITY WEIGHTING
Consultation of the Prescription Drug Monitoring Program	Clinicians would attest to reviewing the patients' history of controlled substance prescription using state prescription drug monitoring program (PDMP) data prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription lasting longer than 3 days. For the transition year, clinicians would attest to 60 percent review of applicable patient's history. For the Quality Payment Program Year 2 and future years, clinicians would attest to 75 percent review of applicable patient's history performance.	IA_PSPA_6	High
Patient Medication Risk Education	In order to receive credit for this activity, MIPS eligible clinicians must provide both written and verbal education regarding the risks of concurrent opioid and benzodiazepine use for patients who are prescribed both benzodiazepines and opioids. Education must be completed for at least 75% of qualifying patients and occur: (1) at the time of initial co-prescribing and again following greater than 6 months of co- prescribing of benzodiazepines and opioids, or (2) at least once per MIPS performance period for patients taking concurrent opioid and benzodiazepine therapy.	IA_PSPA_31	High
Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support	In order to receive credit for this activity, MIPS eligible clinicians must utilize the Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain[1] via clinical decision support (CDS). For CDS to be https://www.healthit.gov/sites/default/files/2018-12/CDSSession.pdf specific patient at the point of care. Specific examples of how the guideline could be incorporated into a CDS workflow include, but are not limited to: electronic health record (EHR)-based prescribing prompts, order sets that require review of guidelines before prescriptions can be entered, and prompts requiring review of guidelines before a subsequent action can be taken in the record.	IA_PSPA_32	High

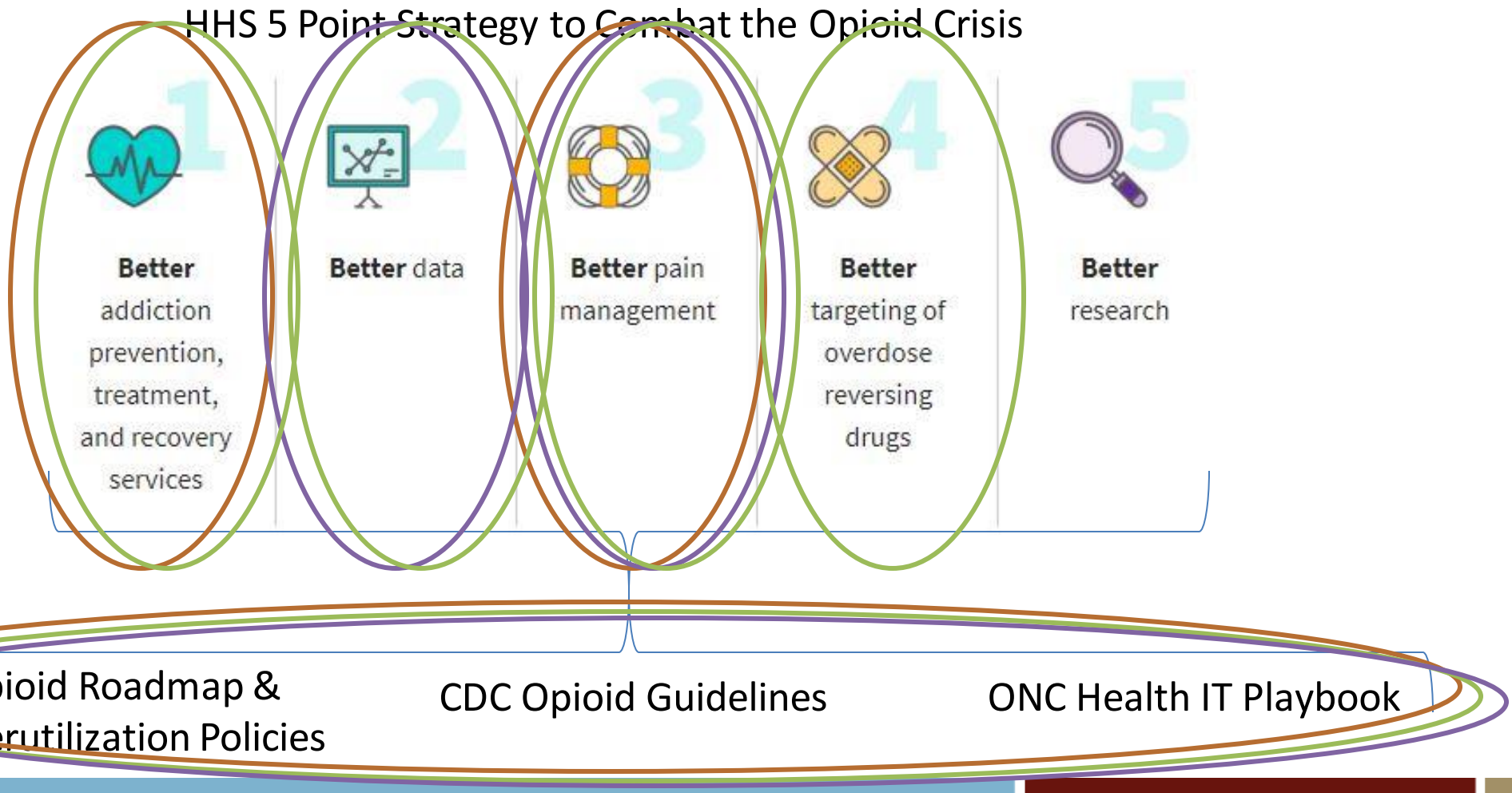
https://qpp.cms.gov/mips/improvement-activities?py=2019

Putting Measures Into Practice

Quality Measures

Promoting Interoperability

Improvement Activities



https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html

Questions

Upcoming Event

Wednesday
March 27, 2019
12:00 – 1:00 p.m. CT

Overcoming the Challenges to Treating Patients on Concomitant Opioid and Benzodiazepine Therapy

We know that patients who are co-prescribed opioid therapies and benzodiazepines, a class of sedatives, are at an increased risk of hospitalization and death due to drug interaction and drug overdose. Unfortunately, several challenges persist that contribute to patients remaining on concomitant therapy. During this WebEx we will evaluate alternative therapies for the treatment of pain and anxiety, examine opioid and benzodiazepine tapering strategies, and discuss engaging patients in difficult conversations to promote safe and effective care.

Free CME!

https://greatplainsqin.org/blog/event/overcoming-the-challenges-to-treating-patients-on-concomitant-opioid-and-benzodiazepine-therapy/

Thank you for attending!

This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-GPQIN-ND-D1-144/0319