HEDIS® Tip Sheet

Effectiveness of Care Measure

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Use of Opioids at High Dosage (HDO)

Learn how to improve your HEDIS[1] rates. This tip sheet gives key details on how to identify members who may be at high risk for opioid overuse and misuse.

Measure

Percentage of members 18 years of age and older who received prescription opioids at a high dosage (average Morphine Milligram Equivalent [MME] dose ≥ 90) for ≥ 15 days during the measurement year. Note: A lower rate indicates better performance.

Eligible population

Ages: 18 years and older

Treatment period and average MME

How to identify the treatment period and average MME.

Treatment period:	For all dispensing events, identify the start and end dates for each dispensing event individually. • The treatment period start date is the start date of the earliest dispensing event during the measurement year. • The treatment period end date is the last end date during the measurement year.
Average MME:	The average MME is the average for all opioids dispensed during the treatment period. To determine the average MME: • Sum up the total daily MME for the treatment period and divide it by the number of days in the treatment period. • Members whose averages MME at ≥ 90 meet the numerator criteria.

Exclusions

Members will not be counted in the measure population (denominator) for any of the following during the measurement year:

- Deceased members.
- Members in hospice or palliative care.
- Members diagnosed within the measurement year for cancer or sickle cell disease.

[1]HEDIS – Healthcare Effectiveness Data and Information Set.

(continued)

Use of opioids at high dosage

Denominator:
Members 18 years and older as of January 1 of the measurement year who meet both of the following criteria:

- Two or more opioid dispensing events on different dates of service.
- ≥ 15 total days covered by opioids.

Numerator:
Members whose average MME was ≥ 90 during the treatment period.

Patient assessment

When considering the use of opioids for chronic pain, careful and thorough patient assessment is critical.

Develop treatment goals. If the use of opioids is indicated, the physician and patient are encouraged to develop treatment goals and objectives that are measurable.
For example, measure pain improvement by using a pain scale to rate pain on a scale of 0 to 5. Zero means “no pain”, and 5 means “the worst possible pain,” track number of sleep disturbances, or have the patient track emotions by keeping a daily journal. The goal of the pain treatment should include attainable improvement in pain and function.
Examples of pain associated symptoms include:

- Sleep disturbance.
- Depression.
- Anxiety.
- Unnecessary use or overuse of additional medications.

Reassess treatment efficacy. Consider continuing opioids if there is improvement in pain and function that outweighs risks to patient safety. If the desired pain control or functional outcome is not achieved, the opioid should be discontinued, and other modalities explored.

Best practices

- Consider alternative medications and treatments to manage acute or chronic pain such as over the counter medications like ibuprofen, acetaminophen or prescription medications such as gabapentin.
- Consider physical therapy, massage therapy, acupuncture and encourage healthy weight, diet and exercise.
- Discuss risks and benefits of opioid therapy, including patient and clinician responsibilities.
- Use Prescription Drug Monitoring Programs such as California’s Controlled Substance Utilization Review and Evaluation System to review patient’s controlled substance history.
- When opioids are indicated, prescribe the lowest effective dose of immediate-release opioids. Three days or less will often be sufficient.
- Determine when to initiate or continue opioid therapy using CDC Guidelines.