Proposed Changes to Existing Measure for HEDIS®[1] 2020: Use of Opioids at High Dosage (UOD)

NCQA seeks comments on proposed revisions to the *Use of Opioids at High Dosage* HEDIS measure.

The current measure assesses the percentage of members 18 years of age and older who receive opioid prescriptions at a high dosage (average daily morphine milligram equivalent [MME] >120 mg). The denominator for this measure includes members who receive two or more opioid prescriptions totaling ≥15 days during the measurement year. Members are excluded if they are receiving hospice services or have a diagnosis of cancer or sickle cell disease in the measurement year. This measure was first introduced in HEDIS 2018 and was approved for public reporting beginning in HEDIS 2019.

UOD was adapted from a measure developed by the Pharmacy Quality Alliance (PQA). The PQA is updating its measure this year. To remain aligned with that measure, to the extent possible, and following a review of PQA's updated measure specifications, NCQA proposes two revisions to the current HEDIS measure. The proposed revisions are supported by NCQA and our measurement advisory panels.

1. **Lower the High-Dosage Threshold From >120 MME to ≥90 MME.** The current measure numerator assesses the percentage of members in the denominator (≥2 opioid dispensing events totaling ≥15 covered days) who have an average daily opioid dosage that exceeds 120 MME. The proposed revision would align the HEDIS measure with the 2016 Centers for Disease Control and Prevention (CDC) opioid prescribing guidelines[2] and with PQA's planned measure revisions. We anticipate that this revision will increase the number of members who meet numerator criteria.

2. **Modify the Index Prescription Start Date.** The numerator of both the HEDIS and PQA measures requires calculation of an average daily MME for each member over the course of the opioid treatment period. For both measures, the treatment period begins on an index prescription start date (IPSD) and ends on the last day of opioid supply during the measurement year. The current HEDIS measure defines the IPSD as the earliest prescription dispensing date with a total daily dosage that exceeds 120 MME (≥90 MME, with the proposed measure revision) during the measurement year. The PQA measure defines the IPSD as the earliest prescription dispensing date for any opioid during the measurement year, regardless of total daily dosage. Figure 1 highlights the current differences in approaches.

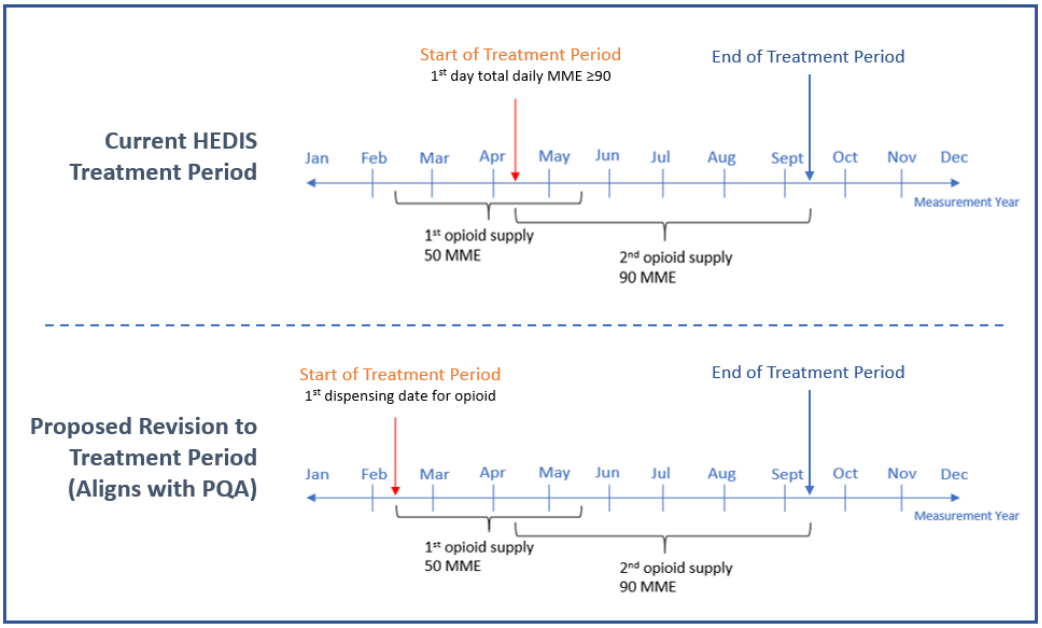
   NCQA proposes revising the definition of the IPSD to align with the definition used in the PQA measure. This revision may result in fewer members meeting numerator criteria, but would both improve measure clarity and reduce confusion in the field by creating a common definition for the opioid treatment period.

Supporting documents include the draft measure specification.

NCQA acknowledges the contributions of the Pain Management Measurement Advisory Panel and the Geriatric Measurement Advisory Panel

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2] Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

***Figure 1*. Approaches to Defining Start of Opioid Treatment Period (Example)**



Note: Impact of proposed revision highlighted in red.

*Use of Opioids at High Dosage (UOD)**

***Adapted with financial support from CMS and with permission from the measure developer, Pharmacy Quality Alliance (PQA).**

SUMMARY OF CHANGES TO HEDIS 2020

- Updated the average daily MME threshold from >120 mg to ≥90 mg.
- Revised the IPSD definition.

Measure Description

The proportion of members 18 years and older who received prescription opioids at a high dosage (average milligram morphine dose [MME] ~~>120 mg~~ ≥90 mg) for ≥15 days during the measurement year.

Note: *A lower rate indicates better performance.*

Definitions

Calculating number of days covered for the denominator

Calculate the number of calendar days during the measurement year covered by an opioid prescription.

If multiple prescriptions for different medications are dispensed on the same day, calculate the number of days covered by an opioid medication using the prescriptions with the longest days supply.

For multiple different prescriptions dispensed on different days with overlapping days supply, count each day in the measurement year only once toward the denominator.

If multiple prescriptions for the same medication are dispensed on the same day or on different days with overlapping days supply, sum the days supply and use the total to calculate the number of days covered by an opioid medication. For example, three prescriptions for the same medication are dispensed on the same day, each with a 30-day supply. Sum the days supply for a total of 90 days covered by an opioid medication.

Subtract any days supply that extends beyond December 31 of the measurement year.

Use the Drug ID field in the Medication List Directory of NDC codes to determine if the prescriptions are the same or different.

IPSD

Index prescription start date~~>120 mg MME~~. The earliest prescription dispensing date for an opioid medication ~~with Total Daily MME >120 mg~~ during the measurement year.

Treatment period

The period of time beginning on the IPSD and ending on the last day of opioid supply of the last opioid dispensing event in the measurement year. If the days supply of the last opioid dispensing event in the measurement year extends past the measurement year, the treatment period ends on December 31 of the measurement year.

MME	Milligram morphine equivalent. The dose of oral morphine that is the analgesic equivalent of a given dose of another opioid analgesic (Table UOD-A).
Opioid Dosage Unit	For each dispensing event, use the following calculation to determine the Opioid Dosage Unit: # of Opioid Dosage Units per day = (opioid quantity dispensed) / (opioid days supply)
MME Daily Dose	For each dispensing event, use the following calculation to determine the MME Daily Dose. Convert each medication into the MME using the appropriate conversion factor associated with the opioid product of the dispensing event (Table UOD-A). MME Daily Dose = (# of opioid dosage units per day) X (strength (e.g., mg, mcg)) X (MME conversion factor [Table UOD-A]). *Example 1:* 10 mg oxycodone tablets X (120 tablets / 30 days) X 1.5 = 60 MME/day *Example 2:* 25 µg/hr fentanyl patch X (10 patches / 30 days) X 7.2 = 60 MME/day
Total Daily MME	The total sum of the MME Daily Doses for all opioid dispensing events on one day.
Average MME	The average MME for all opioids dispensed during the treatment period.

Eligible Population

Note: *Members in hospice are excluded from the eligible population. Refer to General Guideline 17: Members in Hospice.*

Product lines	Commercial, Medicaid, Medicare (report each product line separately).
Age	18 years and older as of January 1 of the measurement year.
Continuous enrollment	The measurement year.
Allowable gap	No gaps in enrollment.
Anchor date	None.
Benefit	Medical and pharmacy.
Event/ diagnosis	Use the steps below to determine the eligible population.
Step 1	Identify members who met both of the following criteria during the measurement year: • At least two or more opioid dispensing events on different dates of service (UOD Opioid Medications List). • ≥15 total days covered by opioids.
Step 2: Required exclusions	Exclude members who met at least one of the following during the measurement year: • Cancer (Malignant Neoplasms Value Set). • Sickle cell disease (Sickle Cell Anemia and HB-S Disease Value Set).

UOD Opioid Medications

UOD Opioid Medications			
• Butorphanol	• Hydrocodone	• Methadone	• Oxymorphone
• Codeine	• Hydromorphone	• Morphine	• Pentazocine
• Dihydrocodeine	• Levorphanol	• Opium	• Tapentadol
• Fentanyl	• Meperidine	• Oxycodone	• Tramadol

Administrative Specification

Denominator The eligible population.

Numerator The number of members whose average MME was ~~>120 mg~~ ≥90 during the treatment period. Follow the steps below to identify numerator compliance.

Step 1 Identify all opioid medication dispensing events (UOD Opioid Medications List) during the measurement year.

Step 2 For each member, calculate the MME Daily Dose for each medication dispensing event. The MME Daily Dose applies to each day covered by the prescription based on days supply.

Table UOD-A: Opioid MME Conversion Factors1

Type of Opioid	MME Conversion Factor
Butorphanol	7
Codeine	0.15
Dihydrocodeine	0.25
Fentanyl buccal, SL tablets or lozenge/ troche (mcg)[2]	0.13
Fentanyl film or oral spray (mcg)[3]	0.18
Fentanyl nasal spray (mcg)[4]	0.16
Fentanyl transdermal patch (mcg/hr)[5]	7.2
Hydrocodone	1
Hydromorphone	4
Levomethadyl acetate	8
Levorphanol tartrate	11
Meperidine hydrochloride	0.1
Methadone[6]	3
Morphine	1
Opium	1
Oxycodone	1.5
Oxymorphone	3
Pentazocine	0.37
Tapentadol	0.4
Tramadol	0.1

Note: *Organizations must use the Medication List Directory posted to the NCQA website to confirm the strength and appropriate conversion factor associated with the opioid product. Use strength listed; no additional conversion needed prior to use of conversion factors.*

[1] National Center for Injury Prevention and Control. CDC compilation of benzodiazepines, muscle relaxants, stimulants, zolpidem, and opioid analgesics with oral morphine milligram equivalent conversion factors, 2017 version. Atlanta, GA: Centers for Disease Control and Prevention; 2017. Available at https://www.cdc.gov/drugoverdose/resources/data.html

[2] MME conversion factor for fentanyl buccal tablets, sublingual tablets, and lozenges/troche is 0.13. This conversion factor should be multiplied by the number of micrograms in a given tablet or lozenge/troche.

[3] MME conversion factor for fentanyl films and oral sprays is 0.18. This reflects a 40% greater bioavailability for films compared to lozenges/tablets and 38% greater bioavailability for oral sprays compared to lozenges/tablets.

[4] MME conversion factor for fentanyl nasal spray is 0.16, which reflects a 20% greater bioavailability for sprays compared to lozenges/tablets.

[5] MME conversion factor for fentanyl patches is 7.2 based on the assumption that one milligram of parenteral fentanyl is equivalent to 100 milligrams of oral morphine and that one patch delivers the dispensed micrograms per hour over a 24 hour day and remains in place for 3 days. Using the formula, Strength per Unit * (Number of Units/ Days Supply) * MME conversion factor = MME/Day: 25 µg/hr. fentanyl patch * (10 patches/30 days) * 7.2 = 60 MME/day.

[6] Adapted from Von Korff M, Saunders K, Ray GT, et al. Clin J Pain 2008;24:521–7 and Washington State Interagency Guideline on Prescribing Opioids for Pain (http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf).

Step 3 For a single dispensing event, multiply the MME Daily Dose by the dispensing event's days supply. For example, a dispensing event with a MME Daily Dose of 90 mg and a days supply of 5 would have a total MME of 450 mg for that dispensing event. As multiple dispensing events can overlap on one calendar day, for each day, sum the MME Daily Doses for all dispensing events to determine the Total Daily MME for that day.

Step 4 Identify the IPSD. The IPSD is the earliest prescription dispensing date for an opioid medication ~~with Total Daily MME >120 mg~~ during the measurement year. ~~If the member does not have an IPSD (does not ever have a Total Daily MME that exceeds 120 mg during the measurement year), the member is numerator noncompliant (do not perform Steps 5 or 6 for the member).~~

Step 5 Determine the treatment period.

Step 6 Determine the Average MME. Sum the Total Daily MME for the treatment period and divide by the number of days in the treatment period. Members whose Average MME was ~~>120 mg~~ ≥90 mg meet the numerator criteria.

Note

- *Do not include denied claims when identifying the eligible population (except for required exclusions) or assessing the numerator for this measure.*
- *Do not include supplemental data when identifying the eligible population or assessing the numerator. Supplemental data can be used for only required exclusions for this measure.*
- *The UOD Opioid Medications List excludes:*
  - *Injectables.*
  - *Opioid cough and cold products.*
  - *Single-agent and combination buprenorphine products used to treat opioid use disorder for medication assisted treatment (i.e., 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).*

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table UOD-1/2: Data Elements for Use of Opioids at High Dosage

	Administrative
Measurement year	✓
Data collection methodology (Administrative)	✓
Eligible population	✓
Number of required exclusions	✓
Numerator events by administrative data	✓
Reported rate	✓