

2022 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

This measure applies to both commercial and Medicare members.

Risk of Continued Opioid Use (COU)

Effectiveness of Care HEDIS® Measure*

HEDIS measure description

The percentage of members who have had a new episode of opioid use that puts them at risk of continued opioid use.

Measure population (denominator)

Members 18 years and older that were dispensed an opioid medication sometime between November 1 of the year prior through October 31 of the measurement year.

Note: The following opioid medications are excluded from this measure:

- Injectables
- Opioid-containing cough and cold products
- Lonsys® (fentanyl transdermal patch)
- Methadone for the treatment of opioid use disorder
- Single agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder

Measure compliance (numerator)

Two rates are reported:

- Number of members with ≥ 15 days of prescription opioids in a 30-day period
- Number of members with ≥ 31 days of prescription opioids in a 62-day period

Note: A lower rate indicates better performance

Did you know?

- Long-term opioid use often begins with the treatment of acute pain
- A significant relationship exists between early prescribing patterns and long-term use of opioids
- There is a consistent link between increasing days' supply of the first prescription with the probability of continued opioid use
- Older adults are at higher risk of accidental misuse or abuse because they typically have multiple prescriptions and chronic diseases

continued

Exclusions

- Members in hospice or using hospice services anytime during the measurement year
- Deceased during the measurement year
- Diagnosed with any of the following anytime during the 12 months prior through 61 days after the opioid dispensed date
 - Cancer
 - Sickle cell disease
 - Palliative care

Helpful hints

- **Establish** realistic goals with your patient for pain tolerance and functionality
- **Consider** alternative medications and treatments to manage acute or chronic pain
 - OTC medications like ibuprofen, acetaminophen or supplements
 - Prescription medications like gabapentin or muscle relaxers
 - Physical therapy
 - Massage
 - Acupuncture
 - Encourage healthy weight, diet, and exercise
- **Refer** patients to pain management specialists when indicated
- **Discuss** risks and benefits of opioid therapy, including patient and clinician responsibilities
- **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 utilizing CDC Guidelines [cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf)

Opioid medications

Prescriptions		
Benzhydrocodone	Buprenorphine	Butorphanol
Codeine	Dihydrocodeine	Fentanyl
Hydrocodone	Hydromorphone	Levorphanol
Meperidine	Methadone	Morphine
Opium	Oxycodone	Oxymorphone
Pentazocine	Tapentadol	Tramadol

Consult the Michigan Automated Prescription System (MAPS) to view complete medication profiles for patients and to confirm the current cumulative dosage of opioid medications being prescribed.

michigan.pmpaware.net/login

- If outside of Michigan, please consult your state's Prescription Drug Monitoring Program (PDMP).

Resources

1. National Institute on Drug Abuse. 2021. "Prescription Opioids Drug Facts." drugabuse.gov/publications/drugfacts/prescription-opioids
2. Centers for Disease Control and Prevention (CDC). 2021. "Opioids: Guideline Overview". cdc.gov/opioids/providers/prescribing/guideline.html
3. Shah A, Hayes CJ, and Martin BC. 2017. "Factors influencing long-term opioid use among opioid naive patients: An examination of initial prescription characteristics and pain etiologies". pubmed.ncbi.nlm.nih.gov/28711636/

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