

Best Practices for Prescribing Opioids

Sunshine Health strives to provide quality healthcare to our members as measured through HEDIS® quality metrics. Quality patient care is a collaborative effort with providers at the forefront of care. The table below includes tips to help increase your HEDIS rates and applies to Medicaid, Ambetter (Marketplace) and Allwell (Medicare) products.

✓ HEDIS Measure

Use of Opioids at High Dosage (HDO)

Patients 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year.

Use of Opioids From Multiple Providers (UOP)

Patients 18 years and older, receiving prescription opioids for ≥ 15 days during the measurement year and who received opioids from multiple providers. Three rates are reported:

- **Multiple Prescribers:** Patients receiving prescriptions for opioids from four or more different prescribers during the measurement year.
- **Multiple Pharmacies:** Patients receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
- **Multiple Prescribers and Multiple Pharmacies:** Patients receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year.

Risk of Continued Opioid Use (COU)

Patients 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

- The percentage of patients with at least 15 days of prescription opioids in a 30-day period.
- The percentage of patients with at least 31 days of prescription opioids in a 62-day period.

* HEDIS Tips

The CDC Guideline for Prescribing Opioids for Chronic Pain has the following recommendations:

- Start with the lowest effective dose
- Carefully reassess benefits and risks when considering increasing dosage to ≥ 50 MME/day
- Avoid or carefully justify increasing dosage to ≥ 90 MME/day
- Use immediate release formulations instead of long acting
- Consider urine drug testing before initiating opioid therapy and test at least annually
- Consider opioid tapering and/or discontinuation if:
 - Clinically meaningful improvements in pain and function are not sustained
 - Patients experience overdose or other serious adverse events

Assessing Risk and Benefits of Opioid Use

- Evaluate the risks and benefits with patients within one to four weeks of initiating opioid therapy for chronic pain or dose escalation.
- Evaluate risks and benefits of continued therapy every three months or more frequently.
- Offer naloxone in cases where increased risk for opioid overdose may be a concern, such as patients with a history of overdose, substance use disorder, higher opioid dosages (≥ 50 MME/day) or concurrent benzodiazepine use.
- Review the patient's history of controlled substance prescriptions using the state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid therapy or dangerous combinations.
 - PDMP data should be reviewed when initiating opioid therapy and periodically, ranging from every prescription to every 3 months.
- Avoid prescribing benzodiazepines and opioids concurrently.

Additional Resources

- Free continued medical education credits on managing chronic pain: sshpo.training.reliaslearning.com
- Provider Opioid Tool kit: SunHealthFL.com/provider-opioid

Sunshine Health recognizes that managing chronic pain with opioids is complicated and challenging, and that our providers are best qualified to balance the benefits and potential risks of choosing the appropriate medications for their patients. Thank you in advance for your attention to this matter. If you have questions or concerns, please call 1-877-505-3907, Monday through Friday from 8 a.m. to 5 p.m. Eastern.

Reference: 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.