



# Opioid Prescribing Improvement Program: Drilling Into the Opioid Reports

- Opioid Prescribing Improvement Overview
- What is the prescribing report?
- Heads up about 2020 quality improvement
- How do I access my report?



**Prevention**

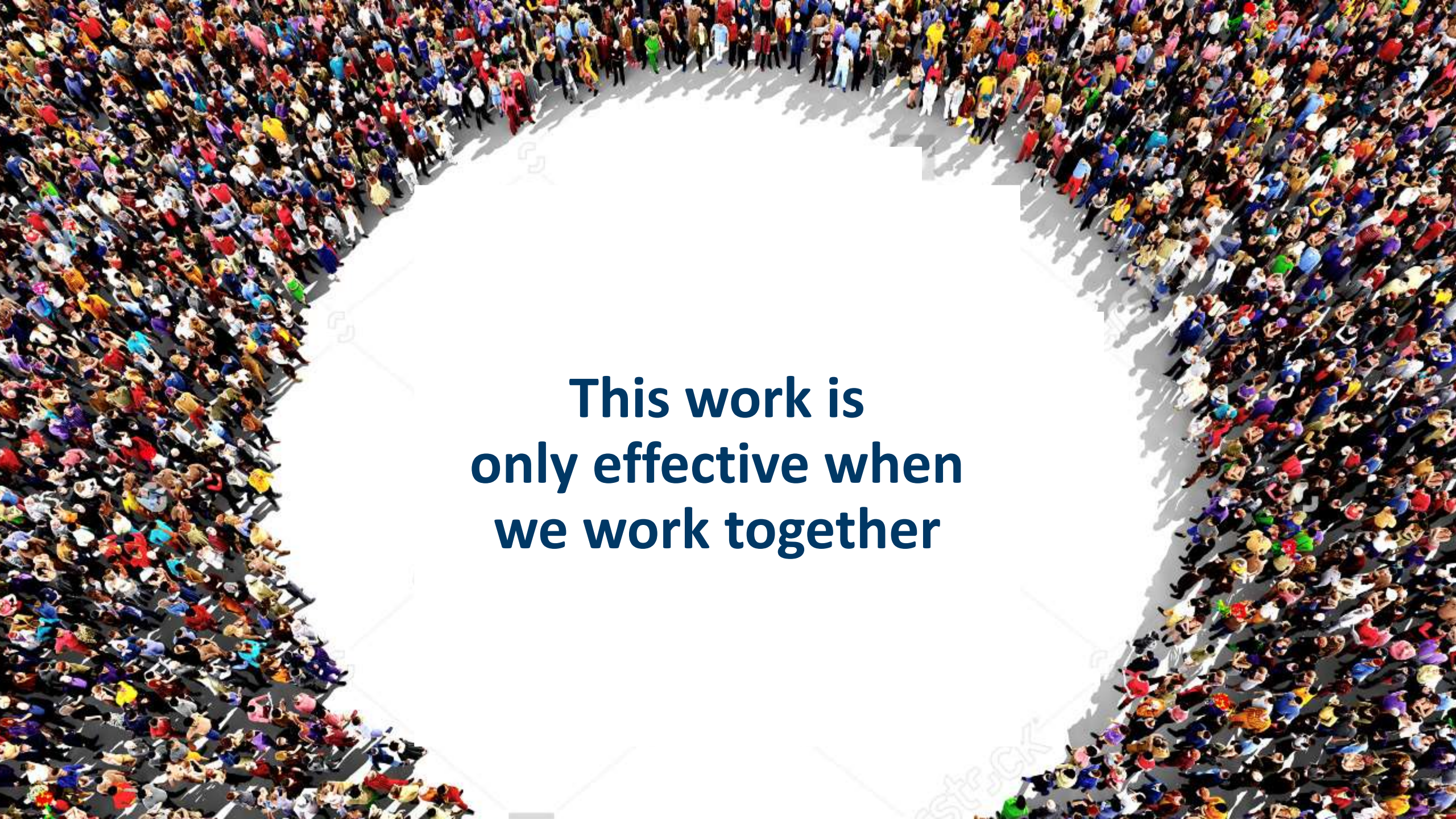
**Treatment  
and  
Recovery**

**Law  
Enforcement,  
Drug Courts,  
Corrections**

**Emergency  
Response**

**Moving forward**

**Strong, intentional integration of care and across sectors**

A high-angle, top-down view of a massive, diverse crowd of people. The crowd is composed of individuals of various ages, ethnicities, and clothing colors, creating a vibrant, multi-colored mosaic. They are arranged in a circular pattern, surrounding a large, central white area. The white area contains the text "This work is only effective when we work together" in a bold, dark blue font. The overall scene conveys a sense of unity and collective effort.

**This work is  
only effective when  
we work together**

# Opioid Prescribing Improvement Program Overview



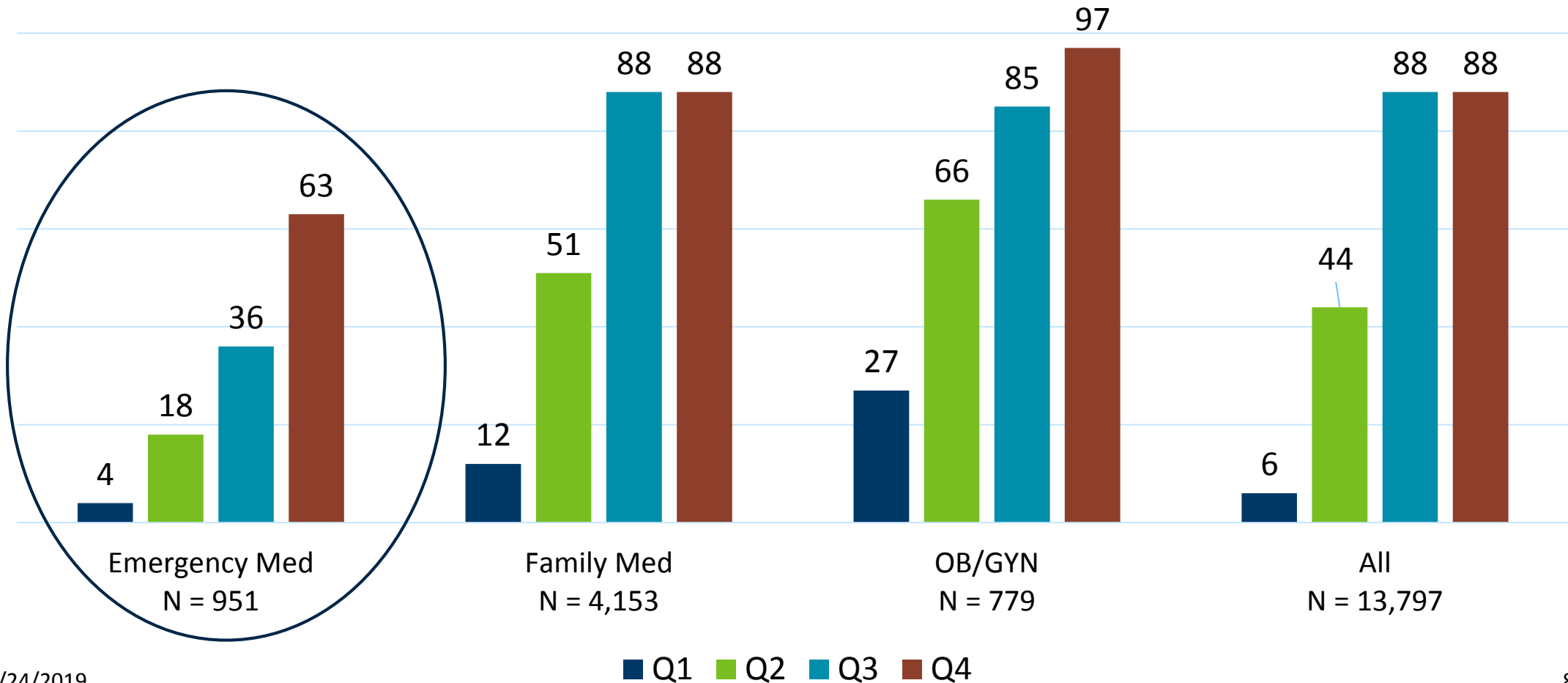
- Opioid prescribing guidelines
- Sentinel prescribing measures
- Provider education
- Reports and quality improvement program
- [mn.gov/dhs/opip](https://mn.gov/dhs/opip) (OPIP in general)
- [mn.gov/dhs/opwg](https://mn.gov/dhs/opwg) (work group)

- **Prevent the progression from opioid use for acute pain to chronic opioid use**
- Reduce unnecessary variation in opioid prescribing
- Clarify best practices of opioid prescribing for all pain phases
  - Screening
  - Referrals
  - Tapering

- Patients with recent cancer diagnosis or treatment
- Patients in hospice
- Buprenorphine prescribed for treatment of opioid use disorder
- Methadone dispensed from a Opioid Treatment Program

# Variation, variation, variation

Percent of index opioid prescriptions that exceed **100 MME**, by specialty  
(Percentage = Average within Quartile)





So about that prescribing report...

# Who sees the 2019 report?

- YOU, as the prescriber
  - Individual MN.ITS mailbox OR
  - Hard copy by mail addressed to you at billing address
- DHS staff involved with the OPIP
- NO ONE ELSE, unless YOU share it or an administrator at your health system is the one who sets up your mailbox

# Report recipients

- Nurse Practitioners
- Physician Assistants
- Physicians
- Dentists
- Residents, if prescribing from your own DEA license

# One page report of your prescribing metrics compared to the average of your specialty, across seven measures

1. Index opioid prescribing rate (acute pain)
2. Index opioid prescription doses (acute pain)
3. Rate of prescribing over 700 cumulative MME in the post-acute pain period (post-acute pain)
4. Chronic opioid analgesic therapy prescribing rates
5. High dose (>90 MME/day) opioid therapy prescribing rate
6. Concomitant COAT and benzodiazepines
7. COAT patients receiving opioids from multiple providers

# Assignment of providers to specialty groups

- DHS assigned providers a specialty group based on the National Provider Identifier specialty taxonomy code (primary taxonomy).
- Providers who do not have a specialty taxonomy code or who believe they were assigned incorrectly, should update their NPI information:  
[Npiregistry.cms.hhs.gov](https://npiregistry.cms.hhs.gov)

# OPIP Specialty groups

## Non-Surgical

Addiction Medicine  
Allergy & Immunology  
Anesthesiology  
Dental (General)  
Dermatology  
Emergency Medicine  
Family Medicine  
Hospice  
Hospitalist  
Internal Medicine  
Oncology

Optometry  
Pain Medicine  
Pathology  
Pediatrics  
Physical Medicine & Rehabilitation  
Physician Assistant and Advance Practice Nurse  
Podiatry (General)  
Preventive Medicine  
Psychiatry & Neurology  
Radiology  
Rheumatology

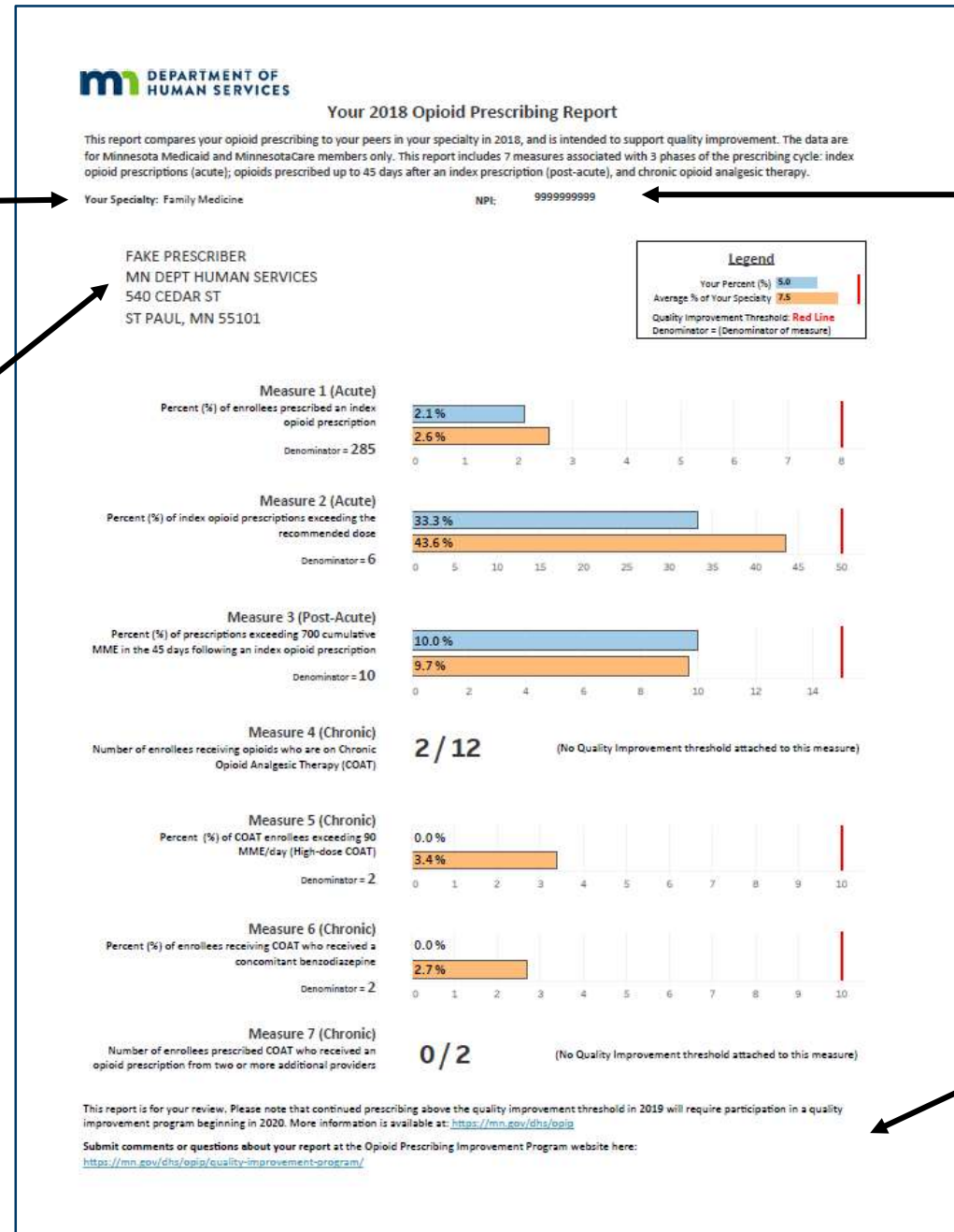
## Surgical

Obstetrics & Gynecology  
Ophthalmology  
Oral and Dental Surgery  
Orthopedic Surgery  
Otolaryngology  
Podiatry (Surgical)  
Surgery  
Urology

Your OPIP Specialty Identification

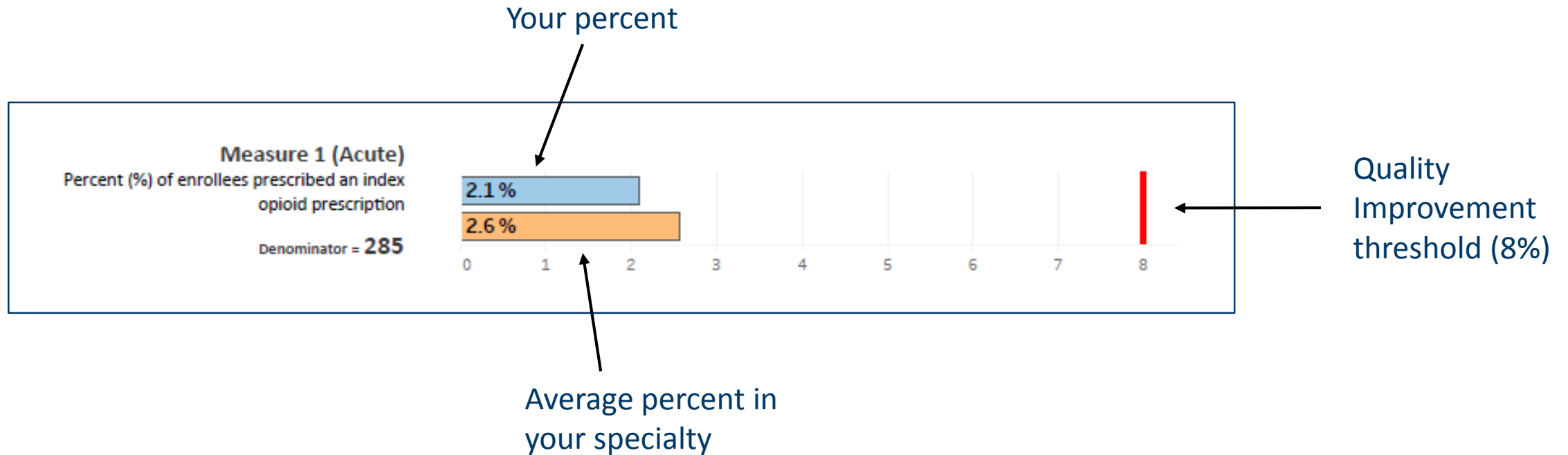
Your Name  
Mailing Address

Your NPI Number



DHS Contact Information (for the reports)

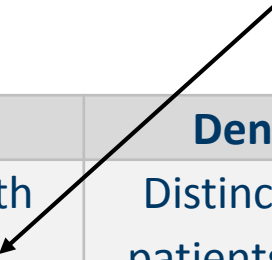
# Measure 1 (Acute)





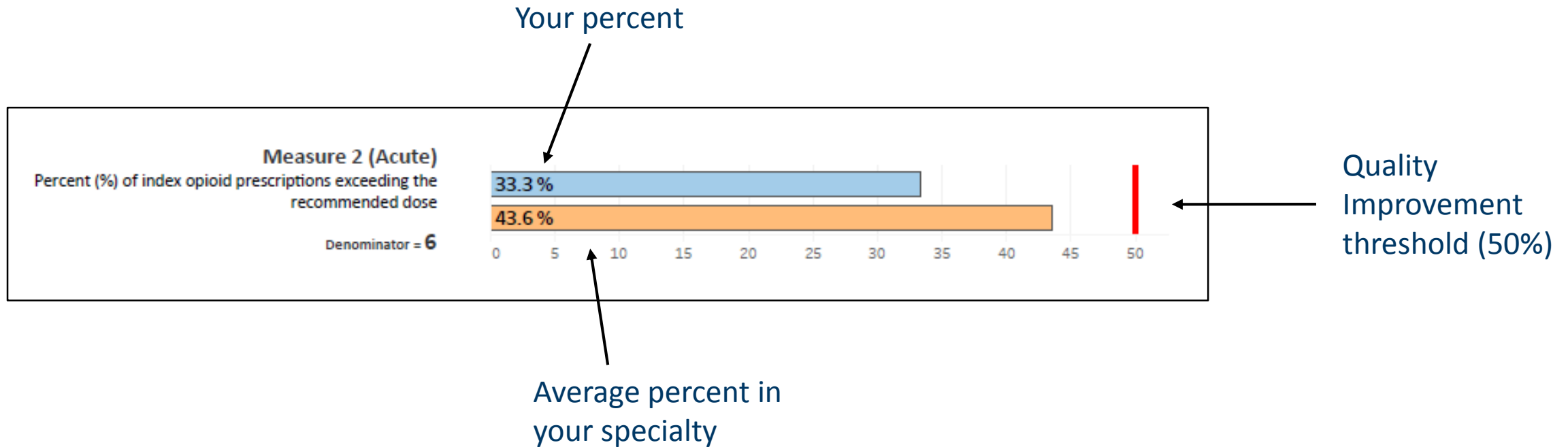
# Measure 1 (Acute)

Enrollee's first opioid  
prescription after 90 days naïve



Measure Description	Numerator	Denominator	QI Threshold
<b>Percent of enrollees prescribed an index opioid prescription</b>	Distinct number of patients with one or more index opioid prescriptions prescribed in the measurement period	Distinct number of patients seen by the provider in the measurement period	Prescribing rate is > 8% (non-surgical specialties only)

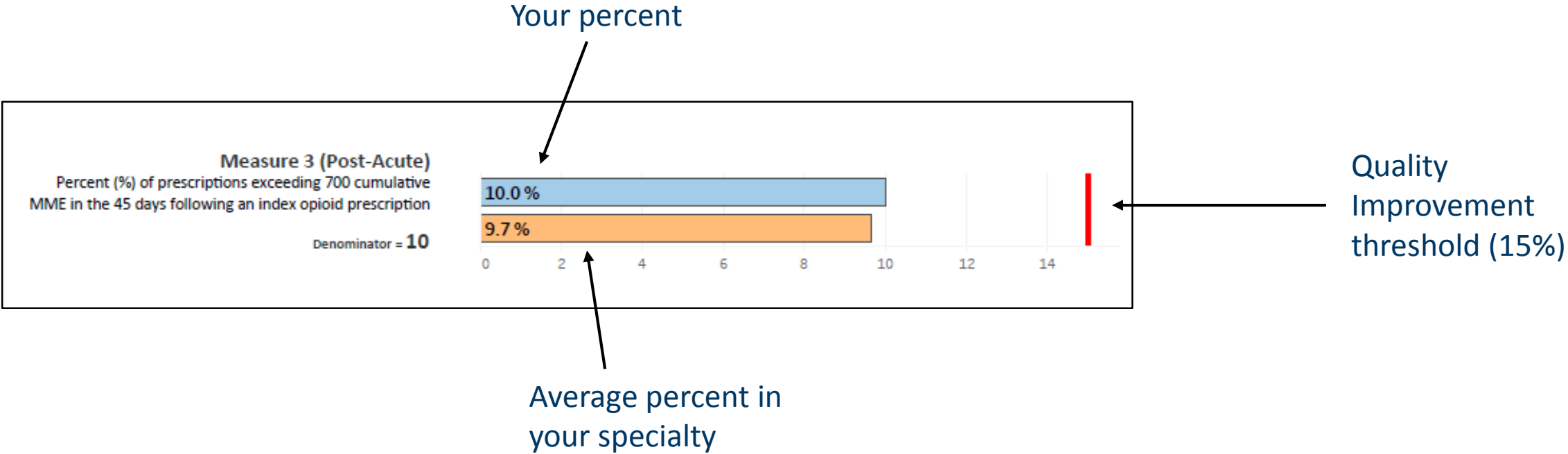
# Measure 2 (Acute)



# Measure 2 (Acute)

<b>Measure Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>QI Threshold</b>
<b>Percent of index opioid prescriptions exceeding the recommended dose</b>	Number of index opioid prescriptions exceeding 100 MME (medical specialty) or 200 MME (surgical specialty) prescribed in the measurement period	Number of index opioid prescriptions prescribed in the measurement period.	Prescribing rate is > 50%

# Measure 3 (Post-Acute)



# Measure 3 (Post-Acute)

Provider need not prescribe all 700 MME

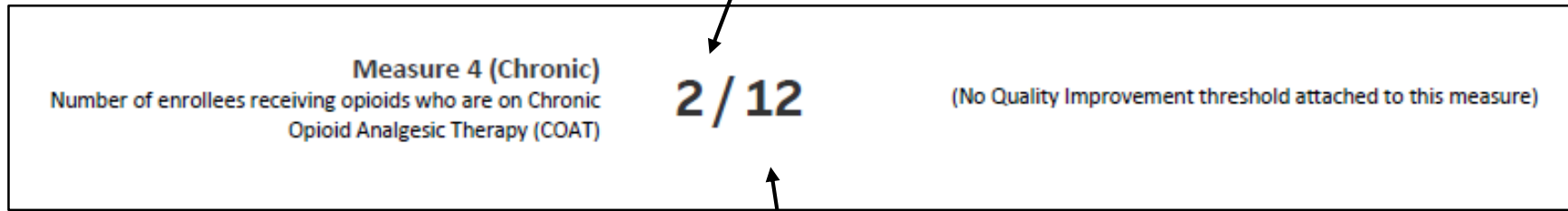
Includes any index opioid prescriptions

Measure Description	Numerator	Denominator	QI Threshold
<b>Percent of prescriptions exceeding 700 cumulative MME in the post-acute pain phase</b>	Number of prescriptions that cross the 700 cumulative MME threshold or exceed 700 cumulative MME prescribed in the measurement period	Number of opioid prescriptions prescribed during an initial opioid prescribing episode in the measurement period	Prescribing rate is > 15%

45-day period following an index opioid prescription

# Measure 4 (Chronic)

Your numerator



Your denominator

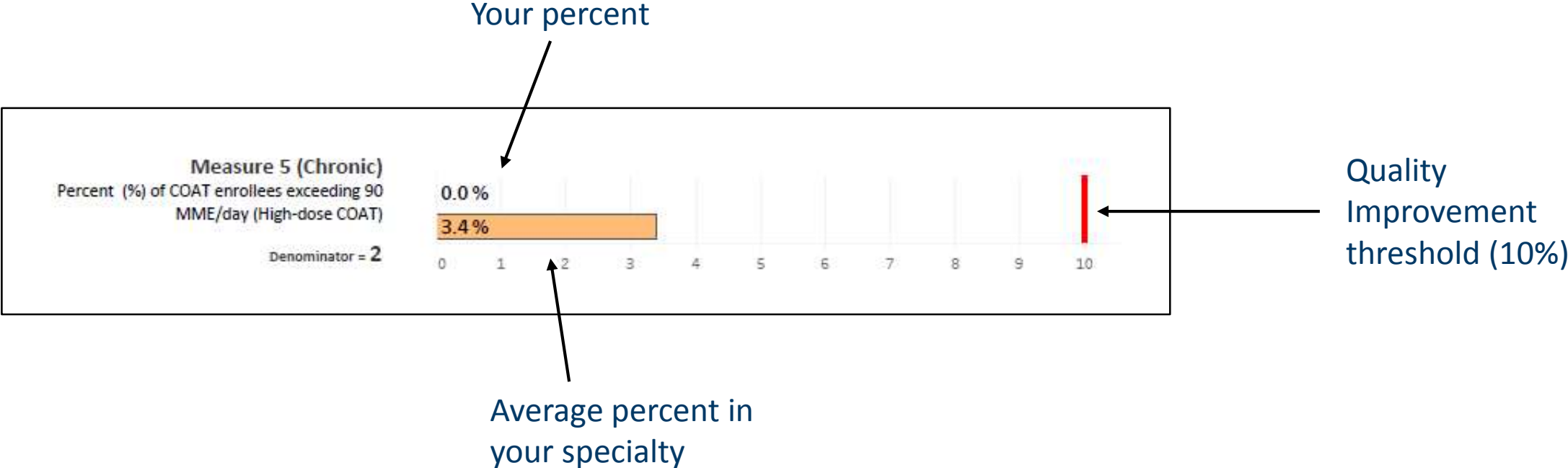
# Measure 4 (Chronic)

Multiple prescribers can be attributed to a patient receiving COAT

Measure Description	Numerator	Denominator	QI Threshold
<b>Percent of patients with chronic opioid analgesic therapy (COAT)</b>	Number of patients with a prescription during a COAT period ( $\geq 60$ consecutive days' supply of opioids) during the measurement period.	Number of patients with at least one opioid prescription prescribed during the measurement period.	No quality improvement threshold

Days' supply is counted even if it extends past the end of the measurement period

# Measure 5 (Chronic)





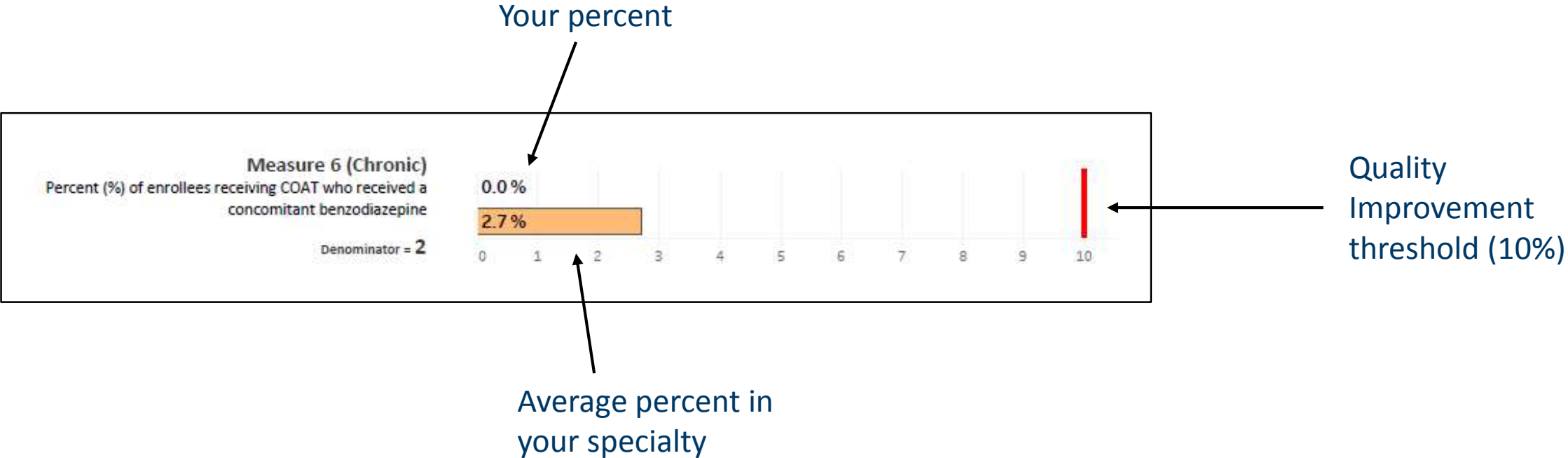
# Measure 5 (Chronic)

Multiple prescribers can be attributed to a patient receiving COAT

Measure Description	Numerator	Denominator	QI Threshold
<b>Percent of COAT enrollees exceeding 90 MME/day (High-dose COAT)</b>	Number of patients prescribed COAT of > 90 MME/day in the measurement period.	Number of patients with a prescription during a COAT period during the measurement period.	Prescribing rate is > 10%

Patients are attributed to providers who prescribe more than a 28-day supply of opioids

# Measure 6 (Chronic)



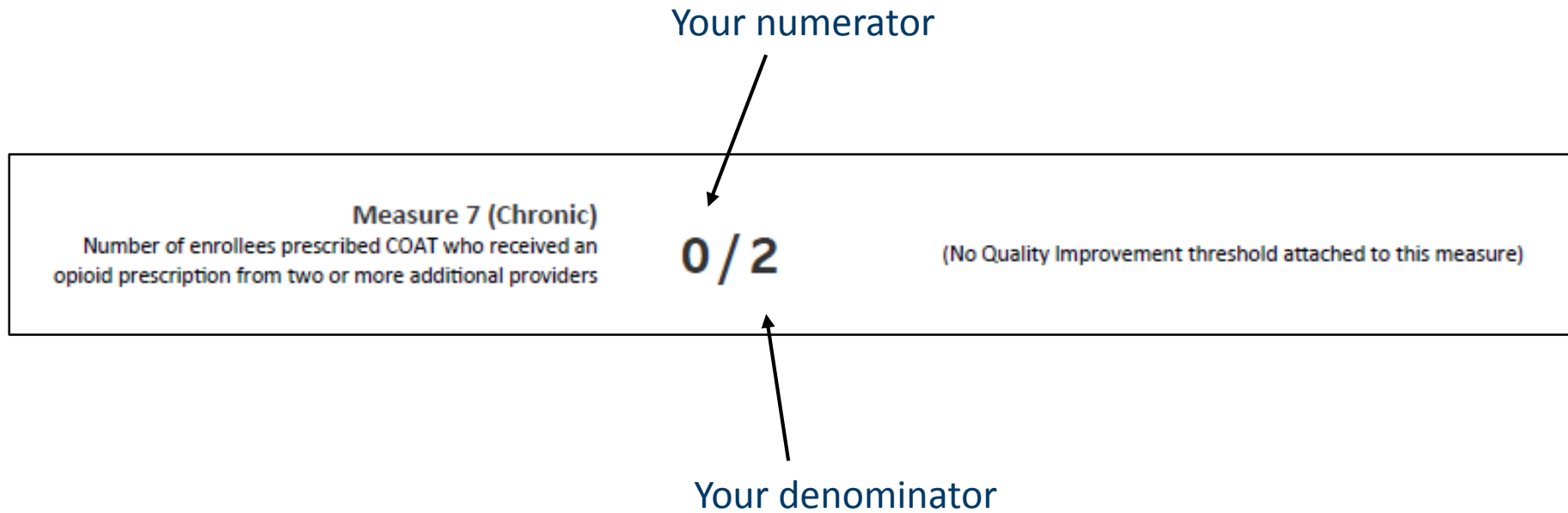
# Measure 6 (Chronic)

Multiple prescribers can be attributed to a patient receiving COAT

Measure Description	Numerator	Denominator	QI Threshold
<b>Percent of enrollees receiving elevated dose COAT who received a concomitant benzodiazepine</b>	Number of patients prescribed COAT of > 50 MME/day and an overlapping benzodiazepine prescription > 7 days in the measurement period.	Number of patients with a prescription during a COAT period during the measurement period.	Prescribing rate is > 10%


Patients are attributed to providers who prescribe more than a 28-day supply of opioids

# Measure 7 (Chronic)



# Measure 7 (Chronic)

Multiple prescribers can be attributed to a patient receiving COAT




Measure Description	Numerator	Denominator	QI Threshold
<b>Percent of COAT patients receiving opioids from multiple prescribers</b>	Number of patients on COAT who received opioids from 2+ additional providers while on COAT during the measurement period.	Number of patients with a prescription during a COAT period during the measurement period.*	No quality improvement threshold

# Measure Technical Specifications

- Available upon request if health systems seek to replicate the measures (DHS staff can provide technical support in process)

DHS-7902B ENG 5-19

 **DEPARTMENT OF  
HUMAN SERVICES**

**Opioid Prescribing Improvement Program Sentinel Measures**

**March 2019**

1. Index Opioid Prescription Prescribing Rate .....	2
2. Prescribing Rate of an Index Opioid Prescription Greater than the Recommended Dose.....	5
3. Prescribing Rate of 700 Cumulative MME or Greater During an Initial Opioid Prescribing Episode.....	8
4. Percent of Patients with Chronic Opioid Analgesic Therapy (COAT) .....	12
5. High-Dose Chronic Opioid Analgesic Therapy Prescribing Rate .....	16
6. Concomitant Chronic Opioid Analgesic Therapy and Benzodiazepines Prescribing Rate .....	20
7. Percent of Chronic Opioid Analgesic Therapy Enrollees Receiving Opioids from Multiple Providers.....	26

# Second round of reports in 2019

- July reports reflect 2018 data
- Updated reports reflecting Jan – at least June 2018 to be sent this autumn
- Updated reports will NOT trigger QI
- Sign up for MN.ITS mail box

Quality improvement is coming!



# Quality improvement threshold

- The quality improvement program will begin in 2020
  - Providers will be notified of QI requirements when they receive their 2020 report
- Five of seven measures have a quality improvement threshold
- Special cause exemptions and volume thresholds
- Employer/practice group/health system only notified of prescribers who exceed a threshold
  - But other than that, data stay private, as they did in 2019!

# Quality improvement program

- Develop in partnership with the medical community
- One size will not fit all. Providers who participate in quality improvement will develop and submit plan that to DHS for review
  - DHS will provide parameters for quality improvement activities
  - External body of peer reviewers for quality improvement plans
- Providers whose prescribing continually exceeds threshold or who show no improvement over time may be terminated from the MHCP programs

# Termination process and threshold

- Statute charges OPWG with setting thresholds for termination
- Among the criteria for consideration:
  - For how many years QI been required?
  - For how many measures?
  - To what degree is the provider an outlier on one or more measures?
- Discussions will begin this fall

How do I set up a MN.ITS mailbox?

# Go to OPIP website: [mn.gov/dhs/opip](http://mn.gov/dhs/opip)



[Opioid guidelines](#) [Quality improvement program](#) [Provider education](#) [Contact us](#)

## Opioid Prescribing Improvement Program



### What happens when you flip the script?

[Watch a short video](#) about how one Greater Minnesota doctor reframed the conversation about pain management and opioids with his patients, improving his patient relationships and how he thinks about his work.

### Earn continuing education credits

[Earn continuing education credits](#) by listening to a podcast on [Minnesota's opioid prescribing guidelines](#) which provide a framework for safe and judicious opioid prescribing for pain management.

### Get your report electronically

Health care providers who serve Minnesotans on public health care programs will receive individual opioid prescribing reports. Sign up to receive the [annual opioid prescriber reports](#) electronically.

# Priorities for action

- Reduce unnecessary variation in opioid prescribing for acute pain conditions
  - Lower doses of index opioid prescriptions
- Halt the transition from opioid use for acute pain to chronic opioid use
  - Limiting opioid use to severe, acute pain
  - Limiting opioid prescription to the minimum expected use, with early reevaluation
  - Better screening of biopsychosocial risk factors for chronic pain
- Avoid initiating ongoing opioid therapy in patients with chronic pain
- Carefully and compassionately manage patients with long-term opioid use; improve safety profile
- Expand access to evidence-based treatment of Opioid Use Disorder, expand Office Based Opioid Therapy (OBOT)

# Minnesota Resources

- Opioid Prescribing Improvement Program: [mn.gov/dhs/opip/](https://mn.gov/dhs/opip/)
- OPWG Web site: [mn.gov/dhs/opwg](https://mn.gov/dhs/opwg)
- DHS General Opioid Web site: Overview of all DHS opioid-related efforts
  - [mn.gov/dhs/opioids/](https://mn.gov/dhs/opioids/)
- MDH Opioid Dashboard
  - [www.health.state.mn.us/divs/healthimprovement/opioid-dashboard](https://www.health.state.mn.us/divs/healthimprovement/opioid-dashboard)
- Fast-Tracker: Virtual community and health care connection resource for mental health and substance use disorder services
  - [www.fast-trackermn.org/](https://www.fast-trackermn.org/)

# Thank You!

- **For questions about MN.ITS mailboxes:** Call the Provider Call Center at 800-366-5411 or 651-431-2700
- **For questions or comments about your report:**  
[mn.gov/dhs/opip/report-feedback](https://mn.gov/dhs/opip/report-feedback)