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?
Moving forward
Strong, intentional integration of care and across sectors
By FY2025, Minnesota would experience an annual budget shortfall of nearly $5 billion, which is equivalent to the projected cost of MA coverage for all parents and children.

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](http://mn.gov/dhs/opip) (OPIP in general)
- [mn.gov/dhs/opwg](http://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
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
<table>
<thead>
<tr>
<th>Non-Surgical</th>
<th>Surgical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction Medicine</td>
<td>Obstetrics &amp; Gynecology</td>
</tr>
<tr>
<td>Allergy &amp; Immunology</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Oral and Dental Surgery</td>
</tr>
<tr>
<td>Dental (General)</td>
<td>Orthopedic Surgery</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Otolaryngology</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Podiatry (Surgical)</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Surgery</td>
</tr>
<tr>
<td>Hospice</td>
<td>Urology</td>
</tr>
<tr>
<td>Hospitalist</td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td></td>
</tr>
<tr>
<td>Oncology</td>
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<tr>
<td>Optometry</td>
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<tr>
<td>Pain Medicine</td>
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<tr>
<td>Pathology</td>
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<tr>
<td>Pediatrics</td>
<td></td>
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<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
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<tr>
<td>Physician Assistant and Advance Practice Nurse</td>
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<tr>
<td>Podiatry (General)</td>
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<tr>
<td>Preventive Medicine</td>
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<tr>
<td>Psychiatry &amp; Neurology</td>
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<tr>
<td>Radiology</td>
<td></td>
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<tr>
<td>Rheumatology</td>
<td></td>
</tr>
</tbody>
</table>
Measure 1 (Acute)

Your percent: 2.1%

Average percent in your specialty: 2.6%

Quality Improvement threshold (8%)
<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Numerator</th>
<th>Denominator</th>
<th>QI Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of enrollees prescribed an index opioid prescription</td>
<td>Distinct number of patients with one or more index opioid prescriptions prescribed in the measurement period</td>
<td>Distinct number of patients seen by the provider in the measurement period</td>
<td>Prescribing rate is &gt; 8% (non-surgical specialties only)</td>
</tr>
</tbody>
</table>

Enrollee’s first opioid prescription after 90 days naïve
Measure 2 (Acute)

Your percent

Average percent in your specialty

Quality Improvement threshold (50%)
<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Numerator</th>
<th>Denominator</th>
<th>QI Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of index opioid prescriptions exceeding the recommended dose</td>
<td>Number of index opioid prescriptions exceeding 100 MME (medical specialty) or 200 MME (surgical specialty) prescribed in the measurement period</td>
<td>Number of index opioid prescriptions prescribed in the measurement period.</td>
<td>Prescribing rate is &gt; 50%</td>
</tr>
</tbody>
</table>
Measure 3 (Post-Acute)

Your percent: 10.0%

Average percent in your specialty: 9.7%

Quality Improvement threshold (15%)
# Measure 3 (Post-Acute)

<table>
<thead>
<tr>
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<th>Denominator</th>
<th>QI Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of prescriptions exceeding 700 cumulative MME in the post-acute pain phase</td>
<td>Number of prescriptions that cross the 700 cumulative MME threshold or exceed 700 cumulative MME prescribed in the measurement period</td>
<td>Number of opioid prescriptions prescribed during an initial opioid prescribing episode in the measurement period</td>
<td>Prescribing rate is &gt; 15%</td>
</tr>
</tbody>
</table>

- Provider need not prescribe all 700 MME
- Includes any index opioid prescriptions
- 45-day period following an index opioid prescription
Measure 4 (Chronic)

Number of enrollees receiving opioids who are on Chronic Opioid Analgesic Therapy (COAT)

2 / 12

(No Quality improvement threshold attached to this measure)

Your numerator

Your denominator
### Measure 4 (Chronic)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Numerator</th>
<th>Denominator</th>
<th>QI Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of patients with chronic opioid analgesic therapy (COAT)</td>
<td>Number of patients with a prescription during a COAT period (≥ 60 consecutive days’ supply of opioids) during the measurement period.</td>
<td>Number of patients with at least one opioid prescription prescribed during the measurement period.</td>
<td>No quality improvement threshold</td>
</tr>
</tbody>
</table>

Multiple prescribers can be attributed to a patient receiving COAT.

Days’ supply is counted even if it extends past the end of the measurement period.
Measure 5 (Chronic)

Your percent

Average percent in your specialty

Quality Improvement threshold (10%)
<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Numerator</th>
<th>Denominator</th>
<th>QI Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of COAT enrollees exceeding 90 MME/day (High-dose COAT)</td>
<td>Number of patients prescribed COAT of &gt; 90 MME/day in the measurement period.</td>
<td>Number of patients with a prescription during a COAT period during the measurement period.</td>
<td>Prescribing rate is &gt; 10%</td>
</tr>
</tbody>
</table>

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

Multiple prescribers can be attributed to a patient receiving COAT.
Measure 6 (Chronic)

Your percent

Average percent in your specialty

Quality Improvement threshold (10%)
<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Numerator</th>
<th>Denominator</th>
<th>QI Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of enrollees receiving elevated dose COAT who received a concomitant benzodiazepine</td>
<td>Number of patients prescribed COAT of &gt; 50 MME/day and an overlapping benzodiazepine prescription &gt; 7 days in the measurement period.</td>
<td>Number of patients with a prescription during a COAT period during the measurement period.</td>
<td>Prescribing rate is &gt; 10%</td>
</tr>
</tbody>
</table>

Multiple prescribers can be attributed to a patient receiving COAT

Patients are attributed to providers who prescribe more than a 28-day supply of opioids
Measure 7 (Chronic)

Number of enrollees prescribed COAT who received an opioid prescription from two or more additional providers

0/2

(No Quality Improvement threshold attached to this measure)

Your numerator

Your denominator
Measure 7 (Chronic)

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

Multiple prescribers can be attributed to a patient receiving COAT
• Available upon request if health systems seek to replicate the measures (DHS staff can provide technical support in process)
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!
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

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)
• Opioid Prescribing Improvement Program: mn.gov/dhs/opip/

• OPWG Web site: mn.gov/dhs/opwg

• DHS General Opioid Web site: Overview of all DHS opioid-related efforts
  • mn.gov/dhs/opioids/

• MDH Opioid Dashboard
  • 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/
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