

Potential Opioid Overuse

The Centers for Medicare & Medicaid Services (CMS) seeks stakeholder comments on the following electronic clinical quality measure (eCQM) under development:

Title

Potential Opioid Overuse

Description

The measure assesses the percentage of patients aged 18 years or older who receive opioid therapy for 90 days or longer and are prescribed an average 90 milligram or larger morphine equivalent (MME) daily dose.

This document provides information about the measure's rationale, intent, and history. We seek comments from the public on (1) the measure's specifications and (2) the specific questions outlined in the Questions section of this document.

Measure rationale

In 2010, more than 9 million adults in the United States were seen in primary care clinics with a diagnosis of nonmalignant chronic pain; of those, approximately 36 percent were prescribed an opioid (Prunuske et al. 2014). Although all opioids can be dangerous, high dose and chronic use of opioids are more likely to result in fatalities and other adverse events (Edlund et al. 2014; Morasco et al. 2010; Atluri et al. 2012; Paulozzi et al. 2014). Recent guidelines recommend that clinicians prescribe the lowest effective dose possible when initiating opioid therapy and that prescribers justify use of opioids above 90 morphine milligram equivalents per day, carefully weighing risks and benefits (Dowell et al. 2016).

Measure intent

CMS aims to provide clinicians with information on the rate of long-term, high-dose opioid prescribing that occurs among all eligible clinicians. Lower scores demonstrate less long-term, high-dose opioid prescribing, resulting in a lower likelihood of adverse events associated with opioid use and, thus, higher quality care. Benefits of implementing the measure will include:

- **Decreased risk of opioid-related adverse events, harms, or death.** Reduction in patient harm linked to adverse events (such as overdose) occur in a dose-response manner. Patients taking opioids at a daily dose above 100 MME have an 8.9 times greater likelihood of overdosing compared to their peers whose daily dose is below 20 MME.
 - **Reduced risk of developing opioid dependence or opioid diversion.** Improved patient safety through reduction in the risk of patients' suffering from opioid-related harms would
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prompt exploration of alternative methods for pain management (including nonsteroidal anti-inflammatory drugs, physical therapy, and other non-opioid–related interventions).

- **Decreased cost associated with excess medical treatment.** With a lower risk of opioid-related adverse events, costs tied to emergency department visits would decrease, and emergency medical treatment to mitigate these events would similarly decrease.
- **Improvement in productivity by preventing premature death and limiting the number of lost days of work.** A reduction in adverse events associated with opioid overuse would allow patients to take less time away from work and their daily lives.

Measure history

The EP eCQM team began work on the Potential Opioid Overuse measure in spring 2015. The initial effort included a review of the literature and discussion of the specifications with representatives from several executive branch agencies, including the Centers for Disease Control and Prevention (CDC). We convened several expert panels, including a multistakeholder technical expert panel (TEP) and expert work group (EWG), to discuss the measure and to guide its development. The EP eCQM team completed its testing of the opioid-overuse measure’s specifications in summer 2017, evaluating the measure in terms of research questions that mapped to a criterion used by the National Quality Forum for endorsement of gold-standard quality-of-care metrics. The research questions addressed many aspects of the opioid-overuse measure, including its initial patient population, denominator, numerator, and exclusions; issues around measure attribution and calculation; the scientific acceptability of measure properties, including reliability and validity; and the potential use of the measure, including its feasibility and usability.

Results from measure testing showed that the opioid-overuse measure will help close a modest gap in quality of care; despite no statistically significant differences in disparities in care for patient subgroups, evidence from the literature suggests that disparities exist for certain patient subgroups (by patient age, racial or ethnic identification, gender, and payer). The opioid-overuse measure had moderate findings for the scientific acceptability subcriteria, including a sufficient level of reliability, with a median beta-binomial coefficient above 0.7, and data-element validity findings showing high overall agreement for most key data elements.

Findings from measure feasibility testing showed incongruent results. Even though the clinicians to whom the EP eCQM team spoke during testing felt that all data elements were available in structured fields and that the measure demonstrated strong feasibility, the EP eCQM team’s analysis of EHR extracts from three test sites found some missing data for key data elements and required creation of decision rules to calculate provider measure scores. The measure’s usability appeared strong, with broad support from clinicians on the value of publicly reporting the measure. Patients, however, felt that implementation of the opioid-overuse measure could result in unintended consequences, including undertreatment of pain and an inability to locate providers willing to prescribe opioids at any dose.

Next steps for measure development

Following the close of the public comment period, the EP eCQM team will meet with the TEP and EWG to review stakeholders' comments and determine if revisions to the measure specification are needed.

Questions

We are seeking feedback on all components of the proposed measure (for example, conditions appropriate for exclusion from the measure denominator) as well as on the following topics:

- The usefulness of the measure to assess and improve the quality of care for patients
- The feasibility of the measure to assess provider performance and any unintended consequences of implementing the measure
- Whether data elements related to the measure are available in structured, extractable fields in electronic health record systems
- Whether the measure should include any additional exclusions

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