

## Related and Competing Measures

### Comparison of #2940, #2950, #2951, and #3316

2940 Use of Opioids at High Dosage in Persons Without Cancer		2950 Use of Opioids from Multiple Providers in Persons Without Cancer		2951 Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer	3316 Safe Use of Opioids – Concurrent Prescribing
Steward	Pharmacy Quality Alliance	Pharmacy Quality Alliance	Pharmacy Quality Alliance	Pharmacy Quality Alliance	Centers for Medicare & Medicaid Services
Description	The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids with a daily dosage greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer.	The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids from four (4) or more prescribers AND four (4) or more pharmacies.	The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids from four (4) or more prescribers AND four (4) or more pharmacies.	The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids with a daily dosage greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer, AND who received opioid prescriptions from four (4) or more prescribers AND four (4) or more pharmacies.	Patients age 18 years and older prescribed two or more opioids or an opioid and benzodiazepine concurrently at discharge from a hospital-based encounter (inpatient or emergency department [ED], including observation stays)
Type	Process	Process	Process	Process	Process
Data Source	Claims	Claims	Claims	Claims	Electronic Health Records
Level	Health Plan, Other, Population : Regional and State	Health Plan, Other, Population : Regional and State	Health Plan, Other, Population : Regional and State	Health Plan, Other, Population : Regional and State	Facility
Setting	Other, Outpatient Services	Other, Outpatient Services	Other, Outpatient Services	Other, Outpatient Services	Emergency Department and Services, Inpatient/Hospital
Numerator Statement	Any member in the denominator with opioid prescription claims where the MED is greater than 120mg for 90 consecutive days or longer* *MED calculation is included in S.6 Numerator Details	Any member in the denominator who received opioid prescription claims from 4 or more prescribers AND 4 or more pharmacies.	Any member in the denominator who received opioid prescription claims from 4 or more prescribers AND 4 or more pharmacies.	Any member in the denominator with opioid prescription claims where the MED is greater than 120mg for 90 consecutive days or longer* AND who received opioid prescriptions from 4 or more prescribers AND 4 or more pharmacies. *MED calculation is included in S.6 Numerator Details	Patients prescribed two or more opioids or an opioid and benzodiazepine at discharge.

2940 Use of Opioids at High Dosage in Persons Without Cancer		2950 Use of Opioids from Multiple Providers in Persons Without Cancer		2951 Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer		3316 Safe Use of Opioids – Concurrent Prescribing	
Numerator Details	<p>Any member in the denominator with opioid prescription claims greater than 120mg MED for 90 consecutive days or longer* (See Table Opioids-A: Opioid Medications)</p> <p>*Identifying members with prescription opioids that exceeded the MED threshold:</p> <p>To identify members with prescription opioids that exceeded the MED threshold, each claim is to be converted into the MED using the appropriate conversion factor associated with the opioid product of that prescription claim (see Appendix A). The MED for each day’s claims then are summed to determine the total MED for that day.</p> <p>For each member in the denominator:</p> <p>1. Calculate the MED for each opioid prescription claim during the measurement period, using the following equations:</p> <ul style="list-style-type: none"><li>• # of Opioid Dosage Units per day = (Opioid claim quantity) / (Opioid claim days supply)</li><li>• MED Daily Dose per claim = (# of opioid dosage units per day) X (# mg opioid per dosage unit) X (MED conversion factor)</li></ul> <p>2. Sum the daily MEDs of all opioid claims for each day to arrive at a total daily MED for each member.</p> <p>3. Identify the days where the MED threshold is exceeded.</p> <p>4. Any member, for whom the MED threshold is exceeded for 90 consecutive days or longer, meets the criteria for the MED component of the numerator.</p> <p>Table Opioid-A: Opioid Medications (MED conversion factor)</p> <p>buprenorphine patch (12.6) buprenorphine tab or film (10) butorphanol (7) codeine</p> <p>(0.15) dihydrocodeine (0.25) fentanyl buccal or SL tablets, or lozenze/troche (0.13) fentanyl film or oral spray (0.18) fentanyl nasal spray (0.16) fentanyl patch (7.2)</p> <p>hydrocodone (1)</p> <p>hydromorphone (4)</p> <p>levorphanol (11) meperidine</p> <p>(0.1) methadone (3)</p> <p>morphine (1)</p> <p>opium (1)</p> <p>oxycodone (1.5)</p> <p>oxymorphone (3)</p> <p>pentazocine (0.37)</p> <p>tapentadol (0.4)</p> <p>tramadol (0.1)</p> <p>*Note: Injectables and Opioid cough and cold products and combination products containing buprenorphine and naloxone (e.g., BunavailTM, Suboxone®, Zubsolv®) are excluded from the MED calculations. Ionsys® (fentanyl transdermal patch) is also excluded as it is only for inpatient use; It is also only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS)</p>	<p>For each member in the denominator:</p> <p>1. Calculate the number of unique pharmacy providers associated with an opioid prescription claim.</p> <p>2. Calculate the number of unique prescribers associated with an opioid prescription claim.</p> <p>3. Any member with four or more unique pharmacy providers AND four or more unique prescribers meets the criteria for the Numerator.</p>	<p>Any member in the denominator with opioid prescription claims greater than 120mg MED for 90 consecutive days or longer* AND who received opioid prescriptions from 4 or more prescribers AND 4 or more pharmacies(See Table Opioids-A: Opioid Medications)</p> <p>*Identifying members with prescription opioids that exceeded the MED threshold:</p> <p>To identify members with prescription opioids that exceeded the MED threshold, each claim is to be converted into the MED using the appropriate conversion factor associated with the opioid product of that prescription claim (see Appendix A). The MED for each day’s claims then are summed to determine the total MED for that day.</p> <p>For each member in the denominator:</p> <p>1. Calculate the MED for each opioid prescription claim during the measurement period, using the following equations:</p> <ul style="list-style-type: none"><li>• # of Opioid Dosage Units per day = (Opioid claim quantity) / (Opioid claim days supply)</li><li>• MED Daily Dose per claim = (# of opioid dosage units per day) X (# mg opioid per dosage unit) X (MED conversion factor)</li><li>• Sum the daily MEDs of all opioid claims for each day to arrive at a total daily MED for each member.</li><li>• Identify the days where the MED threshold is exceeded.</li><li>• Any member, for whom the MED threshold is exceeded for 90 consecutive days or longer, meets the criteria for the MED component of the numerator.</li><li>• From the members meeting the criteria for the MED component of the numerator (4), calculate the number of unique pharmacy providers associated with an opioid prescription claim.</li><li>• From the members meeting the criteria for the MED component of the numerator (4), calculate the number of unique prescribers associated with an opioid prescription claim.</li><li>• From the members meeting the criteria for the MED component of the numerator (4), any member with four or more unique pharmacy providers AND four or more unique prescribers meets the criteria for the Numerator.</li></ul> <p>Table Opioid-A: Opioid Medications (MED conversion factor)</p> <p>buprenorphine patch (12.6) buprenorphine tab or film (10) butorphanol (7) codeine</p> <p>(0.15) dihydrocodeine (0.25) fentanyl buccal or SL tablets, or lozenze/troche (0.13) fentanyl film or oral spray (0.18) fentanyl nasal spray (0.16) fentanyl patch (7.2)</p> <p>hydrocodone (1)</p> <p>hydromorphone (4)</p> <p>levorphanol (11) meperidine</p> <p>(0.1) methadone (3)</p> <p>morphine (1)</p> <p>opium (1) oxycodone</p> <p>(1.5) oxymorphone (3)</p> <p>pentazocine (0.37)</p> <p>tapentadol (0.4)</p> <p>tramadol (0.1)</p> <p>*Note: Injectables and Opioid cough and cold products and combination products containing buprenorphine and naloxone (e.g., BunavailTM, Suboxone®, Zubsolv®) are excluded from the MED calculations. Ionsys® (fentanyl transdermal patch) is also excluded as it is only for inpatient use; It is also only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS)</p>	<p>Presence of two or more new opioids at discharge resulting in concurrent therapy is represented by QDM datatype and value set of Medication, Discharge: Schedule II and Schedule III Opioids (2.16.840.1.113762.1.4.1125.2).</p> <p>Presence of a new opioid and a new benzodiazepine prescription at discharge resulting in concurrent therapy is represented by QDM datatype and value sets of Medication, Discharge: Schedule II and Schedule III Opioids (2.16.840.1.113762.1.4.1125.2) and Medication, Discharge: Benzodiazepines (2.16.840.1.113762.1.4.1125.1).</p> <p>Presence of an existing opioid and a new opioid or benzodiazepine prescription at discharge resulting in concurrent therapy is represented by QDM datatypes and value sets of Medication, Active: Schedule II and Schedule III Opioids (2.16.840.1.113762.1.4.1125.2) and Medication, Discharge: Benzodiazepines (2.16.840.1.113762.1.4.1125.1) or Medication, Discharge: Schedule II and Schedule III Opioids (2.16.840.1.113762.1.4.1125.2).</p> <p>Presence of an existing benzodiazepine and a new opioid prescription at discharge resulting in concurrent therapy is represented by QDM datatypes and value sets of Medication, Active: Benzodiazepines (2.16.840.1.113762.1.4.1125.1) and Medication, Discharge: Schedule II and Schedule III Opioids (2.16.840.1.113762.1.4.1125.2).</p> <p>Presence of an existing benzodiazepine and an existing opioid prescription at discharge resulting in concurrent therapy is represented by QDM datatype and value sets of Medication, Active: Benzodiazepines (2.16.840.1.113762.1.4.1125.1) and Medication, Active: Schedule II and Schedule III Opioids (2.16.840.1.113762.1.4.1125.2).</p> <p>Presence of two or more existing opioids at discharge resulting in concurrent therapy is represented by QDM datatype and value set of Medication, Active: Schedule II and Schedule III Opioids (2.16.840.1.113762.1.4.1125.2).</p> <p>To access the value sets for the measure, please visit the Value Set Authority Center (VSAC), sponsored by the National Library of Medicine, at <a href="https://vsac.nlm.nih.gov/">https://vsac.nlm.nih.gov/</a>.</p>			
Denominator Statement	<p>Any member with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days supply is greater than or equal to 15.</p>	<p>Any member with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days supply is greater than or equal to 15.</p>	<p>Any member with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days supply is greater than or equal to 15.</p>	<p>Patients age 18 years and older prescribed an opioid or a benzodiazepine at discharge from a hospital-based encounter (inpatient stay less than or equal to 120 days or emergency department encounters, including observation stays) during the measurement period.</p>			

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Denominator Details	<p>Any member with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days supply is greater than or equal to 15.</p> <p>Table Opioid-A: Opioid Medications</p> <table><tr><td>butorphanol</td><td>codeine</td></tr><tr><td>dihydrocodeine</td><td>fentanyl hydrocodone</td></tr><tr><td>hydromorphone</td><td></td></tr><tr><td>levorphanol</td><td>meperidine</td></tr><tr><td>methadone</td><td>morphine opium</td></tr><tr><td>oxycodone oxymorphone</td><td></td></tr><tr><td>pentazocine</td><td>tapentadol tramadol</td></tr></table>	butorphanol	codeine	dihydrocodeine	fentanyl hydrocodone	hydromorphone		levorphanol	meperidine	methadone	morphine opium	oxycodone oxymorphone		pentazocine	tapentadol tramadol	<p>Any member with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days supply is greater than or equal to 15.</p> <p>Table Opioid-A: Opioid Medications</p> <table><tr><td>buprenorphine</td><td>butorphanol codeine</td><td></td></tr><tr><td>dihydrocodeine</td><td>fentanyl hydrocodone</td><td></td></tr><tr><td>hydromorphone</td><td>levorphanol meperidine</td><td>methadone</td></tr><tr><td>morphine</td><td>opium</td><td></td></tr><tr><td>oxycodone</td><td>oxymorphone</td><td></td></tr><tr><td>pentazocine</td><td>tapentadol tramadol</td><td></td></tr></table>	buprenorphine	butorphanol codeine		dihydrocodeine	fentanyl hydrocodone		hydromorphone	levorphanol meperidine	methadone	morphine	opium		oxycodone	oxymorphone		pentazocine	tapentadol tramadol		<p>Any member with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days supply is greater than or equal to 15.</p> <p>Table Opioid-A: Opioid Medications</p> <table><tr><td>buprenorphine</td><td>butorphanol codeine</td><td></td></tr><tr><td>dihydrocodeine</td><td>fentanyl hydrocodone</td><td></td></tr><tr><td>hydromorphone</td><td>levorphanol meperidine</td><td>methadone</td></tr><tr><td>morphine</td><td>opium</td><td></td></tr><tr><td>oxycodone</td><td>oxymorphone</td><td></td></tr><tr><td>pentazocine</td><td>tapentadol tramadol</td><td></td></tr></table>	buprenorphine	butorphanol codeine		dihydrocodeine	fentanyl hydrocodone		hydromorphone	levorphanol meperidine	methadone	morphine	opium		oxycodone	oxymorphone		pentazocine	tapentadol tramadol		<p>Inpatient Encounters are represented using the QDM datatype and value set of Encounter, Performed: Encounter Inpatient (OID: 2.16.840.1.113883.3.666.5.307). Length of stay is calculated within the measure based on encounter start and end dates. ED Encounters including observation stay are represented using the QDM datatype and value set of Encounter, Performed: Encounter ED and Observation Stay (OID: 2.16.840.1.113883.3.3157.1002.8</p> <p>1).</p> <p>Patients with an opioid or a benzodiazepine active on admission and continued at discharge are represented by the following QDM datatype and value sets:</p> <p>- Medication, Active: Schedule II and Schedule III Opioids (OID: 2.16.840.1.113762.1.4.1125.2)</p> <p>- Medication, Active: Benzodiazepines (OID: 2.16.840.1.113762.1.4.1125.1)</p> <p>Patients who received a new opioid or benzodiazepine prescription at discharge from a qualifying encounter, not those patients who were given an opioid or benzodiazepine as part of their encounter treatment, are represented by the following QDM datatype and value sets:</p> <p>- Medication, Discharge: Schedule II and Schedule III Opioids (OID: 2.16.840.1.113762.1.4.1125.2)</p> <p>- Medication, Discharge: Benzodiazepines (OID: 2.16.840.1.113762.1.4.1125.1)</p> <p>To access the value sets for the measure, please visit the Value Set Authority Center, sponsored by the National Library of Medicine, at <a href="https://vsac.nlm.nih.gov/">https://vsac.nlm.nih.gov/</a>. A list of value sets for the measure is attached in the Excel workbook provided for question S.2b.</p>
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Exclusions	<p>Any member with a diagnosis for Cancer or a Prescription Drug Hierarchical Condition Category (RxHCC) 8, 9, 10, or 11 for Payment Year 2015; or RxHCC 15, 16, 17, 18, or 19 for Payment Year 2016 (see list in S.11 and S.2b); or a hospice indicator (Medicare Part D) from the enrollment database.</p>	<p>Any member with a diagnosis for Cancer or a Prescription Drug Hierarchical Condition Category (RxHCC) 8, 9, 10, or 11 for Payment Year 2015; or RxHCC 15, 16, 17, 18, or 19 for Payment Year 2016; (see list in S.11 and S.2b); or a hospice indicator from the enrollment database.</p>	<p>Any member with a diagnosis for Cancer or a Prescription Drug Hierarchical Condition Category (RxHCC) 8, 9, 10, or 11 for Payment Year 2015; or RxHCC 15, 16, 17, 18, or 19 for Payment Year 2016 (see list in S.11 and S.2b); or a hospice indicator (Medicare Part D) from the enrollment database.</p>	<p>The following encounters are excluded from the denominator:</p> <p>- Encounters for patients with an active diagnosis of cancer during the encounter</p> <p>- Encounters for patients who are ordered for palliative care during the encounter</p> <p>- Inpatient encounters with length of stay greater than 120 days</p> <p>Denominator exceptions: None.</p>																																																		
Exclusion Details	<p>Hospice exclusion: Exclude those members identified in the Medicare Enrollment Database as being enrolled in hospice.</p> <p>Cancer exclusion: For Payment Year 2015: RxHCC 8, 9, 10, or 11. For Payment Year 2016: RxHCC 15, 16, 17, 18, or 19 ICD 9 and 10 Codes to Identify Cancer: Please see attachment in S2.b</p>	<p>Hospice Exclusion: Exclude those members identified in the Medicare Enrollment Database as being enrolled in hospice.</p> <p>Cancer Exclusion: For Payment Year 2015: RxHCC 8, 9, 10, or 11. For Payment Year 2016: RxHCC 15, 16, 17, 18, or 19 ICD 9 and 10 Codes to Identify Cancer: Please see attachment in S2.b</p>	<p>Hospice exclusion: Exclude those members identified in the Medicare Enrollment Database as being enrolled in hospice.</p> <p>Cancer exclusion: For Payment Year 2015: RxHCC 8, 9, 10, or 11. For Payment Year 2016: RxHCC 15, 16, 17, 18, or 19 ICD 9 and 10 Codes to Identify Cancer: Please see attachment in S2.b</p>	<p>Active cancer diagnosis or palliative care order during the encounter are represented using the QDM datatype and following value sets:</p> <p>- Diagnosis: Cancer (2.16.840.1.113883.3.526.3.1010 )</p> <p>- Intervention, Performed: Palliative care (2.16.840.1.113762.1.4.1125.3)</p> <p>- - Intervention, Order: Palliative care (2.16.840.1.113762.1.4.1125.3)</p>																																																		