

## Patients Prescribed Chronic Concurrent Opioids and Sedatives

### Metric Information

**Metric description:** The percentage of Medicaid beneficiaries prescribed chronic opioids and a concurrent chronic sedative prescription, among beneficiaries prescribed chronic opioids.

The Bree Collaborative recommends quarterly reporting. All qualifying observations for a given quarter count towards the overall, annual estimate for the measurement year. This means that an individual who meets the eligibility criteria and has at least 60 days supply of opioids and has a concurrent sedative prescription in two calendar quarters in the measurement year will contribute 2 qualifying observations to each metric threshold calculation.

Definition of terms used in this metric:

- *Days Supply in Quarter:* The number of days each prescription should last (days supply) is generally provided for each prescription. Days supply is calculated at the pharmacy by dividing the number of units (e.g., tablets, capsules, patches) dispensed by the maximum number of units to be used in one day. The total days supply is the sum of the days supply from all opioid prescriptions prescribed during the calendar quarter, including overlapping prescriptions (and includes days that may extend into the next calendar quarter).
- *Chronic Opioid Prescription:* ≥60 days supply of opioids prescribed in the calendar quarter.
- *Chronic Concurrent Opioid and Sedative Prescription:* ≥60 days supply of opioids prescribed and ≥60 days supply of sedatives prescribed in the same calendar quarter.

**Metric specification version:** Bree Collaborative Opioid Prescribing Metrics (July 2017). Guidelines developed by the Bree Collaborative for Metric 4: “Patients Prescribed Chronic Concurrent Opioids and Sedatives”

**Data collection method:** Administrative only.

**Data source:** ProviderOne Medicaid claims/encounter and enrollment data.

**Claim status:** Include only final paid claims or accepted encounters in metric calculation.

**Identification window:** Four quarters that comprise the measurement year.

**Direction of quality improvement:** Lower is better.

**URL of specifications:** <https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2018/06/Bree-Opioid-Prescribing-Metrics-Final-2017.pdf>

### DSRIP Program Summary

**Metric utility:** ACH Project P4P  ACH High Performance  DSRIP statewide accountability

**ACH Project P4P – Metric results used for achievement value:** Single metric result.

## Patients Prescribed Chronic Concurrent Opioids and Sedatives

**ACH Project P4P – improvement target methodology:** improvement over self (1.9% improvement over reference baseline performance).

**ACH regional attribution:** Residence in the ACH region for 11 out of 12 months in the measurement year.

### DSRIP Metric Details

Eligible Population	
Age	All ages.
Gender	N/A
Minimum Medicaid enrollment	3 out of 3 months for each qualifying quarter.
Allowable gap in Medicaid enrollment	None within each qualifying quarter.
Medicaid enrollment anchor date	N/A
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

#### Denominator:

*Data elements required for denominator:* Medicaid beneficiaries who meet the above eligibility criteria, with a  $\geq 60$  days supply of opioids in the calendar quarter.

*Required exclusions for denominator.*

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - o Beneficiaries in hospice care.
  - o Beneficiaries with a cancer diagnosis.
  - o All prescriptions for buprenorphine are excluded.
  - o Prescriptions for an opioid not typically used in outpatient settings or when used as part of cough and cold formulations including elixirs, and combination products containing antitussives, antihistamines, and expectorants are excluded.

*Deviations from cited specifications for denominator.*

- None.

#### Numerator:

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

## Patients Prescribed Chronic Concurrent Opioids and Sedatives

*Data elements required for numerator:* Medicaid beneficiaries who meet the above eligibility criteria and prescribed ≥60 days supply of opioids and prescribed ≥60 days supply of sedative hypnotics, benzodiazepines, carisoprodol, and/or barbiturates in the same calendar quarter (note: these sedative classes are updated frequently).

Sedative Classes	Generic Names
Benzodiazepines	<ul style="list-style-type: none"> <li>- Alprazolam</li> <li>- Chlordiazepoxide</li> <li>- Clonazepam</li> <li>- Clorazepate</li> <li>- Diazepam</li> <li>- Estazolam</li> <li>- Flurazepam</li> <li>- Lorazepam</li> <li>- Midazolam</li> <li>- Oxazepam</li> <li>- Quazepam</li> <li>- Temazepam</li> <li>- Triazolam</li> </ul>
Barbiturates	<ul style="list-style-type: none"> <li>- Butabarbital</li> <li>- Butalbital</li> <li>- Mephobarbital</li> <li>- Phenobarbital</li> <li>- Secobarbital</li> </ul>
Skeletal muscle relaxants	<ul style="list-style-type: none"> <li>- Carisoprodol</li> </ul>
Non-benzodiazepine hypnotic	<ul style="list-style-type: none"> <li>- Chloral hydrate</li> <li>- Eszopiclone</li> <li>- Meprobamate</li> <li>- Suvorexant</li> <li>- Zalelon</li> <li>- Zolpidem</li> </ul>

*Required exclusions for numerator.*

- All prescriptions for buprenorphine are excluded.
- Prescriptions for an opioid not typically used in outpatient settings or when used as part of cough and cold formulations including elixirs, and combination products containing antitussives, antihistamines, and expectorants are excluded.

*Deviations from cited specifications for numerator.*

- None

## Patients Prescribed Chronic Concurrent Opioids and Sedatives

**July 2018 release:** The specification was updated to include more information on the eligible population and additional data descriptions and specifications.

**August 2019 update:** Based on input from clinical leadership, refinements were made to the cancer diagnosis value set (used for exclusions) to align with clinical practice and to address legacy effects of the shift from ICD-9 to ICD-10. Note that while the names of the value sets included in the specifications have not changed, the underlying values may have been updated.