

What is HEDIS[®]?

HEDIS[®] (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures in the managed care industry, developed and maintained by NCQA. HEDIS[®] measures results and drives improvement efforts surrounding best practices.

What is the HEDIS[®] HDO measure looking at?

The percentage of members age 18+ who received prescription opioids at a high dosage (≥ 90 Morphine Milligram Equivalent (MME) dose) for ≥ 15 days.

Why is the HEDIS[®] HDO measure important?

HEDIS 2022 continues to measure high-risk opioid use and provides plans the opportunity to identify members at risk as a result of their chronic or high-dose opioid use. When used appropriately, prescription opioid analgesics provide pain relief to patients; however, misuse and overuse of opioids can lead to addiction, opioid use disorders and overdose deaths.

Who is included in the measure?

- Members with two or more opioid dispensing events (on different dates of service) and with at least 15 days covered by opioids
- Members aged 18+ covered under Commercial, Medicaid, or Medicare LOB

Which Members are excluded?

- Members having cancer or sickle cell disease.
- Members using palliative or hospice services at any time during the year.
- Additionally – Injectables, cough and cold products, fentanyl transdermal patches, and methadone are all excluded.

When does the Member 'pass' the measure?

If the member's average daily dose of morphine milligram equivalent [MME] is ≥ 90 for *fewer* than 15 days in a calendar year. Once the member's MME is ≥ 90 for at least 15 days, then the member is noncompliant for the measure.

What is an Average Daily Dose of Morphine Milligram Equivalent?

The Morphine Milligram Equivalent is the dose of oral morphine that is the analgesic equivalent of a given dose of another opioid analgesic.

A daily dose is calculated using the units per day, strength and the MME conversion factor (different for each drug).

A total sum of daily doses is calculated in order for an Average Daily Dose to finally be calculated representing all opioids dispensed to the member.

What can providers do to help improve HEDIS[®] HDO rates?

- Use the lowest dosage of opioids in the shortest length of time possible.
- Establish and measure goals for pain and function.
- Discuss benefits and risks and availability of non-opioid therapies with patient.
- Evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation.
- Review the patient's history of controlled substance prescriptions using state Prescription Drug Monitoring Program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put them at high risk for overdose.

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