

Quality ID #468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Prevention and Treatment of Opioid and Substance Use Disorders

2020 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for all adults aged 18 years and older with pharmacotherapy for OUD seen during the denominator identification period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
Adults aged 18 years and older who had a diagnosis of OUD

Definitions:
Pharmacotherapy for OUD –

- Buprenorphine
- Naltrexone (oral)
- Buprenorphine/naloxone
- Methadone
- Naltrexone (extended-release injectable)

Denominator Identification Period – The period in which eligible adults can have a denominator eligible event. The denominator identification period is defined as 18 months. The denominator identification period is from 07/1/2019 to 6/30/2020.

Denominator Criteria (Eligible Cases):
Adults aged ≥ 18 years on date of encounter

AND

Diagnosis of OUD: F11.10, F11.120, F11.121, F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.21, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94,

F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99

AND

Encounter during the denominator identification period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

AND

Adults currently taking pharmacotherapy for OUD: M1032

AND NOT

DENOMINATOR EXCLUSION:

Pharmacotherapy for OUD initiated after June 30th of 2020: M1033

NUMERATOR:

Adults in the denominator who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days

NUMERATOR NOTE: Numerator compliance is expected to be determined within the performance period (07/01/2019 – 12/31/2020). If the adult has a denominator eligible encounter in the last 180 days of the performance period, they may review medical history or 'look-back' 180 days to determine numerator compliance. If the adult is identified as a new patient or newly diagnosed patient and the MIPS eligible clinician is unable to determine numerator compliance since they would need 180 days for consideration of continuity of pharmacology from the time of the denominator encounter, they may exclude that patient from the denominator.

Numerator Options:

Performance Met:

Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days
(M1034)

OR

Denominator Exception:

Adults who are deliberately phased out of Medication Assisted Treatment (MAT) prior to 180 days of continuous treatment **(M1035)**

OR

Performance Not Met:

Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days **(M1036)**

RATIONALE:

Continuous pharmacotherapy for OUD is identified on the basis of the days covered by the days' supply of all prescription claims for any OUD medication (see list below) or number of days for which the drug was dispensed in a physician office or treatment center with the exceptions noted in this paragraph. The period of continuous pharmacotherapy starts on the day the first claim for an OUD medication is filled/supplied (index date) and lasts through the days' supply of the last claim for an OUD medication. To meet the 180-day requirement and be eligible for the measure, the date on the first claim for an OUD medication must fall at least 180 days before the end of the

measurement period. For claims with a days' supply that extends beyond the end of the measurement period, count only the days for which the drug was available to the individual during the measurement period. If two or more prescription claims occur on the same day or overlap, the surplus based on the days' supplies accumulates over all prescriptions. However, if another claim is submitted after a claim for an injectable OUD medication or an oral OUD medication that is dispensed in an office or treatment center, the surplus from the day's supply for the injectable or office-dispensed medication is not retained.

An individual is considered to have continuous pharmacotherapy with OUD medication if there is no treatment gap of more than seven days. A gap is defined as a period during which the individual does not have oral OUD medication available based on the days' supply or is more than 7 days overdue for having an injection of an extended-release OUD medication.

OUD medications were identified using National Drug Codes (NDCs) for the following:

- Buprenorphine
- Naltrexone (oral)
- Buprenorphine and Naloxone

And HCPCS codes for the following:

- Oral Buprenorphine or Buprenorphine/naloxone (when dispensed in office)
- Injectable and implant Buprenorphine
- Methadone administration
- Naltrexone (extended-release injectable)

The National Drug Codes (NDCs) for the oral medications and the HCPCS codes for the injectable/implantable medications and office-dispensed oral medications (methadone and buprenorphine/naloxone) are contained in the sheets called "NDCs" and "HCPCS Codes", respectively, in the Excel file called "NQF 3175 OUD Code Lists" which is attached to this form under Item S.2b. Note that the NDC code list DOES NOT include NDC codes for methadone, as it can legally only be dispensed as OUD pharmacotherapy in licensed treatment centers. Buprenorphine can be dispensed through a pharmacy or in an office and is therefore identified based on either NDC or HCPCS codes.

Justification of Measure Definition: We define treatment continuity as (1) receiving at least 180 days of treatment and (2) no gaps in medication use of more than 7 days.

Our definition of minimum duration is based on the fact that the FDA registration trials for OUD drugs studied the effect of treatment over three to six months (US FDAa, undated; US FDAb, undated), and we have no evidence for effectiveness of shorter durations. In addition, several recommendations support a minimum six-month treatment period as the risk of relapse is the highest in the first 6-12 months after start of opioid abstinence (US FDAa, undated; US FDAb, undated; US DHHS, 2015). Longer treatment duration is associated with better outcomes compared to shorter treatments and the best outcomes have been observed among patients in long-term methadone maintenance programs ("Effective medical treatment of opiate addiction", 1998; Gruber et al., 2008; Moos et al., 1999; NIDA, 1999; Ouimette et al., 1998; Peles et al., 2013). Studies with long-term follow-up suggest that ongoing pharmacotherapy is associated with improved odds of opioid abstinence (Hser et al., 2015; Weiss et al., 2015). We did not specify a maximum duration of treatment, as no upper limit for duration of treatment has been empirically established (US DHHS, 2015).

The rationale for using a treatment gap of more than seven days in our definition is that the measure includes three active ingredients with different pharmacological profiles. There is substantial evidence for an elevated mortality risk immediately after treatment cessation (Cornish et al., 2010; Cousins et al., 2016; Davoli et al., 2007; Degenhardt et al., 2009; Gibson & Degenhardt,

2007; Pierce et al., 2016). Research suggests that methadone tolerance is lost after three days and this three-day threshold has been used in other observational methadone studies and in developing a United Kingdom treatment guideline which recommends reevaluating patients for intoxication and withdrawal after a three-day methadone treatment gap (Cousins et al., 2016; Cousins et al., 2011; “Drug Misuse and Dependence— Guidelines on Clinical Management”, 1999). Across all the medications, the mortality risk is highest in the first four weeks out of treatment, with many studies showing an increase in mortality in days 1-14 after treatment cessation.

CLINICAL RECOMMENDATION STATEMENTS:

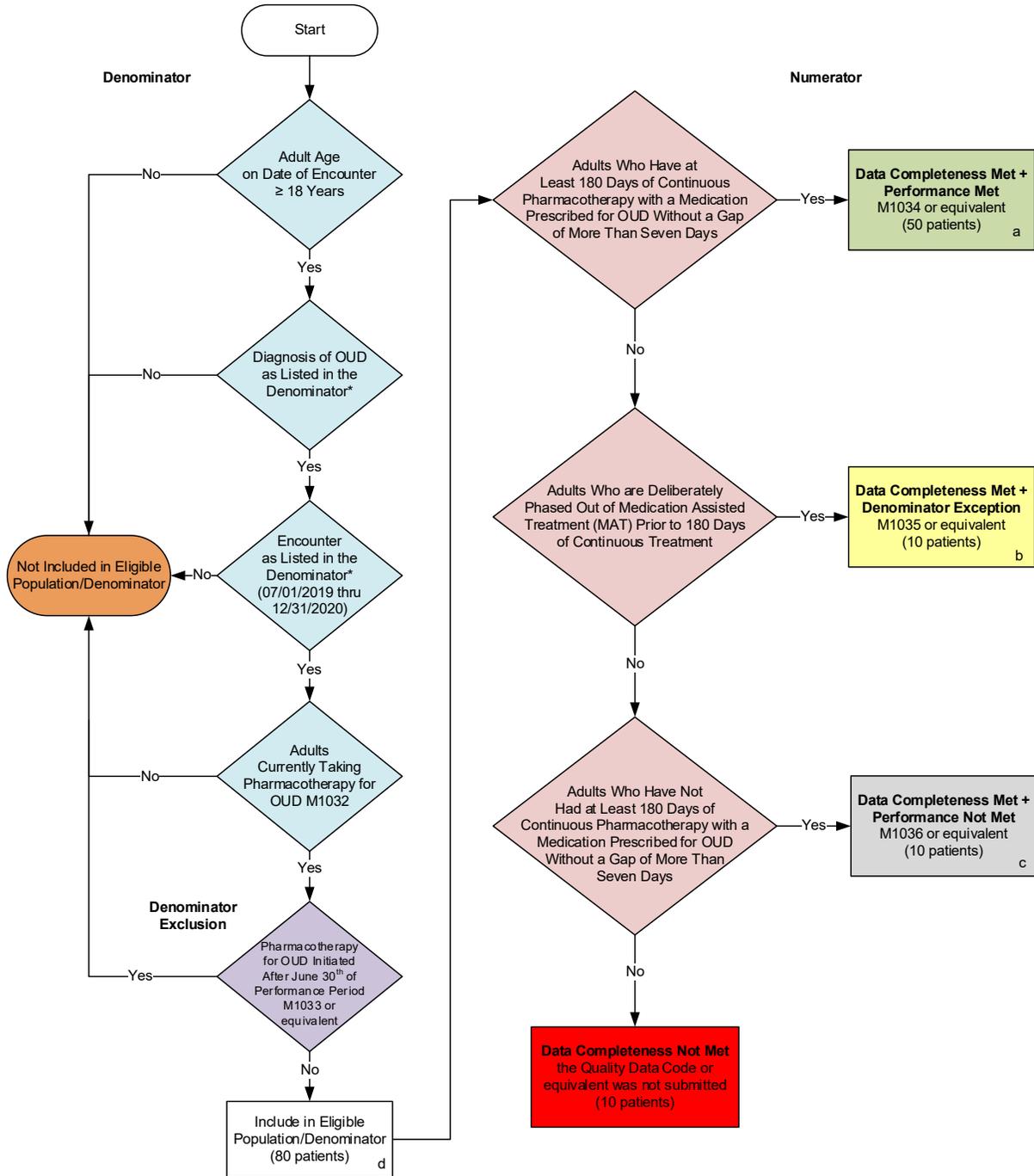
This is a process measure as it is quantifying medication compliance for a specific period of time and not abstinence from addictive use of opioids. By looking at adherence or continuity of pharmacotherapy for opioid use disorder, we are touching on an intermediate outcome as well. As such, no clinical recommendations are included.

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**2020 Clinical Quality Measure Flow for Quality ID #468:
Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=50 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b=10 patients)}} = \frac{50 \text{ patients}}{60 \text{ patients}} = 83.33\%$$

* See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Intermediate

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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**2020 Clinical Quality Measure Flow Narrative for Quality ID #468:
Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check Adult Age:
 - a. If Adult Age on Date of Encounter is greater than or equal to 18 Years equals No, do not include in Eligible Population. Stop Processing.
 - b. If Adult Age on Date of Encounter is greater than or equal to 18 Years equals Yes, proceed to check Adult Diagnosis.
3. Check Adult Diagnosis:
 - a. If Diagnosis of OUD as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Diagnosis of OUD as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Adults Currently Taking Pharmacotherapy for OUD.
5. Check Adults Currently Taking Pharmacotherapy for OUD:
 - a. If Adults Currently Taking Pharmacotherapy for OUD equals No, do not include in Eligible Population. Stop Processing.
 - b. If Adults Currently Taking Pharmacotherapy for OUD equals Yes, proceed to check Pharmacotherapy for OUD Initiated After June 30th of Performance Period.
6. Check Pharmacotherapy for OUD Initiated After June 30th of Performance Period:
 - a. If Pharmacotherapy for OUD Initiated After June 30th of Performance Period equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Pharmacotherapy for OUD Initiated After June 30th of Performance Period equals No, include in Eligible Population.
7. Denominator Population:
 - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented a Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
8. Start Numerator

9. Check Adults Who Have at Least 180 Days of Continuous Pharmacotherapy with a Medication Prescribed for OUD Without a Gap of More Than Seven Days:
 - a. If Adults Who Have at Least 180 Days of Continuous Pharmacotherapy with a Medication Prescribed for OUD Without a Gap of More Than Seven Days equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 50 patients in the Sample Calculation.
 - c. If Adults Who Have at Least 180 Days of Continuous Pharmacotherapy with a Medication Prescribed for OUD Without a Gap of More Than Seven Days equals No, proceed to check Adults Who are Deliberately Phased Out of Medication Assisted Treatment (MAT) Prior to 180 Days of Continuous Treatment.
10. Check Adults Who are Deliberately Phased Out of Medication Assisted Treatment (MAT) Prior to 180 Days of Continuous Treatment:
 - a. If Adults Who are Deliberately Phased Out of Medication Assisted Treatment (MAT) Prior to 180 Days of Continuous Treatment equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
 - c. If Adults Who are Deliberately Phased Out of Medication Assisted Treatment (MAT) Prior to 180 Days of Continuous Treatment equals No, proceed to check Adults Who Have Not Had at Least 180 Days of Continuous Pharmacotherapy with a Medication Prescribed for OUD Without a Gap of More Than Seven Days.
11. Check Adults Who Have Not Had at Least 180 Days of Continuous Pharmacotherapy with a Medication Prescribed for OUD Without a Gap of More Than Seven Days:
 - a. If Adults Who Have Not Had at Least 180 Days of Continuous Pharmacotherapy with a Medication Prescribed for OUD Without a Gap of More Than Seven Days equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 10 patients in the Sample Calculation.
 - c. If Adults Who Have Not Had at Least 180 Days of Continuous Pharmacotherapy with a Medication Prescribed for OUD Without a Gap of More Than Seven Days equals No, proceed to check Data Completeness Not Met.
12. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=50 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b=10 patients)}} = \frac{50 \text{ patients}}{60 \text{ patients}} = 83.33\%$$