# **HEDIS®** Tips:

## **Use of Opioids From Multiple Providers (UOP)**

### **MEASURE DESCRIPTION**

The proportion of patients 18 years and older, receiving prescription opioids for greater than or equal to 15 days during the measurement year who received opioids from multiple providers. Three rates are reported:

- 1. *Multiple Prescribers*. The proportion of patients receiving prescriptions for opioids from 4 or more different prescribers during the measurement year.
- 2. *Multiple Pharmacies* The proportion of patients receiving prescriptions for opioids from 4 or more different pharmacies during the measurement year.
- 3. *Multiple Prescribers and Multiple Pharmacies* The proportion of patients receiving prescriptions for opioids from 4 or more different prescribers *and* 4 or more different pharmacies during the measurement year.

Note: A lower rate indicates better performance for all three rates.

#### **MEDICATIONS**

Description		Name	
Opioid Medications	Buprenorphine (transdermal	Hydrocodone	Opium
	patch and buccal film)	Hydromorphone	Oxycodone
	Butorphanol	Levorphanol	Oxymorphone
	Codeine	Meperidine	Pentazocine
	Dihydrocodeine	Methadone	Tapentadol
	Fentanyl	Morphine	Tramadol

The following opioid medications are excluded from the measure:

- Injectables
- Opioid cough and cold products
- Single-agent and combination buprenorphine products of medication assisted treatment of opioid use disorder
- lonsys (fentanyl transdermal patch)
- Methadone for the treatment of opioid use disorder

#### **HOW TO IMPROVE HEDIS SCORES**

Review the Prescription Monitoring Program Registry for your state regularly.
Reference the CDC Guideline for Prescribing Opioids for Chronic Pain.
Use best practices to manage pain and establish a comprehensive Pain Management plan.
Set patient-prescriber expectations early-on regarding controlled-substance prescriptions from other providers and the use of multiple pharmacies.
Educate patient on opioid safety and risks associated with use of multiple opioids from different providers.

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