



PQA Patient & Caregiver Advisory Panel

Wednesday, July 18th, 2018 1:00 PM to 2:00 PM ET

Meeting Minutes (Abridged and Deidentified)

1. MDT 15: Initial Opioid Prescribing

- The PCAP member provided a review of the material on the slides. The objective of the measure is to develop three measure concepts that address early opioid use that can contribute to future opioid use disorder and overdose. The three measures will evaluate initial opioid prescriptions for:
 - Long-acting/extended release opioids
 - >7 days' supply
 - ≥50 Morphine Milligram Equivalent (MME) per day

Discussion:

Question 1: Is evaluation important to patients

- PCAP: I think this is very important. I think opioids should be strictly controlled and limits aligned with guidelines, so MDs know the safest way to prescribe. I think this is very important.
- PCAP: I am a patient partner and recovering alcoholic. I think the initial evaluations are critical... especially to see if we are already at risk. Would someone know if these are addictive. The initial discussion is really, really important.
- PCAP: Would evaluation be helpful in primary care, but also in the pharmacy? Where do you feel more comfortable?
- PCAP: I think the PCP AND a pharmacist with knowledge of your history is essential. Both would be ideal. Both should be involved in that path.
- PCAP: If we go back to the CDC guidelines in 2016, in the first couple of sentences. Primarily important is that non-opioid therapy is recommended. Prior to starting opioids, clinicians should establish goals. I think we need to promote that all clinicians that can touch a patient are NOT defaulting to a prescription when other options may be available.

Question 2: Exclude individuals with cancer and hospice. Thoughts for PCAP?

- PCAP: Is the distinction terminal cancer or not?
 - PQA: Great question. The measure evaluates only individuals with an active diagnosis of cancer. We understand that cancer is a condition associated with pain, therefore patients with cancer will need more aggressive pain control earlier. Additionally, the

measures are based on CDC guidelines, which are not intended to apply to individuals with cancer or hospice.

- PCAP: How is it from a pharmacy perspective to determine this? It's a process-based question. The pharmacy is not required to collect ICD-10 or that type of information.
 - PQA: Correct. The measures are applied to the health plan level. PQA has standard value-sets that help identify the populations and exclude. This is consistent with other PQA opioid measures.
- PCAP: Would the PDMP be used with these measures?
 - PQA: Great question. PDMP, or Prescription Drug Monitoring Programs, are state-based registries for controlled substances. A PDMP in a state would be able to review all prescriptions for controlled substances, including opioids for that state. Unfortunately, PDMP data is hard to access and currently are not an area for measure implementation. PQA is currently working on developing relationships and an implementation strategy for this area.
- PCAP: I have a beagle that has had surgery recently. My dog received pain killers and I had to register in the system. Have you heard of that?
 - PQA: Yes. It is due to the PDMP as mentioned above. There are state by state differences in the PDMP implementation – for example in Alabama, veterinarians do not have to register in the PDMP.

Question 3: Any specific opioids of interest?

- PQA: For example, opium is listed as a medication to evaluate, but is not used to treat pain. Or buprenorphine can be used for pain, but is primarily used to treat opioid use disorder. Another aspect to consider is that the other PQA Opioid measures do not include buprenorphine. Exclusion in the initial opioid prescribing measure would align with other PQA measures.
 - General PCAP support for the exclusion.
- PCAP: Will the measure look at various opioids, such as starting on Percocet then shifts to Vicodin?
 - PQA: Yes. This gets into how the measure is specified. One aspect of the measure is to ensure they evaluate *initial* opioid prescriptions. Another way to think about this is we want to evaluate individuals that are not taking opioids and have not received opioids for a pre-determined amount of time.
- PCAP: If they are prescribing opioids, then medications to treat OUD, like buprenorphine, would essentially be excluded due to chronic use.
 - PQA: Correct, however, an individual with heroin disorder may not count.

Question 4: Additional thoughts?

- None

Status Update of Previous Measures

- Initial Opioid Prescribing
 - 100% of votes this measures something important to patients and caregivers.
 - 100% of votes agree with excluding individuals with cancer or hospice during the measurement year.
 - 50% of responses agree with excluding buprenorphine from the measure
 - This is consistent with the vote from the MDT 15
 - All three draft measures are expected to go to QMEP review in October.