

Opioid Care Honor Roll

Measurement Guide

The following table includes suggested measures to track hospital-based opioid treatment from the American Hospital Association, CA BRIDGE, and hospitals participating in the Opioid Care Honor Roll program. Hospitals are encouraged to choose those most relevant to their processes and goals, as some of these metrics may not be applicable to every hospital.

For additional details regarding metrics and evaluation, refer to the American Hospital Association’s [Stem the Tide: Opioid Stewardship Measurement Implementation Guide](#).

Definitions of abbreviations for federal programs: TJC: The Joint Commission, HEDIS: Healthcare Effectiveness Data and Information Set, MIPS (QM or IA): Merit Based Incentive Payment System (Quality Measure or Improvement Activity) (CMS), MSSP: Medicare Shared Savings Program (CMS), HIQRP: Hospital Inpatient Quality Reporting Program (CMS), Medicaid ACS: Medicaid Adult Core Set

Measure Description	Numerator	Denominator	Desired QI Trend	Alignment with Federal Quality or Accountability Programs
Safe & effective opioid use for pain management				
Total MME per prescription	Total MME	Number of opioid prescriptions	Reduction in average total MME	Medicaid ACS, MSSP
Opioid prescriptions ≤ 5 days	Number of opioid prescriptions ≤ 5 days	Total number of opioid prescriptions	Reduction in total days supply of opioids	
Number of opioid pills prescribed	Total number of opioid pills prescribed	Number of opioid prescriptions	Decrease in total number of opioid pills in the community	
Opioid prescriptions per prescriber at discharge	Number of opioid prescriptions at discharge	Patient volume per prescriber	Decrease in total number of opioid prescriptions	Medical Board of California
Patients receiving opioid only for pain management	Patients discharged with only an opioid medication for pain relief	Patients discharged with a prescription for a pain medication of any kind	Decrease in patient receiving opioids only for pain	TJC

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ALTO medications dispensed per 1,000 ED visits	Total mg of ALTO medications administered	Number of ED visits	Increase in alternatives to opioids for pain management	
MME per 1,000 ED visits	Total MMEs dispensed in the ED	Number of ED visits	Decrease opioid use for pain management in the ED	
Patients with opioids and benzodiazepines co-prescribed	Patients prescribed both opioids and benzodiazepines	All patients	Decrease in number of patients co-prescribed	HEDIS, Medicaid ACS, HIQRP, MSSP
Rates of accessing prescription drug monitoring program (PDMP)	Number of patients on opioids of any length or dose	Number of patients on opioids of any length or dose	Increased rate of PDMP utilization	MIPS IA, Leapfrog
Identifying & treating patients with opioid use disorder				
Screening for OUD on admission	Number of risk assessments documented in EHR on admission	Number of inpatient admissions	Increase in number of screens	MIPS QM
New patient starts for OUD treatment	MAT initiated	Number of patients identified with OUD	Increase in number of new starts	Medicaid ACS, CA Bridge
Referrals for OUD treatment	Number of referrals ordered	Number of patients identified with untreated OUD	Increase in referrals	Medicaid ACS, TJC
Completed/successful referrals for OUD treatment	Number of referrals completed	Number of referrals ordered	Increase in number of completed referrals	Medicaid ACS, TJC
Number of referred patients still in treatment 30 days later	Number of patients still in active treatment program	Number of treatment referrals completed	Increase in number of patients still engaged in treatment	Medicaid ACS

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Percent readmissions among patients started on MAT	Number of patients admitted for any cause within 90 days after initial MAT	Number of individuals started on MAT	Decrease in number of readmitted patients who were started on MAT	Readmission reduction programs
Overdose prevention				
Naloxone prescribed for opioid overdoses or high-risk patients	Number of naloxone prescriptions	Number of patients presenting with OD or opioid MME>50	Increase in naloxone prescriptions	CDC guidelines
Opioid prescriptions > 50 or 90 MMEs daily	Prescriptions > 50 or 90 MMEs daily	All prescriptions	Decrease in opioid prescriptions > 50 or 90 MME	
Applying cross-cutting opioid management best practices				
Percent of patients continuing opioids after 30 days	Number of patients on opioids after 30 days	Total number of patients prescribed opioids	Appropriate pain management	
Proportion of hospitalized patients who have documentation of patient defined comfort and function goals	Patients with documented comfort a function goals	Admitted patients receiving a dose of any pain medication	Increase in percentage of patients with defined goals	TJC
Patient pain management planning and education	Number of plans documented	Number of patients expected to experience pain	Increase in patients documented as having planning and education	MIPS IA, TJC
Identification and planning for patients with OUD on admission	Number of plans documented	Number of patients with OUD diagnosis	Increase in number of documented plans	Medicaid ACS
Baseline assessment of pain and opioid utilization upon admission	Number of assessments documented in EHR	Number of patients on opioids of any length or dose	Increase in number of baseline assessments	TJC

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Number of patients with an acceptable pain score > 0	Number of patients with an acceptable pain score > 0	Number of patients with pain	Setting realistic pain management expectations	
Functional outcomes and quality of life patient-reported outcomes measures (PROMs) for treatment engaged patients	PROM score over time	Baseline PROM	Improvement in score of PROM over patient baseline	