Opioid Care Honor Roll Measurement Guide

The following table includes suggested quality improvement measures for hospitals addressing opioids stewardship. The development of this measures list was influenced by the following organizations and publications.

- American Hospital Association's Stem the Tide: Opioid Stewardship Measurement Implementation Guide
- Bridge Navigator Program metrics
- Centers for Disease Control and Prevention's opioid prescribing guidelines
- Hospitals participating in the Opioid Care Honor Roll Program
- National Quality Forum's Addressing Opioid-Related Outcomes Among Individuals with Co-occurring Behavioral Health Conditions
- The Joint Commission's pain management standards for hospitals

Hospitals are encouraged to choose the measures most relevant to their processes and goals.

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

Measure Description	Numerator	Denominator	Desired QI Trend	Alignment with State & Federal 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	CDC Guidelines
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	CDC Guidelines
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

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Cal Hospital Compare

Measure Description	Numerator	Denominator	Desired QI Trend	Alignment with State & Federal Programs
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
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	
Safe use of opioids – concurrent prescribing	Inpatient hospitalizations where the patient is prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge	All patients	Decrease in number of patients co-prescribed these medications	HEDIS, Medicaid ACS, HIQRP, MSSP, eCQM
Rates of accessing prescription drug monitoring program (PDMP)	Provider PDMP check	Number of patients prescribed opioids	Increased rate of PDMP utilization	MIPS IA, Leapfrog
Identifying & treating patients with opioid use disorder				
# ED/hospital encounters where a patient was seen by the navigator for any reason.	The total number of encounters where a patient was served by the navigator(s)	All patients	Increase in number of navigator consults, regardless of visit reason, diagnosis, or the location where the patient was seen in the hospital	Bridge Navigator Program

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Measure Description	Numerator	Denominator	Desired QI Trend	Alignment with State & Federal Programs
# ED/hospital encounters where a patient was diagnosed with OUD	The total number of encounters in the ED or hospital where a patient received an opioid use disorder (OUD) diagnosis	All patients	Increase in number of screens &/or documentation of OUD	Bridge Navigator Program, MIPS QM
# ED/hospital encounters where a patient was discharged with a follow-up appointment with an SUD provider.	The total number of encounters in the ED or hospital where a patient was discharged and accepted a scheduled or drop-in appointment with any SUD provider	All patients	Increase in follow up visits with outpatient SUD provider e.g., primary care, opioid treatment program, FQHCs, Residential Treatment Facilities, Detox Clinic, Bridge Clinic, Office Based Opioid Treatment, Psychiatric addiction specialist	Bridge Navigator Program, Medicaid ACS, TJC
# ED/hospital encounters where the navigator facilitates patient referral to follow-up mental health treatment	The total number of encounters in the ED or hospital where a navigator assisted and connected a patient with obtaining a referral to any mental health provider or follow up mental health treatment	All patients	Increase in follow up visits with outpatient mental health provider	Bridge Navigator Program, NQF
# ED/hospital encounters where a patient was treated with buprenorphine (administered and/or prescribed)	The total number of encounters in the ED or hospital that resulted in the administration or prescription of buprenorphine	All patients	Increase in MAT starts with buprenorphine	Bridge Navigator Program, NQF, Medicaid ACS
# ED/hospital encounters where a patient was diagnosed with	The total number of encounters in the ED or	All patients	Increase in services for high-risk patients	Bridge Navigator Program

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overdose **and** seen by the navigator	hospital where a patient received an overdose diagnosis and was served by the navigator during visit or post-discharge			
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
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
Number of naloxone doses prescribed, dispensed, and/or distributed	Number of naloxone doses		Increase in naloxone in the community	Bridge Navigator Program
Opioid prescriptions > 50 or 90 MMEs daily	Prescriptions > 50 or 90 MMEs daily	All prescriptions	Decrease in opioid prescriptions > 50 or 90 MME	CDC guidelines
Applying cross-cutting opioid management best practices				
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

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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
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	
Percentage of individuals who reported having access to information in their preferred language	PROM score over time	Baseline PROM	Increase in language translation services or translated materials, including patients with vision and hearing impairments	NQF, PROM
Improvement or maintenance of functioning for individuals with mental health issues and SUD/OUD	PROM score over time	Baseline PROM	Improvement in score of PROM over patient baseline	NQF, PROM
Percentage of patients who reported that their mental health and SUDs/OUD treatment was coordinated	PROM score over time	Baseline PROM	Improvement in score of PROM over patient baseline	NQF, PROM
Patient experience of care for all patients seen for mental health and substance use care	PROM score over time	Baseline PROM	Improvement in score of PROM over patient baseline	NQF, PROM