

OPIOID PROVIDER SHOPPING
QUALITY IMPROVEMENT EDUCATIONAL INTERVENTION
Mailed November 2017 – ongoing

BACKGROUND

In 2015, the Pharmacy Quality Alliance (PQA) endorsed a set of measures to address use of opioids from multiple providers and/or at high dose among beneficiaries without cancer. The Centers for Medicare and Medicaid Services (CMS) added the PQA high dose measure to the Medicaid Adult Core Quality Measure Set and identified the multiple provider measure as one for gathering additional information and possible inclusion in the Adult Core Set in the near future.

Multiple Providers and Multiple Pharmacies Measure: The percentage of individuals without cancer receiving prescriptions for opioids from four (4) or more prescribers AND four (4) or more pharmacies.

When this measure was being developed by PQA in 2014, the DUR Board approved a recommendation for MS-DUR to conduct an educational intervention addressing this measure. That intervention was conducted through monthly mailings from November 2014 through June 2015. With the increased emphasis on opioid interventions and the inclusion of part of the PQA measure in the CMS Medicaid Adult Core Set, MS-DUR initiated a new ongoing educational intervention November 2017 to address quality improvement on this measure.

MAILING

Each month, beneficiaries without cancer were identified who had an opioid prescription filled in the prior month. Beneficiaries with opioid medication prescriptions from four (4) or more prescribers and four (4) or more pharmacies during the prior six months were considered to be “provider shopping”. Prescribers were prioritized based on the number of beneficiaries exceeding the standard they had prescribed opioids for during the target month. Beneficiaries associated with the highest priority prescribers were identified and letters were mailed to the prescriber and the pharmacy associated with the prescriptions filled during the target month. A copy of the letter template is attached. Prescribers receiving mailings were tracked such that a provider would not receive a letter more often than once every three months. The following number of prescribers and pharmacies received letters each month.



MISSISSIPPI MEDICAID OPIOID OVERUTILIZATION ASSESSMENT PROGRAM

[DATE]

[PRESCRIBER'S NAME]

The Mississippi Division of Medicaid (DOM) Office of Pharmacy is committed to improving the quality of care provided to Mississippi Medicaid beneficiaries. DOM's Drug Utilization Review (DUR) Board has recommended several quality improvement initiatives addressing the use of opioids for the treatment of pain. The Centers for Medicare and Medicaid Services have included the use of opioids from multiple providers as one of the quality measures for adults in Medicaid programs. This measure identifies **beneficiaries without cancer who received prescriptions for opioid medications from four (4) or more prescribers and four (4) or more pharmacies.**

WHY YOU ARE RECEIVING THIS LETTER

Our analysis of data from Medicaid and the Mississippi Prescription Monitoring Program for period [REPORT_START_DATE] to [REPORT_END_DATE] identified that the following beneficiary(ies) listed in the included table filled an opioid prescription written by you and met the above criteria of potential provider shopping.

WHAT WE ASK OF YOU?

Multimodal and multidisciplinary therapies can help reduce pain and improve function more effectively than single modalities. Several non-opioid pharmacologic therapies (including acetaminophen, NSAIDs, and selected antidepressants and anticonvulsants) are recommended first-line for chronic pain, and we encourage you to consider these options first. When you do think an opioid is appropriate, please use the Mississippi Prescription Monitoring Program to be sure the patient is not provider shopping and/or receiving too high a dose or too many opioids.

Sincerely,

A handwritten signature in black ink that reads "Eric Pittman, PharmD". The signature is written in a cursive style.

Eric Pittman, PharmD
Clinical Director
MS-DUR

A handwritten signature in black ink that reads "Terri R. Kirby". The signature is written in a cursive style.

Terri R. Kirby, RPh, CPM
Director, Office of Pharmacy
Division of Medicaid

OPIOID UTILIZATION FOR: [BENEFICIARY NAME]			
Name of Prescriber	Last drug prescribed	Date of last prescription	Name of Pharmacy
[PRESCRIBER_1]	[DRUG_1]	[DATE_1]	[PHARMACY_1]
[PRESCRIBER_2]	[DRUG_2]	[DATE_2]	[PHARMACY_2]
[PRESCRIBER_3]	[DRUG_3]	[DATE_3]	[PHARMACY_3]
[PRESCRIBER_4]	[DRUG_4]	[DATE_4]	[PHARMACY_4]