

Clinical Quality Improvement Opioid Measures

The Centers for Disease Control and Prevention (CDC) has supported the development of quality improvement (QI) measures that align with the recommendations outlined in the [CDC Guideline for Prescribing Opioids for Chronic Pain](#).

These 16 QI measures are for a healthcare system or primary care practice to use to understand their opioid prescribing practices.

Definitions Relevant to the Clinical QI Opioid Measures

- **New opioid prescription:** Prescribed an opioid with no opioid prescription in the previous 45 days.
- **Long-term opioid therapy:** ≥ 60 days of an opioid within a quarter. An alternative for defining long-term opioid therapy, if determining days is too difficult, is to define it as at least 2 consecutive opioid prescriptions in a quarter.
- **Population:** Outpatient setting and patients 18 years or older. While these guideline recommendation statements also largely focus on patients with chronic pain, it is not always encouraged that chronic pain be the denominator given the complexities of capturing ICD-10 codes for pain.
- **(Denominator) Exclusions:** Active cancer, palliative and end of life care (define by ICD-10 codes)
- **Data sources:** Measures would largely be based on electronic health record (EHR) data, e-prescribing data, chart reviews or other health systems/practice data. The data source for some measures may require systems to create a structured field, whether via a note template, checkbox, registry or other means in which clinicians or staff can attest to having completed a task that could otherwise not be captured. As data and systems evolve, there may be opportunities to use additional data from these systems (e.g., PDMP, e-prescribing).
- **Frequency of measurement:** While quarterly intervals are recommended, the healthcare system or practice should determine the frequency that fits its needs or aligns with its other QI efforts. If a system produces these measures quarterly, for example, the measures for clinical activities that should take place annually would be measured a rolling year back.
- **Special considerations:**
 - If state laws are more stringent than the measures (e.g., PDMP checks, material risk notice), systems or practices can modify the measures accordingly.
 - Systems or practices can use measures or refine these measures to be consistent with their official policies on opioid prescribing and monitoring.
 - It is assumed that the target population is the panel of patients 18 years or older for an entire outpatient practice. Systems or practices are encouraged to monitor each individual clinician's panel of patients to provide feedback on their individual patient panel.

► **The relevant recommendation number for each QI measure is provided in Table 1 below.**

QI MEASURE DESCRIPTION	CDC REC #
NEW OPIOID PRESCRIPTION MEASURES	
1. The percentage of patients with a new opioid prescription for an immediate-release opioid.	4
2. The percentage of patients with a new opioid prescription for chronic pain with documentation that a PDMP was checked prior to prescribing.	9
3. The percentage of patients with a new opioid prescription for chronic pain with documentation that a urine drug test was performed prior to prescribing.	10
4. The percentage of patients with a follow-up visit within 4 weeks of starting an opioid for chronic pain.	7
5. The percentage of patients with a new opioid prescription for acute pain for a three days' supply or less.	6
LONG-TERM OPIOID THERAPY MEASURES	
6. The percentage of patients on long-term opioid therapy who are taking 50 MMEs or more per day.	5
7. The percentage of patients on long-term opioid therapy who are taking 90 MMEs or more per day.	5
8. The percentage of patients on long-term opioid therapy who received a prescription for a benzodiazepine.	11
9. The percentage of patients on long-term opioid therapy who had a follow-up visit at least quarterly.	7
10. The percentage of patients on long-term opioid therapy who had at least quarterly pain and functional assessments.	2
11. The percentage of patients on long-term opioid therapy who had documentation that a PDMP was checked at least quarterly.	9
12. The percentage of patients on long-term opioid therapy the clinician counseled on the risks and benefits of opioids at least annually.	3
13. The percentage of patients on long-term opioid therapy with documentation that a urine drug test was performed at least annually.	10
14. The percentage of patients with chronic pain who had at least one referral or visit to nonpharmacologic therapy as a treatment for pain.	1
15. The percentage of patients on long-term opioid therapy who were counseled on the purpose and use of naloxone, and either prescribed or referred to obtain naloxone.	8
16. The percentage of patients with an opioid use disorder (OUD) who were referred to or prescribed medication assisted treatment.	12

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www.cdc.gov/drugoverdose/prescribing/resources.html

