

Use of Opioids from Multiple Providers (UOP)

Feb 18, 2025



Agenda



Overview of UOP and contractual requirements

What WellSense is doing

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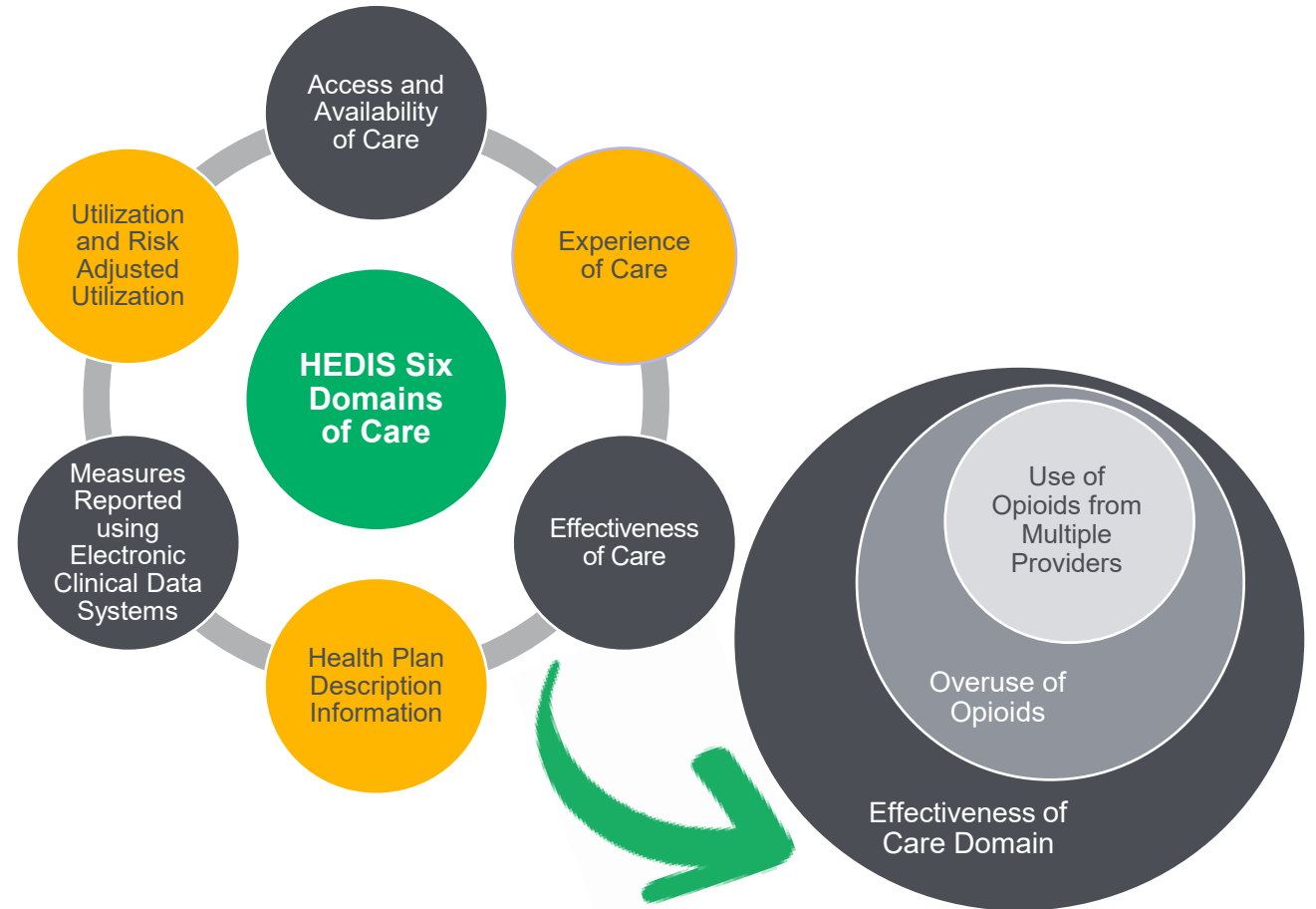
What is UOP?

Use of Opioids from Multiple Providers (UOP)

UOP is a **HEDIS measure** of performance developed by the National Committee for Quality Assurance (NCQA)

The **Use of Opioids from Multiple Providers** is an important measure within the Overuse of Opioids section of the Effectiveness of Care Domain that **assesses the use of opioids from multiple prescribers and multiple pharmacies**

The **NH Medicaid contract** requires WellSense to meet strict benchmarks for the UOP measure



Use of Opioids from Multiple Providers (UOP)

Identifies the percent of members filling opioid prescriptions from four or more providers (prescribers and/or pharmacies)

Consists of three sub-measures

- Multiple Prescribers
- Multiple Pharmacies
- Multiple Prescribers and Multiple Pharmacies

A lower rate indicates better performance



The NH Medicaid Contract requires WellSense to be **at or below the average rate of New England HMO** Medicaid health plans for all three UOP sub-measures for the previous calendar year.

UOP: How multiple providers are measured

Per NCQA, prescribers and pharmacies are identified by unique National Provider Identification (NPI) number.

Multiple Prescribers

- Identified by unique NPI Number
- **Different providers from the same office are counted as different prescribers**

Multiple Pharmacies

- Identified by unique NPI Number
- **Different locations within the same pharmacy chain are counted as different pharmacies**

Why is the UOP measure important?

The UOP measure can help improve patient safety and reduce the risk of opioid overdose by:

- **Identifying high-risk patients:**
 - Patients receiving opioids from multiple providers may be at higher risk for substance use disorders and opioid-related overdose death.
- **Reducing overprescribing:**
 - By monitoring the number of prescribers, health plans can identify patients who may be receiving excessive quantities of opioids, which can lead to dependence, misuse and overdose.
- **Enhancing care coordination:**
 - By tracking opioid prescriptions, health plans can foster better communication between providers. This ensures that all healthcare professionals involved in a patient's care are aware of the patient's medication regimen, reducing the likelihood of dangerous drug interactions, duplicative therapies or other poor outcomes.

What is WellSense doing?

WellSense utilizes a multipronged strategy to address the UOP measure

Provider outreach

- Send quarterly mailings to opioid prescribers of at-risk members, including tips and strategies to help patients safely use opioids
- Active outreach to opioid prescribers of at-risk members via phone (new in 2025)

Member outreach

- Send quarterly mailings to at-risk members about the risks of opioid use, including tips to reduce those risks
- Active outreach to at-risk members via phone
- Identify and connect members to the care management team for improved care coordination

Data analytics

- Utilize data analytics to gain insights into utilization patterns
- Implement strategies to enhance care coordination for improved outcomes

Promoting awareness

- Collaborate with providers to raise awareness of the UOP measure to improve patient care and outcomes

How can providers help?

Monitor use of all controlled medications

Check PDMP

Check the state's Prescription Drug Monitoring Program (PDMP) database before prescribing a controlled medication to see what other controlled medications a patient has received and consider their total daily MME.

Collaborate

If your patient is using opioids from other prescribers, reach out to those prescribers to discuss who should primarily manage the patient's opioid treatment.

Avoid dangerous combinations

Watch for history of opioids with other controlled substances such as benzodiazepines which could increase the risk of opioid overdose.

More Information:

[Prescription Drug Monitoring Program | New Hampshire Department of Health and Human Services](#)

Follow CDC Guidelines for Prescribing Opioids for Pain (2022)

Consider **non-opioid options** for acute and chronic pain

Carefully consider before increasing dose above **50 MME/day**

Prescribe naloxone to patients who are on opioid medications

When starting opioid therapy, use **immediate release** formulations


Assess risks and make a **tapering plan** with your patient when appropriate

For information on our coverage of non-opioid pain medications, visit our [formulary](#) and review our medication guidebook.

Prescribe Naloxone, save a life

Fact Sheet: Clinicians

When to Offer Naloxone to Patients

 Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

LEARN MORE: cdc.gov/overdose-prevention/hcp/toolkits/naloxone



PRESCRIBE TO PREVENT
Prescribe Naloxone, Save a Life

CLINICIAN RESOURCE | OTC NALOXONE | PATIENT EDUCATION | POLICY RESOURCES | FAQ

Over-the-Counter Naloxone Distribution

On March 29th, 2023 the FDA announced that it was approving Narcan, 4mg naloxone hydrochloride nasal spray to be distributed for over-the-counter, nonprescription use. While the availability and price of OTC Narcan is still in development, Narcan's manufacturer Emergent has issued a statement indicating that they aim to keep the price at less than \$50 for a two-pack. The timeline for the rollout of this product has not yet been established.

NARCAN® (naloxone HCl) NASAL SPRAY 4 mg

ADAPT PHARMA

QUICK START GUIDE

DO NOT USE for adults and adolescents aged 18 years and older. This box contains two 0.1 mL doses.

Two Pack

CHECK PRODUCT EXPIRATION DATE BEFORE USE.

Welcome to PrescribeToPrevent.org

More Information:

[PrescribeToPrevent – Prescribe Naloxone, Save a Life](#)
[When to Offer Naloxone to Patients](#)

Follow CDC Guidelines for Prescribing Opioids for Pain (2022)



Assess opioid use for managing pain

- Nonopioid therapies (e.g. topical or oral NSAIDs, acetaminophen) are at least as effective as opioids for many common types of acute pain.
- Nonopioid therapies are preferred for subacute and chronic pain and should be prioritized as a therapy over opioids for these conditions.



Select and determine opioid dosages

- When starting opioid therapy, use immediate-release opioids instead of extended-release opioids.
- When prescribing opioids, use the lowest effective dose as the risks of overdose, death and other adverse outcomes increase with higher doses.
- Assess risks and benefits when considering a dose increase above 50MME/day as many patients do not experience improved pain control or functioning from dose increases above 50 MME/day.



Decide duration of opioid therapy and follow up

- Evaluate benefits and risks within 1-4 weeks of starting opioid therapy and reevaluate them regularly throughout the course of care.
- When the risks of opioid use outweigh the benefits, discuss tapering with your patients. When doing so, establish clear goals for tapering and collaborate to create a successful tapering plan.
- Follow up at least monthly with patients who are tapering opioids.



Assess risk and address potential harms

- Evaluate and discuss the risk of opioid use with patients and offer them naloxone.
- Before prescribing any opioid, consult the New Hampshire Prescription Drug Monitoring Program (PDMP) to review the patient's history of controlled substance prescriptions.
- Ensure that a new opioid prescription will not contribute to cumulative opioid dosages or medication combinations (e.g. concurrent use of opioid and benzodiazepines) that will put the patient at a higher risk of overdose.

More Information:

[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 | MMWR](#)

Educate your patients on single pharmacy use

Promote the use of a single pharmacy location

Encourage your patients to use a single pharmacy location for all their prescriptions

Explain the benefits of a single pharmacy:

- The pharmacist will have a complete view of all prescriptions to maximize patient safety
- Allows the pharmacy staff to provide more personalized customer service

Discuss how to handle medication availability

If your patient's primary pharmacy is often out of stock of their medication(s), encourage them to discuss their therapy with the pharmacist to ensure medication availability.

Educate your patients on the benefits of a single opioid prescriber

Promote the use of a single opioid provider

Encourage your patients to have a single provider manage their opioid regimen and let them know if that provider should be you

Explain the benefits of a single prescriber:

- Improves patient safety, monitoring, and consistency in care
- Allows increased patient engagement and more productive patient/provider relationship

Troubleshoot potential issues

If patient frequents the emergency department: schedule regular check-ins to evaluate current therapy and if any medication adjustments are needed. Refer to WellSense care management for additional support

If patient sees multiple providers at the same clinic for opioids: Encourage them to schedule future appointments with you before they leave the clinic.

Collaborate with WellSense

Refer patients to WellSense CM team for support if needed

New Hampshire Care Management (includes medical, behavioral, social, maternal and child health)

- NHCare.Management@wellsense.org or fax 866-409-5657

For any questions or concerns

- Call us at 877-957-1300, press 3 for provider and then press 4 to speak with a pharmacy representative

Resources

1. Centers for Disease Control and Prevention. About Prescription Opioids. [About Prescription Opioids | Overdose Prevention | CDC](#)
2. Centers for Disease Control and Prevention. CDC Clinical Practice Guideline for Prescribing Opioids for Pain- United States, 2022. [CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 | MMWR](#)
3. [Centers for Disease Control and Prevention. Overdose Prevention. <https://www.cdc.gov/overdose-prevention/media/pdfs/2024/07/Fact-Sheet-When-to-Offer-Naloxone-to-Patients.pdf>](#)
4. National Committee for Quality Assurance. Use of opioids from multiple providers. [Use of Opioids from Multiple Providers – NCQA](#)
5. [PrescribeToPrevent – Prescribe Naloxone, Save a Life](#)

Visit WellSense website to access-

1. Medication Guide Book for list of covered drugs- [Drug List | New Hampshire Medicaid | WellSense Health Plan](#)
2. [Clinical Practice Guidelines, programs and tools- <https://www.wellsense.org/providers/nh/patient-care>](#)
3. [Behavioral health support and programs- <https://www.wellsense.org/providers/nh/submit-claims/behavioral-health>](#)

Appendix

UOP: Measure details

Measurement Period	Calendar year (Jan 1 – Dec 31)
Members	18 years and older
Exclusions	<p>Members using hospice services or who expired anytime during the measurement period</p> <p>The following opioid medications:</p> <ul style="list-style-type: none">• Injectables• Opioid cough and cold products• Single-agent and buprenorphine products used as part of medication assisted treatment of opioid use disorder• Methadone for the treatment of opioid use disorder
Specifications	<p>15 or more days of opioids and one or both of the following:</p> <ul style="list-style-type: none">• Opioid prescriptions written by four or more different prescribers• Opioid prescriptions filled at four or more different pharmacies

Opioid overdose deaths in the United States

- Studies show that individuals who receive **opioids from four or more prescribers or pharmacies** have a **higher likelihood of opioid-related overdose death** than those who receive opioids from one prescriber or one pharmacy.¹
- Prescription opioid overdose is an epidemic in the U.S., with in **81,083 overdose deaths** in 2023 alone.²
- From 2019 to 2022, there were **1,572** overdose deaths in NH. Nearly **70%** of overdose deaths were caused by opioids.³

References:

1. National Committee for Quality Assurance. Use of opioids from multiple providers. Retrieved December 6, 2024, from [Use of Opioids from Multiple Providers - NCQA](#)
2. Centers for Disease Control and Prevention. National Center for Health Statistics. [U.S. Overdose Deaths Decrease in 2023, First Time Since 2018](#)
3. New Hampshire Drug Overdose Fatality Review Commission, Annual Statistical Report, 2019-2022. September 2023. [overdose-fatality-review-commission-annual-report.pdf](#)