



Reducing Opioid Overuse Dashboard for Smart Care California

*These measures should not apply to patients undergoing palliative care

Statewide measures				
Goal	Target	Measure	Data Source	Rationale
Lower inappropriate and unsafe opioid prescribing	Lower total volume of prescribed opioids by $\geq 50\%$ by 2020	Total morphine milligram equivalents per resident. (Baseline 2014)	CURES (CDPH dashboard)	Opioid prescriptions increased four-fold in last 15 years, correlating with death rates
	Lower number of people receiving both benzos and opioids by $\geq 50\%$ by 2020	Residents on Opioids/Benzos (≥ 30 days)	CURES (CDPH dashboard)	40% of opioid-related deaths involve benzos
	Lower number of people on high-dose opioids (≥ 90 MME) by 50% by 2020	Residents on ≥ 90 MME Daily (≥ 30 days)	CURES (CDPH dashboard)	High-dose opioids lead to 9 times greater death rate compared to low-dose
Increase access to medication-assisted treatment	Buprenorphine prescriptions quadruple by 2020	# buprenorphine prescriptions per 1000 residents in 2020 compared to 2015	CURES (CDPH dashboard)	Only 1 in 10 Californians can access MAT
Increase use of naloxone	Triple the use of naloxone in the Medi-Cal population by 2020	Number of naloxone claims per 1000 Medi-Cal beneficiaries in 2020 compared to 2015	Medi-Cal Fee for Service pharmacy data	Naloxone prevents overdose deaths. Naloxone is a carve-out, so Medi-Cal data is available statewide.



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Health Plan, Health System or Medical Group Level Measures				
Goal	Target	Measure	Data Source	Rationale
Lower # of new patients progressing to chronic opioid use	Decrease number acute users progressing to chronic use by $\geq 50\%$ by 2020	% of patients with opioid prescriptions in the measurement period (months) who did not have an opioid prescription in the 90 days before the first day of the measurement period (Partnership Health Plan of California)	Health plan or health system data	Rationale: 67% of people using opioids for 90 days become chronic users
Lower use of opioids in acute pain	Decrease number of patients with new pain diagnoses who are prescribed opioids by 50% by 2020.	Options: *Adult acute and subacute low back pain: % of patients with low back pain diagnosis who are prescribed opioids. (NQMC:007518) *% of patients diagnosed with acute low back pain who have a new or existing narcotics prescription. (Oregon Health Care Quality Corporation [Q Corp])	Health plan or health system data	CDC guidelines state that nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain.
Increase access to medication-assisted treatment	Triple number of people with opioid use disorder treated with MAT	# people treated with MAT over # diagnosed with opioid use disorder	Commercial health plan data	Opioid agonist treatment is standard of care for opioid use disorder; health plans should ensure their members are treated effectively
Increase access to nonpharmacologic modalities	80% of patients access appropriate modality for low back pain within X days of request	TBD: will vary by health plan or delivery system	Health plan or health system data	Low back pain is a common diagnosis with chronic opioid use, but no data support its chronic use. PT is a marker of alternative therapies offered in a timely way. Stanford includes rapid access to PT as an evidence-based best practice. Timely access regulations require managed care plans to provide ancillary services within 15 days of call.
Increase use of naloxone	Triple the use of naloxone in high risk populations by 2020	Number of naloxone claims per 1000 members in 2020 compared to 2015	Health plan data	Naloxone prevents overdose deaths and should be co-prescribed to patients taking high dose opioids (some experts recommend co-prescribing for all opioid users)