E-CPR (Emergency – Clinical Performance Registry) Measure #51

Measure Title: Discharge Prescription of Naloxone after Opioid Poisoning or Overdose

Inverse Measure: No

Measure Description: Percentage of Opioid Poisoning or Overdose Patients Presenting to An Acute Care Facility Who Were Prescribed Naloxone at Discharge

National Quality Strategy Domain: Effective Clinical Care

Care Setting: Emergency Department and Services; Hospital; Hospital Inpatient

Published Specialty: Emergency Medicine; Hospitalist.

Telehealth: Yes

Type of Measure: Process, High Priority

High Priority Type: Opioid-Related

Meaningful Measure Area: Prevention and Treatment of Opioid and Substance Use Disorders

Current Clinical Guideline: Numerous organizations, including the American Medical Association and American Society of Addiction Medicine, recommend increased access to Naloxone for patients who are at high risk to reverse the effects and reduce the chance of death in the event of an opioid overdose, which includes expanded prescribing practices by clinicians.

Published Clinical Category: Opioid Management

Number of Performance Rates: 1

Measure Scoring: Proportion

Risk Adjustment: No

Submission Pathway: Traditional MIPS

Numerator: Patients Who Were Prescribed Naloxone AND Educated About Utilization at Discharge

- **Performance Met (VE269):** Naloxone was prescribed at discharge AND patient was educated about use.
- **Medical Performance Exclusion (Denominator Exception) (VE270)**: Naloxone was not prescribed at discharge due to medical reasons such as allergy.
- **Performance Not Met (VE271):** Naloxone medication was not prescribed at discharge OR patient was not educated about use.
- **NOTE: Distribution of Naloxone to patient at discharge is also acceptable in lieu of Naloxone prescription**

Numerator Exclusions: None

Denominator:

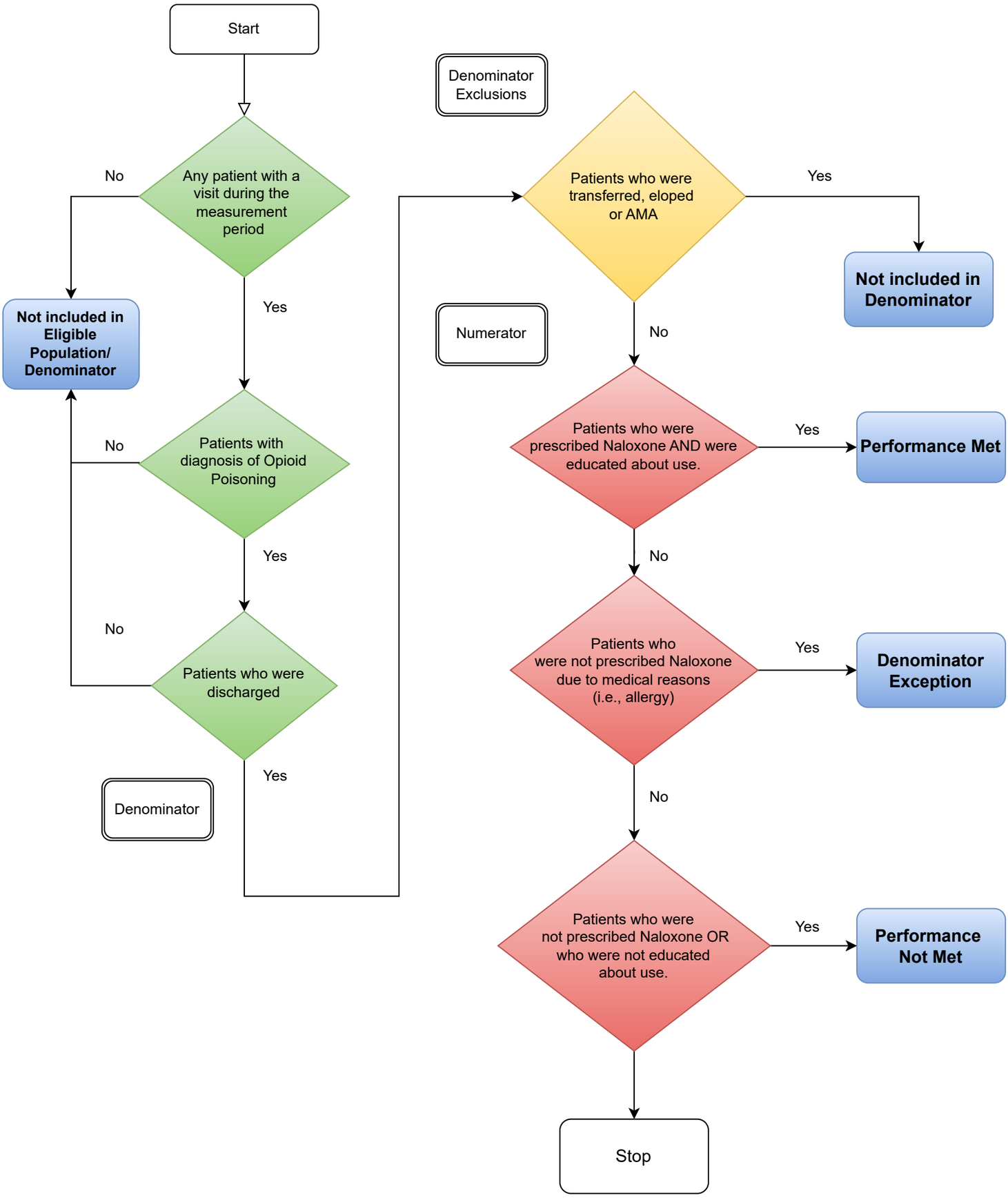
- Any patient evaluated by the Eligible Professional in acute care setting (E/M Codes 99234-99236, 99238-99239, 99281-99285 AND Place of Service indicator 02, 21, 22 or 23 OR equivalent in standardized code sets) PLUS
- Diagnosis of opioid poisoning from heroin, methadone, morphine, opium, codeine, hydrocodone, or another opioid substance
    - ICD-10: T40.0X1A, T40.0X1D, T40.0X1S, T40.0X2A, T40.0X2D, T40.0X2S, T40.0X3A, T40.0X3D, T40.0X3S, T40.0X4A, T40.0X4D, T40.0X4S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X2A, T40.1X2D, T40.1X2S, T40.1X3A, T40.1X3D, T40.1X3S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X2A, T40.2X2D, T40.2X2S, T40.2X3A, T40.2X3D, T40.2X3S, T40.2X4A, T40.2X4D, T40.2X4S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X2A, T40.3X2D, T40.3X2S, T40.3X3A, T40.3X3D, T40.3X3S, T40.3X4A, T40.3X4D, T40.3X4S, , T40.411A, T40.411D, T40.411S, T40.412A, T40.412D, T40.412S, T40.413A, T40.413D, T40.413S, T40.414A, T40.414D, T40.414S, T40.421A, T40.421D, T40.421S, T40.422A, T40.422D, T40.422S, T40.423A, T40.423D, T40.423S, T40.424A, T40.424D, T40.424S, T40.491A, T40.491D, T40.491S, T40.492A, T40.492D, T40.492S, T40.493A, T40.493D, T40.493S, T40.494A, T40.494D, T40.494S, T40.601A, T40.601D, T40.601S, T40.602A, T40.602D, T40.602S, T40.603A, T40.603D, T40.603S, T40.604A, T40.604D, T40.604S, T40.691A, T40.691D, T40.691S, T40.692A, T40.692D, T40.692S, T40.693A, T40.693D, T40.693S, T40.694A, T40.694D, T40.694S
- Disposition of Discharged
- Transferred, eloped or AMA patients are excluded **(V0700)**

Denominator Exclusions: None

Rationale:
The opioid epidemic in the United States claims hundreds of lives every day. One of medicine's best tools against this epidemic is Naloxone. Naloxone has proven to be the most effective method for reversing an opioid overdose in patients of all characteristics and has been shown to greatly reduce the chance of fatality. Naloxone is a non-selective, short-acting opioid receptor antagonist used to treat opioid induced respiratory depression. It is safe, has no addictive potential, and has mild side effects. The use of naloxone has been consistently recommended and promoted by numerous health organizations including the American Medical Association. Increasing the availability of Naloxone among the public, law enforcement, and community organizations is advocated by many organizations including the American Society of Addiction Medicine and is a priority of numerous states and federal health agencies. Despite these recommendations, a survey of opioid-related policies in New England emergency departments found that only 12% of departments would prescribe naloxone for patients at risk of opioid overdose after discharge. Promoting the prescription of Naloxone for patients discharged after an opioid overdose will ensure that the chance of fatality across all patient populations is significantly reduced.

Selected References:

- Bird, S. M., McAuley, A., Perry, S., & Hunter, C. (2016). Effectiveness of Scotland's National Naloxone Programme for reducing opioid-related deaths: a before (2006–10) versus after (2011–13) comparison. Addiction, 111(5), 883-891.
- CMS finalizes measures to help combat opioid crisis. (2018, April 16). Retrieved from https://www.the-hospitalist.org/hospitalist/article/162747/pain/cms-finalizes-measures-help-combat-opioid-crisis/page/0/3
- Dorp, E. L., Yassen, A., & Dahan, A. (2007). Naloxone treatment in opioid addiction: The risks and benefits. Expert Opinion on Drug Safety, 6(2), 125-132. doi:10.1517/14740338.6.2.125
- Dunne, R. B. (2018). Prescribing naloxone for opioid overdose intervention. Pain Management, 8(3).
- Dwyer, K., Walley, A. Y., Langlois, B. K., Mitchell, P. M., Nelson, K. P., Cromwell, J., & Bernstein, E. (2015). Opioid education and nasal naloxone rescue kits in the emergency department. Western Journal of Emergency Medicine, 16(3), 381.
- Help save lives: Co-prescribe naloxone to patients at risk of overdose. (2017). AMA Opioid Task Force. Retrieved from https://www.end-opioid-epidemic.org/wp-content/uploads/2017/08/AMA-Opioid-Task-Force-naloxone-one-pager-updated-August-2017-FINAL-1.pdf
- Kestler, A., Buxton, J., Meckling, G., Giesler, A., Lee, M., Fuller, K., Scheuermeyer, F. (2017). Factors associated with participation in an emergency department–based take-home naloxone program for at-risk opioid users. *Annals of emergency medicine*, *69*(3), 340-346.
- Kmeic, J., DO. (n.d.). Module 4: Special Aspects of the Treatment of Substance Use Disorders. Retrieved June 13, 2018, from http://pcssnow.org/wp-content/uploads/2016/08/Prescribing-Nalxone-to-Patients-for-Overdose-Reversal.pdf
- Kounang, N. (2017, October 30). Naloxone reverses 93% of overdoses. Retrieved from https://www.cnn.com/2017/10/30/health/naloxone-reversal-success-study/index.html
- Public Policy Statement on the Use of Naloxone for the Prevention of Opioid Overdose Deaths. (n.d.). Retrieved June 13, 2018, from https://www.asam.org/docs/default-source/public-policy-statements/use-of-naloxone-for-the-prevention-of-opioid-overdose-deaths-final.pdf?sfvrsn=4 American Society of Addiction Medicine
- Reardon, J. M., Harmon, K. J., Schult, G. C., Staton, C. A., & Waller, A. E. (2016). Use of diagnosis codes for detection of clinically significant opioid poisoning in the emergency department: A retrospective analysis of a surveillance case definition. BMC emergency medicine, 16(1), 11.
- Wong, F., Edwards, C. J., Jarrell, D. H., & Patanwala, A. E. (2018). Comparison of lower-dose versus higher-dose intravenous naloxone on time to recurrence of opioid toxicity in the emergency department. Clinical Toxicology, 1-6.


Start
Any patient with a visit during the measurement period
No
Yes
Not included in Eligible Population/ Denominator
Patients with diagnosis of Opioid Poisoning
No
Yes
Patients who were discharged
No
Yes
Denominator
Denominator Exclusions
Patients who were transferred, eloped or AMA
Yes
Not included in Denominator
No
Numerator
Patients who were prescribed Naloxone AND were educated about use.
Yes
Performance Met
No
Patients who were not prescribed Naloxone due to medical reasons (i.e., allergy)
Yes
Denominator Exception
No
Patients who were not prescribed Naloxone OR who were not educated about use.
Yes
Performance Not Met
Stop