

Inputs (Resources: Means)	Activities (What the program does: Ways)	Outputs (Direct results of activities)	Outcomes (Short-term, intermediate-term, long-term/goals)	Impacts (Systemic changes influenced by the quality program)
Health plans Providers Pharmacies Population analytic tools Claims databases Staff with knowledge of opioid prescribing regulations and clinical guidelines	Health plans implement opioid edits (i.e., alerts to the pharmacy), provide educational materials to providers and pharmacists, monitor population level prescribing patterns, and conduct other interventions. Providers carefully evaluate opioid-naïve patients' pain management needs and previous opioid prescriptions, and prescribe ≤7 days' supply. Pharmacies utilize clinical judgment and adhere to health plan edits when filling prescriptions.	Patients receive initial opioid prescriptions for ≤7 days' supply to manage pain. Patients with continuing pain past their initial prescriptions receive timely follow-up evaluation and are prescribed additional opioids as needed. Initial opioid prescriptions for >7 days' supply are identified and assessed for rare cases of clinical appropriateness.	<u>Short-term</u> Reduced number of initial opioid prescriptions with >7 days' supply <u>Intermediate-term</u> Increased screening for clinical appropriateness of initial opioid prescriptions; improved management of pain or reassessment after opioid initiation period <u>Long Term</u> Reduced risk of long-term opioid use, misuse, and overdose	Reduced health care resource utilization Improved quality of life for patients
Feedback Mechanisms				
Health plans receive feedback via quality programs such as the Medicare Part D Patient Safety reports. These reports, provided at the contract level, include numerators and denominators as well as patient-level details that allow plans to facilitate continuous improvement. The Medicare Part D Display Page reports measure rates publicly, allowing health plans to compare their contracts against others to create benchmarks.				

In the Medicaid Child and Adult Core Set Draft Report, the IOP-LD measure was formally recommended for addition to the Medicaid Adult Core Set. As a result, it is anticipated that starting in 2027, all state Medicaid programs will report on the IOP-LD measure, allowing each state to compare performance, share learnings, and foster continuous improvement.

Assumptions

Health plan focus: Health plans actively review rates provided and seek continuous improvement.

Provider and pharmacy responsiveness: Providers are responsive to education provided by health plans, and pharmacies are responsive to safety warnings and edits put in place by the health plan.

Provider/patient follow-up: Providers will follow-up with patients following initial prescriptions to evaluate ongoing need for opioids to appropriately manage pain. Additionally, patients requiring >7 days of opioids will proactively engage in follow-up with their providers to evaluate ongoing needs for opioids.

External Factors

Changes to regulatory policies and CMS guidance may impact the measure; for example, current regulatory requirements and published guidance from CMS directs Medicare plan sponsors to implement real-time opioid safety edits at the point of sale, including an edit to limit initial opioid prescription fills for opioid naïve beneficiaries to no more than a 7 days' supply.

Sociodemographic factors outside the control of the plan may affect access to care and follow-up.