Part C & D Star Ratings

MUC2023-137 Initial Opioid Prescribing for Long Duration (IOP-LD)

The American Medical Association (AMA) strongly opposes this measure. As proposed, it will hurt Medicare enrollees who benefit from opioid therapy, further stigmatize a legitimate medical option, and inappropriately target physicians who prescribe opioids to patients with pain. We strongly oppose prescribing thresholds based on arbitrary, low-quality evidence that have demonstrated negative effects on patients. We are extremely surprised that this measure seeks to justify use of a 3-day or 7-day opioid prescription as the norm when the use of such thresholds was unequivocallly repudiated by the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain.[1] We believe that this measure requires significant rework with input from the pain medicine specialists as well as patient advocates who were involved in the revisions to the 2022 CDC guideline.

As background, it is critical to highlight that the 2022 CDC guideline removed from its recommendations the same numeric prescribing thresholds that this proposed measure seeks to use to evaluate physicians' prescribing. The PQA restates the 3-day and 7-day thresholds from the 2016 guideline, but fails to mention that those numeric thresholds were removed from the 2022 guideline. The 2022 CDC guideline emphasizes multiple times:

> This clinical practice guideline provides voluntary clinical practice recommendations for clinicians that should not be used as inflexible standards of care. The recommendations are not intended to be implemented as absolute limits for policy or practice across populations by organizations, health care systems, or government entities.

The AMA appreciates that the proposed measure says that it would not apply for patients with cancer, in hospice, with sickle cell disease or who receive palliative care. Nearly all inappropriate prescribing restriction laws and policies, however, use similar language, but all generally fail to ensure protection for all in these vulnerable populations. Since the publication of the original 2016 CDC guideline, the AMA has heard from numerous physicians and patients who treat patients with these diseases or in these situations about pain care being denied. The proposed measure might say "individual," but the very fact of specific numeric thresholds will cause patients who benefit from dosages or quantities greater than 3-7 days to be denied medication beyond those thresholds. In addition, the AMA strongly disputes the PQA's claim that the 2022 CDC guideline supports the proposed measure because the CDC rejected the use of hard thresholds in the 2022 guideline. In addition, the measure admits that it is based on "low" or "very low" evidence. Subjecting Medicare enrollees and physicians to such a scheme is counterproductive to patient safety and high quality care. The AMA opposes this measure because patient harm has been an undeniable result of the failed 2016 CDC guideline—including to patients with cancer, and who receive hospice and palliative care.

In the revised 2022 CDC guideline, the authors emphasize the misapplication of the 2016's one-size-fits-all approach. The 2022 guideline removed the numeric thresholds because they also proved impossible to implement with any sensitivity to vulnerable populations, including those with cancer, sickle cell disease, or in hospice or palliative care. CDC cited misapplications including "rapid opioid tapers and abrupt discontinuation without collaboration with patients, rigid application of opioid dosage

[1] Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95.

thresholds, application of the guideline's recommendations for opioid use for pain to medications for opioid use disorder treatment (previously referred to as medication assisted treatment), duration limits by insurers and pharmacies, and patient dismissal and abandonment." It is not surprising that when a state law, pharmacy chain or health insurer policy uses a specific numeric limit, patients are denied anything above that limit—regardless whether the opioid analgesic is for acute, sub-acute or chronic pain. Measures, systems, algorithms and other policies or procedures have never demonstrated any sensitivities toward individualized pain care. CDC finally understood this and revised the 2016 guideline accordingly. It follows that the AMA strongly opposes using discredited hard, numeric thresholds as a quality measure because—not only are they not recommended by CDC—but they have a long history of causing patient harm.

The AMA similarly appreciates that the Pharmacy Quality Alliance (PQA) claims that it "routinely monitors its measures and associated feedback regarding potential unintended consequences." If that is the case, the AMA questions why the PQA is choosing to not follow the CDC's 2022 admonitions against the use of hard thresholds. The AMA also questions why the PQA did not allow its panel of caregivers and patients vote on the measure. In revising the 2016 CDC opioid prescribing guideline, the CDC held multiple listening sessions and convened a workgroup[2] consisting of more than 20 patient advocates and pain medicine physicians and other health care professionals to help ensure CDC did not repeat the mistakes and harms associated with the 2016 guideline. The CDC also held multiple, public listening sessions to understand the depths of harm caused by the 2016 guideline. This broad public and scientific input made clear to CDC that removing the arbitrary numeric thresholds of the 2016 guideline was essential to try and prevent further harm. If PQA rejects the input of patients and physicians who helped demonstrate to CDC why removing arbitrary thresholds was important, the PQA will essentially be sanctioning patient harm for Medicare enrollees.

The AMA believes that it is absolutely critical to help improve patients' access to high quality care for pain-related conditions while also minimizing opioid overuse. Regrettably, this measure is not aligned with the evidence and has significant unintended negative consequences to patients. As a result, the AMA does not support the inclusion of this measure in the Part C & D Star Ratings program.

MUC2023-212 Level I Denials Upheld Rate Measure

The American Medical Association (AMA) supports inclusion of this measure in the Part C & D Star Ratings program. Ensuring that patients have timely access to care that is clinically appropriate and necessary is critical and this measure will increase transparency around the prior authorization process.

[2] 2019 Opioid Workgroup. Centers for Disease Control and Prevention. Available at https://www.cdc.gov/injury/bsc/opioid-workgroup-2019.html