



Quality Indicators for Pharmacy Technical Specifications

Indicator 1: Percent of patients who were newly dispensed an opioid prescription greater than 50 mg morphine equivalents per day

Denominator

Total number of unique individuals who were newly dispensed a prescription opioid with an indication to treat pain.

Individuals newly dispensed an opioid for pain were defined as those who had not been dispensed a prescription opioid with an indication to treat pain, cough, or for opioid substitution therapy (OST) in the 6 months (182 days) prior to their first prescription opioid dispense in the calendar year (the index date).

Excludes opioid recipients who did not present a valid Ontario health card. Excludes dispenses for OST (methadone maintenance treatment, buprenorphine/naloxone), and opioids indicated to treat cough or diarrhea. Excludes individuals who received palliative care in the 12 months prior to the last opioid dispensed in the calendar year. See the appendix for palliative care exclusion criteria.

This indicator is restricted to prescription opioids indicated to treat pain with a valid morphine equivalent conversion factor. For more information on opioids with an indication to treat pain and morphine equivalents, see the [ODPRN Ontario Prescription Opioid Tool Technical Appendix](#).

Numerator

Total number of unique individuals who were newly dispensed a prescription opioid with an indication to treat pain, with an average daily dose that exceeds 50 milligrams morphine equivalents (MME). Average daily dose is calculated as the total dose of the opioid dispense divided by the days' supply. If an individual had more than one opioid dispense on the index date, they were summed to determine the total MME/day.

Note: index opioid dispenses occurring on the same day, but at different pharmacies were not summed. Instead, the dispense with the highest MME/day was selected.

Data Source(s)

- Narcotics Monitoring System (NMS), MOH

Unit of Reporting

- Interim and transitional LHIN region of the pharmacy where the individual had their index opioid dispense.

Frequency of Reporting

- Annually



Indicator 2: Percent of individuals that made a hospital visit for an opioid poisoning within 30 days of being dispensed a prescription opioid.

Denominator

Total number of unique individuals dispensed a prescription opioid indicated to treat pain.

If an individual had more than one opioid dispense in the calendar year, and they occurred at different pharmacies, the individual was counted towards the denominator in each pharmacy interim LHIN region.

Excludes opioid recipients who did not present a valid Ontario health card. Excludes dispenses for OST (methadone maintenance treatment, buprenorphine/naloxone), and opioids indicated to treat cough or diarrhea.

Numerator

Total number of unique individuals dispensed a prescription opioid indicated to treat pain that made a hospital visit (emergency department and/or hospital admission) within 30 days of the date of dispense, plus days' supply.

Hospital visits were defined as unscheduled emergency department visits or hospital admissions where the diagnosis included opioid poisoning. ICD-10-CA codes are as follows:

- T40.0 - Poisoning by opium
- T40.1 - Poisoning by heroin
- T40.20 - Poisoning by codeine and derivatives
- T40.21 - Poisoning by morphine
- T40.22 - Poisoning by hydromorphone
- T40.23 - Poisoning by oxycodone
- T40.28 - Poisoning by other opioids, not elsewhere classified
- T40.3 - Poisoning by methadone
- T40.40 - Poisoning by fentanyl and derivatives
- T40.41 - Poisoning by tramadol
- T40.48 - Poisoning by other synthetic narcotics, not elsewhere classified
- T40.5 - Poisoning by methadone
- T40.6 - Poisoning by other and unspecified narcotics

Excludes all query diagnoses.

Note: If an individual had more than one hospital visit (e.g., multiple ED visits or an ED visit and a hospital admission), they were only counted once in the numerator.

Data Source(s)

- Narcotics Monitoring System (NMS), MOH
- Discharge Abstract Database (DAD), CIHI
- National Ambulatory Care Reporting System (NACRS), CIHI



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Unit of Reporting

- Interim and transitional LHIN region of the pharmacy where the individual had their opioid dispense.

Frequency of Reporting

- Annually



Indicator 3: Percentage of eligible individuals who had a medication review within 7 days of being discharged home from hospital

Denominator

All ODB eligible individuals who presented to a pharmacy within 7 days of being discharged home from hospital, and who meet the criteria for a MedsCheck.

Definition of discharged home: Hospital discharge destination equal to home (with or without support).

Eligibility for MedsCheck:

- Dispensed 3 or more medications for chronic conditions in the 100 days prior to hospital discharge; OR
- Dispensed at least one diabetes medication in the 365 days prior to hospital discharge. Includes medication or testing agents with therapeutic classification 68:20 or 96:05.
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Eligible patients must have presented to pharmacy within 7 days of hospital discharge: any drug dispense within 7 days of hospital discharge date. Includes ODB claims for a MedsCheck review.

Exclusions:

- Individuals not covered by the Ontario Drug Benefit (ODB)
- Individuals living in Long-Term Care homes: Excludes individuals living in Long-Term Care homes: individuals dispensed any medications in the 30 days following hospital discharge that were flagged as LTC.
- Hospital admissions with admit category not equal to emergent/urgent.

Numerator

Individuals in the denominator who had any MedsCheck review claim within 7 days of hospital discharge.

MedsCheck PINs:

93899979 = MedsCheck Annual

93899981 = MedsCheck Follow-up: Hospital Discharge

93899982 = MedsCheck Follow-up: Pharmacist Decision

93899983 = MedsCheck Follow-up: MD/NP Referral

93899984 = MedsCheck Follow-up: Hospital Admission

93899988 = MedsCheck Diabetes Annual Assessment Summary

93899989 = Diabetes Education Follow-up

93899987 = MedsCheck Home Assessment Summary

Data Source(s)

- Discharge Abstract Database (DAD), CIHI
- Ontario Drug Benefit (ODB), MOH



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Unit of Reporting

- Interim and transitional LHIN region of the pharmacy where the individual presented within 7 days of hospital discharge. If an individual presented to more than one pharmacy in the 7 days following hospital discharge, the earliest visit was selected.

Frequency of Reporting

- Annually



Appendix

Palliative Care exclusion:

Recipients of palliative care were defined as individuals who received either outpatient or inpatient palliative care in the 12 months prior to the last opioid dispense in the calendar year.

- OHIP billings with the following fee schedule codes:
'A945','C945','C882','C982','W872','W882','W972','W982','K023','B998','B966','B997','G511',
'G512','K700'
- Inpatient discharges with any diagnosis of 'Z515', or main patient service='58', or provider service or intervention service='00121'.