## Indicator: Chronic Opioid Use

### Indicator Definition

Proportion of residents considered chronic opioid users

### Indicator Specification

**Numerator data source**

PBS

**Numerator**

Number of permanent residents that are chronic opioid users (Table 1).

Chronic opioid use is defined as receiving any number of opioid medications for at least 90 days continuously, or for 120 non-consecutive days (1). The number of days of medication use is determined based on the number of units dispensed and estimated dose per day. No gap days between one opioid medication dispensing and another were allowed when determining consecutive use of opioids

**Table 1. Opioids medications, descriptions, ATC codes, PBS codes and estimated usual dose**

| Description | ATC | PBS Items | Usual Dose Per Day[1] |
|---|---|---|---|
| Morphine | N02AA01 | 08491X, 08492Y, 08493B, 12487F | 1 |
| | | 01653B, 01654C, 01655D, 01656E, 02839K, 02840L, 02841M, 05392T, 05393W, 05394X, 05395Y,05396B, 08035X, 08349K, 08453X, 08454Y, 08489T, 08494C, 08669G, 08670H, 04349X, 05161P, 05162Q, 05164T, 05165W, 05391R, 12055L, 12009C | 2 |
| | | 08146R, 08305D, 08306E, 08490W | 2 sachets |
| | | 01646P | 4 |
| | | 02122Q[2], 02123R[2], 02124T[2], 09014K, 09015L, 09016M, 09017N, 05238Q[2] | 30 mg |
| Hydromorphone | N02AA03 | 09299K, 09406C, 09407D, 09408E, 09409F, 03357Q | 1 |
| | | 08421F, 08420E | 12 mg |
| | | 05132D[2], 08424J, 11467M, 12582F[2] | 12mL |
| | | 08541M,08542N, 08543P, 12046B, 12047C, 05115F, 05116G | 6 |
| Oxycodone | N02AA05 | 08385H, 08386J, 08387K, 08388L, 09399Q, 09400R, 05227D, 05247E, 05248F, 05249G, 05250H, 08681X, 12527H | 2 |
| | | 05191F, 05194J, 05195K, 08464L, 08501K, 08502L, 02481N, 02622B, 05191F, 05197M, 05198N[3], 12031F, 12023T, 12048D,12314D, 12044X, 13233L, 12074L, 12311Y | 4 |
| | | 08644Y[2], 05190E | 20 mL |
| Oxycodone + Naloxone | N02AA55 | 08000C, 08934F, 08935G, 08936H, 10757E, 10758F, 10776E, 11102H, 11111T | 2 |
| Fentanyl[4] | N02AB03 | 05265D, 05277R, 05278T, 05279W, 05280X, 05437E, 05438F, 05439G, 05440H, 05441J, 08878G, 08891Y, 08892B, 08893C, 08894D, 08337T, 08338W, 08339X, 08340Y | 1 patch per 3 days |
| Dextropropoxyphene | N02AC04 | 04081T | 6 |

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| Methadone liquid | N02AC52 | 01609Q | 3 |
|---|---|---|---|
| | | 05399E[2], 05400F[2] | 6 mL |
| Methadone injection | N02AC52 | 01606M | 3 mL (injection) |
| Buprenorphine | N02AE01 | 08865N, 08866P, 08866P, 08867Q, 10746N, 10755C, 10756D, 10770W, 10948F, 10949G, 10953L, 10957Q, 10959T, 10964C, 10970J | 1 patch per 7 days |
| Codeine, combinations with paracetamol | N02AJ06 | 01215Y, 03316M, 04170L, 04171M, 04275B, 08785J, 10186D, 12022R, 12066C | 8 |
| Codeine + aspirin | N02AA59 / N02AJ07 | 01222H, 04286N | 8 |
| Tramadol | N02AX02 | 02527B, 08523N, 08524P, 08525Q, 03338Q, 05234L, 05235M, 05236N | 2 |
| | | 05001F, 09199E, 09200F, 09201G | 1 |
| | | 05232J, 08455B, 08611F, 12008B, 12024W | 4 |
| | | 08582Q, 05231H | 4 mL injection |
| | | 08843K, 05150C | 4 mL |
| Tapentadol | N02AX06 | 10091D, 10092E, 10094G, 10096J, 10100N | 2 |
| Codeine | N02AA | 05063L, 01214X, 12065B, 12054K | 4 |

**PBS:** Pharmaceutical Benefits Scheme.
[1]Quantity per day in tablets or capsules unless otherwise stated. [2]Pharmacists were allowed to dispense volumes smaller than a whole bottle at PBS-subsidised prices (from 1 Aug 2022: PBS item 12582F; from 1 Feb 2023: PBS items 02122Q, 02123R, 02124T, 08644Y; from 1 Jul 2023: PBS items 05399E, 05400F). [3]Removed from the PBS in 2011. [4]Fentanyl lozenges (PBS items 10684H, 10697B, 10698C, 10729Q, 10737D) were excluded as clinical indication on the PBS for cancer treatment and palliative care only.

### *Denominator*
Number of permanent residents who are not receiving pharmacological cancer treatment and are not receiving palliative care

### *Exclusions*
Exclude residents who are receiving pharmacological cancer treatment or palliative care (Table 2)

**Table 2. Cancer treatment and palliative care, descriptions, ATC codes, AN-ACC code**

| Data Source | Description | Code |
|---|---|---|
| PBS | Antineoplastic and immunomodulating agents[1] | L01* |
| NACDC - AN-ACC | Palliative care was ascertained from Class 1 of AN-ACC Classification[2] | Class 1 (admit for palliative care) |

[1] A resident was classified as receiving pharmacological treatment for cancer if any medicine with the 2nd level ATC L01 was supplied in the 182 days prior to the reporting period or entry into permanent residential aged care.
[2] A resident was flagged as receiving palliative care if AN-ACC Class 1 classification level was assigned to the resident. Otherwise, it was assumed that the resident was not receiving palliative care. Only the most recent care needs assessment using the AN-ACC assessment tool up to 90 days post-entry into permanent residential aged care was used. The most recent assessment was identified as the assessment with the fewest days between the assessment start date and the date of entry into care. If the person was already in permanent residential aged care 90 days prior to the start of the reporting period, the most recent past AN-ACC assessment (any) prior to the reporting period start date was used. If the first entry into permanent residential aged care

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occurred within 90 days prior to start of the reporting period or during the reporting period, the first AN-ACC assessment within 90 days post-entry into care was used. As for the health condition indicators derived from the ACAP/NSAF assessments, this characteristic is missing only if the resident has no care needs assessment using the AN-ACC assessment tool within the allowed time frame.

**ATC:** Anatomical Therapeutic Chemical Classification System. **AN-ACC:** Australian National Aged Care Classification.

*Covariates*

Age, sex, number of health conditions (excluding pain), AN-ACC classification (Table 3)

**Table 3. AN-ACC codes**

| Data source | Description | Codes |
|---|---|---|
| NACDC-AN-ACC | Classification of residents that reflects their characteristics, care needs and determines the associated variable residential care subsidy, which is determined through residential aged care funding assessment using the AN-ACC assessment tool.[1] <br><br> There are 13 AN-ACC classes for permanent residents, including a class for planned admissions for palliative care. <br><br> Only classes 2-13 are included in risk adjustments for indicator where the exclusion criteria involve palliative care. | 1 – Class 1 (admit for palliative care) <br> 2 – Class 2 (independent without compounding factors) <br> 3 – Class 3 (independent with compounding factors) <br> 4 – Class 4 (assisted mobility, high cognition without compounding factors) <br> 5 – Class 5 (assisted mobility, high cognition with compounding factors) <br> 6 – Class 6 (assisted mobility, medium cognition without compounding factors) <br> 7 – Class 7 (assisted mobility, high cognition with compounding factors) <br> 8 – Class 8 (assisted mobility, low cognition) <br> 9 – Class 9 (not mobile, higher function without compounding factors) <br> 10 – Class 10 (not mobile, higher function with compounding factors) <br> 11 – Class 11 (not mobile, lower function, lower pressure sore risk) <br> 12 – Class 12 (not mobile, lower function, higher pressure sore risk without compounding factors) <br> 13 – Class 13 (not mobile, lower function, higher pressure sore risk with compounding factors) |

[1] Only the most recent care needs assessment using the AN-ACC assessment tool up to 90 days post-entry into permanent residential aged care was used. The most recent assessment was identified as the assessment with the fewest days between the assessment start date and the date of entry into care. If the person was already in permanent residential aged care 90 days prior to the start of the reporting period, the most recent past AN-ACC assessment (any) prior to the reporting period start date was used. If the first entry into permanent residential aged care occurred within 90 days prior to start of the reporting period or during the reporting period, the first AN-ACC assessment within 90 days post-entry into care was used.

**NACDC-AN-ACC:** National Aged Care Data Clearinghouse-Australian National Aged Care Classification.

*Stratifications*

None

> **Comments**
>
> Continuous opioid use for 90 days, which may begin before the reporting period start date or date of entry into permanent residential care for new residents during the reporting period, provided that day 90 occurs within the reporting period.
>
> 120 days non-consecutive refers to either: (1) total days of opioid use during the reporting period is ≥ 120 OR (2) total days of opioid use in the reporting period (including opioid use in the 180 days period prior to the reporting period start date or date of entry into permanent residential care for new residents during the reporting period) is ≥ 120 days, with at least one day of opioid use during the reporting period.

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**Any enquires about, or comments on, this Technical Specification document should be directed to:**

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**References**

1. Von Korff M, Saunders K, Thomas Ray G, Boudreau D, Campbell C, Merrill J, et al. De facto long-term opioid therapy for noncancer pain. Clin J Pain. 2008;24(6):521-7.