

Expert to Expert Webinar Series

2025 Reporting Year Annual Updates for Safe Use of Opioids—Concurrent Prescribing eCQM (CMS506v7)

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New to eCQMs?

Today's content is highly technical and requires a baseline understanding of eCQM logic and concepts

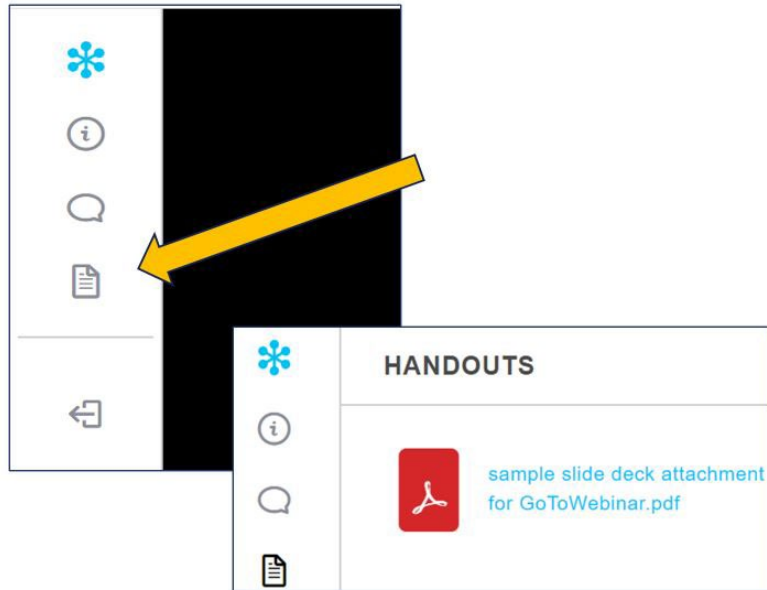
Visit this section of the eCQI Resource Center:

["Get Started with eCQMs"](https://ecqi.healthit.gov/ecqms?qt-tabs_ecqm=tools-resources)

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<https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars>

Webinar approved for 1.5 Continuing Education (CE) Credits for these entities



- Accreditation Council for Continuing Medical Education (PRA Category 1.5 credits)
 - American Nurses Credentialing Center
 - American College of Healthcare Executives (1.5 Qualifying Education Hours)
 - California Board of Registered Nursing
-

CE Requirements



- 1) Individually register for this webinar
- 2) Participate for the entire broadcast
- 3) Complete a post-program evaluation/attestation

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- 1) QR code on final slide
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Learning Objectives

Locate measure specifications, value sets, measure flow diagrams and technical release notes on the eCQI Resource Center.

Facilitate your organization's implementation of the Safe Use of Opioids—Concurrent Prescribing (CMS506v7) eCQM annual updates for the 2025 calendar year.

Utilize answers regarding common issues/questions regarding the Safe Use of Opioids—Concurrent Prescribing (CMS506v7) eCQM to inform 2025 eCQM use/implementation.



Topics Not Covered in this Program

Basic eCQM concepts

Topics related to chart abstracted measures

Process improvement efforts related to this measure

eCQM validation



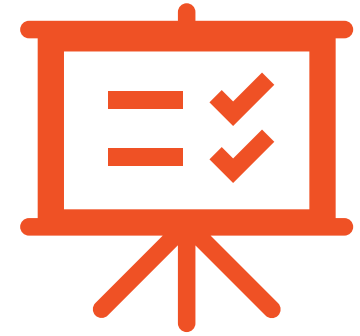
Disclosure Statement

All staff and speakers for this webinar have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

- Susan Funk, MPH, LSSGB, Associate Project Director, Engagement in Quality Improvement Programs (EQIP)
 - Erin Buchanan, MPH, Advisory Services Analyst, Mathematica
 - Melissa Breth, DNP, RN, NI-BC, Associate Project Director, Clinical Quality Informatics
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Webinar Agenda

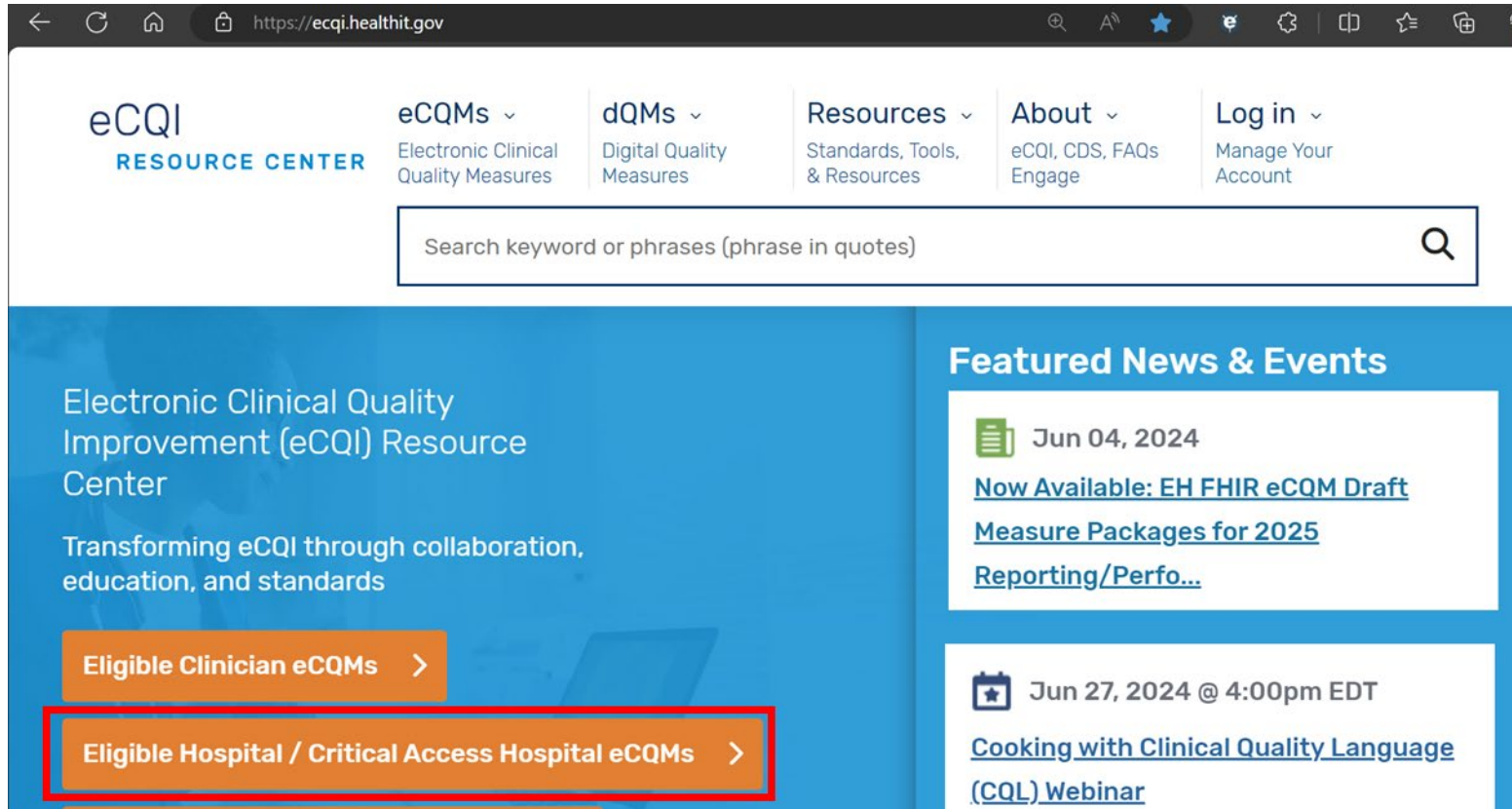
- Highlight how to access eCQI Resource Center navigational demo (measure specifications, value sets, measure flow diagrams and technical release notes)
 - Review the measure flow/algorithm
 - Review Safe Use of Opioids—Concurrent Prescribing (CMS506v7) eCQM
 - Review FAQs
 - Facilitated Audience Q&A Segment
-



eCQM Resources on the eCQI Resource Center

eCQI Resource Center

<https://ecqi.healthit.gov>



Download and/or View Specifications

- “Human Readable” html
- Value Sets
 - **Value Set Authority Center (VSAC)** ↗
- Data Elements
- eCQM Flow (PDF)
 - **(process flow diagrams)** ↗
- Technical Release Notes (TRNs) (Excel)
- Jira Issue Tracker tickets

eCQI Resource Center Navigational video short available via this page:

<https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/>

Safe Use of Opioids— Concurrent Prescribing (CMS506v7)

Measure Background

- **Measure Description:** Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge
 - Adopted in the Hospital Inpatient Quality Reporting Program for voluntary reporting in 2022
 - Mandatory reporting as of 2023
-

Measure rationale

- Unintended opioid overdose fatalities are a major public health concern (Rudd et al. 2016).
 - Concurrent prescriptions of opioids or of opioids and benzodiazepines place patients at a greater risk of unintentional overdose due to the increased risk of respiratory depression (Dowell et al. 2016)
 - Eliminating concurrent use of opioids and benzodiazepines could reduce the risk of emergency room and inpatient visits related to opioid overdose by 15% (Sun et al. 2017).
 - 2022 Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain recommends avoiding concurrently prescribing two or more opioids OR opioids and benzodiazepines whenever possible. (Dowell et al. 2022)
-

Measure intent

1. Encourage providers to identify patients with concurrent prescriptions of opioids or opioids and benzodiazepines.
2. Discourage providers from prescribing two or more opioids or opioids and benzodiazepines concurrently.

Measure component changes between 2024 and 2025 reporting

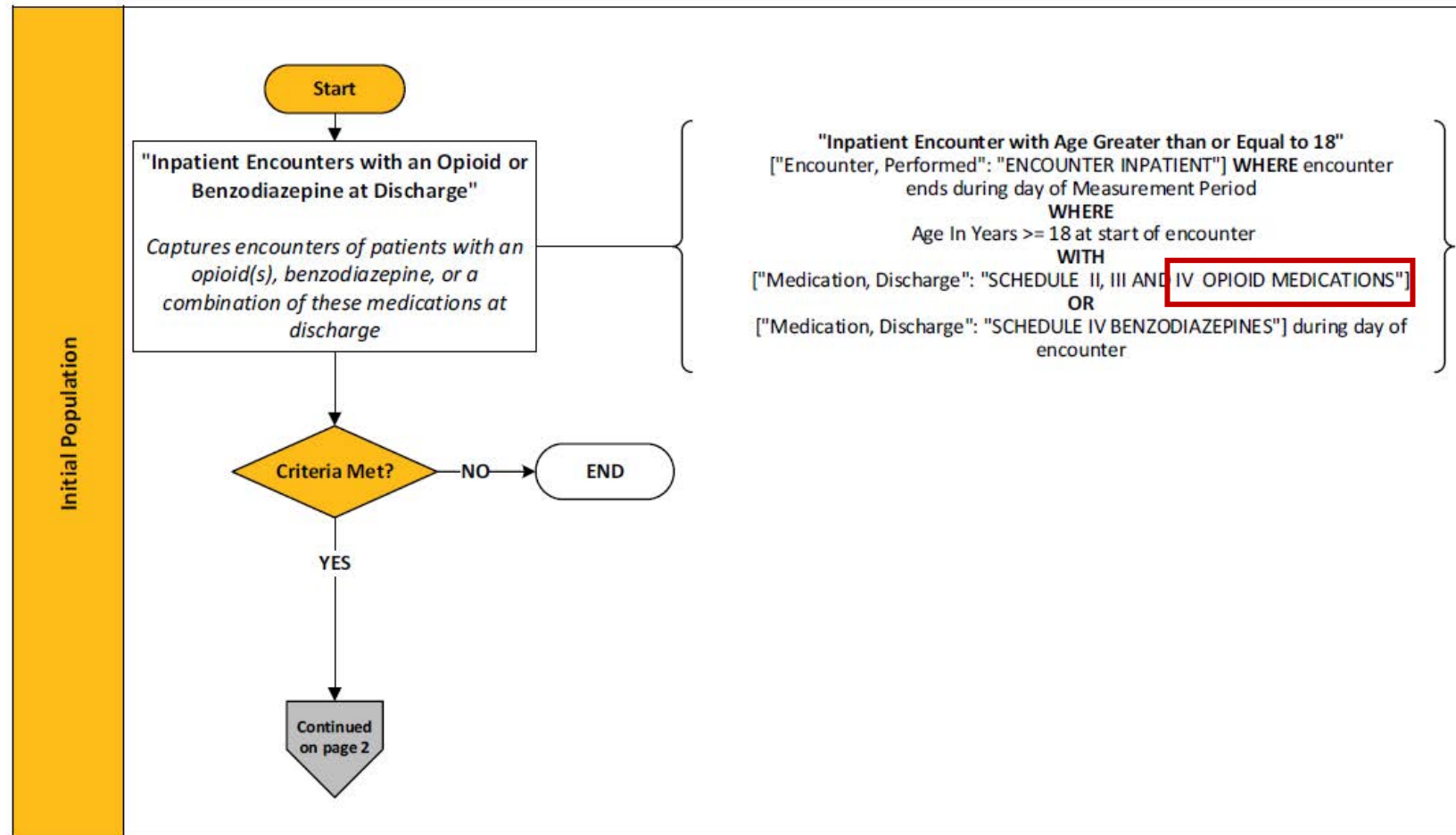
Measure components	2024 reporting period (CMS506v6)	2025 reporting period (CMS506v7)
Initial Population/ Denominator	Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.	Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.
Numerator	No change except in value set	No change except in value set

Measure component changes between 2024 and 2025 reporting (continued)

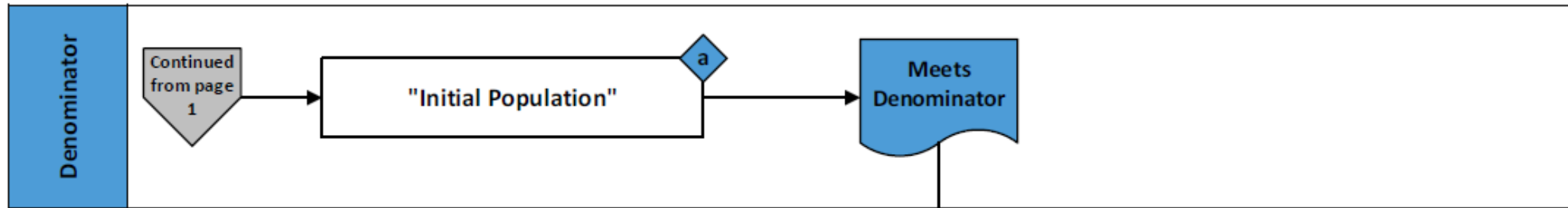
Measure components	2024 reporting period (CMS506v6)	2025 reporting period (CMS506v7)
Denominator Exclusions	Inpatient hospitalizations where patients have cancer that begins prior to or during the encounter or are ordered or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the hospitalization or in an emergency department encounter or observation stay immediately prior to hospitalization, patients discharged to another inpatient care facility, and patients who expire during the inpatient stay.	Inpatient hospitalizations where patients have cancer pain that begins prior to or during the encounter or are ordered or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the hospitalization or in an emergency department encounter or observation stay immediately prior to hospitalization, <u>patients receiving medication for opioid use disorder</u> , <u>patients with sickle cell disease</u> , patients discharged to another inpatient care facility or <u>left against medical advice</u> , and patients who expire during the inpatient stay

Flow Diagram

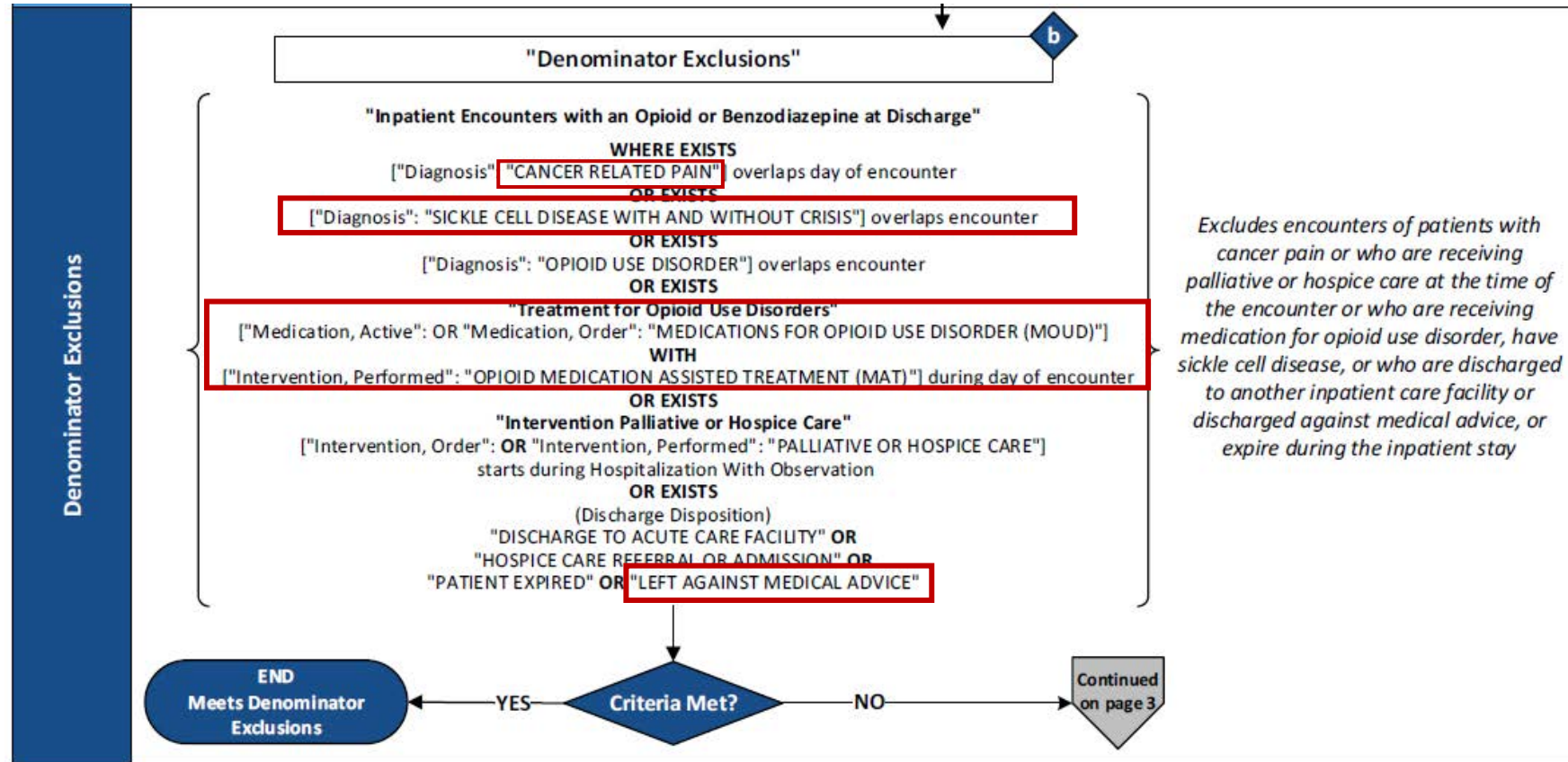
Flow diagram: Initial Population



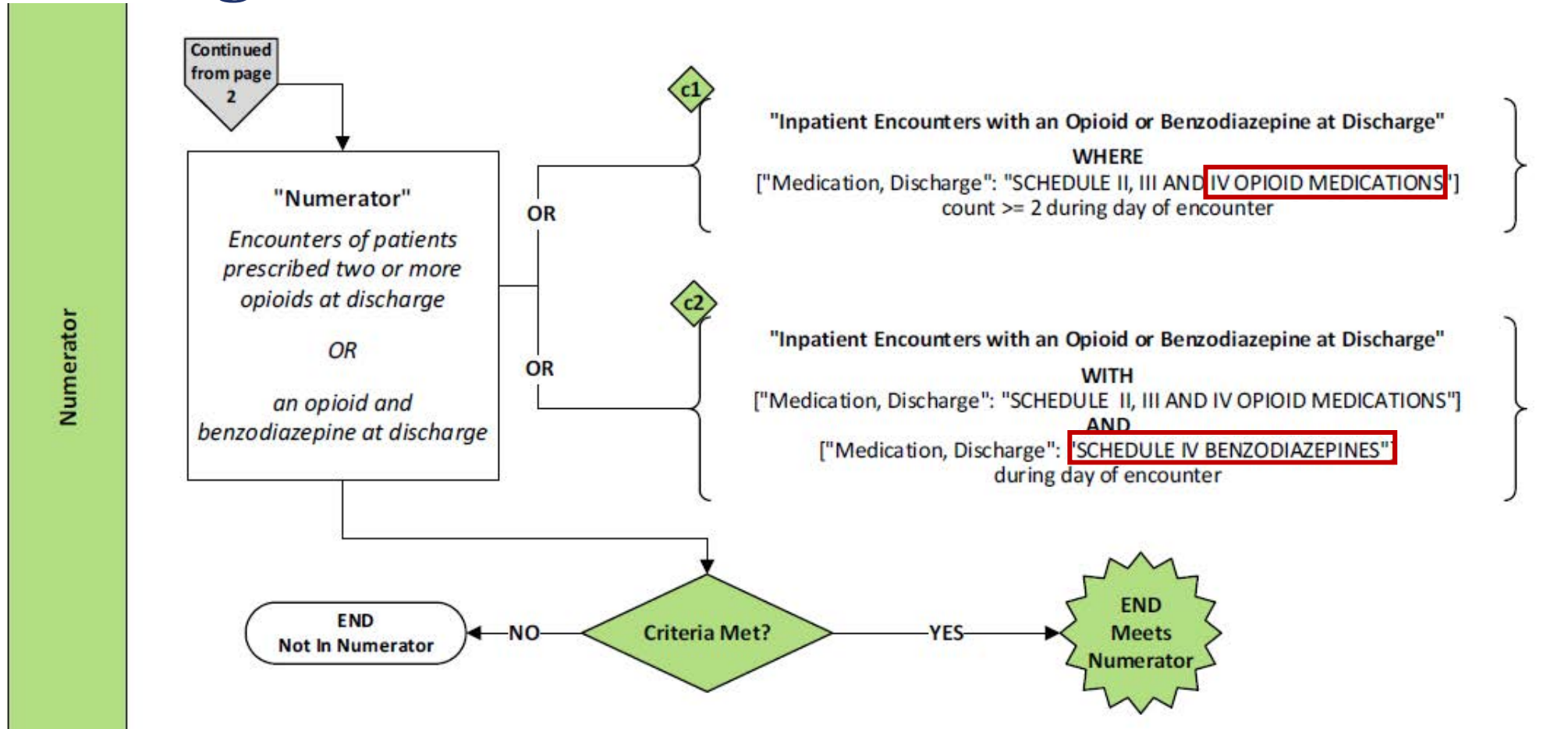
Flow diagram: Denominator



Flow diagram: Denominator Exclusions



Flow diagram: Numerator



Flow diagram: sample calculation

Sample Calculation

$$\text{Performance Rate} = \frac{\text{Numerator (c1 + c2 = 20)}}{\text{Denominator (a = 100) - Denominator Exclusions (b = 10)}} = 22 \%$$

Updates to Measure Logic for 2025 Reporting Period

★ Initial population

Initial population

"Inpatient Encounters with an Opioid or Benzodiazepine at Discharge"

Inpatient Encounters with an Opioid or Benzodiazepine at Discharge

/*Captures encounters of patients with an opioid(s), benzodiazepine, or a combination of these medications at discharge*/

"Inpatient Encounter with Age Greater Than or Equal to 18" InpatientEncounter

with (["Medication, Discharge": ~~"Schedule II & III Opioid Medications"~~ "Schedule II, III and IV Opioid Medications"]

union ["Medication, Discharge": "Schedule IV Benzodiazepines"])
OpioidOrBenzodiazepineDischargeMedication

such that OpioidOrBenzodiazepineDischargeMedication.authorDatetime during
InpatientEncounter.relevantPeriod

Inpatient encounter with Age Greater Than or Equal to 18

Global.'InpatientEncounter' InpatientHospitalEncounter

Where AgeInYearsAt (date from start of InpatientHospitalEncounter.relevantPeriod) >= 18

Denominator – No changes

Denominator
“Initial Population”

★ Denominator exclusions (1)

/*Excludes encounters of patients with cancer or who are receiving palliative or hospice care at the time of the encounter or who are receiving medication for opioid use disorder, have sickle cell disease or who are discharged to another inpatient care facility or discharged against medical advice or expire during the inpatient stay*

"Inpatient Encounters with an Opioid or Benzodiazepine at Discharge" InpatientEncounter
 where exists (["Diagnosis": ~~"All Primary and Secondary Cancer"~~ "Cancer Related Pain"] Cancer
 where Cancer.prevalencePeriod overlaps InpatientEncounter.relevantPeriod)
~~Where exists InpatientEncounter.diagnoses Diagnosis~~
~~where Diagnosis.code in "All Primary and Secondary Cancer"~~
or exists (["Diagnosis": "Sickle Cell Disease with and without Crisis"] SickleCellDisease
where SickleCellDisease.prevalencePeriod overlaps InpatientEncounter.relevantPeriod)
or exists (InpatientEncounter.diagnoses Diagnosis
where Diagnosis.code in "Cancer Related Pain"
)

★ Denominator exclusions (2)

or exists (["Diagnosis": "Opioid Use Disorder"] OUD

_____ where start of OUD.prevalencePeriod before day of end of InpatientEncounter.relevantPeriod)

or exists (**"Treatment for Opioid Use Disorders"** OUDTreatment

_____ where Coalesce(start of Global."NormalizeInterval"(OUDTreatment.relevantDatetime, OUDTreatment.relevantPeriod), OUDTreatment.authorDatetime) during day of InpatientEncounter.relevantPeriod)

Treatment for Opioid Use Disorders

(["Medication, Active": "Medications for Opioid Use Disorder (MOUD)"]

union ["Medication, Order": "Medications for Opioid Use Disorder (MOUD)"]) MedicationTreatment

with ["Intervention, Performed": "Opioid Medication Assisted Treatment (MAT)"] MAT

_____ such that Coalesce(start of Global."NormalizeInterval"(MedicationTreatment.relevantDatetime, MedicationTreatment.relevantPeriod), MedicationTreatment.authorDatetime) during day of Global."NormalizeInterval" (MAT.relevantDatetime, MAT.relevantPeriod)

_____ and Coalesce(start of Global."NormalizeInterval"(MedicationTreatment.relevantDatetime, MedicationTreatment.relevantPeriod), MedicationTreatment.authorDatetime) during day of "Measurement Period"



Denominator exclusions (3)

or exists ("Intervention Palliative or Hospice Care" PalliativeOrHospiceCare
where Coalesce(start of Global."NormalizeInterval"(PalliativeOrHospiceCare.relevantDatetime,
PalliativeOrHospiceCare.relevantPeriod),
PalliativeOrHospiceCare.authorDatetime)during Global."HospitalizationWithObservation"
(InpatientEncounter))
or (InpatientEncounter.dischargeDisposition in "Discharge To Acute Care Facility"
or InpatientEncounter.dischargeDisposition in "Hospice Care Referral or Admission"
or InpatientEncounter.dischargeDisposition in "Patient Expired")
or InpatientEncounter.dischargeDisposition in "Left Against Medical Advice"
—)

Numerator (1)

/*Encounters of patients prescribed two or more opioids or an opioid and benzodiazepine at discharge.*/

“Inpatient Encounters with an Opioid or Benzodiazepine at Discharge” InpatientEncounter
where (Count (["Medication, Discharge": ~~"Schedule II & III Opioid Medications"~~ "Schedule
II, III and IV Opioid Medications"] Opioids
where Opioids.authorDatetime during InpatientEncounter.relevantPeriod
return distinct Opioids.code)>= 2))

Numerator (2)

~~union ("Inpatient Encounters with an Opioid or Benzodiazepine at Discharge"~~
~~InpatientEncounter~~

or exists with ["Medication, Discharge": ~~"Schedule II & III Opioid Medications"~~ "Schedule II, III and IV Opioid Medications"] OpioidsDischarge

where ~~such that~~ OpioidsDischarge.authorDatetime during day of
InpatientEncounter.relevantPeriod

and exists with ["Medication, Discharge": "Schedule IV Benzodiazepines"]
BenzodiazepinesDischarge

where ~~such that~~ BenzodiazepinesDischarge.authorDatetime during
InpatientEncounter.relevantPeriod

Measure considerations

Measure is not expected to have a zero rate

Based on clinical judgment, clinical appropriateness, or both, concurrent prescribing may be medically appropriate

Differentiation between initial population and numerator

- Initial population
 - Inpatient hospitalizations with discharge medications of:
 - A new or continuing opioid *OR*
 - A new or continuing benzodiazepine
 - Numerator: Inpatient hospitalizations with discharge medications of:
 - Two or more distinct opioids *OR*
 - One opioid *AND* One benzodiazepine
-

Frequently Asked Questions (FAQ)



– Question:

What are considered distinct opioids for the numerator?

– Answer:

- Medications must have different RXNorm codes
- RXNorm codes distinguish one exact medication from another, for example:
 - 12 HR oxycodone hydrochloride 10 mg extended release oral tablet (RxNorm 1049502)
 - 12 HR oxycodone hydrochloride 15 mg extended release oral tablet (RxNorm 1049543)
- RXNorm codes do not distinguish prescription by dosing instructions

Frequently Asked Questions (FAQ) (2)



– Question:

What acute facility transfers count as exclusions?

– Answer:

"Discharge To Acute Care Facility" (2.16.840.1.113883.3.117.1.7.1.87) includes:

- Community hospitals
- Tertiary referral hospitals
- Acute care hospitals

Does NOT include long-term acute care, skilled nursing, or rehab facilities

References

- Dowell, D., Haegerich, T., & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain—United States, 2016. Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports, 65. Retrieved from CDC Guideline for prescribing opioids for chronic pain—United States, 2016 | MMWR
- Dowell D., Ragan K., Jones C., Baldwin G., Chou R. (2022), CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. Morbidity and Mortality Weekly Report (MMWR) Recomm Rep 2022;71(No. RR-3):1–95. DOI: <http://dx.doi.org/10.15585/mmwr.rr7103a1>
- Rudd, R., Aleshire, N., Zibbell, J., et al. (2016, January). Increases in drug and opioid overdose deaths—United States, 2000–2014. Morbidity and Mortality Weekly Report, 64(50), 1378–1382. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm>
- Sun, E., Dixit, A., Humphreys, K., et al. (2017). Association between concurrent use of prescription opioids and benzodiazepines and overdose: Retrospective analysis. BMJ, 356, j760. Retrieved from <http://www.bmj.com/content/356/bmj.j760>

Resources

eCQI Resource Center

CMS EH Measures

<https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-eCQMs>

Get Started with eCQMs

https://ecqi.healthit.gov/ecqms?qt-tabs_ecqm=education

Teach Me Clinical Quality Language (CQL) Video Series -

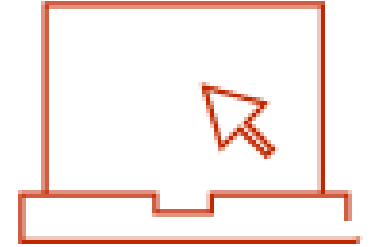
https://ecqi.healthit.gov/cql?qt-tabs_cql=2

Hospitalization with Observation -

https://www.youtube.com/watch?v=3yqwOU2XcZM&ab_channel=CMSHHSgov

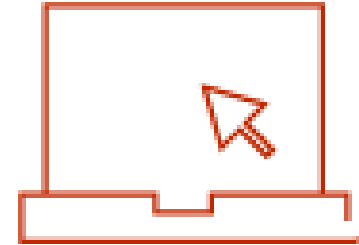
What is a Value Set -

<https://register.gotowebinar.com/recording/4766956164118938369>



Resources (2)

Value Set Authority Center (VSAC) Support -
<https://www.nlm.nih.gov/vsac/support/index.html>



Pioneers In Quality - <https://www.jointcommission.org/measurement/pioneers-in-quality/>

Expert to Expert - <https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/>

ASTP/ONC Issue Tracking System - <https://oncprojecttracking.healthit.gov/>

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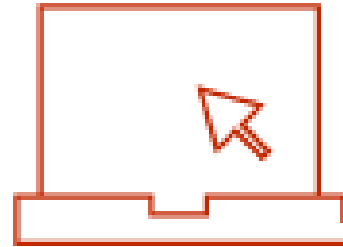
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Acronyms

Acronym	
CBE	Consensus-Based Entity
CMS	Centers for Medicare& Medicaid Services
CY	Calendar Year
eCQM	Electronic Clinical Quality Measure
ED	Emergency Department
EHR	Electronic Health Record
FY	Fiscal Year
HIQR	Hospital Inpatient Quality Reporting
NQF	National Quality Forum