



Annual Updates for Safe Use of Opioids—Concurrent Prescribing eCQM (CMS506v8) for 2026 Reporting Year

Expert to Expert Webinar Series

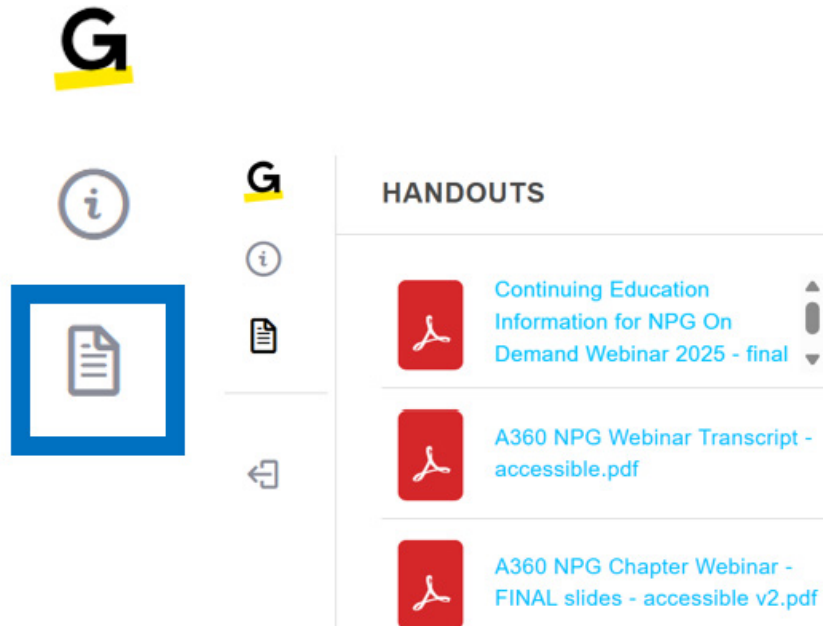
Broadcast Webinar
March 26, 2026
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Webinar Platform – Functionality

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Access the Slides



- Click document icon in the navigation pane.
- Select file name.
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- Two weeks after this webinar, the slides will be accessible via the eCQI Resource Center and also on Joint Commission’s website:
www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos.

Continuing Education Information

- Relevant information about Continuing Education (CE) credit can be found in attachment provided:
- Entities providing credit
- Requirements to earn credit
- Survey/attestation and certificate
- **Credit is available for this webinar for live broadcast attendance only.**
- Joint Commission maintains a participant's privacy and confidentiality per organizational policy. Please visit [Joint Commission's website](#) for more information on continuing education policies.



Participant Learning Objectives



- Locate eCQM resources on the eCQI Resource Center.
- Facilitate your organization’s implementation of the Safe Use of Opioids—Concurrent Prescribing eCQM annual updates for the 2026 reporting year.
- Utilize answers to common issues/questions regarding the Safe Use of Opioids—Concurrent Prescribing eCQM to inform 2026 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
 - Ensure your data is validated before submitting
 - Ensure that extreme outlier results are verified

Disclosure Statement

- All staff and subject matter experts 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 this webinar content.



Webinar Agenda



- Review the Safe Use of Opioids—Concurrent Prescribing eCQM annual updates for Reporting Year 2026
- Overview of the measure flow/algorithm
- Frequently Asked Questions (FAQs)
- Live Q&A Segment

eCQM Specifications and Resources

- A PDF handout includes directions to access the eCQM specifications, value sets, measure flow diagrams, and technical release notes on the eCQI Resource Center.
- Please see the [landing page for 2026 resources](#).
- Please see the [landing page for 2026 specifications](#).

The screenshot shows the eCQI Resource Center website. The header includes the eCQI 10th Anniversary Resource Center logo and navigation links for eCQMs, dQMs, Resources, About, and Log Man: Acc. The main content area is titled 'Hospital - Inpatient eCQMs' and features a search filter for '2026' and 'eCQMs'. Below the filter, there is a link to 'eCQM Standards and Tools Version' and a summary of 17 eCQMs for the 2026 reporting period.

Safe Use of Opioids—Concurrent Prescribing (CMS506v8)

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. Encourage providers to consider alternatives to prescribing two or more opioids or opioids and benzodiazepines concurrently.

Measure component changes between 2025 and 2026 reporting (1)

Measure Components	2025 Reporting Period (CMS506v7)	2026 Reporting Period (CMS506v8)
Initial Population/ Denominator	Inpatient hospitalizations 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 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 ¹ opioid or ¹ <u>and/or</u> ² benzodiazepine at discharge
Numerator	Inpatient hospitalizations where the patient is prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge	Inpatient hospitalizations where the patient is prescribed or continuing to take ¹ two or more opioids or an opioid and benzodiazepine at discharge

Notes:

¹ Indicates text that contains strikethrough.

² Indicates underlined text.

Measure component changes between 2025 and 2026 reporting (2)

Measure Components	2025 Reporting Period (CMS506v7)	2026 Reporting Period (CMS506v8)
Denominator Exclusions	<p>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, patients receiving medication for opioid use disorder, patients with sickle cell disease, patients discharged to another inpatient care facility or left against medical advice, and patients who expire during the inpatient stay</p>	<p>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, patients receiving medication for opioid use disorder (OUD) <u>with active OUD diagnosis or Opioid Medication Assisted Treatment (MAT)</u>,² patients with sickle cell disease, patients discharged to another inpatient care facility or left against medical advice, and patients who expire during the inpatient stay</p>

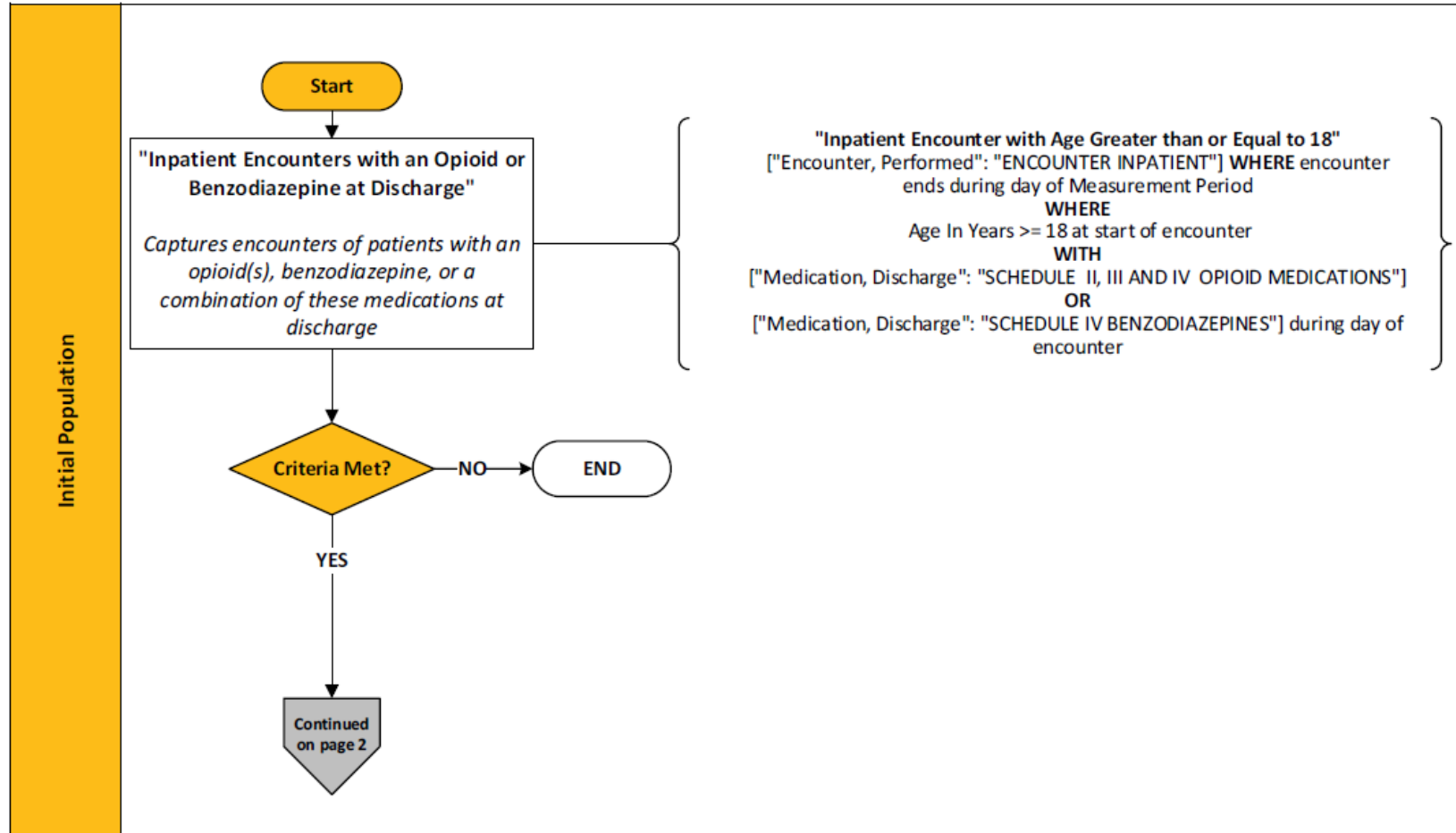
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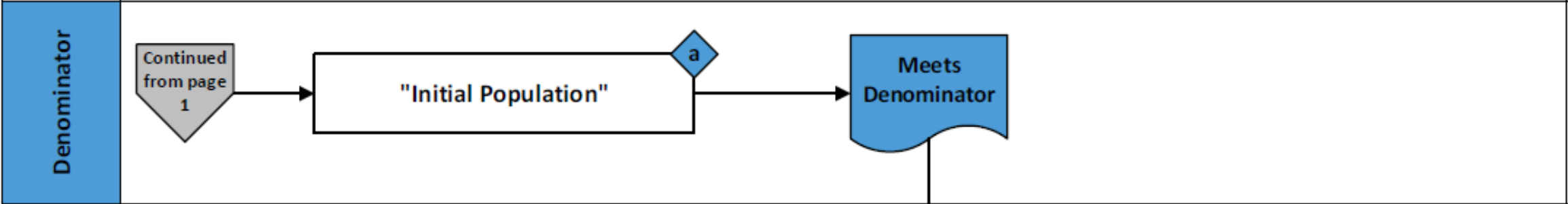
² Indicates underlined text.

Flow Diagram

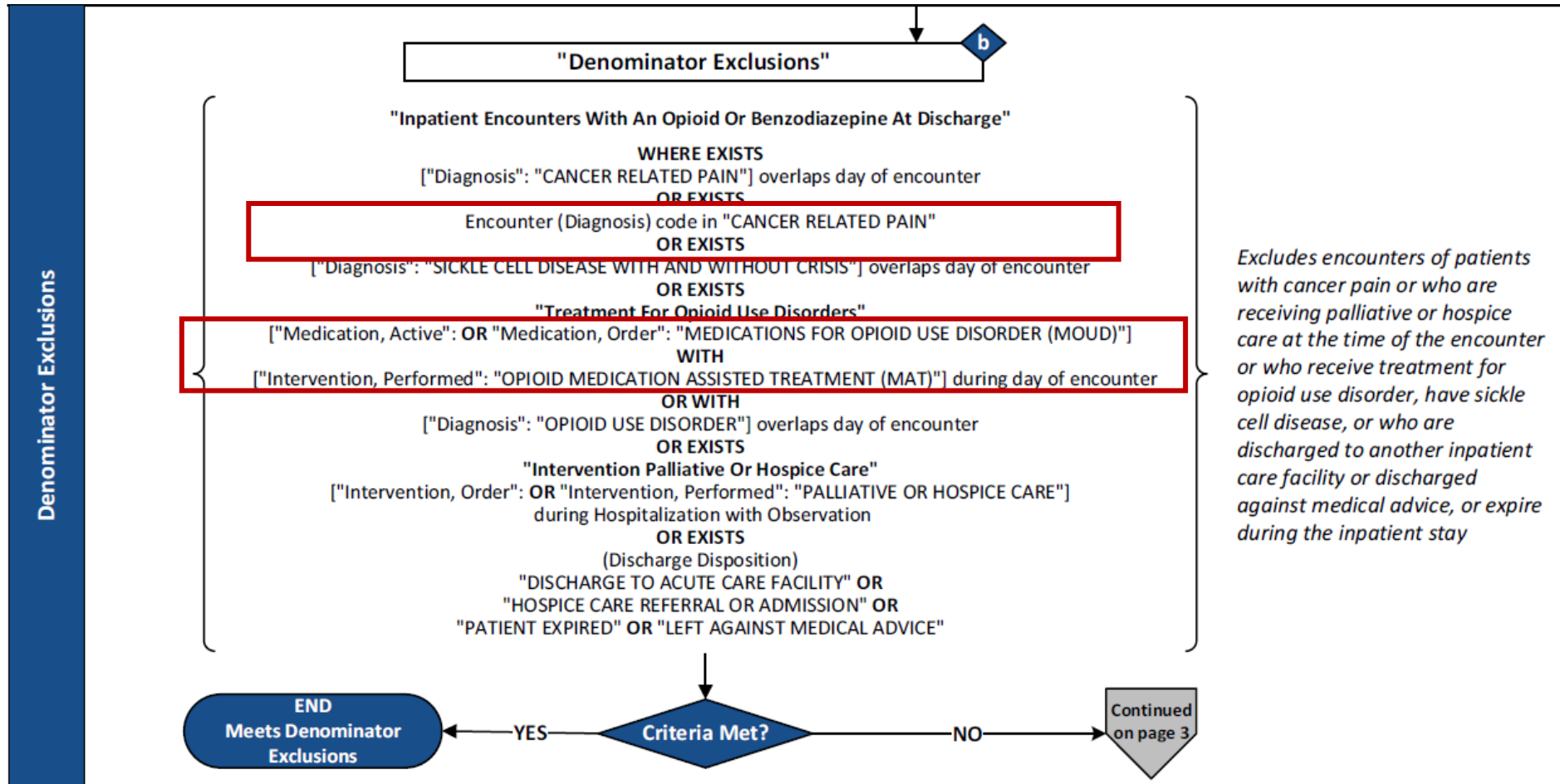
Flow Diagram: Initial Population



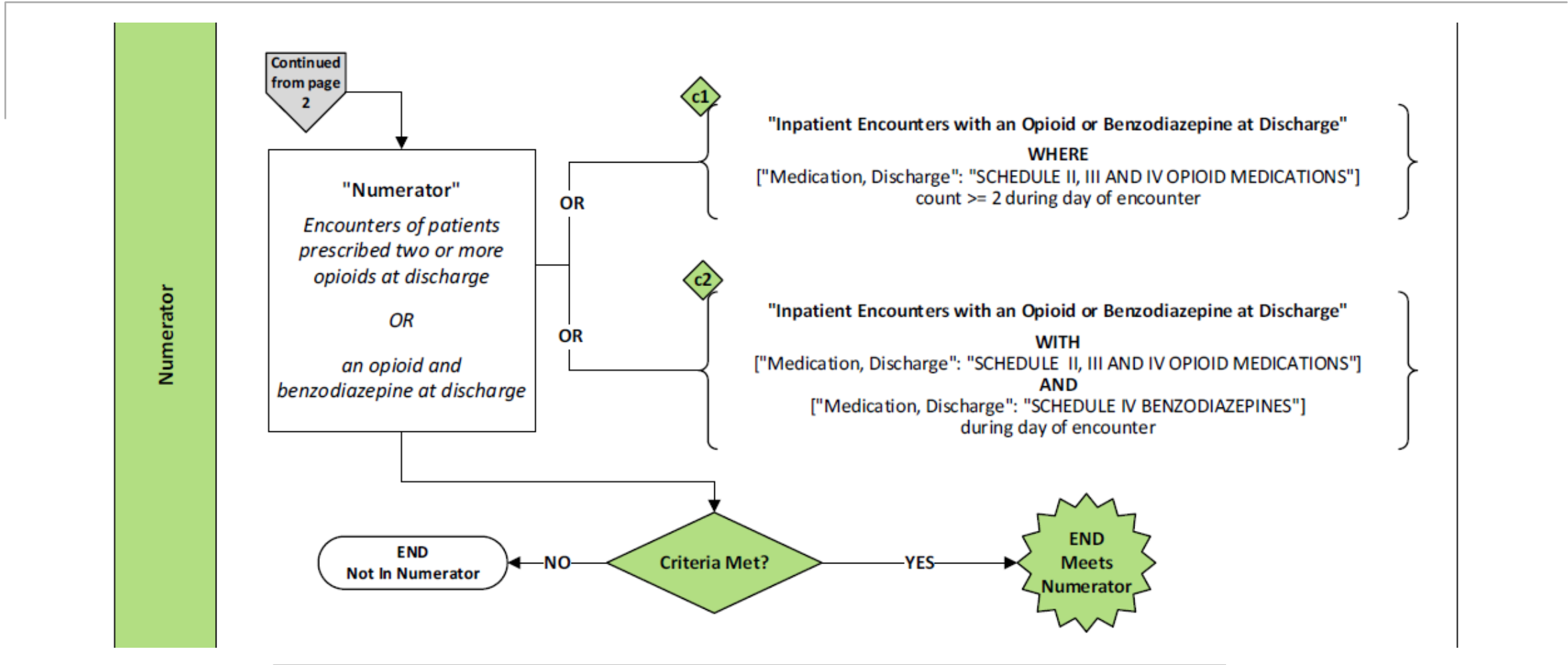
Flow Diagram: Denominator



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 2026 Reporting Period

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": "Cancer Related Pain"] Cancer

where Cancer.prevalencePeriod overlaps InpatientEncounter.relevantPeriod)

or exists (InpatientEncounter.diagnoses Diagnosis

where Diagnosis.code in "Cancer Related Pain")

or exists (["Diagnosis": "Sickle Cell Disease with and without Crisis"] SickleCellDisease

where SickleCellDisease.prevalencePeriod overlaps InpatientEncounter.relevantPeriod)

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

~~— where start of OUD.prevalencePeriod before day of end of InpatientEncounter.relevantPeriod)¹~~

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
)

Notes:

¹ Indicates text that contains strikethrough.

² Indicates underlined text.

Denominator Exclusions (2)

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"
union ((["Medication, Active": "Medications for Opioid Use Disorder (MOUD)"]
union ["Medication, Order": "Medications for Opioid Use Disorder (MOUD)"]) MedicationTreatment
with ["Diagnosis": "Opioid Use Disorder"] OUD
such that Coalesce(start of Global."NormalizeInterval"(MedicationTreatment.relevantDatetime,
MedicationTreatment.relevantPeriod), MedicationTreatment.authorDatetime) during day of OUD.prevalencePeriod
and OUD.prevalencePeriod overlaps day of "Measurement Period")²

Notes:

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CMS506 Frequently Asked Questions (FAQ) (1)

Question:

Are continuing medications included in this measure?

Answer:

Yes. Continuing medications are included in this measure.



CMS506 Frequently Asked Questions (FAQ) (2)

Question:

What are considered distinct opioids for the numerator?

Answer:

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

Resources

- **eCQI Resource Center – CMS EH Measures –**
https://ecqi.healthit.gov/eh-cah/ecqms?global_measure_group=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/education>
- **Hospitalization with Observation –**
https://www.youtube.com/watch?v=3yqwOU2XcZM&ab_channel=CMSHHSgov
- **What is a Value Set? –**
<https://register.gotowebinar.com/recording/4766956164118938369>



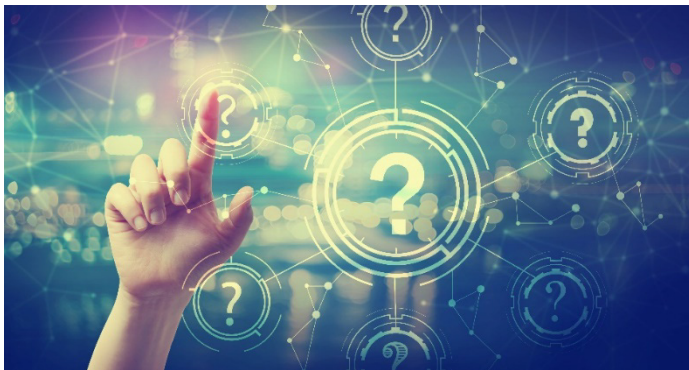
Additional Resources

- **Value Set Authority Center (VSAC) Support** – <https://www.nlm.nih.gov/vsac/support/index.html>
- **Expert to Expert Webinar Series** – <https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos>
- **ASTP/ONC Issue Tracking System** – <https://oncprojecttracking.healthit.gov/>

Live Q&A Segment



- Please submit questions via the question pane.
- Click the Question mark icon in the toolbar.
- Type and submit your question.
- Include slide reference number when possible.
- All questions not answered verbally during the live event will be addressed in a written follow-up Q&A document.
- The follow-up document will be posted to the Joint Commission website in several weeks, after CMS approval.



Expert to Expert Webinar Series Slides and Operations Questions

- To access webinar recording links, slides, and transcripts, visit <https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos>) and scroll down.
- Questions about webinar operations or obtaining Continuing Education credit: tjcwebinarnotifications@jointcommission.org.

Webinars & Videos

The Joint Commission offers a variety of educational measurement-related webinars (live and on-demand), and other recorded video content. Topics include specific performance measures, reporting requirements, and topics that are clinically-, technically-, or statistically-focused. Webinars and videos address electronic clinical quality measures (eCQMs) and chart-abstracted measures used for accreditation and certification purposes. For additional information on each webinar or video series, see below.



Webinar Series



Pioneers in Quality General Sessions

Pioneers in Quality General Sessions provide information such as measurement requirements, changes in reporting, opportunities for engagement and/or recognition, and insights regarding data analysis of national clinical quality measurement data received. This generalized content is meant as education for hospitals and health systems to assist them in meeting current and future requirements.



eCQM Expert to Expert Series

Expert to Expert Webinar Series provides a deep-dive into measure intent, logic, and other clinical/technical aspects of electronic clinical quality measures (eCQMs) to assist hospitals and health systems in their efforts to improve eCQM data use for quality improvement. This series incorporates expertise from Joint Commission and other key stakeholders.



Video Shorts

Joint Commission produces a series of on-demand educational video shorts about electronic Clinical Quality Measures (eCQMs). Episodes are approximately 2-3 minutes in length and offer an engaging and contemporary approach to teach these complex and comprehensive topics. The eCQM video shorts lead the viewer to understand application of eCQM resources, eCQM constructs and Logic expression language concepts (CQL, FHIR).



Measure-Specific Webinars



Continuous Customer

Continuing Education Survey and Certificate

- Also see the separate handout detailing the CE requirements.



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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 <https://pubmed.ncbi.nlm.nih.gov/26977696/>.
- 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>.

Acronyms

Acronym	Definition/Phrase
CBE	Consensus-Based Entity
CY	Calendar Year
eCQM	Electronic Clinical Quality Measure
ED	Emergency Department
EHR	Electronic Health Record
FY	Fiscal Year
HIQR	Hospital Inpatient Quality Reporting
IP	Initial Population
ICD-10	International Classification of Diseases, Tenth Revision
OD	Opioid Use Disorder
SNOMED CT	Systematized Nomenclature of Medicine - Clinical Terms
VSAC	Value Set Authority Center