CMS 506: Safe use of Opioids – Concurrent Prescribing

Today's Moderator

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Medisolv

The purpose of the measure is to identify patients prescribed, or continued on, two or more opioids or an opioid and a benzodiazepine concurrently at discharge.

- Based on measure implemented by the VHA's Opioid Safety Initiative
- Associated with a 20% decrease in concurrent prescribing
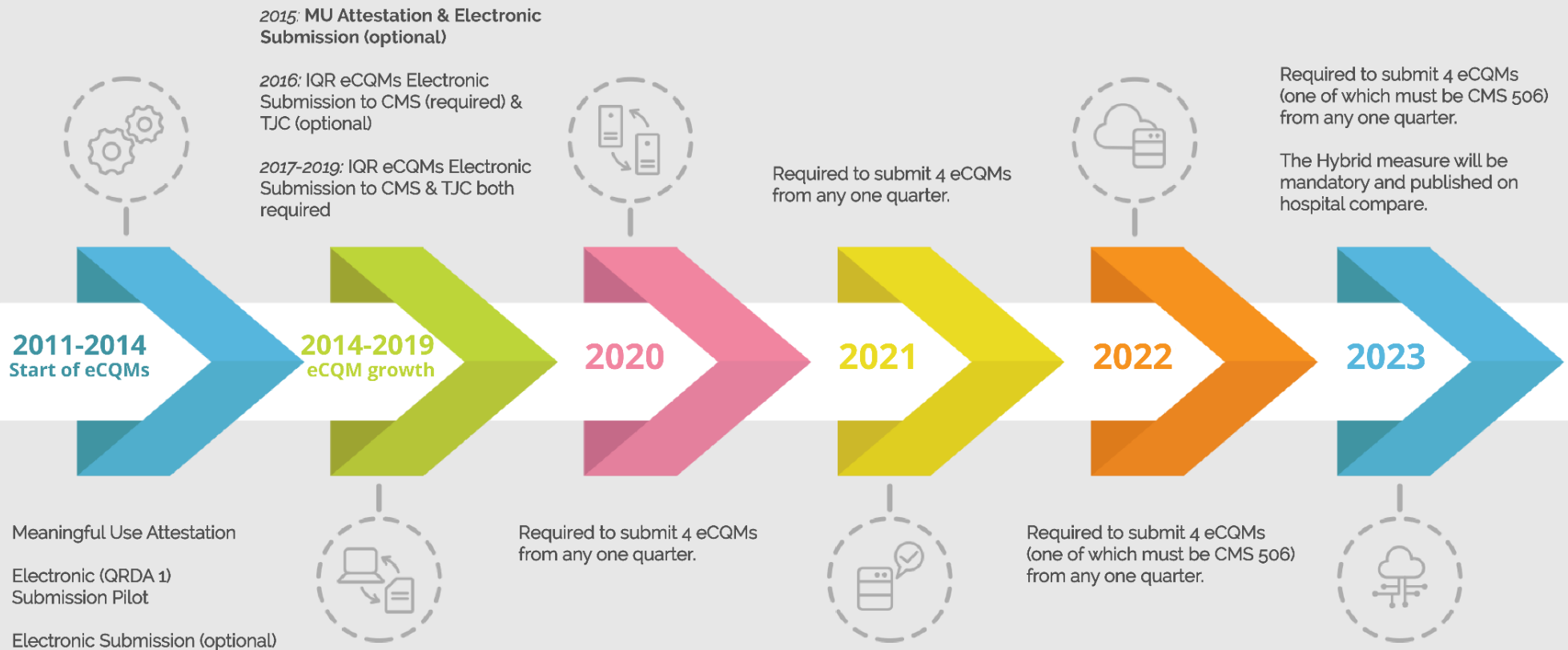
Why do we need CMS 506?

- Concurrent use of benzodiazepines with opioids was prevalent in 31%-51% of fatal overdoses

- Rates of fatal overdose are ten times higher in patients who are co-dispensed opioid analgesics and benzodiazepines

- More than half of patients who received an opioid prescription had filled another opioid prescription within the previous 30 days

Why do we need CMS 506?

**Studies have shown that eliminating concurrent
use potentially reduces:**

- Risk of opioid overdose-related hospital visits

- Preventable mortality

- Costs associated with adverse events related to opioid use

Regulatory Requirements

Future of eCQMs

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2011-2014
Start of eCQMs

2014-2019
eCQM growth

2020

2021

2022

2023

2015: MU Attestation & Electronic Submission (optional)

2016: IQR eCQMs Electronic Submission to CMS (required) & TJC (optional)

2017-2019: IQR eCQMs Electronic Submission to CMS & TJC both required

Required to submit 4 eCQMs from any one quarter.

Required to submit 4 eCQMs (one of which must be CMS 506) from any one quarter.

The Hybrid measure will be mandatory and published on hospital compare.

Meaningful Use Attestation

Electronic (QRDA 1) Submission Pilot

Electronic Submission (optional)

Required to submit 4 eCQMs from any one quarter.

Required to submit 4 eCQMs (one of which must be CMS 506) from any one quarter.

2021:
- 1 self-selected quarter
- 4 self-selected eCQMs
- Addition of CMS 506: Safe Use of Opioids – Concurrent Prescribing

VTE-1 (371)	**VTE-2** (372)	**STK-6** (439)
STK-5 (438)	**PC-05** (480)	**STK-3** (436)
ED-2 (497)	**STK-2** (435)	**CMS506** **(3316e)**

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2022:

- 1 self-selected quarter
- 1 required eCQM: Safe Use of Opioids – Concurrent Prescribing
- 3 self-selected eCQMs

VTE-1 (371)	VTE-2 (372)	STK-6 (439)
STK-5 (438)	PC-05 (480)	STK-3 (436)
ED-2 (497)	STK-2 (435)	CMS506 (3316e)

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FY 2021 IPPS/LTCH PPS Proposed Rule

1. **Increase the numbers of quarters of eCQM data reported, from one self-selected quarter to four quarters over a 3-year period**
   - 2 quarters for CY 2021
   - 3 quarters for CY 2022
   - 4 quarters for CY 2023 and for subsequent years

Hospitals may report three self-selected eCQMs, ***and the Safe Use of Opioids eCQM***

1. **Begin public display of eCQM data beginning** with data reported by hospitals for the CY 2021 and for subsequent years.

Start early and participate in voluntary reporting

TO DO LIST

eCQMs
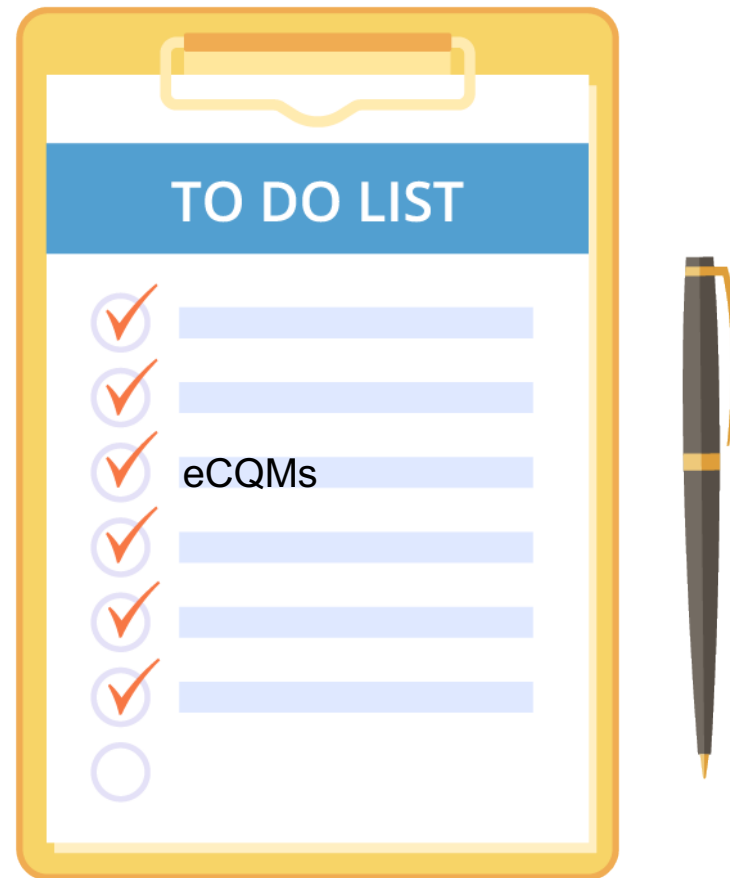
Annual Process
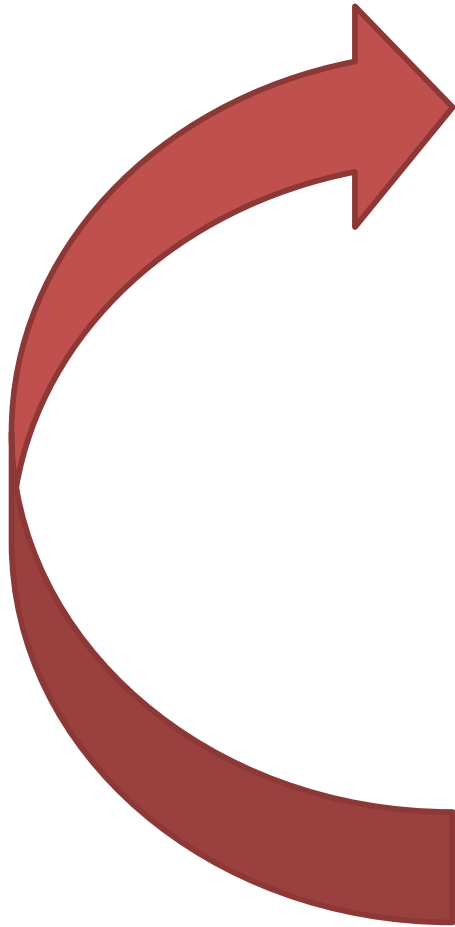
Phase 1 - EDUCATION

- CMS Reporting Requirements
- Annual Specification Updates
- Measure & Value Set Review

Phase 2 - DISCOVERY & BUILD

- EHR Functionality
- Data Sources
- Current State Assessment
- eCQM Workflow vs Hospital Workflow
- System Build, Mapping & Testing

Phase 3 - EVALUATION

- Data Validation
- Monitoring/Analysis/Education/Improvement

Education

Population Criteria

◢ Initial Population

/*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 and III Opioid Medications"]
  union ["Medication, Discharge": "Schedule IV Benzodiazepines"]) OpioidOrBenzodiazepineDischargeMedication
  such that OpioidOrBenzodiazepineDischargeMedication.authorDatetime during InpatientEncounter.relevantPeriod

◢ Denominator

"Initial Population"

◢ Denominator Exclusions

/*Excludes patients with cancer or who are receiving palliative or hospice care at the time of the encounter*/
"Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter
 where exists (["Diagnosis": "All Primary and Secondary Cancer"] Cancer
   where Cancer.prevalencePeriod overlaps InpatientEncounter.relevantPeriod
)
 or exists (InpatientEncounter.diagnoses Diagnosis
   where Diagnosis.code in "All Primary and Secondary Cancer"
)
 or exists (["Intervention, Order": "Palliative or Hospice Care"] PalliativeOrHospiceCareOrder
   where PalliativeOrHospiceCareOrder.authorDatetime during InpatientEncounter.relevantPeriod
)
 or exists (["Intervention, Performed": "Palliative or Hospice Care"] PalliativeOrHospiceCarePerformed
   where PalliativeOrHospiceCarePerformed.relevantPeriod overlaps InpatientEncounter.relevantPeriod
)

◢ Numerator

/*Encounters of patients prescribed two or more opioids or an opioid and benzodiazepine at discharge.
*/
("Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter
   where (Count(["Medication, Discharge": "Schedule II and III Opioid Medications"] Opioids
      where Opioids.authorDatetime during InpatientEncounter.relevantPeriod
)>= 2
)
)
 union ("Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter
   with ["Medication, Discharge": "Schedule II and III Opioid Medications"] OpioidsDischarge
    such that OpioidsDischarge.authorDatetime during InpatientEncounter.relevantPeriod
   with ["Medication, Discharge": "Schedule IV Benzodiazepines"] BenzodiazepinesDischarge
    such that BenzodiazepinesDischarge.authorDatetime during InpatientEncounter.relevantPeriod
)

Data Criteria (QDM Data Elements)

- "Diagnosis: All Primary and Secondary Cancer" using "All Primary and Secondary Cancer (2.16.840.1.113762.1.4.1111.161)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient (2.16.840.1.113883.3.666.5.307)"
- "Intervention, Order: Palliative or Hospice Care" using "Palliative or Hospice Care (2.16.840.1.113883.3.600.1.1579)"
- "Intervention, Performed: Palliative or Hospice Care" using "Palliative or Hospice Care (2.16.840.1.113883.3.600.1.1579)"
- "Medication, Discharge: Schedule II and III Opioid Medications" using "Schedule II and III Opioid Medications (2.16.840.1.113762.1.4.1111.165)"
- "Medication, Discharge: Schedule IV Benzodiazepines" using "Schedule IV Benzodiazepines (2.16.840.1.113762.1.4.1125.1)"
- "Patient Characteristic Birthdate: Birth date" using "Birth date (LOINC Code 21112-8)"
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex (2.16.840.1.113762.1.4.1)"

Discovery & Build

INVERSE MEASURE

- **IPP / Denominator**
    - Inpatient Encounter
    - > 18 years of age
    - Length of stay < 120 days
    - Opioid or Benzodiazepine at Discharge
- **Denominator Exclusions**
    - Hospice or Palliative Care
    - Primary or Secondary Cancer Diagnosis
- **Numerator**
    - Two or More Concurrent Opioids at Discharge
    or
    - Concurrent Opioid and Benzodiazepine at Discharge
- Denominator Exceptions
    - None
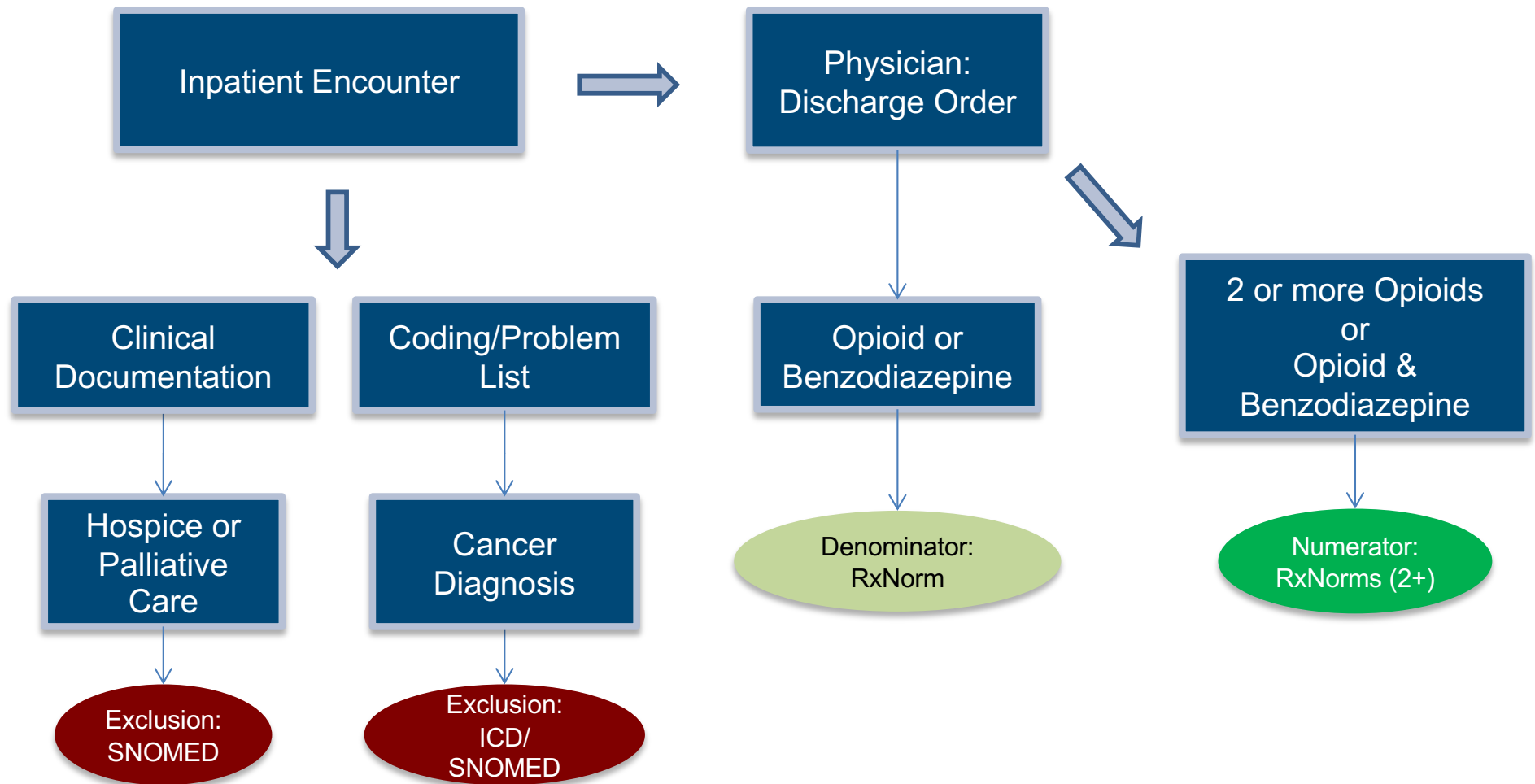
CMS 506: Safe Use of Opioids –
Concurrent Prescribing (2021)

Significant Updates/Changes:
- Combined and updated the Hospice and Palliative Care value sets: "Palliative or Hospice Care" (2.16.840.1.113883.3.600.1.1579)
- Palliative or Hospice Care includes codes that are also found in the Comfort Measures
- New value set for Opioid Medications

Value Set & Code Changes:

Value Set OID	Value Set Name	Value Set	Codes
		a= added; r= removed; u= unchanged	
2.16.840.1.113762.1.4.1111.161	All Primary and Secondary Cancer	u	u
2.16.840.1.113883.3.600.1.1579	Palliative or Hospice Care	a	a
2.16.840.1.113762.1.4.1111.165	Schedule II and III Opioid Medications	a	a
2.16.840.1.113762.1.4.1125.1	Schedule IV Benzodiazepines	u	u
2.16.840.1.113762.1.4.1	ONC Administrative Sex	u	u
LOINC Code 21112-8	Birth date	u	u
2.16.840.1.113883.3.666.5.307	Encounter Inpatient	u	u
2.16.840.1.114222.4.11.3591	Payer	u	u
2.16.840.1.114222.4.11.836	Race	u	u
2.16.840.1.114222.4.11.837	Ethnicity	u	u
2.16.840.1.113883.3.3157.1004.20	Hospice Care	r	r
2.16.840.1.113762.1.4.1111.162	Palliative Care	r	r
2.16.840.1.113762.1.4.1125.2	Schedule II and Schedule III Opioids	r	r

Value Set Description	OID	Measures	SNOMED	DESCRIPTION
Comfort Measures	1.3.6.1.4.1.33895.1.3.0.45	371 (108) 372 (190) 435 (104) 436 (71) 438 (72) 439 (105)	133918004	Comfort measures (regime/therapy)
			182964004	Terminal care (regime/therapy)
			385736008	Dying care (regime/therapy)
			385763009	Hospice care (regime/therapy)
Palliative or Hospice Care	2.16.840.1.113883.3.600.1.1579	506	103735009	Palliative care (regime/therapy)
			133918004	Comfort measures (regime/therapy)
			182964004	Terminal care (regime/therapy)
			305284002	Admission by palliative care physician (procedure)
			305381007	Admission to palliative care department (procedure)
			305981001	Referral by palliative care physician (procedure)
			306237005	Referral to palliative care service (procedure)
			306288008	Referral to palliative care physician (procedure)
			385736008	Dying care (regime/therapy)
			385763009	Hospice care (regime/therapy)

Evaluation

Validation

Home   Clinician ▾   Hospital ▾   Value Sets

eCQM Measure Results

Hospital: Demo Hospital

📅 January 1, 2020 – December 31, 2020 ▾

Rate Measure Results

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	❓	CMS Id	TJC Id	Measure Name	eCQM Version	Initial Population	In Denominator Only	Den. Exclusions	Numerator	Denominator	Exceptions	Rate
		506										
⊞	📄	CMS506v2		Safe Use of Opioids – Concurrent Prescribing	2019 EH	34	29	3	2	34	0	6.45 %

CMS 506: Safe Use of Opioids – Concurrent Prescribing (2021)

Mapping Validation		Mapped	IPP	Denominator	Exclusion	Numerator	Suppl
Value Set OID	**Value Set Name**						
LOINC Code 21112-8	Birth date		X	X			
2.16.840.1.113883.3.666.5.307	Encounter Inpatient		X	X			
2.16.840.1.113762.1.4.1111.165	Schedule II and III Opioid Medications		X	X		X	
2.16.840.1.113762.1.4.1125.1	Schedule IV Benzodiazepines		X	X		X	
2.16.840.1.113762.1.4.1111.161	All Primary and Secondary Cancer				X		
2.16.840.1.113883.3.600.1.1579	Palliative or Hospice Care				X		
2.16.840.1.113762.1.4.1	ONC Administrative Sex						X
2.16.840.1.114222.4.11.3591	Payer						X
2.16.840.1.114222.4.11.836	Race						X
2.16.840.1.114222.4.11.837	Ethnicity						X

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Logic Validation	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
IPP / Denominator	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Over 18 at start of visit					
Inpatient admission with discharge date during the reporting period					
Discharge medication in Opioid or Benzodiazepine value set					
Author date/time for medication is DURING the visit					
Exclusion	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Primary cancer diagnosis					
Secondary cancer diagnosis					
Palliative or hospice care					
Numerator	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
2 or more Opioids at discharge					
Opioid and Benzodiazepine at discharge					
Author date/time for both meds is during the visit					

IT
Application(s)
Map
Build

Clinicians

Quality
Agencies
Measures
Data/Result Review

Monitor
Improve
Maintain

1. Meet with team / clinicians

2. Understand numerator qualifiers

3. Plan for addressing gaps

4. Plan for minimize concurrent prescribing

5. Education

6. Suggestions & Feedback

CDC Guideline recommends that clinicians:

- Avoid prescribing concurrently
- Coordinate care with other clinicians
- Check Prescription Drug Monitoring Program

CDC recommends that for patients found to have multiple opioid prescriptions clinicians should discuss:

- Information from the PDMP with the patient
- Safety concerns
- Concerns with other clinicians who are prescribing controlled substances for their patient

Comfort Measures vs Hospice & Palliative Care

Discharge Medication Evaluation –
- Considering 2+ medications for Numerator

Workflow Considerations
- Concurrent orders for same medication (different directions, doses)
- Other prescribing / workflow practices

https://oncprojectracking.healthit.gov/support/browse/CQM-4030
We want to emphasize that hospitals are not expected to score zero on the measure and we understand that there are some circumstances where it may be clinically appropriate to discharge patients with concurrent opioids or concurrent opioid and benzodiazepine prescriptions.

Questions?

Kristen Beatson
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See a demo of Medisolv's New
AI-Powered Value Maximizer Software
for CMS Hospital Programs

Thursday at 1 pm EST

Visit: www.medisolv.com/maximize