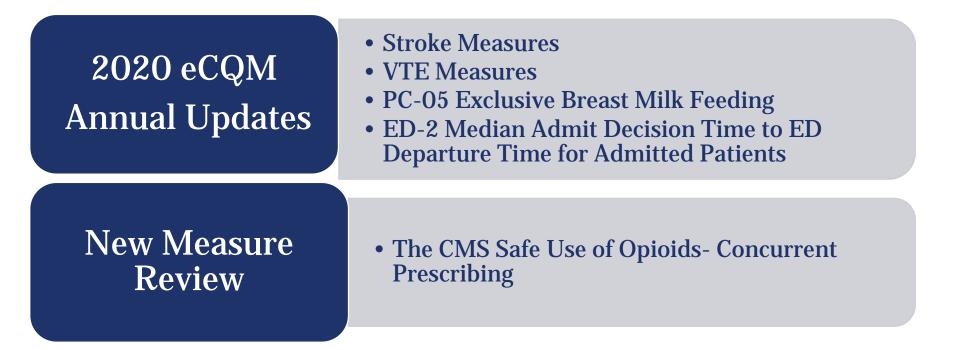
# Pioneers in Quality On-Demand Webinar Expert to Expert CMS' Safe Use of Opioids – Concurrent Prescribing eCQM

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January 2021



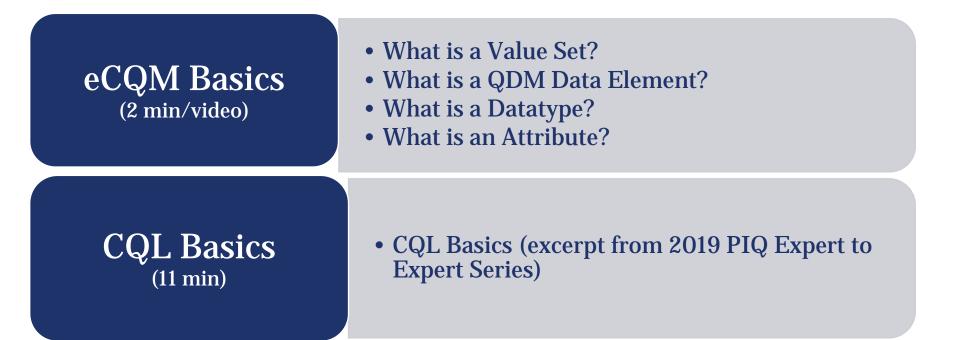
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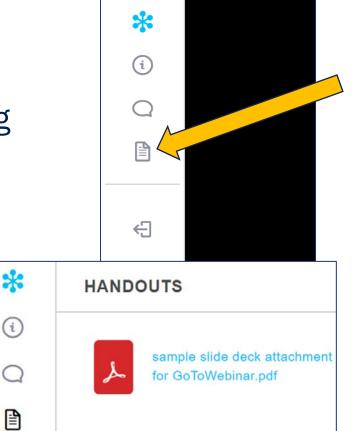
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1athematica



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# At the end of this session, participants will be able to:

- Apply concepts learned about the CMS' Safe Use of Opioids - Concurrent Prescribing eCQM
- Identify common issues and questions regarding the CMS' Safe Use of Opioids - Concurrent Prescribing eCQM and
- Prepare to implement the CMS Safe Use of Opioids
   Concurrent Prescribing eCQM adopted for the CY
   2021 reporting period.



## **Disclosure Statement**

These staff and speakers have disclosed that neither they nor their spouses/partners have any financial arrangements or affiliations with corporate organizations that either provide educational grants to this program or may be referenced in this activity:

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- Mia M. Nievera, MSN, RN Associate Project Director, Department of Quality Measurement-Clinical



# Pioneers in Quality<sup>™</sup> Expert-to-Expert Series: Safe Use of Opioids—Concurrent Prescribing (CMS506)

Inpatient and Outpatient Measure Maintenance (IOMM)

Contract Number: 75FCMC18D0032

Task Order Number: 75FCMC19F0003



January 2021



# Overview of Safe Use of Opioids— Concurrent Prescribing (CMS506)

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## Measure rationale and intent

- **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)
- **2016 CDC Guideline for Prescribing Opioids for Chronic Pain** recommends avoiding concurrently prescribing two or more opioids OR opioids and benzodiazepines whenever possible

**CDC=The Centers for Disease Control and Prevention** 



## **Measure intent**

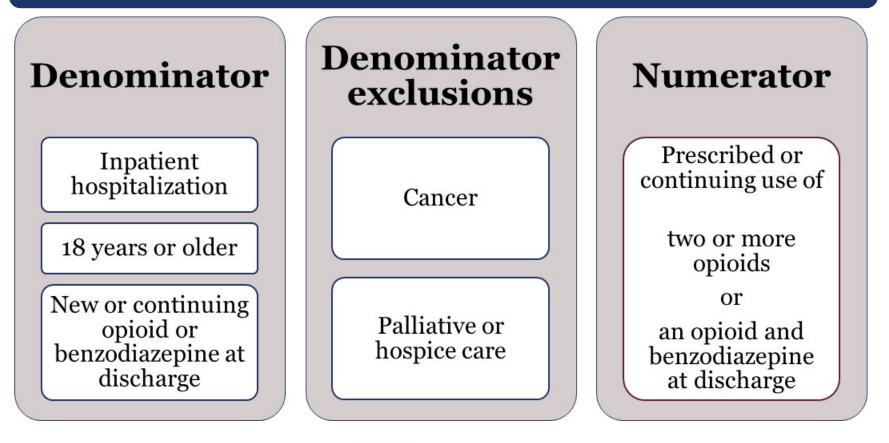
- **1**. Encourage providers to identify patients with concurrent prescriptions of opioids or opioids and benzodiazepines
- 2. Discourage providers from prescribing two or more opioids or opioids and benzodiazepines concurrently



\_ 4

## **Measure specifications**

Description: Proportion of inpatient hospitalizations for patients ages 18 and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge







## Notable value sets (1)

#### Initial population/denominator

- Encounter inpatient (2.16.840.1.113883.3.666.5.307)
- Schedule II and III opioid medications (2.16.840.1.113762.1.4.1111.165)
- Schedule IV benzodiazepines (2.16.840.1.113762.1.4.1125.1)

#### Numerator

- Schedule II and III opioid medications (2.16.840.1.113762.1.4.1111.165)
- Schedule IV benzodiazepines (2.16.840.1.113762.1.4.1125.1)



## Notable value sets (2)

Exclusions

- All primary and secondary cancer (2.16.840.1.113762.1.4.1111.161)
- Palliative or hospice care (2.16.840.1.113883.3.600.1.1579)
  - Comfort measures (1.3.6.1.4.33895.1.3.0.45)
  - Palliative SNOMED (2.16.840.1.113883.3.600.1.1578)





## Overview of Measure Logic: Understanding CQL Definitions and Quality Data Model (QDM) Data Elements

## **Initial population**

Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years old or older at the start of the encounter and prescribed a new or continuing opioid or benzodiazepine at discharge

#### **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



## Inpatient encounter for patients 18 and older

Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years old or older at the start of the encounter and prescribed a new or continuing opioid or benzodiazepine at discharge

#### **Inpatient Encounter with Age Greater Than or Equal to 18**

Global. "Inpatient Encounter" InpatientHospitalEncounter

with ["Patient Characteristic Birthdate": "Birth date"] BirthDate

such that Global.CalendarAgeInYearsAt ( BirthDate.birthDatetime, start of InpatientHospitalEncounter.relevantPeriod ) >= 18



## **Global inpatient encounter**

**Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period**, where the patient is 18 years old or older at the start of the encounter and prescribed a new or continuing opioid or benzodiazepine at discharge

#### **Global.Inpatient Encounter**

["Encounter, Performed": "Encounter Inpatient"] EncounterInpatient

where *"LengthInDays"*(EncounterInpatient.relevantPeriod)<= 120

and EncounterInpatient.relevantPeriod ends during

"Measurement Period"



## **Initial population**

Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years old or older at the start of the encounter and **prescribed a new or continuing opioid or benzodiazepine at discharge** 

#### **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

"Initial Population"



## **Denominator exclusions (1)**

Inpatient hospitalizations where patients have cancer that overlaps the encounter or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the encounter

#### **Denominator Exclusions**

```
/* Excludes patients with cancer or who are receiving palliative or hospice care at the time of the encounter <math display="inline">^*/
```

"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\ Palliative Or Hospice Care Order. author Date time\ during\ In patient Encounter. relevant Period
```

<u>or</u> exists ( ["Intervention, Performed": "Palliative or Hospice Care"] PalliativeOrHospiceCarePerformed

 $where\ Palliative Or Hospice Care Performed. relevant Period\ overlaps\ In patient Encounter. relevant Period$ 



## **Denominator exclusions (2)**

**Inpatient hospitalizations where patients have cancer that overlaps the encounter** or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the encounter

#### **Denominator Exclusions**

/\* Excludes patients with cancer or who are receiving palliative or hospice care at the time of the encounter <math display="inline">\*/

#### "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

```
<u>or</u> exists ( InpatientEncounter.diagnoses Diagnosis
```

```
where Diagnosis.code in "All Primary and Secondary Cancer"
```



## **Denominator exclusions (3)**

**Inpatient hospitalizations where patients** have cancer that overlaps the encounter **or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the encounter** 

#### **Denominator Exclusions**

<u>or</u> exists ( ["Intervention, Order": "Palliative or Hospice Care"] PalliativeOrHospiceCareOrder

where PalliativeOrHospiceCareOrder.authorDatetime during InpatientEncounter.relevantPeriod

)

<u>or</u> exists ( ["Intervention, Performed": "Palliative or Hospice Care"] PalliativeOrHospiceCarePerformed

 $where\ Palliative Or Hospice Care Performed. relevant Period\ overlaps\ Inpatient Encounter. relevant Period$ 



## Numerator (1)

Inpatient hospitalizations where the patient is prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge

#### 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)
```



## Numerator (2)

**Inpatient hospitalizations where the patient is prescribed or continuing to take two or more opioids** or an opioid and benzodiazepine at discharge

#### 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  $) \! > \! = \! 2$  )

)



## Numerator (3)

**Inpatient hospitalizations where the patient is prescribed or continuing to take** two or more opioids or **an opioid and benzodiazepine at discharge** 

#### Numerator

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)



#### **Measure considerations**

#### • This measure is not expected to have a zero rate:

 Clinician judgment, clinical appropriateness, or both may indicate that concurrent prescribing of two unique opioids or an opioid and benzodiazepine is medically necessary

#### 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** new or continuing **opioids** *OR*
    - A new or continuing **opioid AND benzodiazepine**





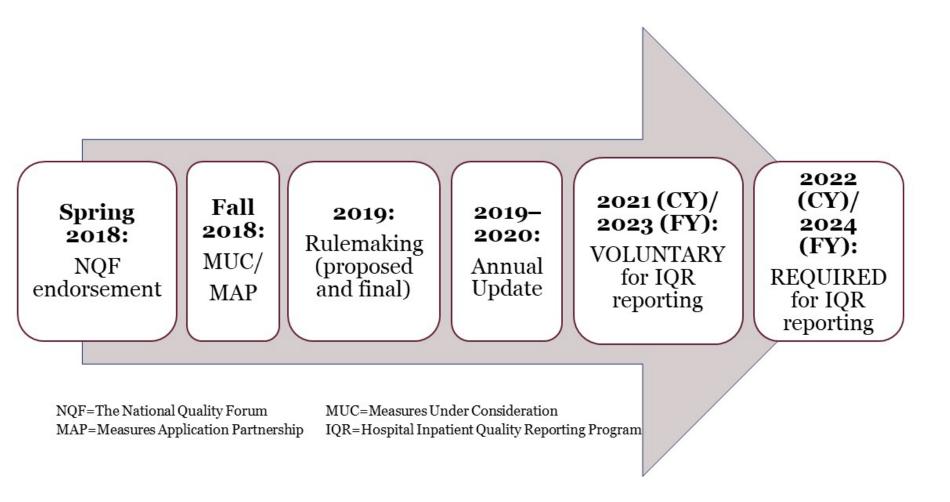
## **Question and Answer Segment**



Questions for this segment were obtained from common questions submitted to JIRA and other sources

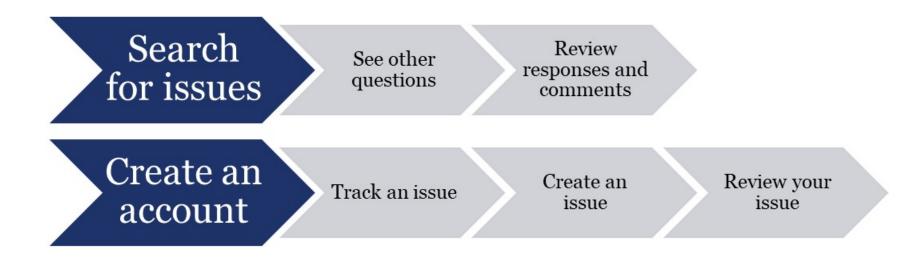


#### Implementation in Hospital Inpatient Quality Reporting (IQR) program





## Giving input and asking questions on ONC JIRA





## Feedback through JIRA

eCQM Issue Tracker	Priority: Component/s: Labels:	➢ Moderate None None	Resolution:	Answered	Reporter: Votes: Watchers:	<ul> <li>Brooke Villarreal</li> <li>Vote for this issue</li> <li>Start watching this issue</li> </ul>
<ul><li>✓ Summary</li><li>✓ Issues</li></ul>	Solution:	<ul> <li>Thank you for raising this issue, and we appreciate your feedback on how the measure fits into clinical workflow. We will consider adding discharge status codes in our next annual update. Please let us know if you have additional questions.</li> </ul>			✓ Dates	DatesCreated:08/06/20 9:56 AMUpdated:2 days agoResolved:2 days agoSolution Posted On:2 days ago
Reports	2021 Reporting Period EH/CAH eCQMs:	CMS506v3/NQF3316e		Updated: 2 days		
Components	Impact:	✓ Currently, the measure CMS506 requires orders for hospice or palliative care as a means of excluding the patient from the measure. After assessing the workflows in our facilities, it has been determined that, if a patient will be going into hospice or palliative care, the physician will complete a consult on the patient and will discharge the patient so they can then be admitted as a hospice patient. This workflow means that no specific hospice or palliative care order is entered on the patient during their inpatient stay. With consideration to this workflow, I would like to request the consideration of allowing the Discharge Status to be included in the measure logic as a means of determining if the patient went to hospice or palliative care. This would give the ability to look in more than one area of the record for validation of the patient status for those facilities whose workflow does not include specific hospice or palliative care orders.				



#### Resources

#### eCQI Resource Center – EH Measures:

https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-ecqms

#### **Pioneers In Quality**

https://www.jointcommission.org/measurement/pioneers-in-quality/

ONC Issue Tracking System https://oncprojectracking.healthit.gov/

Blueprint for the CMS Measures Management Systems version 16.0 https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf





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CMS' Safe Use of Opioids - Concurrent Prescribing eCQM





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#### CMS' Safe Use of Opioids - Concurrent Prescribing eCQM









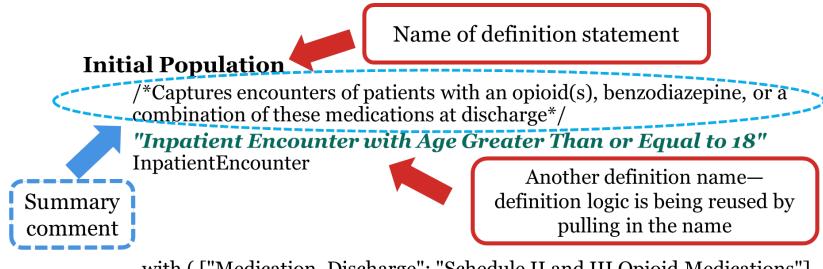






# Appendix: Breaking Down the Logic (CQL Deconstructed)

# Initial population



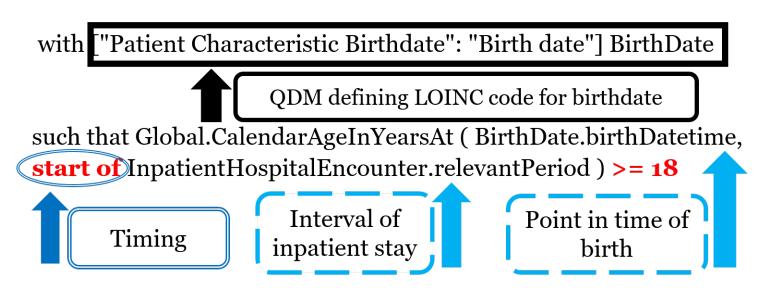
with (["Medication, Discharge": "Schedule II and III Opioid Medications"] union ["Medication, Discharge": "Schedule IV Benzodiazepines"]) OpioidOrBenzodiazepineDischargeMedication such that OpioidOrBenzodiazepineDischargeMedication.authorDatetime

during InpatientEncounter.relevantPeriod



#### Inpatient encounter for patients 18 and older

#### Inpatient Encounter with Age Greater Than or Equal to 18 Global."Inpatient Encounter" InpatientHospitalEncounter





# **Global inpatient encounter**

**Global.Inpatient Encounter** 

QDM defining values sets for inpatient encounters

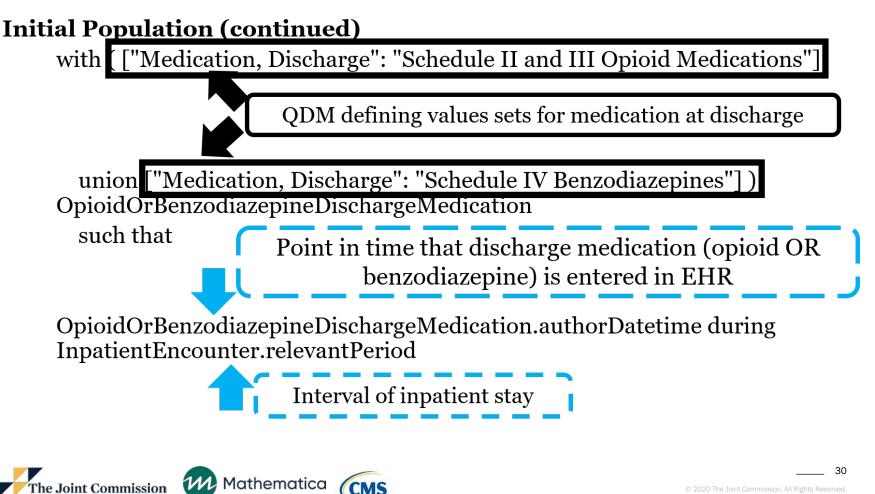
'Encounter, Performed": "Encounter Inpatient"] EncounterInpatient

where "LengthInDays" (EncounterInpatient.relevantPeriod) <= 120

and EncounterInpatient.relevantPeriod ends during "Measurement Period" Timing



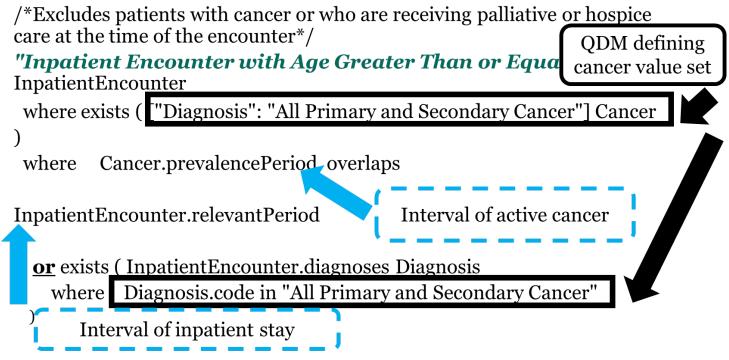
# **Initial population**



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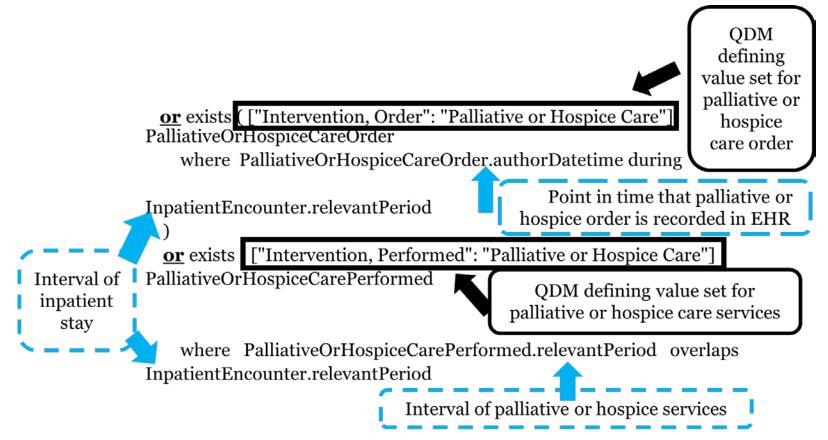
# **Denominator exclusions (1)**

#### **Denominator Exclusions**



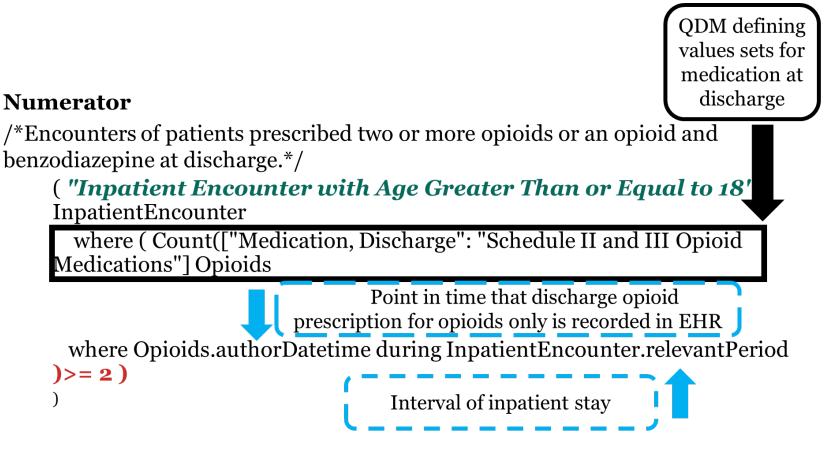


# **Denominator exclusions (2)**



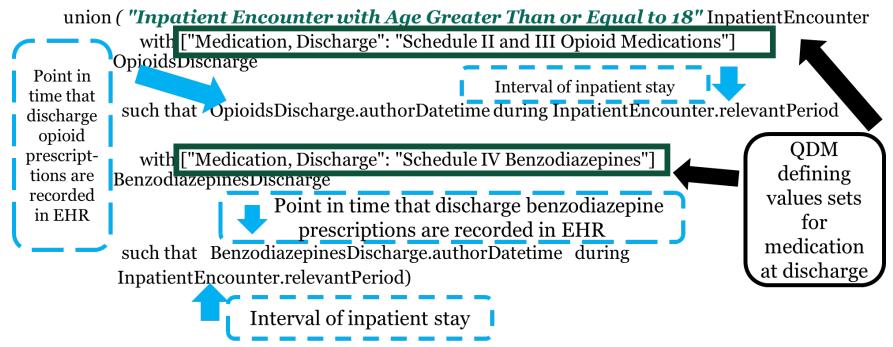


## Numerator (1)



#### Numerator (2)

#### Numerator





#### References

Centers for Medicare & Medicaid Services. "Clinical Quality Language (CQL) Style Guide, Version 4." May 2020. Available at <u>https://ecqi.healthit.gov/sites/default/files/CQL-Style-Guide-v4.pdf</u>. Accessed May 27,2020.

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Rudd, R., N. Aleshire, J. Zibbell, et al. "Increases in Drug and Opioid Overdose Deaths—United States, 2000–2014." *Morbidity and Mortality Weekly Report*, vol. 64, no. 50, January 2016, pp. 1378–1382. Available at <u>http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm</u>. Accessed March 27,2020.

Sun, E., A. Dixit, K. Humphreys, et al. "Association Between Concurrent Use of Prescription Opioids and Benzodiazepines and Overdose: Retrospective Analysis." *BMJ*, vol. 356, 2017, p. j760. Available at <u>http://www.bmj.com/content/356/bmj.j760</u>. Accessed March 27,2020.



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