

## Questions and Answers – Expert to Expert 2024 Annual Update Webinar for Safe Use of Opioids - Concurrent Prescribing eCQM

Broadcast January 11, 2024

Theme	Question	Answer
Benchmarks	What is the expected performance rate?	National median and top 10 percent performance rates have not been established yet.
Benchmarks	National and state results ARE available via Hospital Compare. National rate is 15%, State rate is 14%, and top 10% nationally is at 8%.	Safe use of Opioids is refreshed annually in October but is only reported in PDC (not Care Compare).
Benchmarks	When is the first round of national comparative data expected to be available for this measure?	Individual hospitals performance results are available for the 2022 reporting period in the Timely and Effective Care - Hospital data download from the CMS Care Compare provider data sets for hospitals at <a href="https://data.cms.gov/provider-data/">https://data.cms.gov/provider-data/</a> . National and state level results are not yet available.
Definition	What is deemed "Acute care facility?"	CMS defines an acute care hospital as "A hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition)." <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ResearchGenInfo/Downloads/DataNavGlossary_Alpha.pdf">https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ResearchGenInfo/Downloads/DataNavGlossary_Alpha.pdf</a>
Denominator	Are the denominators considered fallouts?	No. The denominator is the same as the 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 of age or older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge". Patients who meet the denominator exclusions are considered 'fallouts' because they fall out of the denominator population.
Denominator Exclusions	Does the "Inpatient Consult to Palliative Care" order exclude the patient from the denominator for this measure?	Based on the codes included in the Palliative or Hospice Care value set (2.16.840.1.113883.3.600.1.1579), an order for palliative care will exclude the patient from the denominator, while an order for a consult to palliative care is not an exclusion from the measure.  The full set of codes in the Palliative or Hospice Care value set (2.16.840.1.113883.3.600.1.1579) are located at the National Library of Medicine (NLM) Value Set Authority Center (VSAC) at <a href="https://vsac.nlm.nih.gov/valueset/2.16.840.1.113883.3.600.1.1579/expansion/eCQM%20Update%202023-05-04">https://vsac.nlm.nih.gov/valueset/2.16.840.1.113883.3.600.1.1579/expansion/eCQM%20Update%202023-05-04</a>

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Denominator Exclusions	For the denominator exclusion, please clarify if patients discharged to a Skilled Nursing Facility would meet the denominator exclusion, correct? I'm assuming to meet this exclusion, patients must be discharged to another acute care inpatient facility.	Patients discharged to a Skilled Nursing Facility would not meet the denominator exclusion. DischargeDisposition is constrained by the value set "Discharge To Acute Care Facility" which contains 3 codes for community hospitals, tertiary referral hospitals, or acute care hospitals. Patients discharged to non-acute care such as skilled nursing facilities, group homes or assisted living facility settings would be included in the measure.
Denominator Exclusions	Have you considered excluding patients who are discharged into a controlled situation like Skilled Nursing Facility (SNF) or swing bed?	This has been brought to our attention before, and the expert workgroup and other stakeholders are considering impacts to the measure if changes were to be made.
Denominator Exclusions	Just to be clear, patients with a Cancer diagnosis during encounter, even without treatment- acute or palliative- directed toward the Cancer, will meet denominator exclusion?	Cancer is constrained by the "All Primary and Secondary Cancer" value set. Therefore, if the patient's cancer is in this value set, regardless of the patient also having palliative care, they will be excluded.
Denominator Exclusions	Current logic is set to have CAH Swing Bed patients included in the measure. What are the plans to have these patients excluded from the measure, since these are NOT inpatients?	Patients discharged to swing beds are not excluded from the denominator, but this is an exclusion we are considering for future versions of the measure.
Denominator Exclusions	Will more exclusions be added to the measure in the future?	Thank you for your question. We are considering additional exclusions for this measure in the future.
Denominator Exclusions	The presentation says that exclusions do NOT include long-term acute care facilities, but I thought I heard the presenter say that it WOULD include long-term acute care facilities?	Patients discharged to a long-term ACUTE care facility are not excluded from this measure.
Denominator Exclusions	Does transfer/discharge to an acute rehab facility qualify under the Discharge to Acute Care Facility denominator exclusion?	Acute Rehab facilities are not an exclusion for this measure.
Discharge to...	Are inpatient transfer to mental institution included in the measure?	Patients discharged or transferred to mental institutions, such as Inpatient Psychiatric Hospitals are included in the measure.
Discharge to...	Are patients discharged to Skilled nursing facilities excluded from this measure?	Patients discharged to a skilled nursing facility are included in the measure.

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Discharge to...	To be clear – Discharge /Transfer to Psych facilities are included in the measure- but are NOT excluded as an acute care facility? Is this correct? Or are inpatient psych facilities considering an acute care facility and ARE excluded?	Patients discharged or transferred to inpatient psychiatric facilities are included in the measure.
Discharge to...	If a pt is discharged from acute care to skilled care at your Critical Access Hospital (CAH), does the patient count once or twice in the measure?	If the skilled care such as a SNF or Swing Beds, it is not considered an inpatient hospitalization status, then only the data from the acute care admission will be evaluated for this measure.
Discharge to...	Are patients discharged to a long-term acute care (LTAC) facility excluded from the denominator?	Patients discharged to a long-term acute care facility are not excluded from this measure.
Discharge to...	Can you clarify what you are referring to as "Discharge To Acute Care Facility"	The "Discharge To Acute Care Facility" value set (2.16.840.1.113883.3.117.1.7.1.87) includes codes for discharge to community hospital, tertiary referral hospital, or Discharge to acute care hospital.
Exclusions	Are patients on buprenorphine for Opioid Use Disorder (OUD) (i.e., suboxone) included?	The measure does not include buprenorphine/naloxone combination medications. Please note, patients with opioid use disorder are included in the measure for the 2024 reporting period.
Flow Diagram	Where can we get pdf versions of the flow diagrams for all eQMs?	PDF versions of eCQM flow diagrams are available on the eCQI Resource Center at <a href="https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=0&amp;globalyearfilter=&amp;global_measure_group=3716">https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=0&amp;globalyearfilter=&amp;global_measure_group=3716</a>
Inclusion	If a prescription is written for an opioid on discharge that is sent to one pharmacy, but it's determined that the script needs to be sent to a different pharmacy. When the prescription is sent to the second pharmacy, currently the EMR picks this up as discharged on 2 opioids. Should this be an exclusion or not picked up as two opioids?	If only one of the prescriptions is to be taken by the patient, this should be included in the measure. The other prescription should be cancelled/discontinued, so perhaps you can reach out to the EHR vendor for assistance.
Inclusion	Patients may receive multiple schedule II opioid prescriptions to allow for filling at a future date. These may have the same or overlapping start dates but will have additional instructions indicating a "Do Not Fill Before" date. Will these types of orders be included in the numerator?	If two (2) distinct (different RxNorm codes) opioid medications are prescribed at discharge, then these are evaluated in the numerator. If two exact opioid prescriptions (same RxNorm codes) are ordered at discharge this will only count as one opioid.

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Inclusion	Are PRN medications included?	Any scheduled II & III opioids and benzodiazepines are evaluated in the measure.
Inclusion	How is OUD addressed in the ED without impacting throughput?	Patients with opioid use disorder are included in the measure for the 2024 reporting period. Exclusion of these patients is something we are looking further into. Please note that CMS does not expect a performance rate of zero because they recognize there are some patients for whom concurrent prescribing is clinically appropriate.
Inclusion	If a patient has a valid diagnosis for a benzodiazepine with a prescription prior to admission, but this patient is discharged with an opioid will that still be included in the measure?	Yes, the situation you describe will result in the patient being included in the numerator.  CMS recognizes there are some patients for whom prescribing an opioid for pain in addition to an existing benzodiazepine may be clinically appropriate and does not expect a performance rate of zero.
Inclusion	Tramadol will not be included in this measure since it's a schedule IV, correct?	Correct, tramadol is not currently included in the measure, since it is a schedule IV medication.
Inclusion - Admitted "ED Boarders"	Some patients are "admitted" with no hospital beds available and remain in the ED. Then they are discharged from the ED. Would they be included in the measure?	Yes, if the patient encounter includes codes from the "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307) value set (i.e. 32485007 Hospital admission (procedure); 8715000 Hospital admission, elective (procedure); 183452005 Emergency hospital admission (procedure)) AND is prescribed an opioid at discharge, the patient encounter is evaluated in this measure. Thank you.
Inclusion - Observation Patients	Are observation patients included in this measure?	Inpatient encounters are included in this measure, it is constrained by the value set "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307). Observation is an outpatient encounter, therefore not included in the measure. Thank you.
Inclusion - Same Day Surgery	Are same day surgery patients considered inpatients and therefore part of the denominator or numerator?	This depends on how the encounter is coded. If the patient encounter includes codes from the "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307) value set (i.e. 32485007 Hospital admission (procedure); 8715000 Hospital admission, elective (procedure); 183452005 Emergency hospital admission (procedure)) AND is prescribed an opioid at discharge, the patient encounter is evaluated in this measure.
Logic	To meet the numerator, there needs to be two (2) opioids or one (1) opioid and one (1) benzodiazepine. What if the patient is prescribed two (2) benzodiazepines?	Two benzodiazepines will not meet the numerator criteria as the measure is assessing for opioids at discharge.

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Logic	What happens if the patient had a change of opioid, like a change from Hydromorphone to Morphine while in the hospital?	The measure only evaluates opioids prescribed at discharge.
Logic	Will the patient meet numerator requirements if they have two identical opioid prescriptions at discharge? Same drug, strength, and administration. For example, (2) 10-325mg oxycodone-acetaminophen by mouth, once as needed for pain.	The operator 'distinct' eliminates duplicates from a list. Therefore, if the opioid prescriptions are the exact same drug (same RxNorm code) then that opioid is only in the list one time. If the same drug is listed with different milligrams for each opioid (different RxNorm codes), both medications will be in the list.
Logic	How will pain level scoring be implemented to PRN options for opiates based on pain level prescribing?	The measure does not take pain level scoring into account. We appreciate your question and will take this into consideration for future updates to the measure.
Measure Intent	Many of our cases that impact this measure are from hospitalists continuing Home Medications prescribed by a Primary Care Provider (PCP) - Can you discuss?	<p>Since this measure looks at opioids at discharge, patients who are discharged with two or more opioids regardless of when they are prescribed would remain in the measure.</p> <p>The intent in this situation is for the discharging clinician to consider appropriateness of additional opioids at discharge in addition to the patient's home medications.</p> <p>CMS recognizes there are some patients for whom concurrent prescribing is clinically appropriate and does not expect a performance rate of zero. This could be the case for a patient with more than one opioid or an opioid and benzodiazepine as a home medication and there is not an expectation that the discharging clinical would unnecessarily change home medications.</p>
Reporting	Can eQCM inpatient discharges be sampled or do they have to be 100% of patients barring exclusions?	The eQCMs do not make use of sampling. All patients who qualify for an eQCM and are not excluded should be included.
Reporting	Safe Use of Opioids is a required measure to submit for CMS. Is it required or just available for TJC?	This measure is required for participation in CMS's Hospital Inpatient Quality Reporting (IQR) Program. Accreditation requirements should be addressed with the accrediting agency.
Sickle cell	Will there be consideration for Sickle Cell patients being excluded from the population. This population is treated with multiple opioids for regular and breakthrough pain control.	Patients with sickle cell disease are not currently excluded from the measure. It is currently being discussed with stakeholders to consider the possibility of excluding patient encounters with sickle cell disease.
Sickle cell	Are patients with Sickle Cell Disease included?	Patients with sickle cell are included in the measure.

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Value sets	Is the list of codes for cancer only found in the NIH or can they be found somewhere else?	<p>The list of cancer codes are located at the National Library of Medicine (NLM) Value Set Authority Center (VSAC) which can be exported to an Excel spreadsheet (<a href="https://vsac.nlm.nih.gov/valueset/expansions?pr=all">https://vsac.nlm.nih.gov/valueset/expansions?pr=all</a>) or downloaded by reporting year in VSAC (<a href="https://vsac.nlm.nih.gov/download/ecqm">https://vsac.nlm.nih.gov/download/ecqm</a>).</p> <p>Search for "All Primary and Secondary Cancer" (2.16.840.1.113762.1.4.1111.161)</p>
Value sets	Where are the lists of opioids and benzodiazepines?	<p>The list of opioids and benzodiazepines are located at the National Library of Medicine (NLM) Value Set Authority Center (VSAC) which can be exported in an Excel spreadsheet (<a href="https://vsac.nlm.nih.gov/valueset/expansions?pr=all">https://vsac.nlm.nih.gov/valueset/expansions?pr=all</a>) or downloaded by reporting year in VSAC (<a href="https://vsac.nlm.nih.gov/download/ecqm">https://vsac.nlm.nih.gov/download/ecqm</a>).</p> <p>valueset "Schedule II &amp; III Opioid Medications" (2.16.840.1.113762.1.4.1111.165)</p> <p>valueset "Schedule IV Benzodiazepines" (2.16.840.1.113762.1.4.1125.1)</p>
Value sets	Does the cancer diagnosis need to be coded, or can it also be pulled from the Problem list	The cancer value set includes the codes required for this exclusion.