

CMS 506: Safe use of Opioids – Concurrent Prescribing



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

Thursday at 12:30 pm EST

Visit: www.medisolv.com/maximize

Today's Moderator





Kristen Beatson, RN

Director of Electronic Measures

Medisolv





What is CMS 506?

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

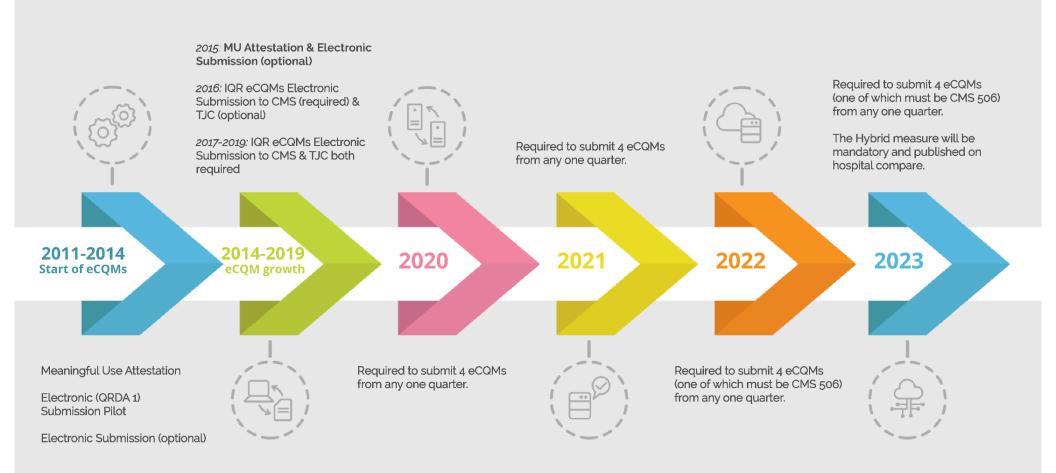




Regulatory Requirements



Future of eCQMs







IQR: 2021 eCQMs

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)





IQR: 2022 eCQMs

2022:

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

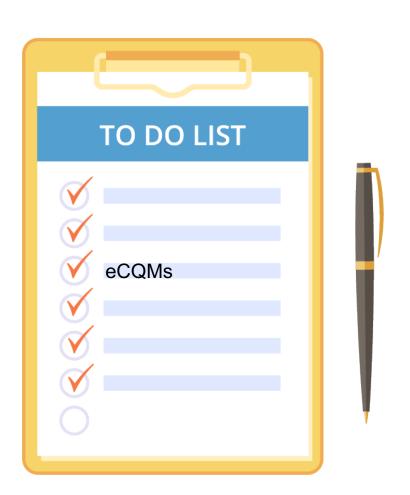
VTE-1 (371)	VTE-2 (372)	STK-6 (439)
STK-5 (438)	PC-05 (480)	STK-3 (436)
ED-2 (497)	STK-2 (435)	CMS506 (3316e)







Start early and participate in voluntary reporting



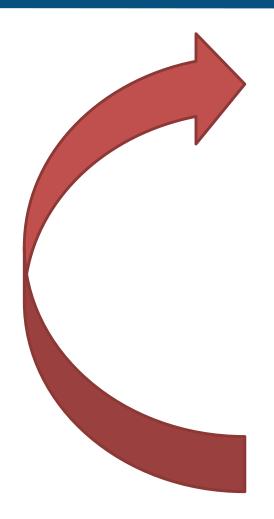




Annual Process



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

Population Criteria

▲ Initial Population

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

▲ Denominator

"Initial Population"

■ Denominator Exclusions

```
/*Excludes patient 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 ( ( ["Intervention, Order": "Palliative Care"]
union ["Intervention, Order": "Hospice Care"] ) PalliativeOrHospiceCareOrder
where PalliativeOrHospiceCareOrder.authorDatetime during InpatientEncounter.relevantPeriod
)
or exists ( ( ["Intervention, Performed": "Palliative Care"]
union ["Intervention, Performed": "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.

*/
"Encounter with Two or More Concurrent Opioids at Discharge"
union "Encounter with a Concurrent Opioid and Benzodiazepine at Discharge"

▲ Numerator Exclusions

None

▲ Denominator Exceptions

None





Population Criteria

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: Hospice Care" using "Hospice Care (2.16.840.1.113883.3.3157.1004.20)"
- "Intervention, Order: Palliative Care" using "Palliative Care (2.16.840.1.113762.1.4.1111.162)"
- "Intervention, Performed: Hospice Care" using "Hospice Care (2.16.840.1.113883.3.3157.1004.20)"
- "Intervention, Performed: Palliative Care" using "Palliative Care (2.16.840.1.113762.1.4.1111.162)"
- "Medication, Discharge: Schedule II and Schedule III Opioids" using "Schedule II and Schedule III Opioids (2.16.840.1.113762.1.4.1125.2)"
- "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





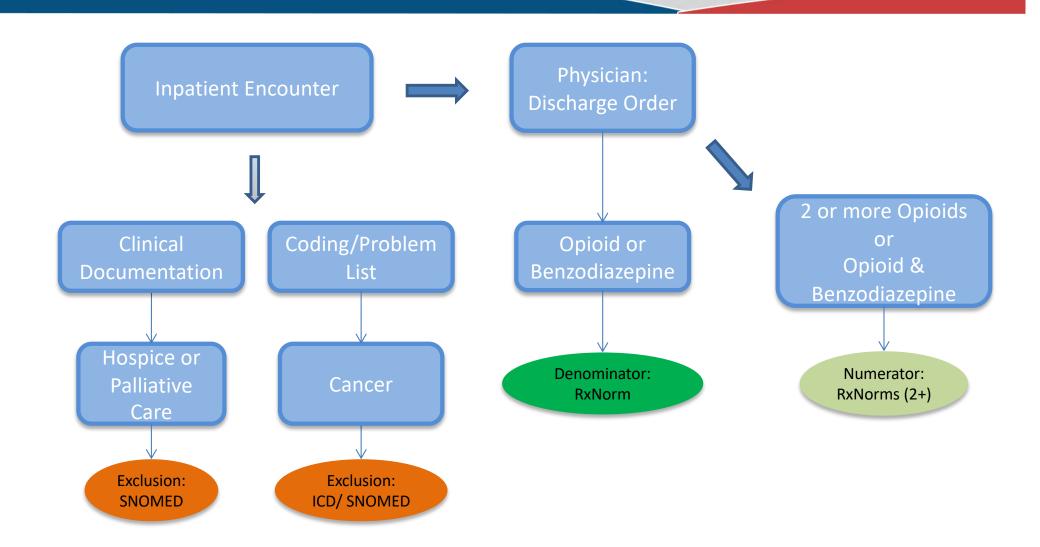
INVERSE MEASURE

- 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





Workflow







Mapping

Value Set OID	Value Set Name	Value Set	Codes			
	a= added; r= removed; u= unchange					
2.16.840.1.113762.1.4.1111.161	All Primary and Secondary Cancer - NEW					
2.16.840.1.113883.3.3157.1004.20	Hospice Care – NEW					
2.16.840.1.113762.1.4.1111.162	Palliative Care – NEW					
2.16.840.1.113762.1.4.1125.2	Schedule II and Schedule III Opioids – NEW					
2.16.840.1.113762.1.4.1125.1	Schedule IV Benzodiazepines - NEW					
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			

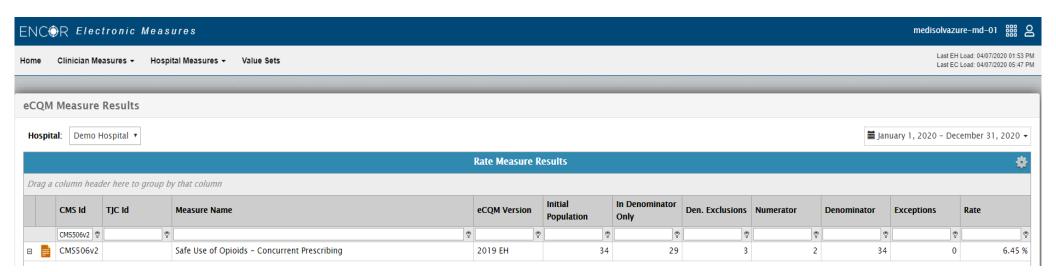




Evaluation



Validation







Validation



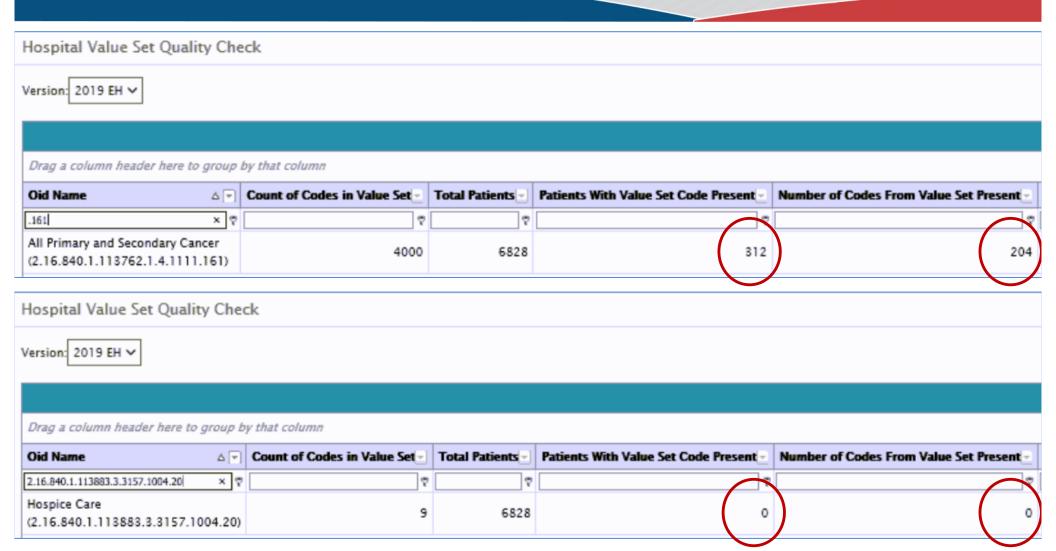
CMS 506: Safe Use of Opioids - Concurrent Prescribing (2020)

		VALIDATION					
Value Set OID & Description	Mapped	IPP	Denominator	Exclusion	Numerator	Exception	Suppl.
2.16.840.1.113762.1.4.1111.161 All Primary and Secondary Cancer	Yes			х			
2.16.840.1.113883.3.3157.1004.20 Hospice Care	Yes			х			
2.16.840.1.113762.1.4.1111.162 Palliative Care	Yes			х			
2.16.840.1.113762.1.4.1125.2 Schedule II and Schedule III Opioids	Yes	х			x		
2.16.840.1.113762.1.4.1125.1 Schedule IV Benzodiazepines	Yes	х			х		
2.16.840.1.113762.1.4.1 ONC Administrative Sex	Yes						х
LOINC Code 21112-8 Birth date	Yes	х					
2.16.840.1.113883.3.666.5.307 Encounter Inpatient	Yes	х					
2.16.840.1.114222.4.11.3591 Payer	Yes						х
2.16.840.1.114222.4.11.836 Race	Yes						х
2.16.840.1.114222.4.11.837 Ethnicity	Yes						х





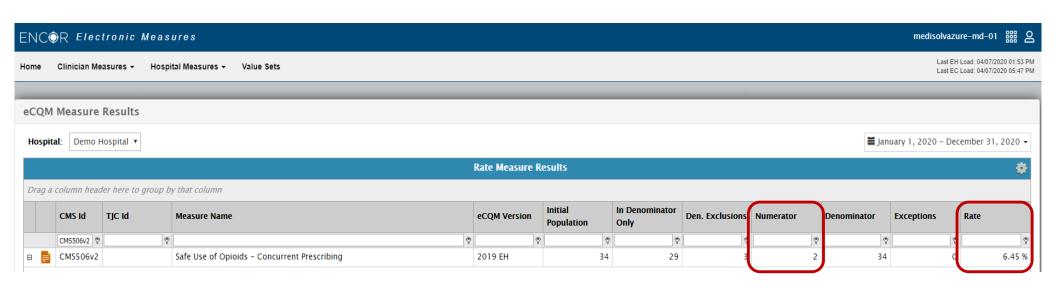
Validation







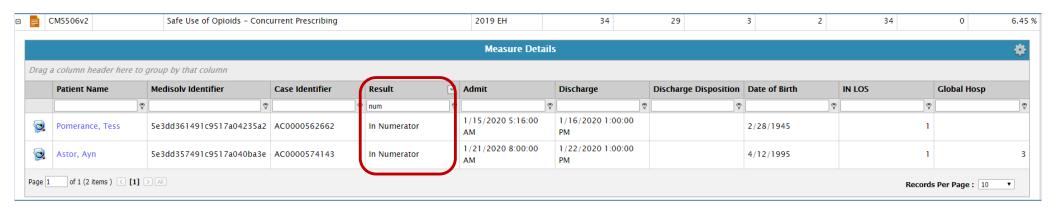
Monitoring & Improvement







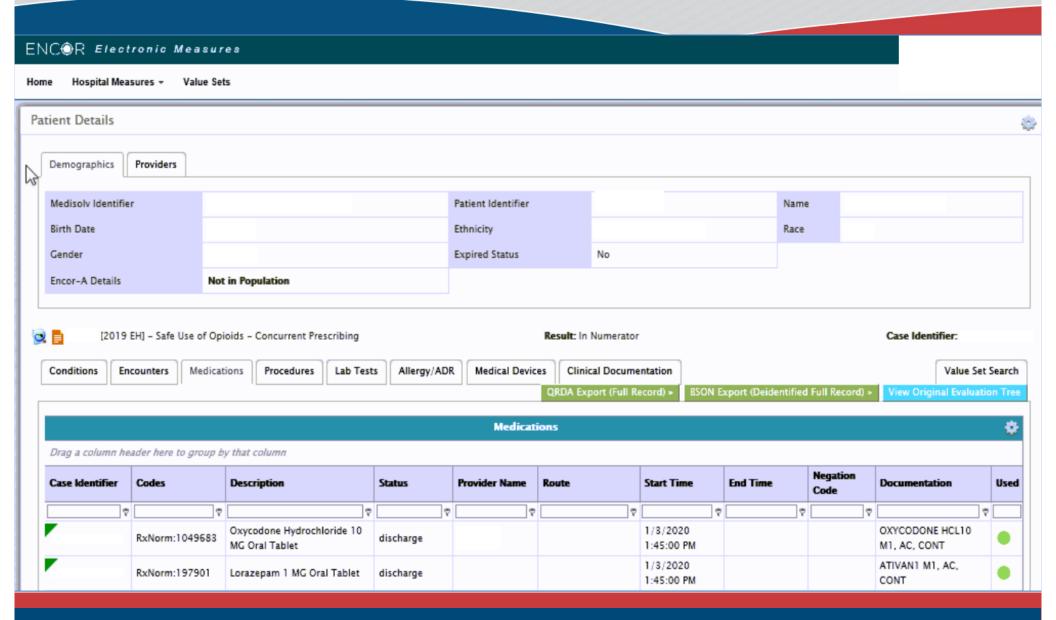
Monitoring & Improvement



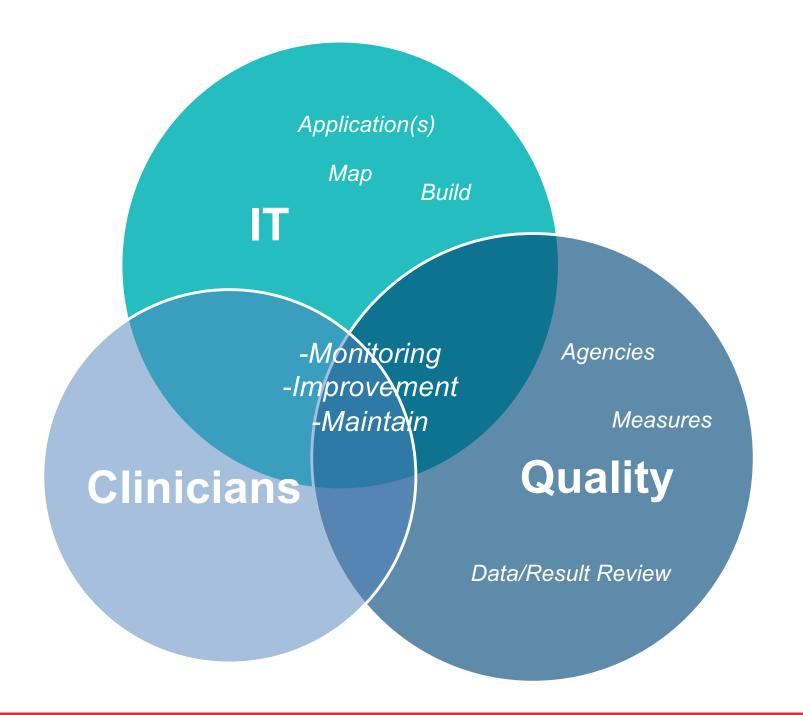




Monitoring & Improvement









Improvement

- 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





Improvement

CDC Guideline recommends that clinicians:

- Avoid prescribing concurrently
- Coordinate care with mental health professionals, pharmacists, pain specialists - discuss patient's needs, prioritize goals, weigh risks
- 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, including increased risk for respiratory depression and overdose
- Concerns with other clinicians who are prescribing controlled substances for their patient





Lessons Learned

Hospice & Palliative Care Value Sets vs. Comfort Measures

Value Set Description	OID	Measures	SNOMED	DESCRIPTION
Comfort Measures	1.3.6.1.4.1.33895.1.3.0.45	371 (108)	133918004	Comfort measures (regime/therapy)
		372 (190) 435 (104)	182964004	Terminal care (regime/therapy)
		436 (71)	385736008	Dying care (regime/therapy)
		438 (72) 439 (105)	385763009	Hospice care (regime/therapy)
Palliative Care	2.16.840.1.113762.1.4.1111.162	506	305496007	Under care of palliative care physician (finding)
Hospice Care	2.16.840.1.113883.3.3157.1004.20	506	170935008	Full care by hospice (finding)
			170936009	Shared care - hospice and general practitioner (finding)
			1891000124102	Transition from acute care to hospice (finding)
			1921000124108	Transition from home-health care to hospice (finding)
			1951000124104	Transition from long-term care to hospice (finding)
			1981000124107	Transition from hospice to long-term care (finding)
			305911006	Seen in hospice (finding)
			313372007	Patient died in hospice (finding)
			448451000124101	Transition from self-care to hospice (finding)





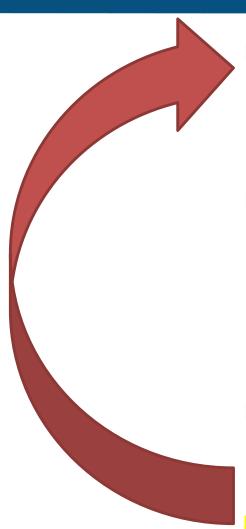
Lessons Learned

Discharge Meds -

- Considering 2 meds for Numerator
- Concurrent orders for same medication (different directions, doses)
- Other prescribing / workflow practices



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Phase 4 – SUBMISSION (2021 / 2022)







Questions?

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