

HOW TO IMPLEMENT THE Safe use of Opioids eCQM (CMS 506)



What is CMS 506?

The purpose of the Safe Use of Opioids eQm is to identify patients prescribed, or continued on, two or more opioids or an opioid and a benzodiazepine concurrently at discharge from a hospital.

Did you know that concurrent use of benzodiazepines with opioids was prevalent in 31-51% of fatal overdoses?

Studies have shown that eliminating concurrent use potentially reduces the risk of opioid overdose-related hospital visits, preventable mortality and costs associated with adverse events related to opioid use.

Opioid eCQM Requirements for 2021 and 2022

2021:

- 2 self-selected quarters
- 4 self-selected eCQMs

Safe Use of Opioids eCQM: Available to submit but not required

2022:

- 3 self-selected quarters
- 3 self-selected eCQMs AND
- 1 Safe Use of Opioids eCQM

Safe Use of Opioids eCQM: Required for successful completion of the program



Implementing the Safe Use of Opioids Measure

Over the next few slides we will review the different parts of the specification.

[Download the specification](#) and follow along over the next few slides.



Identifying the Population

The first thing to note is that this measure is an inverse measure which means a lower performance rate is better. As we go through the measure below remember that a numerator is actually bad in this case. The lower the numerator the better.



Understanding the Logic

To keep us moving, I've simplified it below.

INVERSE MEASURE

IPP / Denominator

- Inpatient Encounter including Observation
- > 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



Data Elements

Once your team feels comfortable with the specification, it's time to figure out how you will set it up in your EHR.

Go back to your specification and scroll to the Data Criteria section. This section lists all of the data elements that need collected to properly capture this measure. Some of these may already be captured in your EHR.



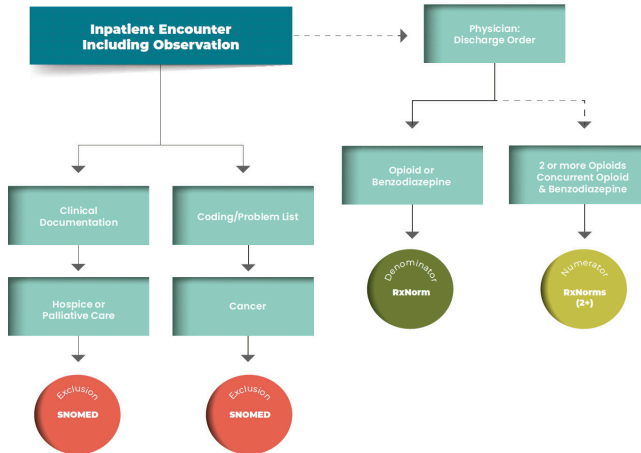
Mapping the Safe Use of Opioids Measure

Now that you know the sections of the specifications, it's time to map the data elements (from the data criteria section) to your EHR.



Opioid Measure Workflow

The workflow below visually explains how to capture and map data for this measure. Note how the workflow outlines all of the data elements listed in the Data Criteria section of the spec. You are responsible for making sure each of these elements are being captured in your system.



Mapping the Measure

Once you decided how to best capture the measure in your EHR, then it's time to map this measure to your system.

Go back to the Data Criteria section again. At the end of each data element bullet you'll see a long string of numbers. This is called the OID (Object Identifier) code.

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)"

Take that code and type it into the Value Set Authority Center (VSAC) website. You'll receive a list of value sets which will give you all of the codes you can map to your system.

Mapping the Measure

To help you with planning I have created this chart for you (below) which highlights the new value sets that you will absolutely have to map.

OID	Description	Value Set	Codes
<i>a= added; r= removed; u= unchanged; n=new</i>			
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

After you've looked up the codes on VSAC, you'll need to decide which codes and descriptions align with your current method of documentation. That's what you did in the workflow analysis step.

Monitoring and Improving the Opioid eQIM

After you have reviewed your workflow, identified any gaps, implemented workflow changes, added any required EHR builds and put the mapping in place, then you are ready to go live.

Use whatever reporting tool you have in place (like Medisolv's software) to start reviewing your results.

Start by making sure you are getting data into your report from all of the value sets in the measure. Go in, check your results and confirm you are seeing data populate for each of these elements.






Medisolv Best Practices

1. Meet with the eCQM stakeholder team (including clinicians)
2. Understand numerator qualifiers (what are the reasons why patients would be prescribed two opioid measures?)
3. Plan for addressing gaps
4. Plan for minimizing concurrent prescribing
5. Create an education program for all stakeholders
6. Ask for feedback and suggestions (especially from clinicians!)

Start today and monitor and improve often, so that the 2022 submission data is an accurate reflection of the care your hospital provides.



*Good luck and
call us if you
need us!*



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