RQITA
RESOURCE CENTER

Safe Use of Opioids-Concurrent Prescribing Data Submission Guide

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Table of Contents

Introduction

This measure is a quality measure the Federal Office of Rural Health Policy (FORHP) at the Health Resources and Services Administration (HRSA) is adopting for use in the Medicare Beneficiary Quality Improvement Project (MBQIP) within the Medicare Rural Hospital Flexibility Program.

This resource is intended to be used by critical access hospital personnel involved in MBQIP and State Flex personnel. This guide is based on currently available information. The information provided and submissions dates are subject to change. For guidance on the Flex Program or MBQIP measures connect with you State Flex Program or the Rural Quality Improvement Technical Assistance (RQITA) Resource Center at RQITA@telligen.com.

Measure Overview

Measure Name: Safe Use of Opioids-Concurrent Prescribing

Measure Short Name: Safe Use of Opioids

CMS eCQM ID: CMS506V6

MBQIP Domain: Patient Safety

Quality Programs: MBQIP, Promoting Interoperability, Hospital Inpatient Quality Reporting Program

Measure Description

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

Measure Rationale for being in MBQIP

Unintentional opioid overdose fatalities have become an epidemic and major public health concern in the United States. Concurrent prescriptions of opioids, or opioids and benzodiazepines, places patients at a greater risk of unintentional overdose due to increased risk of respiratory depression. Patients who have multiple opioid prescriptions have an increased risk for overdose, and rates of fatal overdose are ten (10) times higher in patients who are co-dispensed opioid analgesics and benzodiazepines than opioids alone. A measure that calculates the proportion of patients with two or more opioids or opioids and benzodiazepines concurrently has the potential to reduce preventable mortality and reduce costs associated with adverse events related to opioids. It also provides meaningful data for quality teams to develop and initiate interventions to improve health outcomes.

Safe Use of Opioids is a current measure of the Medicare Promoting Interoperability (PI) Program. Critical access hospitals must meet PI Program requirements on an annual basis to avoid a downward payment adjustment. One of the program requirements is submission of electronic clinical quality measures (eCQM) data from certified electronic health record technology (CEHRT).

Calendar year (CY) 2024 eCQM reporting requirements for Promoting Interoperability (PI) include data reflecting all four quarters of CY 2024 for:
- Three self-selected measures of the thirteen available eCQMs for each quarter
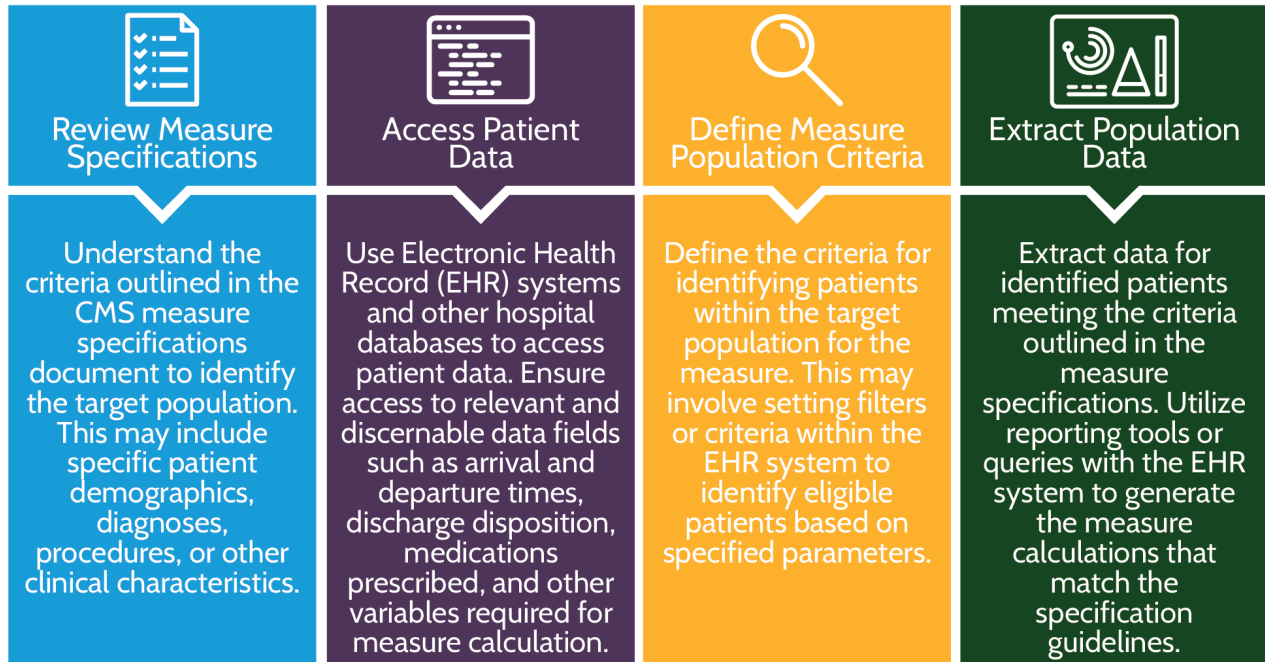
3

Relevance for Rural Hospitals

This measure was identified by National Quality Form (NQF) as a Key Rural Measure that would help to advance rural health priorities. The technical expert panel determined that this measure would be an important addition for rural hospitals for the following reasons:

- Feasible to collection and a low burden to clinicians as an eCQM.
- Opioid use disorder has a disproportionate effect on rural communities with respect to prescribing, overdose, and mortality.
- However, it was noted that this measure may have low case-volume for small rural hospitals.

This measure was identified through the CMS Roadmap as a key focus on the strategy to fight the opioid crisis. Reporting this measure allows for the analysis of prescription opioid use patterns in special populations such as individuals in rural area(s) that are arbitrarily impacted by this public health crisis.

Getting Started

Reporting data for a quality measure for the first time can be a daunting task for hospital staff. Below are actionable first steps hospital quality teams can take for reporting new measures for hospitals.

Review Measure Specifications	Access Patient Data	Define Measure Population Criteria	Extract Population Data
Understand the criteria outlined in the CMS measure specifications document to identify the target population. This may include specific patient demographics, diagnoses, procedures, or other clinical characteristics.	Use Electronic Health Record (EHR) systems and other hospital databases to access patient data. Ensure access to relevant and discernable data fields such as arrival and departure times, discharge disposition, medications prescribed, and other variables required for measure calculation.	Define the criteria for identifying patients within the target population for the measure. This may involve setting filters or criteria within the EHR system to identify eligible patients based on specified parameters.	Extract data for identified patients meeting the criteria outlined in the measure specifications. Utilize reporting tools or queries with the EHR system to generate the measure calculations that match the specification guidelines.

eCQM Reporting-Specifics

New to reporting eCQMs? The following will help you get familiar with the electronic clinical quality measures for quality reporting.

Review eCQM 101 – Getting Started with Electronic Clinical Quality Measures for Quality Reporting	
Introduction (PDF)	This resource provides details as to what is an eCQM, where to find eCQMs, and what details are included in an eCQM specification.
Resources (PDF)	This resource provides resources that are helpful to successfully understand, test, and implement eCQMs.
Programs CMS Specifics (PDF)	This resource includes where to find which eCQMs are used in CMS quality programs, where to go if you need help reporting or implementing eCQMs, and what/how to report for each program.
Guide for Reading eCQMs	This guide assists implementers with information on how to read eCQM specifications. This may be shared with hospital information technology (IT) departments to assist with determining information that needs to be extracted from EHR to meet the measure specification.
Implement the Safe Use of Opioids measure within your EHR.	
Safe Use of Opioids Webinar	Safe Use of Opioids Concurrent Prescribing webinar and slides, transcripts, and Q&As will assist with providing a great overview for the Safe Use of Opioids – Concurrent Prescribing measure.
eCQM Logic and Implementation Guidance v7.0	This guide can assist your vendor or health IT department with how to implement eCQMs. This guide breaks down the specific measure details within each eCQM and how to implement the value set and data elements within your EHR to match the measure specification.

Measure Reporting Details

The following are data elements for the Safe Use of Opioid measure necessary for reporting and collecting data. For more detailed information, please refer to the measure specification.

Measure Encounter Period: This measure is reported annually reflecting a calendar year (January 1, 20XX – December 31, 20XX) encounter period.

Measure Submission Deadline: This measure is submitted annually. Data is due February 28 of each year for the previous year's data. Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.

Measure Reporting Platform: This measure is submitted via the Hospital Quality Reporting (HQR) secure portal under the eCQM tab.

Measure 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 and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.

> **Note:** There is no sampling for this measure. Hospitals are to report all cases that apply.

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

Denominator: 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 and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.

Exclusions: Exclusions include patients with cancer that begin prior to or during the encounter or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the encounter, patients discharged to another inpatient care facility, and patients who expire during the inpatient stay.
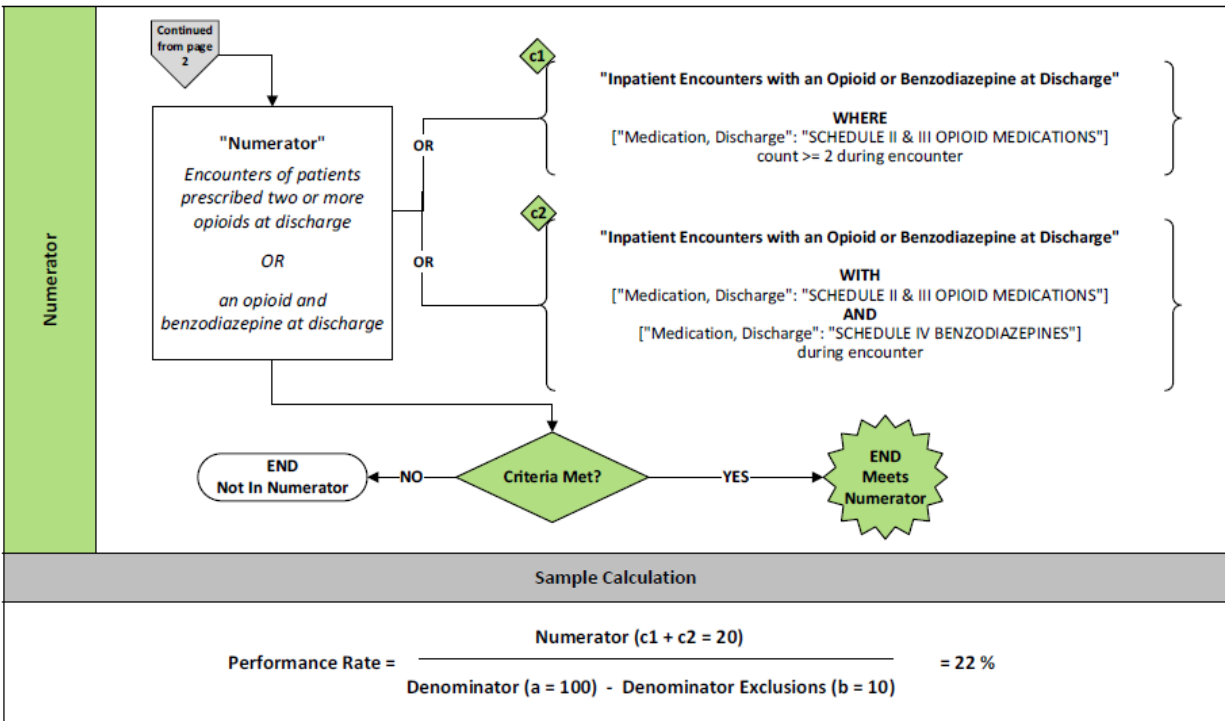
Measure Reporting Flow

This flow would be useful for vendors and/or health IT departments as a resource to walkthrough how to implement the measure specification into current workflow processes. Measure reporting flow is detailed in the 2024 eCQM Flow CMS506v6: Safe Use of Opioid-Concurrent Prescribing guidance.
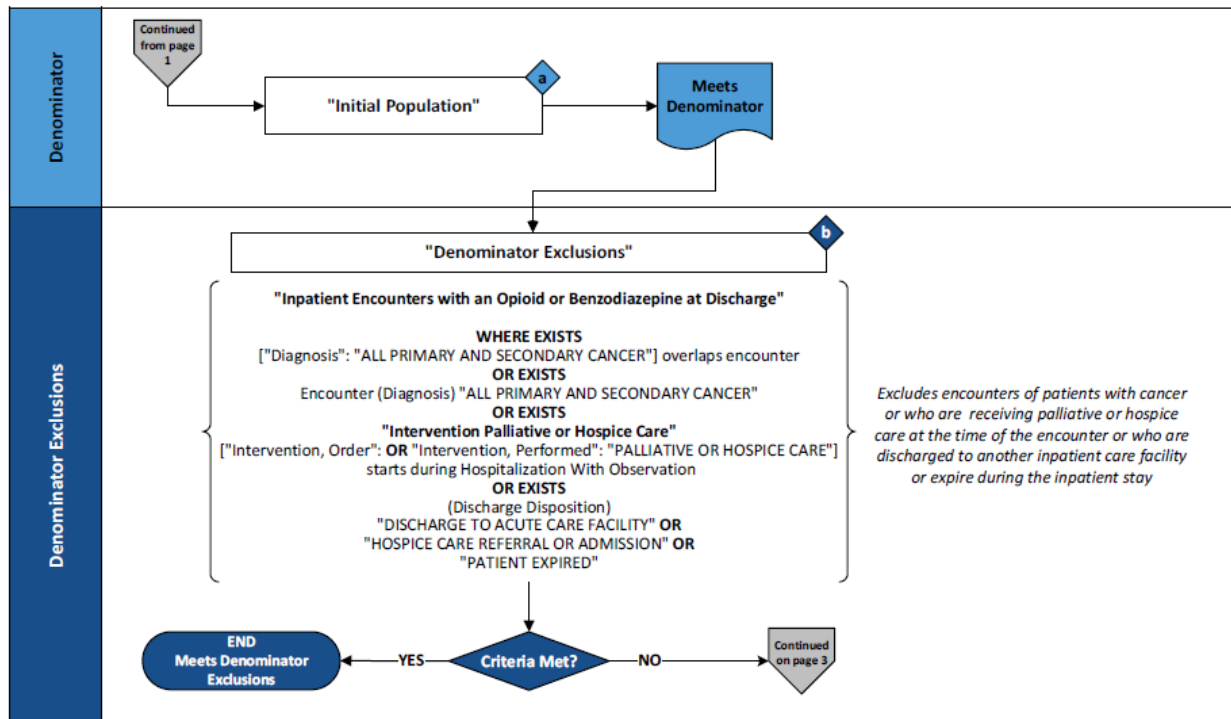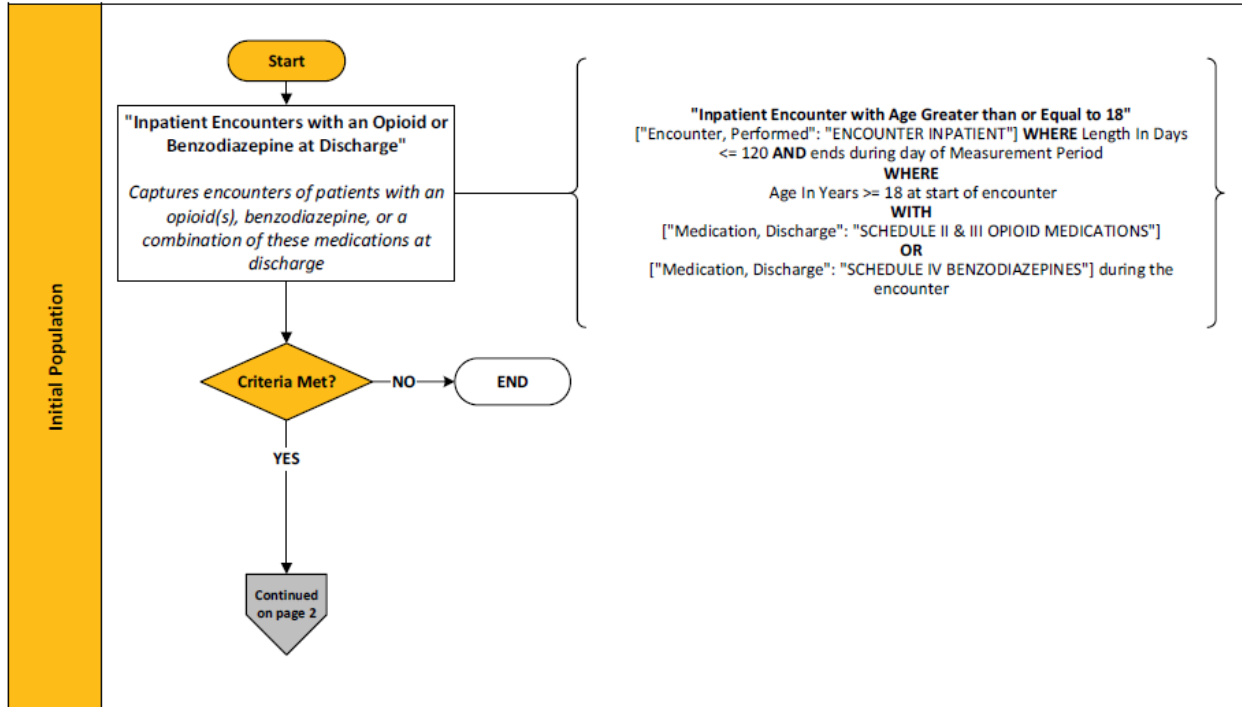
The above sample calculation is a great tool to show how the eCQM's performance rate is calculated. You can use this to help identify where patients fall within the measure criteria to determine your hospital's performance rate.

Reporting the Data

Data Elements: Data is electronically extracted from a hospitals' EHR. The data extracted is to be in a QRDA Category I file format. The data elements and coded QDM attributes included in the eCQM's QRDA Category 1 file can be found on the eCQI Resource Center.

> **NOTE:** *These data elements will be important for your vendor or health IT department to help construct the QRDA I file(s) for reporting.*

Data elements may include

- ["Diagnosis": "All Primary and Secondary Cancer"]
- ["Encounter, Performed": "Emergency Department Visit"]
- ["Encounter, Performed": "Encounter Inpatient"]
- ["Encounter, Performed": "Observation Services"]
- ["Intervention, Order": "Palliative or Hospice Care"]
- ["Intervention, Performed": "Palliative or Hospice Care"]
- ["Medication, Discharge": "Schedule II & III Opioid Medications"]
- ["Medication, Discharge": "Schedule IV Benzodiazepines"]
- ["Patient Characteristic, Ethnicity": "Ethnicity"]
- ["Patient Characteristic, Payer": "Payer"]
- ["Patient Characteristic, Race": "Race"]
- ["Patient Characteristic, Sex": "ONC Administrative Sex"]

Resources Available to Assist with eCQM Reporting

CMS Implementation Guide for Hospital Quality Reporting: This guide provides the necessary steps needed to format a QRDA I file(s) for reporting eCQMs. This would be a useful tool for whoever plans to create the QRDA I file(s) for your hospital, whether that be a vendor and/or health IT department.

2024 CMS QRDA I Schematrons and Sample Files: The sample file(s) provide your vendor and/or health IT department with a template to input your own data elements to create a QRDA I file(s) with reporting more easily. The Schematron can be used to validate the CMS QRDA I file(s) created before reporting them through the HQR system.

Reporting Checklist

The following reporting checklist includes helpful steps and processes to perform to prepare for reporting.

Quarter 1 of the Calendar Year-- Preparation for Reporting

Confirm health information technology (Health IT) is certified by the Office of the National Coordinator of Health IT to the 2015 Edition Cures Update criteria. To ensure the edition is certified to report all available eCQMs, visit the Certified Health IT Product List.

Confirm the QRDA Category I file(s) are constructed per the most current CY 20XX requirements, such as the CMS QRDA Category I HQR Implementation Guide and the associated Schematrons and sample files. This can be verified by your health IT department or vendor.

Visit the HQR system page and sign into the HQR system to verify that you have an active Health Care Quality Information Systems Access Roles and Profile account to report data once systems open.

Fall: Hospital Quality Reporting (HQR) Submission Platform Opens
Submissions for this measure open in the Fall. Dates are dependent on performance year. The submission period closes on February 28 of each year for the previous year's data. Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.

Visit the HQR system log in page and sign into the HQR system using your Health Care Quality Information Systems Access Roles and Profile account.

☐ Complete two-factor authentication. Enter the security code.

Review Navigation Menu on the landing page to perform actions in the HQR system

Go to the Dashboard Menu

Upload 'Test' and 'Production' QRDA Category I files.

Click 'Data Submissions'. Locate the eCQM tab. Click on 'File Upload'. There will be two options 'Test' and 'Production'. 'Test' submission should be used to make sure the file type and data is in an acceptable format. 'Production' will be used for submitting your data. Select 'Test' or 'Production'.

Click on 'Select Files' to locate the QRDA Category I batch files on your computer to upload.

Once the files load and the HQR system has processed them, you will receive a confirmation email.

Review the processing status of the QRDA I files

From the dashboard menu, click on 'Data Results'. Then, click on 'eCQM'.

Click on the 'Files' tab to review your file submissions.

Select 'IQR/PI'. Select the submission type, 'Test' or 'Production'. Click the 'Select' button. Click 'Change Selection' to refresh the page.

Once the uploaded file status says 'Ready', download errors for each batch as a CSV report.

▪ The error reports will be important information to provide to your vendor or health IT department (whoever created your QRDA I file(s)) to make them aware of any errors that may cause issues with your measure submission.

Review the 'Submission Accuracy' tab - This is how to locate rejected files for revision and resubmission.

Click on the 'Accuracy' tab. Select 'IQR/PI'. Select the submission type, 'Test' or 'Production'. Select the quarter. Click the 'Select' button. Click 'Change Selection' to refresh the page.

The counts for the accepted and rejected files will equal the total files submitted. Click on a card for a closer review of the submitted files. A purple banner will be displayed on the selected card.

You can click on the 'Export Results' button to download the results as a CSV report.

Verify Submission and Generate the Program Credit Report(s) – This will be available for the PI and HQR program.

From the dashboard menu, click on 'Program Reporting'. Then, click on 'Program Credit'.

Click on a program card. Then, select the discharge quarter. Click the 'Select' button.

Program Credit Reports for both programs will be generated.

10

The UI will show which measures were submitted, the submission status, and the date of the last submission update. Export the report for your records.

- A green banner indicates successful submission was achieved for the reporting year.
- A yellow banner indicates successful submission was not achieved for the reporting year.