

## **Measure Name – Safe Use of Opioids – Concurrent Prescribing**

### **MBQIP Domain**

Patient Safety

### **Encounter Period**

Calendar Year (January 1, 20XX – December 31, 20XX)

### **Submission Deadline**

February 28, 20XX ; 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 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**

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.

### **Measure Program Alignment**

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. One of the program requirements is submission of electronic clinical quality measures (eCQM) data from certified electronic health record technology (CEHRT).

### **Improvement Noted As**

Decrease in the rate

### **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 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**

Inpatient hospitalizations where patients have cancer pain that begins prior to or during the encounter or are ordered or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the hospitalization or in an emergency department encounter for observation stay immediately prior to hospitalization, patients receiving medication for opioid use disorder, patients with sickle cell disease, patients discharged to another inpatient care facility or left against medical advice, and patients who expire during the inpatient stay.

**Measure Population** (Determines the cases to abstract/submit)

Inpatient hospitalizations 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.

**Sample Size Requirements**

No sampling – report all patients that meet data elements

**Calculations**

Numerator divided by Denominator

**Data Source**

Certified electronic health record technology (CEHRT)

**Data Collection Approach**

Electronic Extraction from EHRs via Quality Reporting Document Architecture (QRDA) Category I File

**Measure Submission and Reporting Channel**

Annually, via Hospital Quality Reporting (HQR) Secure Portal as any combination of: QRDA Category I File, zero denominator declarations and/or case threshold exemptions (<=5 cases in the reporting quarter)

**Data Available On**

- CMS Care Compare
- CMS Provider Data Catalog

**Measure Resources**

- RQITA Website: Safe Use of Opioids Concurrent Prescribing
- Critical Access Hospital eCQM Resource List | National Rural Health Resource Center ([ruralcenter.org](http://ruralcenter.org))