

Opioid eCQM and HQIC Crosswalk

CMS eCQM: CMS819v2 – Hospital Harm – Opioid-Related Adverse Events

NEW FOR 2024*

- **Description:** Assesses the number of inpatient hospitalizations for patients age 18 and older who have been administered an opioid medication and are subsequently administered an opioid antagonist within 12 hours, an indication of an opioid-related adverse event.
- **Definition:** Defines the indication of a harm for an opioid-related adverse event by assessing administration of an opioid antagonist. **Inpatient hospitalizations:** Includes time in the emergency department and observation when the transition between these encounters and inpatient are within an hour or less of each other.
- **Requirement:** Optional measure. All four quarters of 2024.
- [Hospital Harm - Opioid-Related Adverse Events | eCQI Resource Center](#)

HQIC Measure: Opioid Adverse Drug Event (ADE) Rate

- **Definition:** Rate of patients with a secondary diagnosis of an adverse drug event related to opioids, indicated as not present on admission (POA).
 - ICD-10 codes to classify opioid ADEs begin with:

T402X1A,	T40421A,	T404X5A,	T40695A,	T40411A,	T40495A,
T402X4A,	T40491A,	T40604A,	T402X5A,	T40415A,	T404X1A,
T403X4A,	T40494A,	T40691A,	T403X1A,	T40424A,	T40601A,
T40414A,	T404X4A,	T40694A,	T403X5A,	T40425A,	T40605A
 - Rate is reported as events per 1,000 acute care admissions.

Key Differences

- Opioid-Related Adverse Events eCQM is specific to patients requiring a reversal.
- Opioid Adverse Drug Event (ADE) Rate includes ICD-10 codes related to events that would require reversal, but also includes other opioid-related unwanted effects such as opioid-related constipation.

Crosswalk Considerations

- By consistently identifying and addressing incidents on the HQIC ADE report, hospitals will likely see an improvement in their eCQM performance as well.

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CMS eCQM: CMS506v6 – Safe Use of Opioids – Concurrent Prescribing

- **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 a benzodiazepine concurrently at discharge.
- **Definition:**
 - Opioid: Any Schedule II or III opioid medication.
 - Benzodiazepine: Any Schedule IV benzodiazepine medication.
 - Prescribed: Meant to capture opioid and/or benzodiazepine medications continued or ordered at discharge.
 - Numerator Criteria: Two or more unique orders for opioids, or an opioid and benzodiazepine at discharge.
- **Requirement:** Required measure. Must report all four quarters of 2023 and onward.
- [Safe Use of Opioids - Concurrent Prescribing | eCQI Resource Center](#)

HQIC Measure: High MME Opioid Prescribing

- **Definition:** Rate of filled opioids >90 morphine milligram equivalent (MME) within three days of eligible inpatient discharges among Medicare FFS patients.
 - Rate is reported as filled prescriptions per 1,000 discharges.

Key Differences

- Concurrent Prescribing eCQM is specifically looking at multiple opioids and/or opioids and benzodiazepines prescribed at discharge.
- HQIC High MME Prescribing measure is looking at any opioid prescription in a dose higher than 90 MMEs (or morphine milligram equivalent) filled at or within three days of discharge.

Crosswalk Considerations

- Both measures can be improved by following prescribing best practices, which our QIAs are able to assist in identifying and implementing.