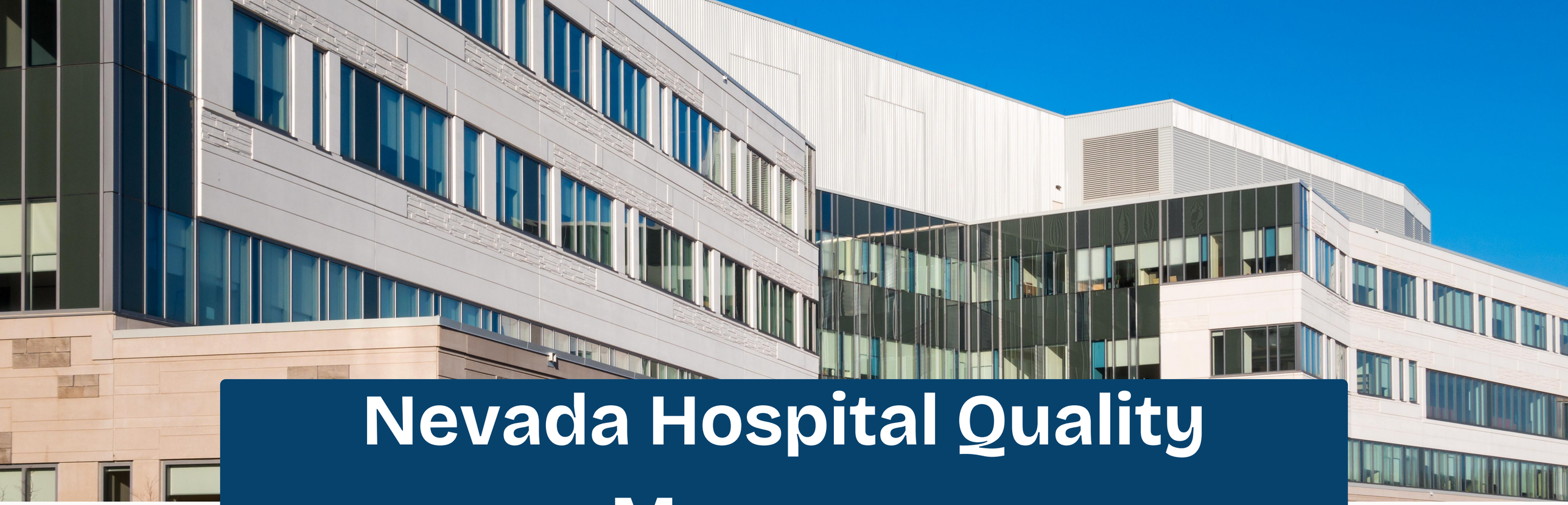

Nevada Hospital Quality Measures

Safe Use of Opioids - Concurrent Prescribing

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2026 Program Year

Measure Overview

The Safe Use of Opioids measure tracks the proportion of adult patients discharged with high-risk medication combinations that increase the likelihood of respiratory depression and monitors the co-prescribing of multiple opioids or the combination of opioids with benzodiazepines. Ultimately, the goal is to encourage safer prescribing habits and thorough medication reconciliation before the patient leaves the facility.

- Target: Patients 18yrs and older
- Metric Type: Inverse Measure (Lower rates = Better performance)

*Centers for Medicaid & Medicare Services

Strategic Goals & Impact

Public Reporting & Reputation

Performance is publicly reported on CMS Compare websites and can influence facility safety ratings.

Preventable Mortatlity

Reduces the risk of post-discharge overdose deaths.

Safety Alerting

Encourages the use of Electronic Health Record (EHR) alerts to stop “accidental” co-prescribing.

Strategic Alignment

Supports Nevada’s 2025-2027 Quality Strategy Goal to reduce the misuse of opioids and other prescribed medications by December 31, 2027

Concurrent prescribing of opioids and benzodiazepines is a leading contributor to the accidental overdose epidemic, as both medications suppress the central nervous system. Clinical data shows that the risk of fatal respiratory depression is ten times higher in patients co-dispensed these two drug classes compared to those on opioids alone. Monitoring this measure helps hospitals identify systemic gaps in medication reconciliation and promotes the use of safer, non-opioid pain management strategies.

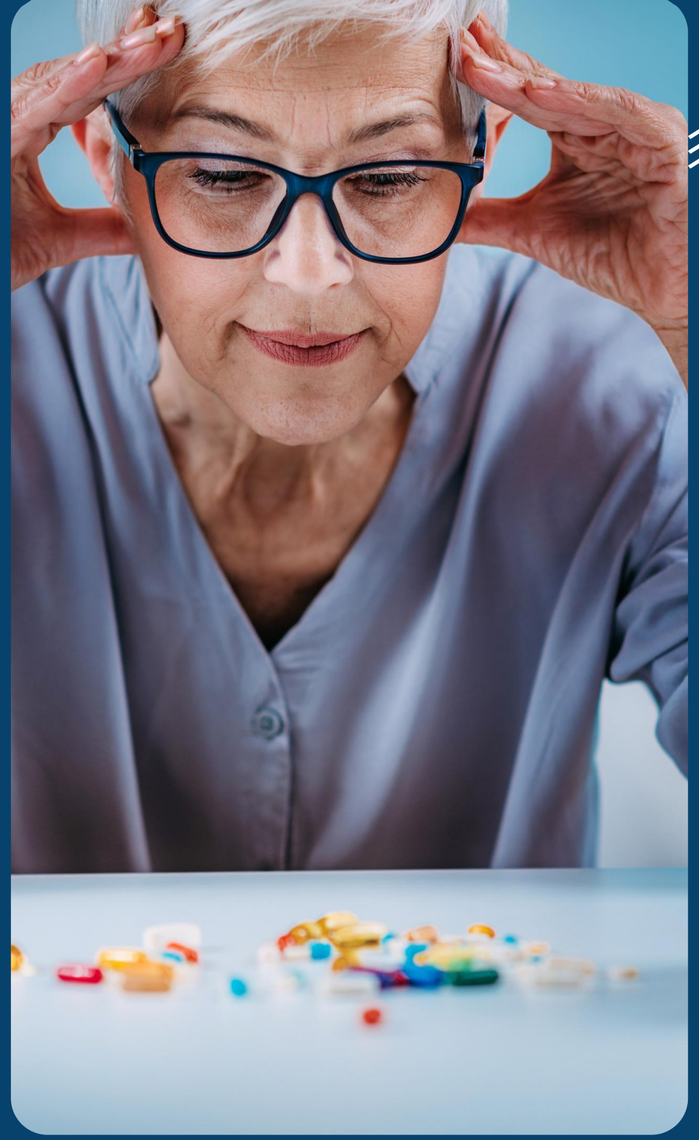
Defining the Population

Denominator *(Eligible Inpatient Encounter)*

- Inpatient Medicaid hospitalization stay less than or equal to 120 days that end during the measurement period.
- 18yrs and older at the start of the encounter
- Prescribed at least one opioid or benzodiazepine at discharge.

Numerator *(The "Event")*

- Concurrent Prescribing of the following at discharge:
  a. Two or more distinct opioids
  b. One or more opioids **AND** one or more benzodiazepines



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Understanding Exclusions

Exclusions for this measure are designed to protect facilities when treating patients with complex, chronic pain or those in end-of-life care where concurrent prescribing may be clinically indicated.

***Note:** CMS added three new exclusions for the 2025 reporting year to reflect clinical feedback.

Exclusion Category	Description
Clinical Conditions	Patients with a diagnosis of Cancer-Related Pain or Sickle Cell Disease. *
Care Settings	Patients receiving Palliative Care or Hospice services during the stay.
Addiction Treatment	Patients receiving Medications for Opioid Use Disorder (MOUD) *
Discharge Status	Patients who Left Against Medical Advice (AMA) *, were transferred to another inpatient facility, or expired during the stay.

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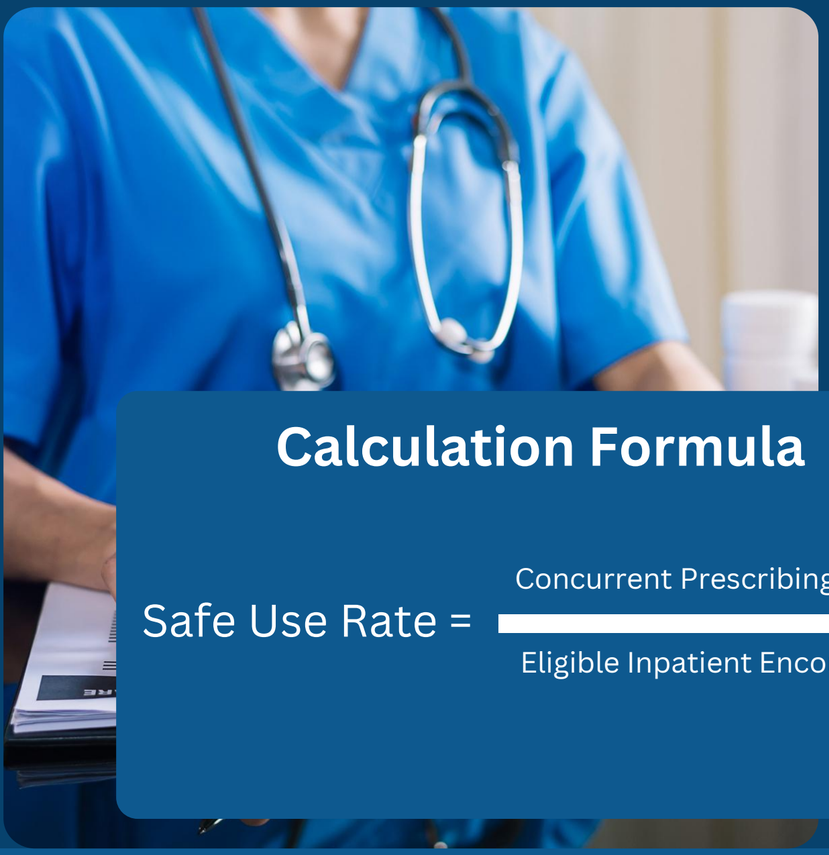
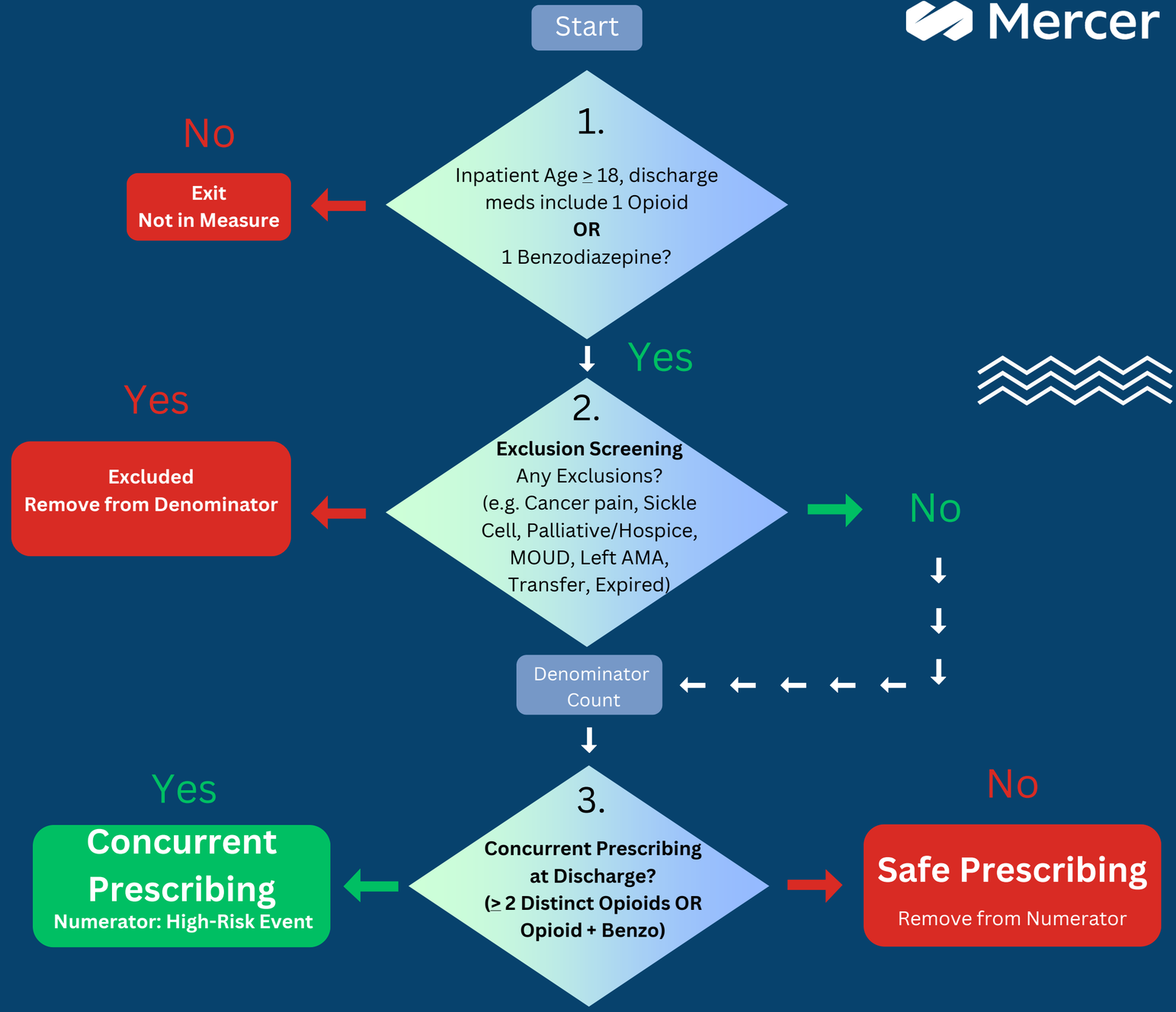
Measure Logic Flowchart



Calculation Formula

$$\text{Safe Use Rate} = \frac{\text{Concurrent Prescribing Event}}{\text{Eligible Inpatient Encounters}}$$



Best Practices for Data Extraction

Since this is an electronic clinical quality measure (eCQM), the accuracy of your rate depends entirely on how medications are mapped in your EHR. Clinical teams and IT must work together to ensure that "active" medications at discharge are captured correctly without duplicates.

Focus Area	Key Action
RxNorm Mapping	Ensure all opioids and benzodiazepines in your formulary are mapped to the correct RxNorm codes to allow the system to identify distinct drug classes.
Palliative Documentation	Create a specific Palliative Care "Order Set" or documentation template that automatically triggers the exclusion flag for patients in comfort care.
Pharmacy Reconciliation	Require a Pharmacist Review of all discharge orders for any patient with more than one controlled substance to flag potential numerator events.
EHR “Hard Stops”	Implement Clinical Decision Support (CDS) alerts that fire when a provider attempts to sign a discharge order for both an opioid and a benzodiazepine.

Common Data Capture Pitfalls

Reporting errors in this measure often stem from technical "ghost" prescriptions or a failure to document the clinical reasons that would exclude a patient.

The “Duplicate Dose” Trap

Counting the same opioid twice because it was ordered with two different strengths (e.g., Oxycodone 5mg and 10mg), which can incorrectly trigger the numerator.

Invisible MOUD

Failing to properly code Medication-Assisted Treatment (like Buprenorphine), leading to a high "failure" rate for patients actually being treated for addiction.

Missing Secondary Cancer Codes

Not capturing a secondary cancer diagnosis in the "Problem List," which prevents the system from excluding a valid chronic pain patient.

Medication Reconciliation Lag

Discharged medications appearing as "active" in the eCQM report even if the provider intended for them to be discontinued.

Frequently Asked Questions

1. Can you provide more background information on drugs to be considered for this measure?

The Safe Use of Opioids Measure identifies individuals with discharge medications of a new or continuing opioid or benzodiazepine as identified on the medication discharge list. The Nevada Prescription Monitoring Program (PMP) is an available tool to access a patient's-controlled substance prescription medication history.

2. As a CAH, do I report on patients in distinct units such as psych, long-term care, and swing beds?

Only count acute patients. For the Safe Use of Opioids/Concurrent Prescribing measure, the LTC and Swing beds should be reported if billed as an inpatient hospitalization.

3. Does the "Cancer" exclusion apply to patients in remission?

No. The exclusion is specifically for "Active Cancer-Related Pain" that overlaps with the encounter. A history of cancer (e.g., "Breast Cancer History") without an active pain diagnosis code will not remove the patient from the denominator.

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How Can We Help?

For additional questions, personalized 1:1 coaching, or to schedule a meeting to review your facility's data, please reach out to our support team members below:

State Directed Payments- Ann Jensen
ajensen@nvha.nv.gov

Reporting Template- Liza Auterino
Liza.Auterino@govmercer.com

Clinical Support- Sherrian Thompson
Sherrian.Thompson@govmercer.com

Key Takeaways

Lower is Better

Unlike most metrics, a decreasing percentage in this measure is the goal and reflects improved patient safety.

Documentation as a Shield

Properly documenting Sickle Cell or Palliative Care is the only way to "protect" your score when concurrent prescribing is medically necessary.

2025 Compliance Updates

Ensure your IT team has updated your reporting logic to include the new AMA and MOUD exclusions.

Standardized De-prescribing

Use the discharge process as an opportunity to taper patients off benzodiazepines if an opioid is required for acute pain.

Success in the "Safe Use of Opioids" measure requires moving from reactive reporting to proactive clinical intervention. Because it is an inverse measure, the focus must be on eliminating high-risk prescriptions before the patient leaves the facility.

Thank you!

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