

Enhancing Patient Safety Through Medication Monitoring

Medication monitoring is essential to patient safety and long-term health. With an estimated 44,000 to 98,000 hospital deaths annually linked to medication errors, your proactive oversight is critical. Proactively monitoring medications demonstrates individualized care that fosters trust, boosts adherence, and improves patient outcomes. The Centers for Medicare and Medicaid Services (CMS) has introduced two Part D Star Measures focused on these areas. Please read on for more information and recommended best practices.

CMS Part D Star Measures:

1. **Concurrent Use Of Opioids And Benzodiazepines:**

- **Risks** — Concurrent opioid and benzodiazepine use can increase the risk of adverse effects tenfold.
- **Measure Criteria** — To qualify for the measure, patients must be:
 - Aged 18 or older.
 - Concurrently using prescription opioids and benzodiazepines for at least 30 cumulative overlapping days.

2. **Polypharmacy** — Use of multiple anticholinergic (ACH) medications in older adults:

- **Data** — Approximately 25% of patients aged 65 or older are taking three or more central nervous system (CNS) medications.
- **Risks** — Polypharmacy poses significant health risks like increased hospitalization and cognitive impairment.
- **Measure Criteria** — To qualify for the measure, patients must be:
 - Aged 65 or older.
 - Using two or more unique ACH medications concurrently for at least 30 cumulative overlapping days.

Supporting Your Patients:

- Regularly assess and adjust medication regimens for patients at higher risk of adverse effects.
- Configure your EMR system to flag concurrent use of opioids/benzodiazepines and ACH medications.
- Avoid initial combination treatments by offering alternative approaches.

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- Minimize the dose and duration of new prescriptions.
- Gradually taper off long-standing medications and discontinue whenever possible.
- Provide rescue medication, such as naloxone, to high-risk patients on opioids and their caregivers.

Deprescribing Tactics And Performance Oversight

Important Factors To Consider:

- Deprescribe one medicine at a time to simplify the process for the patient.
- Reassess whether the original reason for prescribing the medication is still valid.
- Determine if reported side effects are linked to the medication.
- Weigh the current benefits of the medication against risks and adverse effects.
- Consider your patient's current stage of life when aligning treatment therapeutic goals.
- Check for changes in the patient's clinical condition that may make the current medicine or dose inappropriate.
- Consider whether a safer or more effective alternative is now available for the intended condition.

References:

1. Tariq RA, Vashisht R, Sinha A, et al. Medication Dispensing Errors and Prevention. [Updated 2024 Feb 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK519065/>
2. National Institute on Drug Abuse. (n.d.). Benzodiazepines and opioids. <https://nida.nih.gov/research-topics/opioids/benzodiazepines-opioids>
3. Gray, S. L., Marcum, Z. A., Dublin, S., Walker, R., Golchin, N., Rosenberg, D. E., Bowles, E. J., Crane, P., & Larson, E. B. (2020). Association Between Medications Acting on the Central Nervous System and Fall-Related Injuries in Community-Dwelling Older Adults: A New User Cohort Study. The journals of gerontology. Series A, Biological sciences and medical sciences, 75(5), 1003–1009. <https://doi.org/10.1093/gerona/glz270>