

Cal Hospital Compare Board of Directors

April 1, 2020

10:00am-12:30pm Pacific Time

Phone: 1-669-900-6833

Access code: 443 789 5416

Webinar link: <https://zoom.us/j/4437895416>

Proposed Agenda

- ▶ Welcome
- ▶ Organizational updates
- ▶ Opioid Management Hospital Self-Assessment
- ▶ Identifying Patient Safety Poor Performers
- ▶ Covered CA Network Analysis
- ▶ Business Plan
- ▶ Wrap Up

**Cal Hospital Compare
Board of Directors Meeting Agenda**

Wednesday, April 1, 2020

10:00am – 12:30pm PT

Webinar Information

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Time	Agenda Item	Presenters and Documents
10:00-10:05 <i>5 min.</i>	Welcome and call to order <ul style="list-style-type: none"> - Approval of past meeting summary - Welcome Joan Maxwell 	- Ken Stuart Board Chair
10:05-10:30 <i>30 min.</i>	Organizational updates <ul style="list-style-type: none"> - COVID-19 response plan - Data reporting timeline - Integrating long term care data - Q1 2020 data refresh 	- Bruce Spurlock Executive Director, CHC - Alex Stack Director, CHC
10:30-11:10 <i>40 min.</i>	Opioid Management Hospital Self-Assessment <ul style="list-style-type: none"> - Review proposed assessment tool - Feedback & recommendations 	- Alex Stack Director, CHC
11:10-11:40 <i>30 min.</i>	Identifying Patient Safety Poor Performers <ul style="list-style-type: none"> - Updated results - Recommendations & next steps - Next Steps 	- Mahil Senathirajah IBM Watson Health
11:40-12:10 <i>30 min.</i>	Covered CA Network Analysis <ul style="list-style-type: none"> - Trends & next steps 	- Mahil Senathirajah - IBM Watson Health
12:10-12:25 <i>15 min.</i>	Business plan <ul style="list-style-type: none"> - Financial report 	- Bruce Spurlock Executive Director, CHC
12:25-12:30 <i>5 min.</i>	Wrap-up Adjourn <ul style="list-style-type: none"> - Next meeting: Thursday, May 14, 2020 – 11:00am to 1:00pm PST (Zoom Call) 	- Ken Stuart Board Chair

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COVID-19 Response Plan

Data Reporting Timeline

Patient Safety Poor Performers

- March 2020

Maternity Honor Roll

- August - September 2020

Patient Safety Honor Roll

- October - December 2020; dependent on CMS data refresh

Opioid Care Honor Roll

- October - December 2020; dependent on CMS data refresh

See 2020 Data Use Fees for more details

Integrating Long Term Care data

CalQualityCare.org

Learning Center About My Providers

Smarter Choices Start Here.

From nursing homes to home care, CalQualityCare.org makes it easy to find providers and compare the quality of long term health care in California.

Select Type of Care

Select a Type of Care from the Menu

Q1 2020 CMS Data Refresh

Updated measures include:

- CMQCC
 - NTSV C-Section, Episiotomy, VBAC, CNM
- CMS Hospital Compare
 - Patient Experience
 - HAIs
 - ED
- *No new measures*
- Two measures retired:
 - VTE6: Incidence of Potentially Preventable Venous Thromboembolism
 - ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients

Opioid Management Hospital Self Assessment

Version 2.0

2020 Workgroup Objectives

- ▶ Refine Opioid Safe Hospital Self Assessment based on 2019 results, stakeholder feedback, and your own insights
- ▶ Socialize the Opioid Care Honor Roll Program in your organizations and network
- ▶ Questions for consideration:

What is important to measure?

- Process
- Outcome
- Balancing

How do we measure?

- Attestation
- Data collection
- Audit

Other considerations?

- Feasibility
- Standardization vs. flexibility

VBP Opioid Reporting Recommendations

- ▶ Align with IQR recommendations
- ▶ Increase process measure focus
 - ▶ Pain management care at discharge
 - ▶ Co-prescribing of naloxone
 - ▶ Patient-centered pain management plan
 - ▶ Multi-modal pain treatment



First CMS Opioid Measure for Hospitals

CMS Measures Inventory Tool	
Safe Use of Opioids - Concurrent Prescribing (eCQM)	
NQF Endorsement Status	Endorsed
NQF ID	3316e
Measure Type	Process
Measure Content Last Updated	2019-11-07
Info As Of	Not Available
Properties	
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
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 a new or continuing opioid or benzodiazepine at discharge
Denominator Exclusions	The measure excludes patients with cancer or patients receiving palliative care.
Rationale	<p>Unintentional opioid overdose fatalities have become an epidemic in the last 20 years and a major public health concern in the United States (Rudd 2016). Reducing the number of unintentional overdoses has become a priority for numerous federal organizations including the Centers for Disease Control and Prevention (CDC), the Federal Interagency Workgroup for Opioid Adverse Drug Events, and the Substance Abuse and Mental Health Services Administration.</p> <p>Concurrent prescriptions of opioids or opioids and benzodiazepines places patients at a greater risk of unintentional overdose due to the increased risk of respiratory depression (Dowell 2016). An analysis of national prescribing patterns shows that more than half of patients who received an opioid prescription in 2009 had filled another opioid prescription within the previous</p>
Report Generated: Thu Jan 16 15:52:42 EST 2020 Page 1	

▶ Listed in the Federal Register and passed as part of the IPPS final rules

▶ For the CY 2022 reporting period/FY 2024 payment determination, to require hospitals to report one, self-selected calendar quarter of data for:

1. Three self-selected eCQMs
2. The finalized *Safe Use of Opioids—Concurrent Prescribing eCQM*, for a total of four eCQMs

Sources: 1. CMS Measures Inventory Tool. Safe Use of Opioids—Concurrent Prescribing (eCQM). Available at: https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=3341. Accessed on: January 17, 2020.
2. CMS. Fiscal Year (FY) 2020 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Prospective Payment System (CMS-1716-F) . Available at: <https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2020-medicare-hospital-inpatient-prospective-payment-system-ipp-and-long-term-acute-0>. Accessed on: January 17, 2020.

2020 Workgroup Feedback

- ▶ Continued support to accelerate change in 4 domains (this is the right stuff)
- ▶ Clarify content:
 - ▶ Safe vs appropriate vs managed
 - ▶ Acute vs chronic pain
 - ▶ Appropriate follow up care vs x-waiver
 - ▶ Critical steps
 - ▶ Standardization vs programmatic flexibility
- ▶ Raise the bar (aspirational vs attainable)
 - ▶ How
 - ▶ How often
 - ▶ Impact

2020 Assessment Design (8 Questions)

Opioid Management Hospital Self-Assessment

43 possible points

Measure	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Measurable progress</i>	Level 4 (4 pts.) <i>Integration & innovation</i>	Score	Foundational Resources
Safe & Effective Pain Management <ul style="list-style-type: none">• Prescribing guidelines• Alternatives to opioids for pain management				Overdose Prevention <ul style="list-style-type: none">• Naloxone education & distribution program		
Identification & Treatment <ul style="list-style-type: none">• Medicated Assisted Treatment (MAT)• Timely follow-up care				Cross-cutting Hospital Best Practices <ul style="list-style-type: none">• Organizational infrastructure• Address stigma with physicians & staff• Patient & family engagement		

*Extra credit available in select areas

Q1 - Discharge Prescribing Guidelines

Safe & Effective Opioid Use				
Measure	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Measurable progress</i>	Level 4 (4 pts.) <i>Integration & innovation</i>
<p>Appropriate Opioid Discharge Prescribing Guidelines</p> <p>Develop and implement evidence-based discharge prescribing guidelines across multiple service lines to prevent new starts in opioid naïve patients and for patients on opioids to manage chronic pain. Possible exemptions: end of life, cancer care, sickle cell, and palliative care patients.</p> <p>Service line prescribing guidelines should address the following:</p> <ul style="list-style-type: none"> • Opioid use history (e.g. naïve versus tolerant) • Pain history • Behavioral health conditions • Current medications • Provider, patients & family set expectations regarding pain management • Limit benzodiazepine and opioid co-prescribing • For opioid naïve: <ul style="list-style-type: none"> ○ Limit initial prescription (e.g. <7 days) ○ Use immediate release vs. long acting • For patient on opioids for chronic pain: <ul style="list-style-type: none"> ○ Avoid providing opioid prescriptions for patients receiving medications from another provider ○ Consider initiating a gradual opioid tapering schedule 	<p>Developed and implemented evidence-based opioid discharge prescribing guidelines across 2 service lines, the Emergency Department and 1 Inpatient Unit (e.g. Burn Care, General Medicine, Behavioral Health, OB, Cardiology, etc.)</p>	<p>Developed and implemented enterprise wide opioid discharge prescribing guidelines</p>	<p>Your hospital is actively monitoring & improving opioid prescribing e.g. rate of e-prescribing, MME/patient, co-concurrent prescribing of benzos. & opioids, etc.</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Developed and implemented evidence-based opioid discharge prescribing guidelines for surgical patients as part of an Enhanced Recovery After Surgery (ERAS) program</p>
<p><i>Briefly describe the steps your hospital has taken to promote opioid sparing pain management at discharge.</i></p>				

Q2 - Alternatives to Opioids for Pain Management

<p>Alternatives to Opioids for Pain Management</p> <p>Use an evidence based, multi-modal, non-opioid approach to analgesia for patients with acute and chronic pain.</p> <p>Components of a multi-modal, non-opioid analgesic program should address the following:</p> <ul style="list-style-type: none"> • Program goal is to utilize non-opioid approaches as first line therapy for pain while recognizing it is not the solution to all pain • Care guidelines for common acute care diagnoses e.g. pain associated with headache, lumbar radiculopathy, musculoskeletal pain, renal colic, and fracture/dislocation. • Opioid use history (e.g. naïve versus tolerant) • Patient and family engagement (e.g. discuss realistic pain management goals, addiction potential, and other evidence-based pain management strategies that could be used in the hospital or at home) • Pharmacologic alternatives (e.g. NSAIDs, Tylenol, Toradol, Lidocaine patches, muscle relaxant medication, Ketamine, medications for neuropathic pain, nerve blocks, etc.) • Include available non-pharmacologic alternatives (e.g. TENS, comfort pack, heating pad, visit from spiritual care, physical therapy, virtual reality pain management, acupuncture, chiropractic medicine, guided relaxation, music therapy, aromatherapy, etc.) 	<p>Developed and implemented a non-opioid analgesic multi-modal pain management in the Emergency Department OR one Inpatient Unit (e.g. Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p>	<p>Developed and implemented a non-opioid analgesic multi-modal pain management program Emergency Department AND one Inpatient Unit (e.g. Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p> <p>Hospital offers at least at least 1 2 non-pharmacologic <u>alternative</u> for pain management.</p>	<p>Your hospital is actively monitoring & improving use of alternatives to opioids for pain management e.g. adherence to guidelines, rate of use of alternatives to opioids by service line, etc.</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/ denominator, and date range.</p>	<p>Developed supportive pathways that promote a team-based care approach to identifying opioid alternatives e.g. integrated pharmacy, physical therapy, family medicine, psychiatry, pain management, use of non-pharmacologic alternatives, etc.</p> <p>Aligned standard order sets with non-opioid analgesic, multi-modal pain management program</p>
<p><i>Briefly describe the steps your hospital has taken to promote the use of alternatives to opioids for pain management.</i></p>				

Q3 - Medication Assisted Treatment

Identification and Treatment				
Measure	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Measurable progress</i>	Level 4 (4 pts.) <i>Integration & innovation</i>
<p>Medication Assisted Treatment (MAT)</p> <p>Provide MAT for patients identified as having Opioid Use Disorder (OUD) or in withdrawal and continue MAT for patients in active treatment.</p> <p>Components of a MAT program should include:</p> <ul style="list-style-type: none"> Identifying patients eligible for MAT, on MAT, &/or in opioid withdrawal Treatment is accessible in the emergency department <i>and in all other hospital departments.</i> Treatment is provided rapidly (same day) & efficiently in response to patient needs. Human interactions that build trust are integral to how substance use disorder treatment is provided. <p>*Services lines may include: Emergency Department, Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.</p>	<p>MAT is offered in at least one service line*</p> <p>Hospital provides support to care teams in understanding risk, benefits, and evidence of buprenorphine in MAT</p>	<p>MAT is offered in at least 2 service lines*</p>	<p>Your hospital is actively monitoring & improving access to MAT e.g. number of patients identified with OUD and provided MAT</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>MAT is universally offered to all patients presenting to the hospital</p> <p>One or more hospital staff has the time and skills to engage with patients on a human level, motivating them to engage in treatment (e.g. a hospital employee embedded within either an emergency department or an inpatient setting to help patients begin and remain in addiction treatment – commonly known as a Substance Use Navigator, Case Manager, Patient Liaison, Spiritual Care, etc.)</p>
<p><i>Briefly describe the steps your hospital has taken to provide patients access to MAT.</i></p>				

Q4 - Timely Follow Up Care

<p>Timely follow up care</p> <p>Hospital coordinates follow up care for patients on MAT within 72 hours either in the hospital or outpatient setting. Hospital based providers and practitioners must have a X-waiver to prescribe or dispense buprenorphine under the Drug Addiction Treatment Act of 2000 (DATA 2000).</p> <p>If hospital <u>does not</u> have X-waivered providers:</p> <ul style="list-style-type: none"> • Providers provide a loading dose for long effect, provide follow up care in the ED that is in alignment with the DEA Three Day Rule or connect patient to X-waivered community provider for immediate follow care <p>If hospital <u>has</u> X-waivered providers:</p> <ul style="list-style-type: none"> • Prescribe <u>sufficient</u> buprenorphine until patient's follow up appointment with community provider within 24 to 72 hours <p>*Practitioners= MDs, physician extenders, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives (see SUPPORT Act for details)</p>	<p>Hospital identifies X-waivered providers within the hospital &/or within the community</p> <p>Provides list of community-based resources to patients, family, caregivers, and friends</p> <p>Hospital has an agreement in place with at least one community provider</p> <ul style="list-style-type: none"> • If <u>no X-waiver</u> community provider must accept referrals within 72 hours • If <u>X-waivered</u> community provider to provide timely follow up care 	<p>Actively refer MAT & OUD patients to a community provider for ongoing treatment e.g. primary care, outpatient clinic, outpatient treatment program, telehealth treatment provider, etc.</p>	<p>Your hospital is actively monitoring & improving care transitions for MAT patients in accordance with HIPAA e.g. number of patients referred to community provider for follow up care, number of patients presenting to community provider for follow up care, number of ED &/or IP shifts in 30 days with a provider on shift that is x-waivered, etc.</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Hospital provides support to select practitioners* in the ED and IP units to obtain X-waiver (grant funds to cover training cost, protected time, bonus opportunity, etc.)</p>
<p><i>Briefly describe the steps your hospital has taken to ensure patients on MAT have access to timely follow up care.</i></p>				

Q5 - Overdose Prevention

Overdose prevention				
Measure	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Measurable progress</i>	Level 4 (4 pts.) <i>Integration & innovation</i>
<p>Naloxone education and distribution program</p> <p>Provide naloxone prescriptions and education to all patients, families, caregivers and friends discharged with an opioid prescription and/or at risk of overdose</p> <p>*Staff - MD, PA, NP, Pharmacist, RN, LVN, Health Coach, Substance Use Navigator, Clinical Social Worker, Research Staff, Emergency Department Technician, Clerk, Medical Assistant, Security Guard, etc. trained to distribute naloxone and provide education on how to use it</p>	<p>Identify overdose prevention resources within hospital, health system, and community (e.g. training programs, access points, low/no-cost options, community pharmacies with naloxone on hand, community coalitions, California Naloxone Distribution Program, etc.)</p>	<p>Standard workflow for MDs and physician extenders in place for providing naloxone prescription at discharge for patients with an opioid prescription and/or at risk of overdose; discharge prescriptions sent to patient's pharmacy of choice (e.g. naloxone incorporated into a standard order set for opioid prescriptions, &/or referral to low or no cost distribution centers, etc.)</p>	<p>Your hospital is actively monitoring & improving access to overdose prevention e.g. rate of naloxone prescription at discharge after opioid poisoning, overdose, and/or prescribed opioids at discharge rate of staff training to distribute naloxone kits, etc.</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Standing order in place allowing approved staff* to educate and provide naloxone in hand to all patients, caregivers, and visitors at low or no cost while in the hospital setting; this may occur independent of pharmacy</p> <p>Extra Credit (1 pt.) Your hospital is actively monitoring & improving overdose prevention strategies using social determinants of health data</p>
<p><i>Briefly describe the steps your hospital has taken to prevent opioid overdose deaths.</i></p>				

Q6 - Organizational Infrastructure

Cross Cutting Opioid Management Best Practices				
Measure	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Measurable progress</i>	Level 4 (4 pts.) <i>Integration & innovation</i>
<p>Organizational Infrastructure</p> <p>Opioid stewardship is a strategic priority with multi-stakeholder buy in and programmatic support to drive continued/sustained improvements in appropriate opioid use (e.g. executive leadership, Pharmacy, Emergency Department, Inpatient Units, General Surgery Information Technology, etc.)</p>	<p>Multi-stakeholder team identified opioid stewardship as a strategic priority and set improvement goals in one or more of the following areas: prevent new opioid starts, identification and treatment, overdose prevention, cross cutting opioid management best practices. (e.g. opioid stewardship program, quality improvement team, etc.)</p> <p>Executive sponsor/project champion identified</p>	<p>Communicated program, purpose, goal, progress to goal to appropriate staff (e.g. a dashboard, all staff meeting, annual competencies, etc.)</p> <p>Opioid management is included in strategic plan</p> <p>Hospital/health system leadership plays an active role in reviewing data, advising and/or designing initiatives to address gaps</p>	<p>Your hospital is actively monitoring & improving its opioid management strategies e.g. hospital wide &/or county wide opioid prescribing rate, Morphine Milligram Equivalent (MME) /patient, rate of OUD related deaths, buprenorphine prescribing rate, etc.</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Hospital is actively building relationships & coordinating with post-acute services to support care transitions</p> <p>Extra Credit (1 pt.) Hospital is part of a learning network (e.g. community coalition, large scale learning collaborative, etc.)</p>
<p><i>Briefly describe the steps your hospital has taken to make opioid management a quality improvement priority.</i></p>				

Q7 - Address Provider & Staff Stigma

<p>Address stigma with physicians and staff</p> <p>Hospital culture is welcoming and does not stigmatize substance use. Hospital actively addresses stigma through the education and promotion of the medical model of addiction across all departments to facilitate disease recognition and the use of non-stigmatizing language/behaviors.</p>	<p>Provides passive, general education on hospital opioid prescribing guidelines in at least two service lines, identification, and treatment, and overdose prevention to appropriate providers and staff (e.g. M&M, lunch and learns, flyers/brochures, CME requirements, RN competencies, etc.)</p>	<p>Provides point of care decision making support e.g. automatic pharmacy review for long-term opioid prescription, auto prescribe naloxone with any opioid prescription, reminder to check CURES, flag concurrent opioid and benzo prescribing, etc.</p> <p>Extra Credit (1 pt.) Regularly assess perceived & internalized opioid related stigma & knowledge of OUD treatment in providers and staff</p>	<p>Your hospital is actively monitoring & reducing provider/staff stigma toward opioid addiction e.g. provider prescribing patterns, number of patients identified with OUD, etc.</p> <p>Provides targeted follow up and support to providers and staff based on performance</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Trains appropriate providers and staff on how to provide Trauma Informed Care, motivational interviewing, & on the medical model of addiction to normalize opioid use disorder & treatment</p>
<p><i>Briefly describe the steps your hospital has taken to support appropriate providers & staff in providing evidence-based, compassionate care for patients with OUD or at risk.</i></p>				

Q8 - Patient & Family Engagement

<p>Patient and family engagement</p> <p>Actively engage patients, families, and friends in appropriately using opioids practices (opioid prescribing, treatment, and overdose prevention via Naloxone)</p>	<p>Provides general education to all patients, families and friends in at least two service lines (e.g. ED, Burn Care, General Medicine, Behavioral Health, OB, Cardiology, Surgery, etc.) regarding opioid risk, alternatives, and overdose prevention (e.g. posters about preventing or responding to an overdose, brochures/fact sheets on opioid risk and alternative pain management strategies, general information on hospital care strategies on website or portal, etc.)</p>	<p>Provides focused education to opioid naive and opioid tolerant patients (e.g. MAT options, opioid risk and alternatives, Naloxone use, etc.) through verbal communication/conversations with care providers</p> <p>Patients are part of a shared decision-making process for acute and/or chronic pain management (e.g. develop a pain management plan pre-surgery, set pain expectations, risk associated with opioid use, etc.)</p>	<p>Your hospital is actively monitoring & improving patient & family engagement on opioid care e.g. number of patients or family members in the review and development of prescribing guidelines, number of patients identified with OUD and provided MAT, number of patients and family members receiving overdose prevention education, etc.</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Provides opportunities for patients and families to engage in hospital wide opioid management activities (Patient Family Advisory Council, peer navigator, program design, etc.)</p>
<p><i>Briefly describe the steps your hospital has taken to actively engage patients and families in how to appropriately use opioids and overdose prevention strategies.</i></p>				

Small Test of Change

Calling all volunteers!

Pilot: Feb 20 - mid-April



2020 Timeline

Q1

- Convene workgroup
- Test self-assessment 2.0
- Publish results & lessons learned
- Launch resource library

Q2-Q3

- Finalize self-assessment tool
- Invite hospitals to submit self-assessment starting **May 12**
- 5-part learning webinar series

Q4

- Self-assessment window closes Sept. 30
- Announce honor roll recipients in partnership with CHHS Agency

Patient Safety Poor Performers 2.0

Using Leapfrog Grade Point Averages

Poor Performers Report Timeline

- ▶ First Patient Safety Poor Performers list made available to hospitals, health plans and Covered California during Summer 2019
- ▶ Next Patient Safety Poor Performers list expected to be released spring 2020
 - ▶ New CMS data incorporated into modeling
- ▶ TAC charged with improving methodology, specifically addressing the use of Leapfrog information
- ▶ Question for TAC:
 - ▶ Review modeling options
 - ▶ Should there be two tiers of poor performers?

Identifying Patient Safety Poor Performers Version 1.0

- ▶ “Inverse” of Patient Safety Honor Roll 1.0
- ▶ Target hospitals must report at least 4 of 6 measures
- ▶ Measures:
 - ▶ HAIs (CLABSI, CAUTI, SSI Colon Surgery, MRSA, CDI)
 - ▶ AHRQ PSI 90 Composite

Poor Performance	
Algorithm	Exemption
Benchmark	None
2/3 of measure results <u>below</u> 50th percentile	

OR

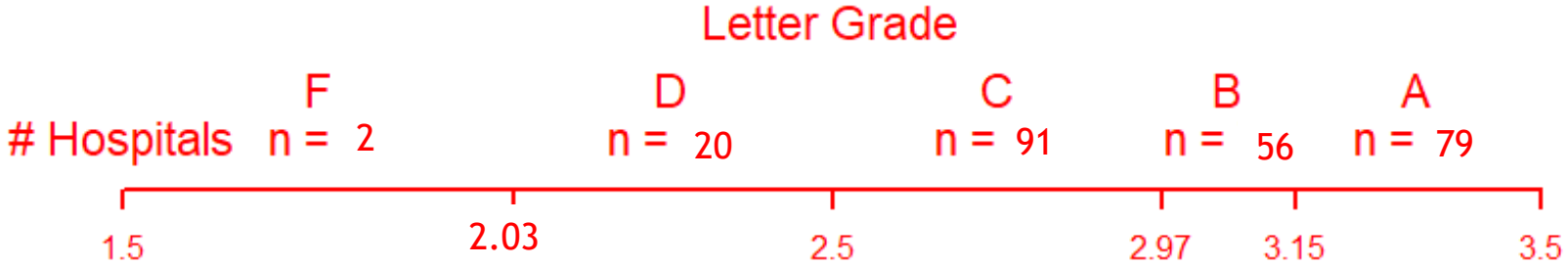
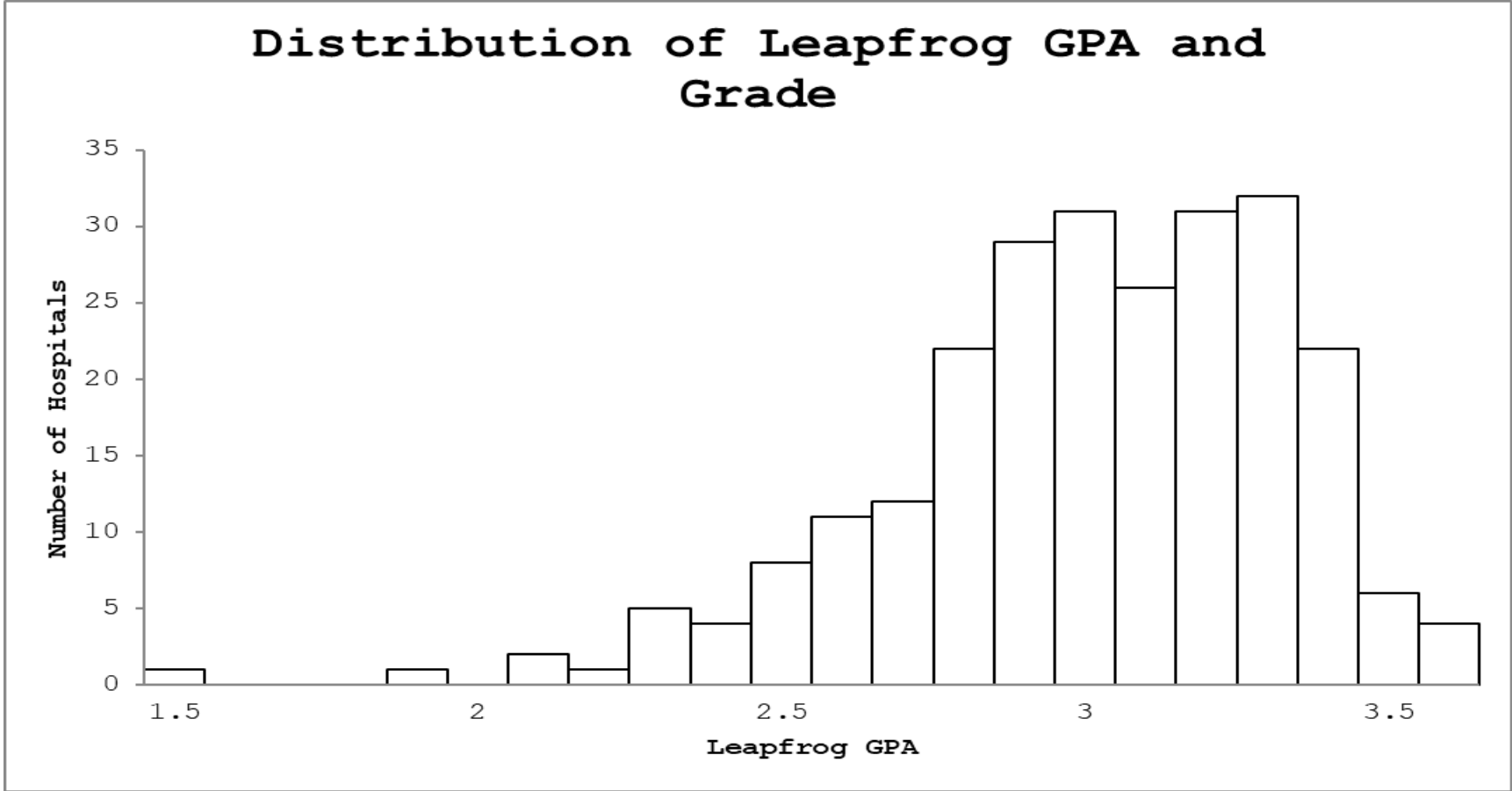
Poor Performance	
Leapfrog	
	Two D's and an F

Patient Safety Poor Performers 1.0

▶ 2019 Results

- Total Poor Performers = 45
 - Algorithm Only = 40 (17% of the 233 hospitals with four or more measures)
 - Leapfrog Only = 4 (1.6% of the 244 graded hospitals)
 - Both = 1
- ▶ Due to the distribution of hospitals scores across letter grades, few hospitals identified from Leapfrog criteria

Leapfrog GPAs and Grades



Poor Performers - Version 2.0

- ▶ Expand measure set to be consistent with Patient Safety Honor Roll 2.0
 - ▶ 12 measures
 - ▶ Honor Roll 1.0: 5 HAIs, PSI 90
 - ▶ Honor Roll 2.0: Add 5 HCAHPS, SEP-1
- ▶ Minimum Requirement: Rates for 6 of 12 measures available

Leapfrog Poor Performers

- ▶ Poorly performing hospitals can be identified by Leapfrog GPA thresholds
- ▶ IBM Watson Health modeled the use of the following GPA cutpoints
 - ▶ Scenario 1: GPA < 2.5 (i.e., grade D or lower)
 - ▶ Scenario 2: GPA < 2.67 (approx. equivalent to a C minus)
 - ▶ Scenario 3: GPA < 2.75 (approx. equivalent to a C)
- ▶ Algorithmic criteria three scenarios:
 - ▶ 2/3 measures below 50th percentile
 - ▶ 2/3 measures below 40th percentile
 - ▶ 2/3 measures below 30th percentile
- ▶ We also created two tiers of poor performers, similar to the high performer honor roll:
 - ▶ Tier 1 = Meets algorithmic and Leapfrog poor performer criteria
 - ▶ Tier 2 = Meets algorithmic or Leapfrog poor performer criteria

Measures:

- HAIs (CLABSI, CAUTI, SSI Colon Surgery, MRSA, CDI)
- AHRQ PSI 90 Composite
- Sepsis Management
- HCAHPS

Leapfrog Poor Performers - Results

Total CalHospitalCompare Hospitals = 326

Scenario	Eligible Hospitals		Algorithmic	Leap Frog	Tier 1 (AND)	Tier 2 (OR)	Honor Roll Criteria (for hospitals meeting Minimum Measures)
	Algorithmic	Leap Frog					
Algorithmic: At least 2/3 measure results below 50th percentile							
1	301	242	61	16	11	66	Leapfrog: Average GPA < 2.5
2	301	242	61	39	21	79	Leapfrog: Average GPA < 2.67
3	301	242	61	46	24	83	Leapfrog: Average GPA < 2.75
Algorithmic: At least 2/3 measure results below 40th percentile							
7	301	242	30	16	8	38	Leapfrog: Average GPA < 2.5
8	301	242	30	39	13	56	Leapfrog: Average GPA < 2.67
9	301	242	30	46	15	61	Leapfrog: Average GPA < 2.75
Algorithmic: At least 2/3 measure results below 30th percentile							
10	301	242	13	16	5	24	Leapfrog: Average GPA < 2.5
11	301	242	13	39	6	46	Leapfrog: Average GPA < 2.67
12	301	242	13	46	6	53	Leapfrog: Average GPA < 2.75

TAC Recommendations

- ▶ TAC came to consensus around support for Scenario 8
- ▶ Strikes a good balance between number of hospitals identified using the algorithmic approach and Leapfrog GPA
- ▶ Total hospitals = 56; which is consistent with version 1.0 with 45 hospitals making the list
- ▶ Review of Tier 1 and Tier 2 hospitals shows face validity

Other Signals

- ▶ **Payment Reduction Determined by CMS HAC Reduction Program**
 - ▶ CMS will release FY 2020 HAC Reduction Program information for each hospital on Hospital Compare in January 2020
- ▶ **CDPH Annual HAI Report (2018) - Hospitals with HAI Incidence Worse than National Baselines in 2018 for Multiple Infection Types or in Consecutive Years**

Network Analysis

Data Analysis Description

- ▶ IBM Watson Health retrieved the most recent data for CMQCC NTSV C-Section and CMS HAI data :
 - ▶ NTSV C-Section (7/1/2018 to 6/30/2019)
 - ▶ CLABSI (4/1/2018 to 3/31/2019)
 - ▶ CAUTI (1/1/2018 to 12/31/2018)
 - ▶ MRSA (1/1/2018 to 12/31/2018)
 - ▶ C. Diff (1/1/2018 to 12/31/2018)
 - ▶ SSI :Colon (1/1/2018 to 12/31/2018)
- ▶ We linked the hospital-level data to the Covered CA network information provided in February 2020
- ▶ We then generated plan-network-region level rates as:
 - ▶ Weighted averages (weighted by measure denominator): reflects care received by the population served by the network
- ▶ Selected results included in this slide deck based on weighted averages

Region Map

**California Rating & Plan Regions
Color Coded by County**



Network Summary

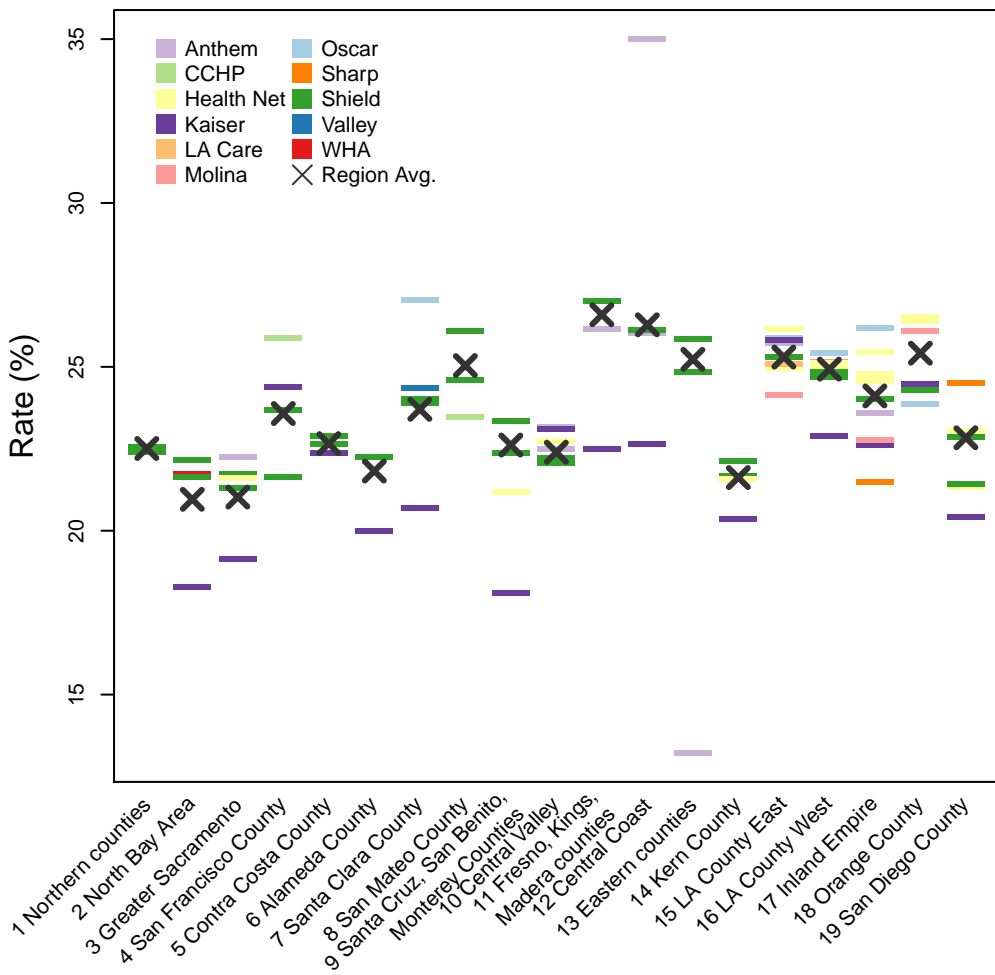
Region	Number of Unique Plans	Number of Networks				
		HMO	PPO	EPO	HSP	Total
Across All Regions	11	62	25	15	7	109
15 LA County East	7	2	6	1	2	11
16 LA County West	7	2	6	1	2	11
17 Inland Empire	7	2	6	1	2	11
18 Orange County	5	2	4	1	2	9
19 San Diego County	5	1	5	1	2	9
4 San Francisco County	6	3	3	0	1	7
7 Santa Clara County	6	3	3	0	1	7
3 Greater Sacramento	5	1	3	0	2	6
8 San Mateo County	5	2	3	0	1	6
10 Central Valley	4	2	3	0	1	6
14 Kern County	3	1	3	1	1	6
2 North Bay Area	4	1	3	0	1	5
6 Alameda County	4	2	2	0	1	5
9 Santa Cruz, San Benito, Monterey Counties	4	2	2	0	1	5
12 Central Coast	3	1	3	0	1	5
5 Contra Costa County	3	1	2	0	1	4
11 Fresno, Kings, Madera counties	3	0	3	0	1	4
13 Eastern counties	3	0	3	0	1	4
1 Northern counties	2	1	1	0	1	3

Results

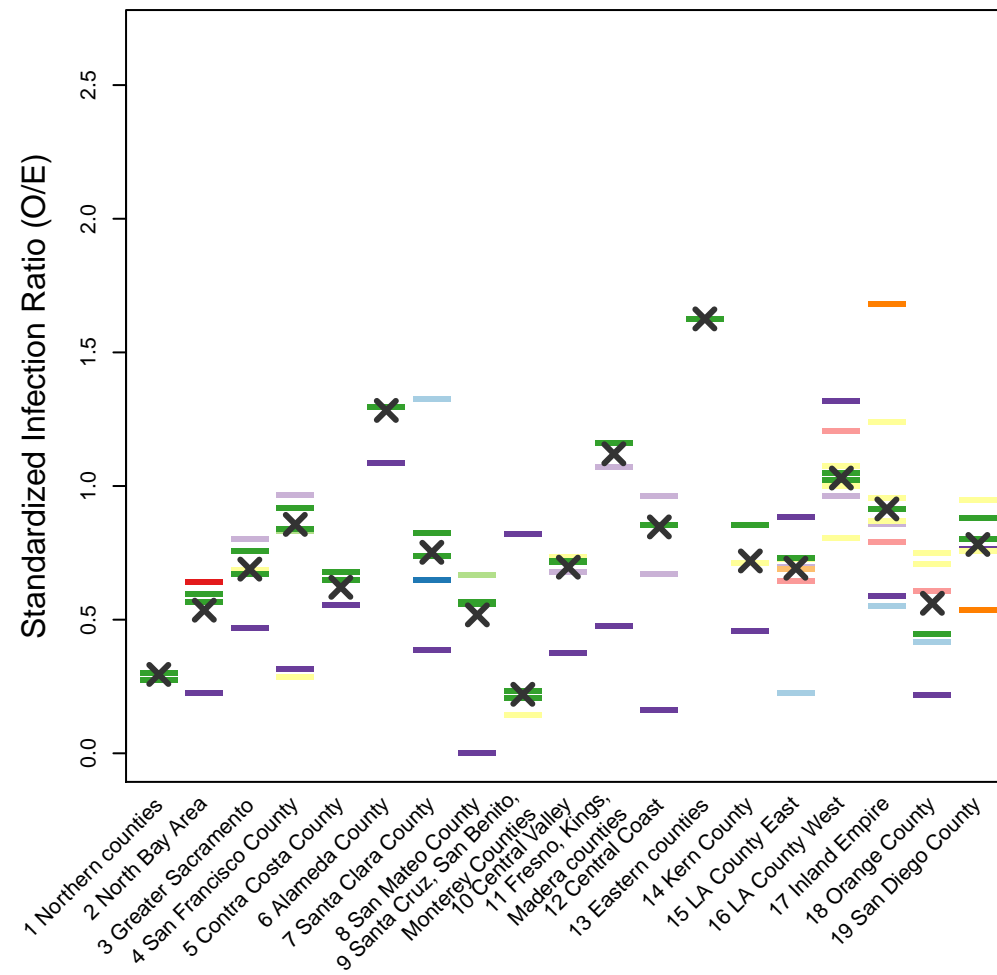
Across Region Variation

Network-Level Measure Scores (Weighted Average across In-Network Hospitals)

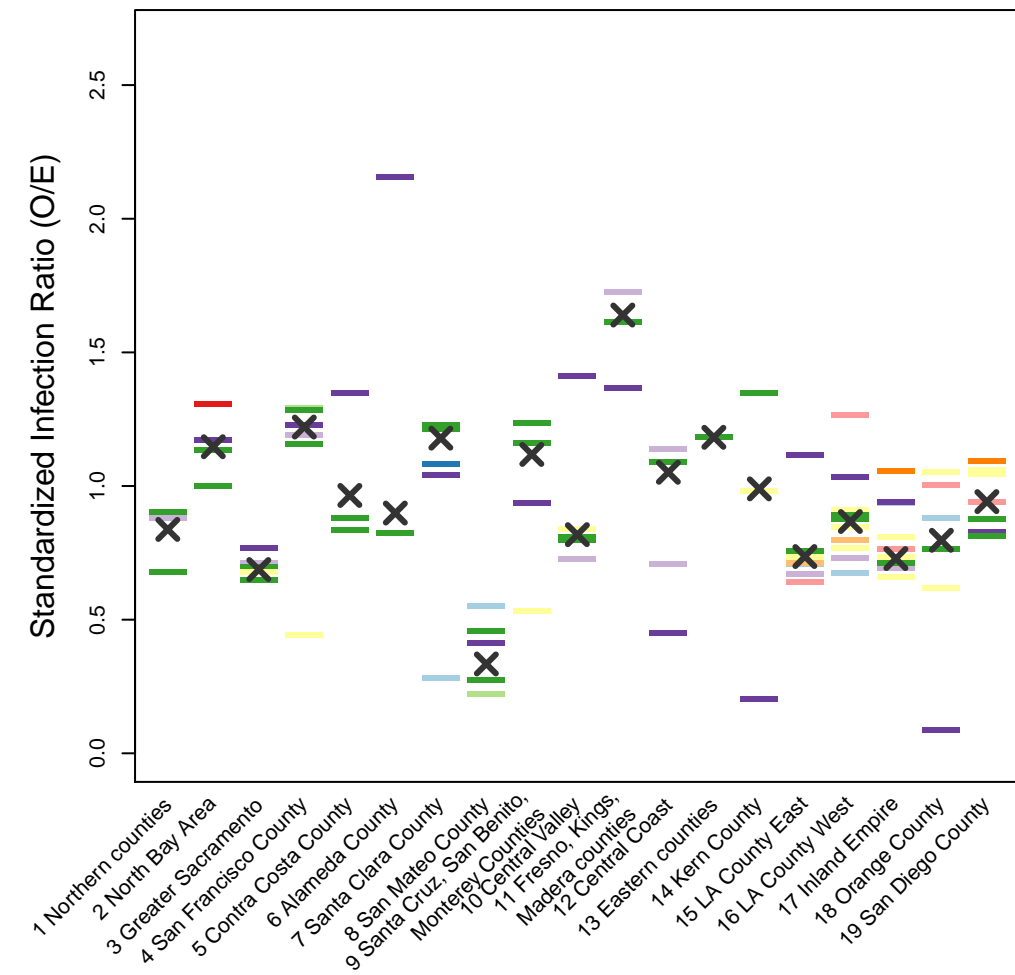
NTSV C-Section Rate



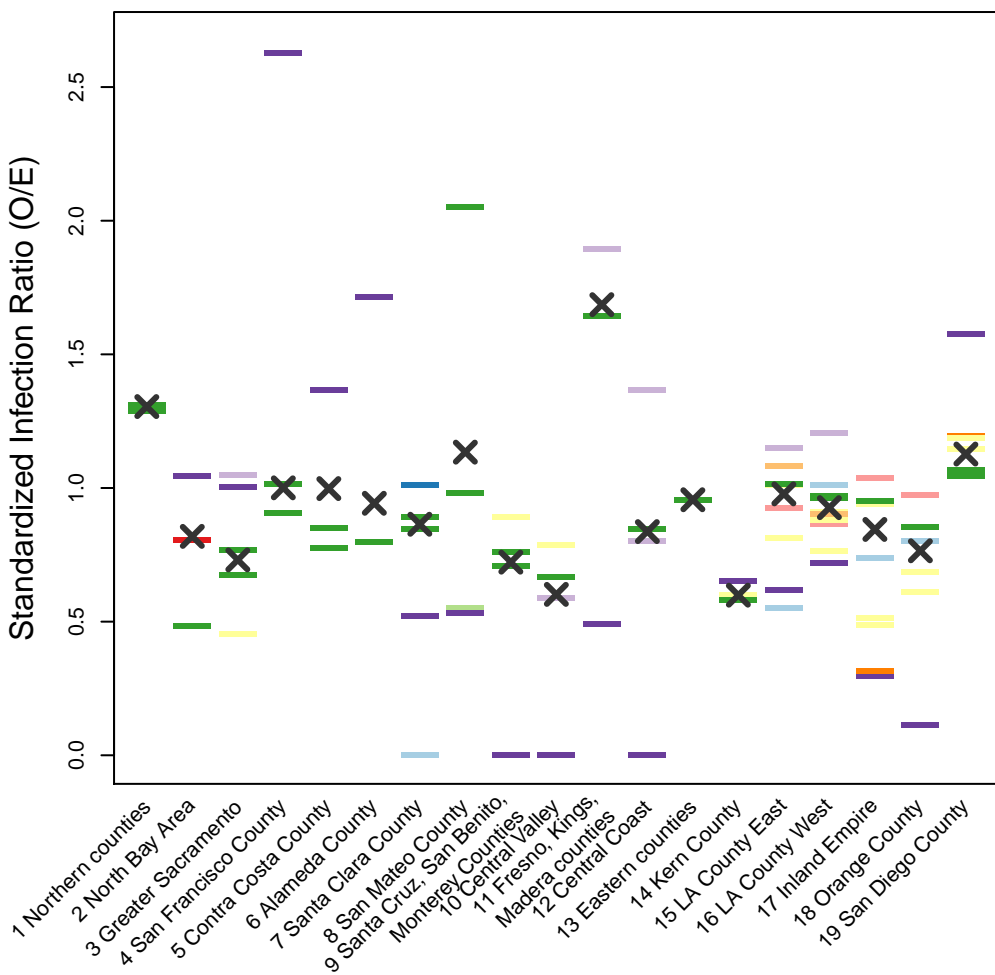
CLABSI



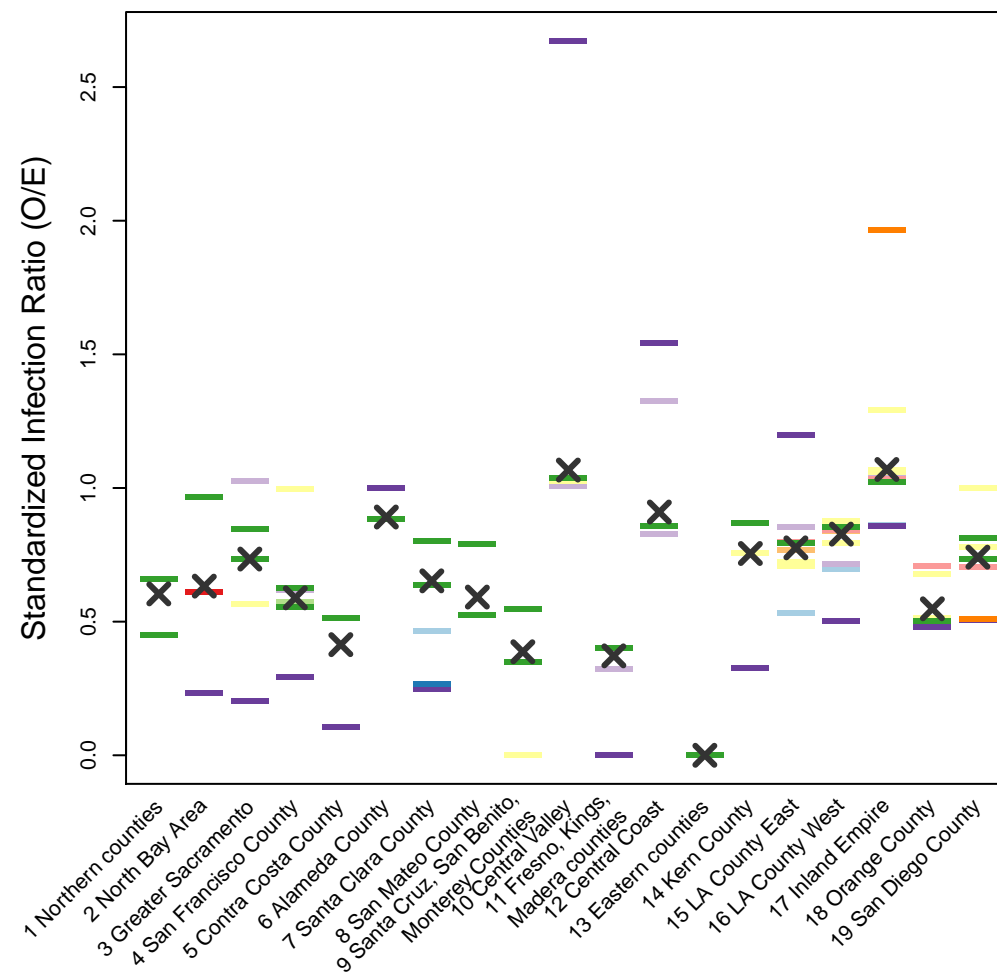
CAUTI



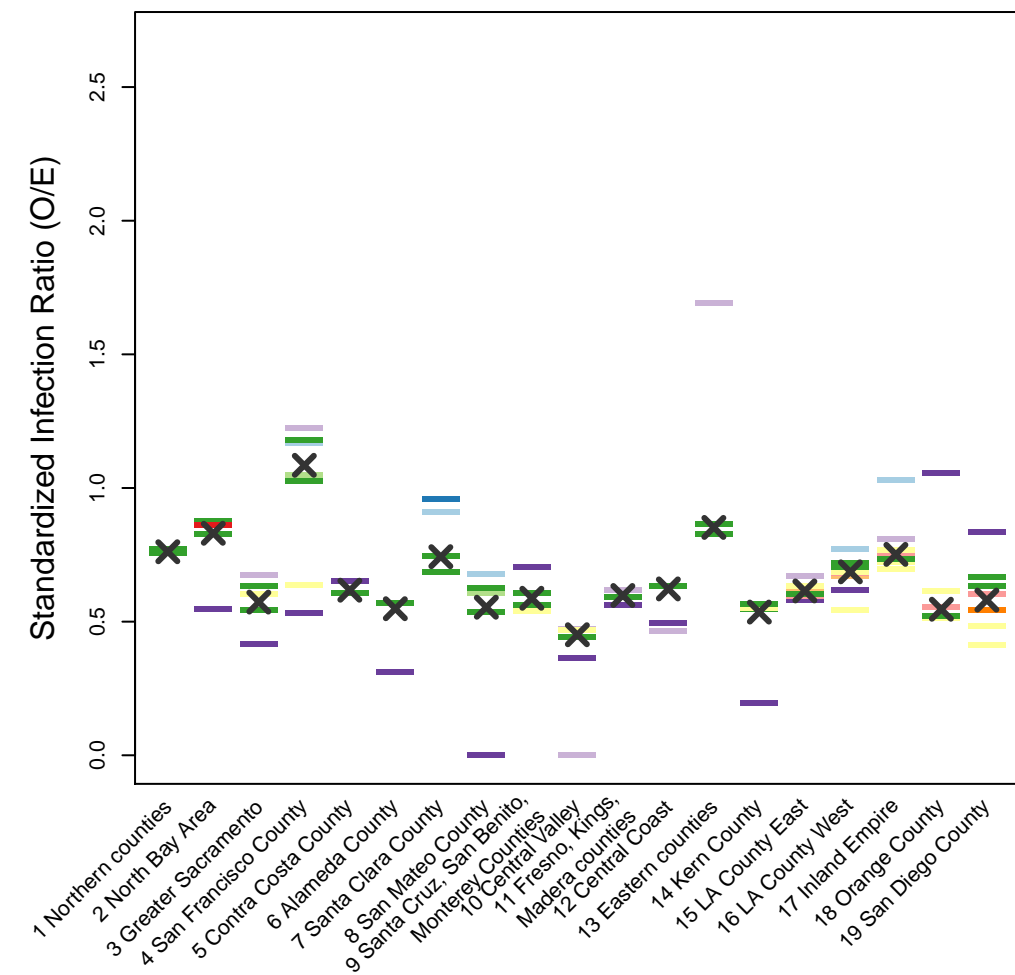
SSI-Colon



MRSA

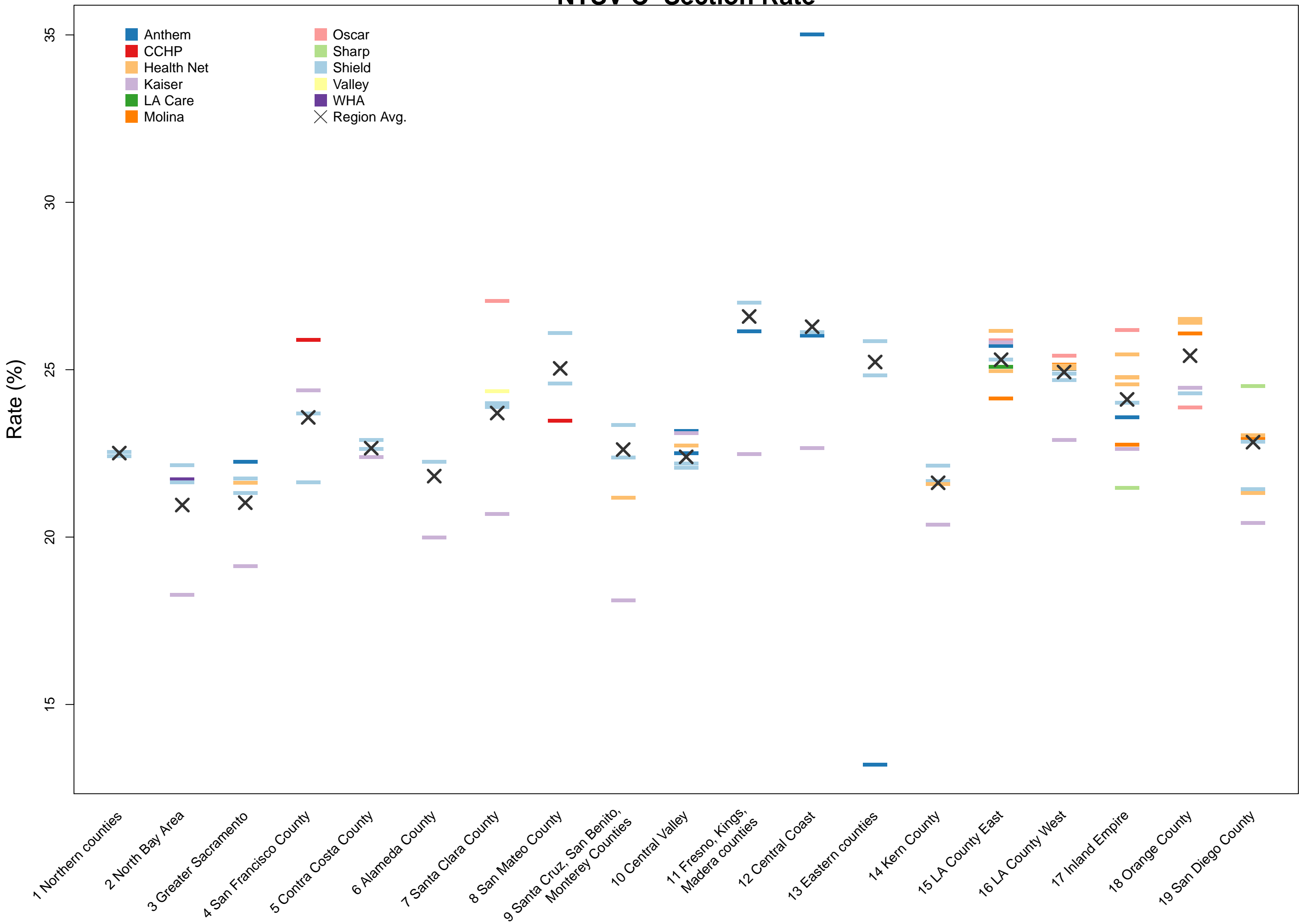


C. Diff.

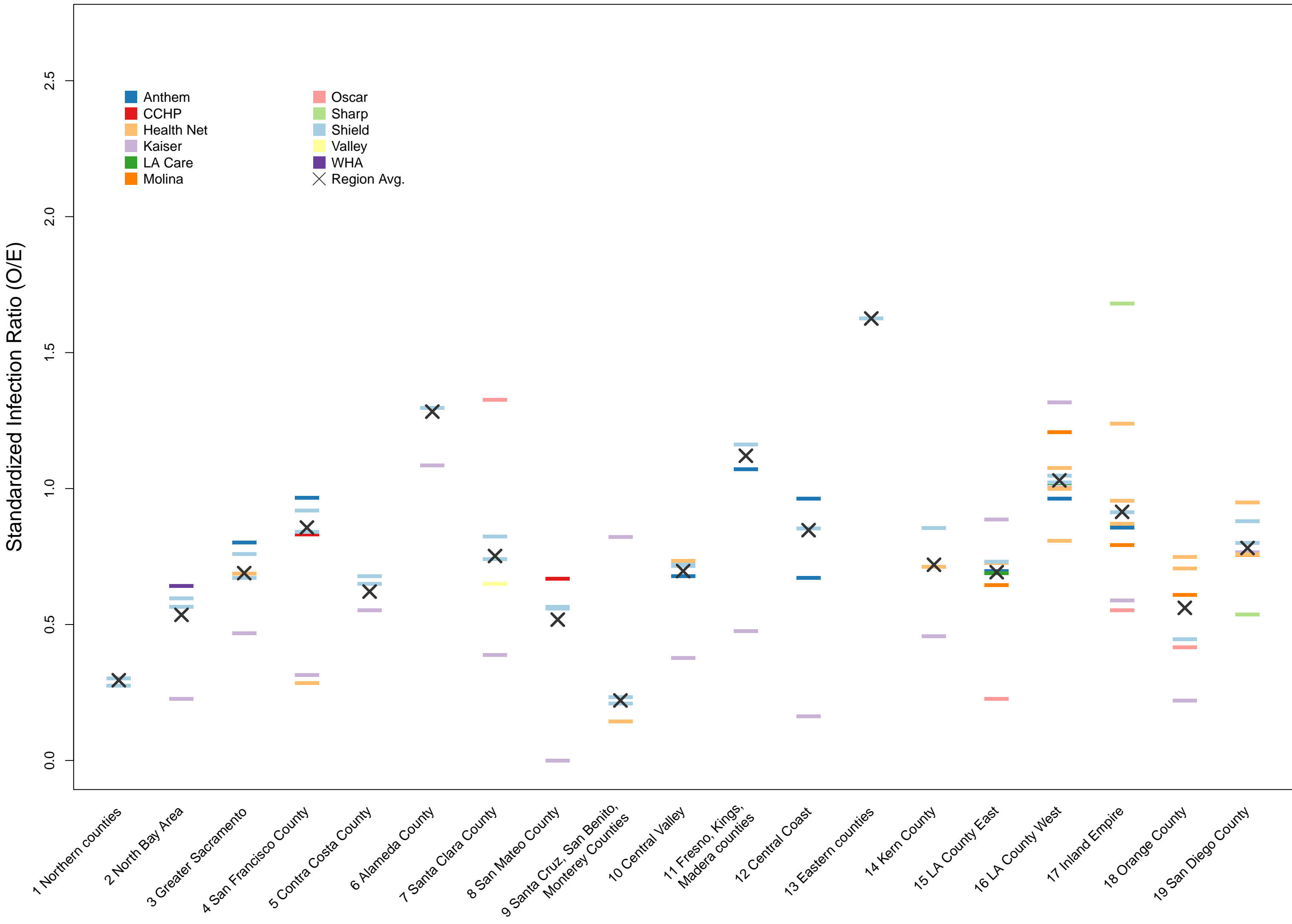


Region

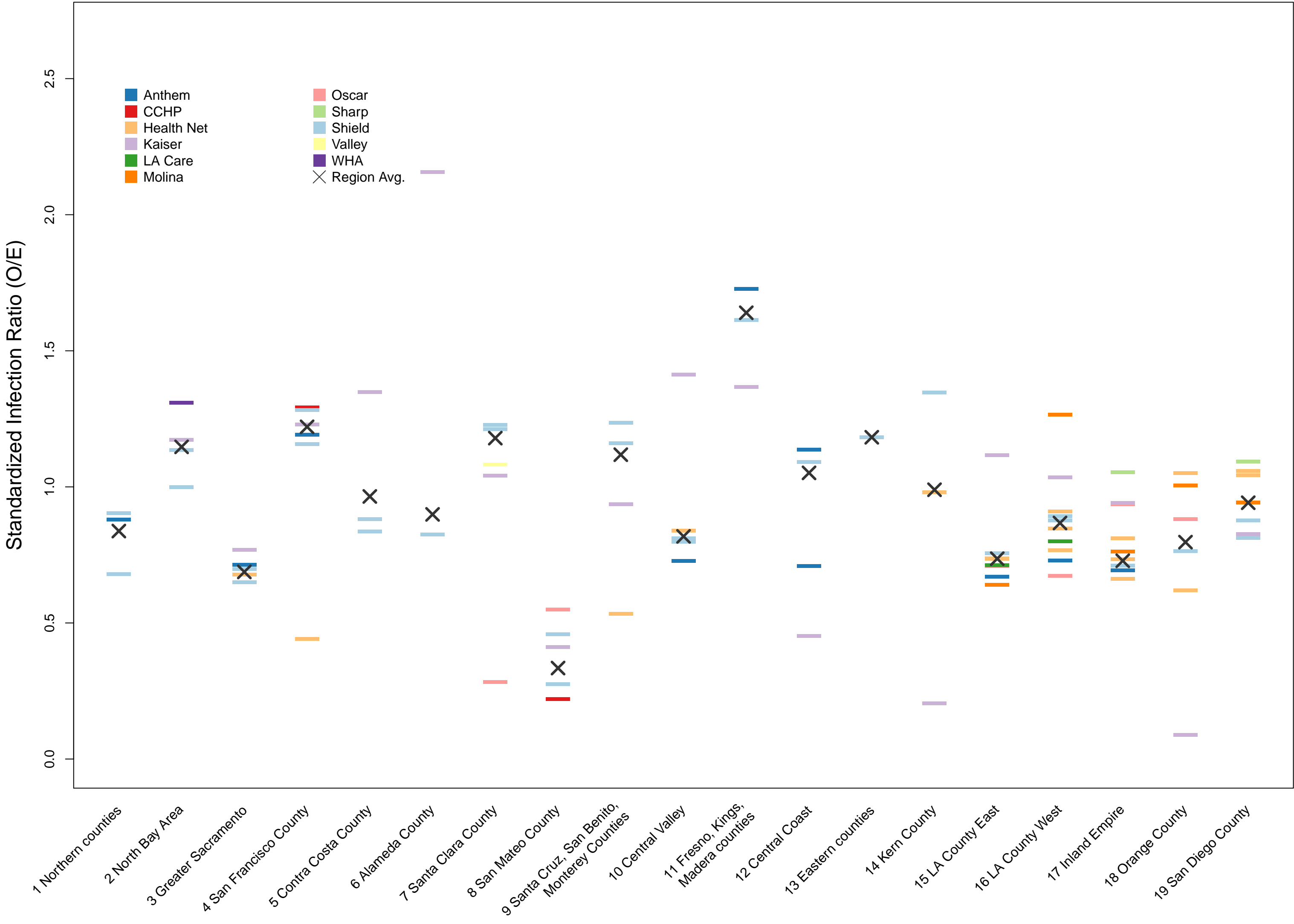
Network-Level Measure Scores (Weighted Average across In-Network Hospitals): NTSV C-Section Rate



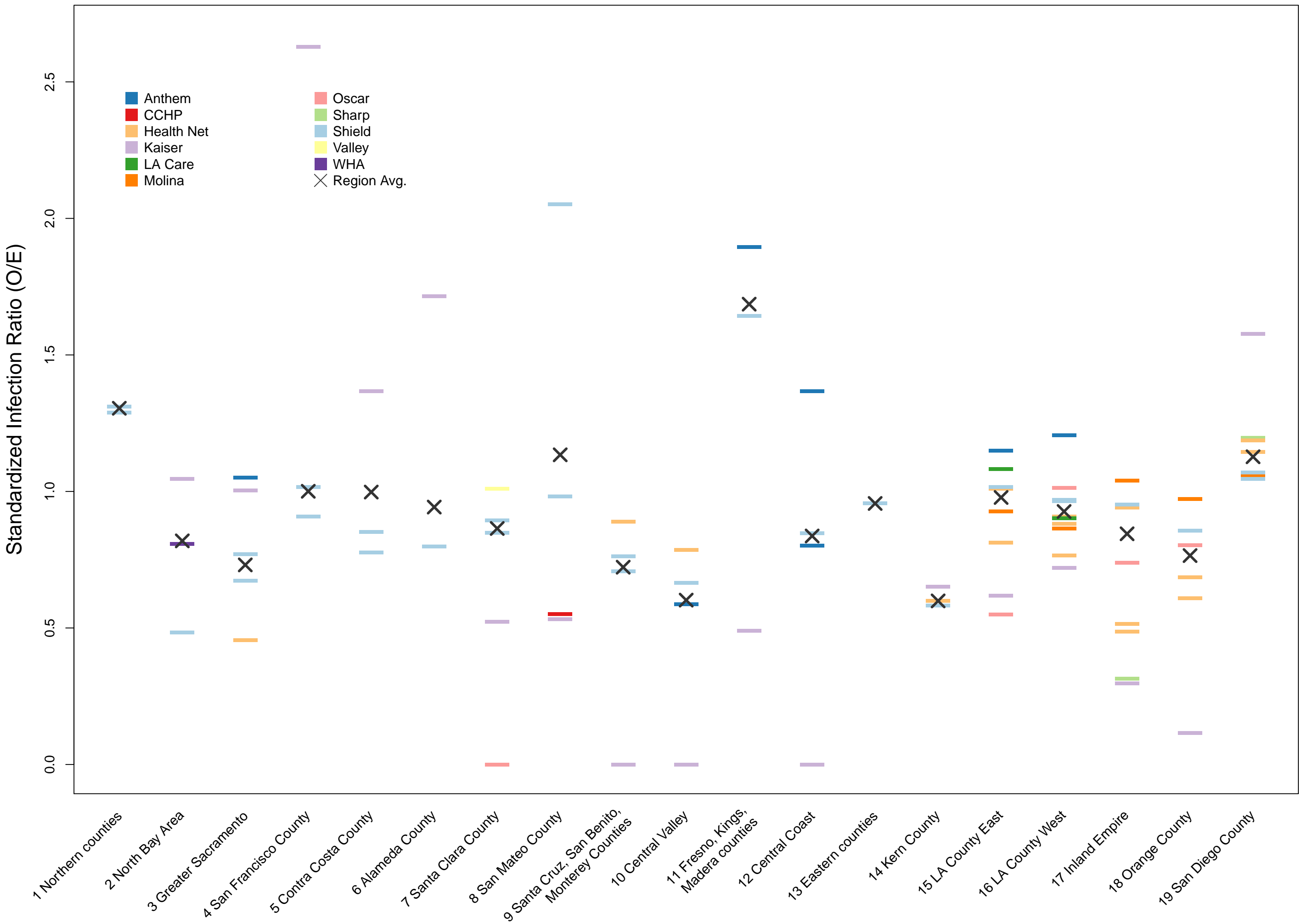
Network-Level Measure Scores (Weighted Average across In-Network Hospitals): CLABSI



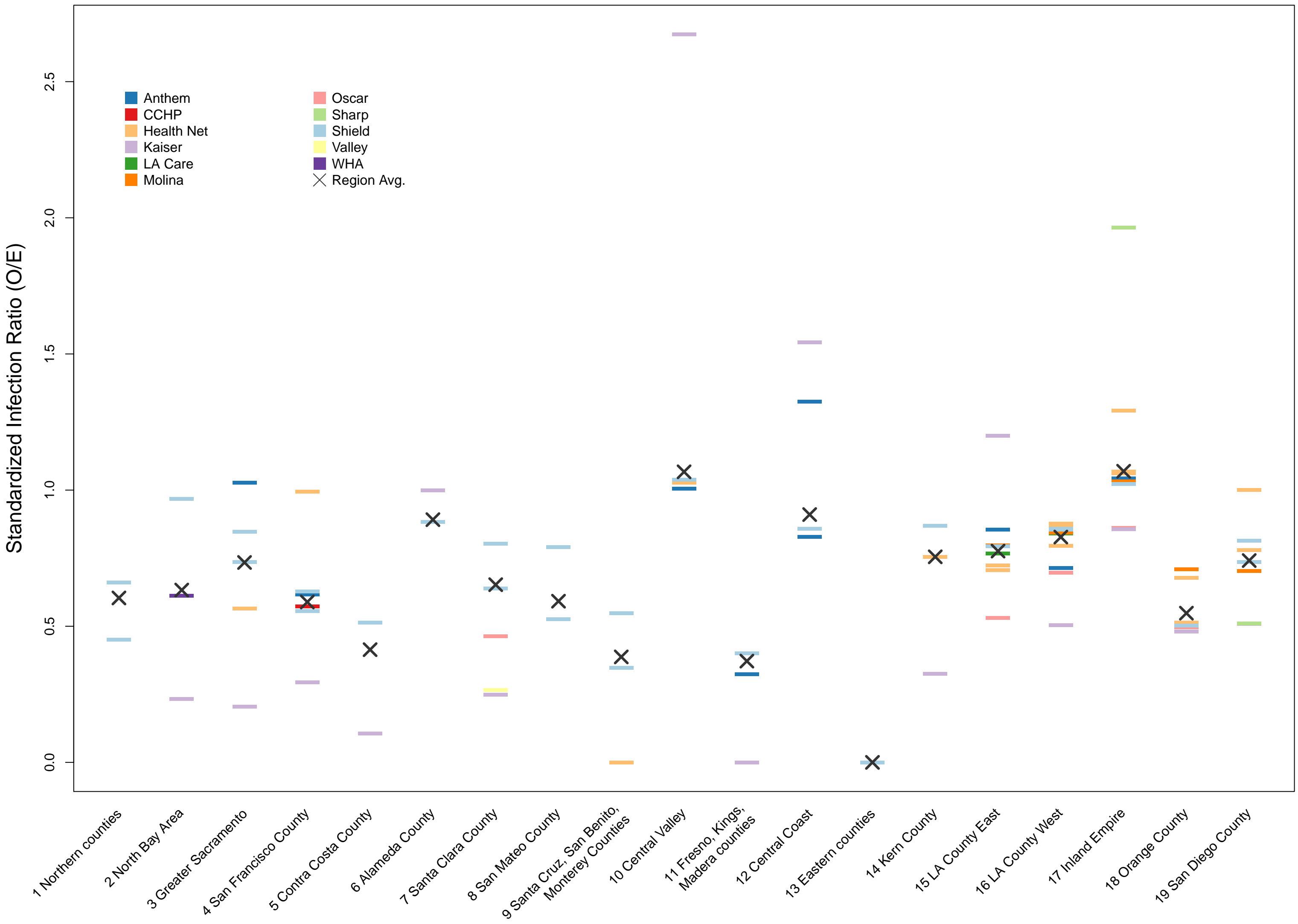
Network-Level Measure Scores (Weighted Average across In-Network Hospitals): CAUTI



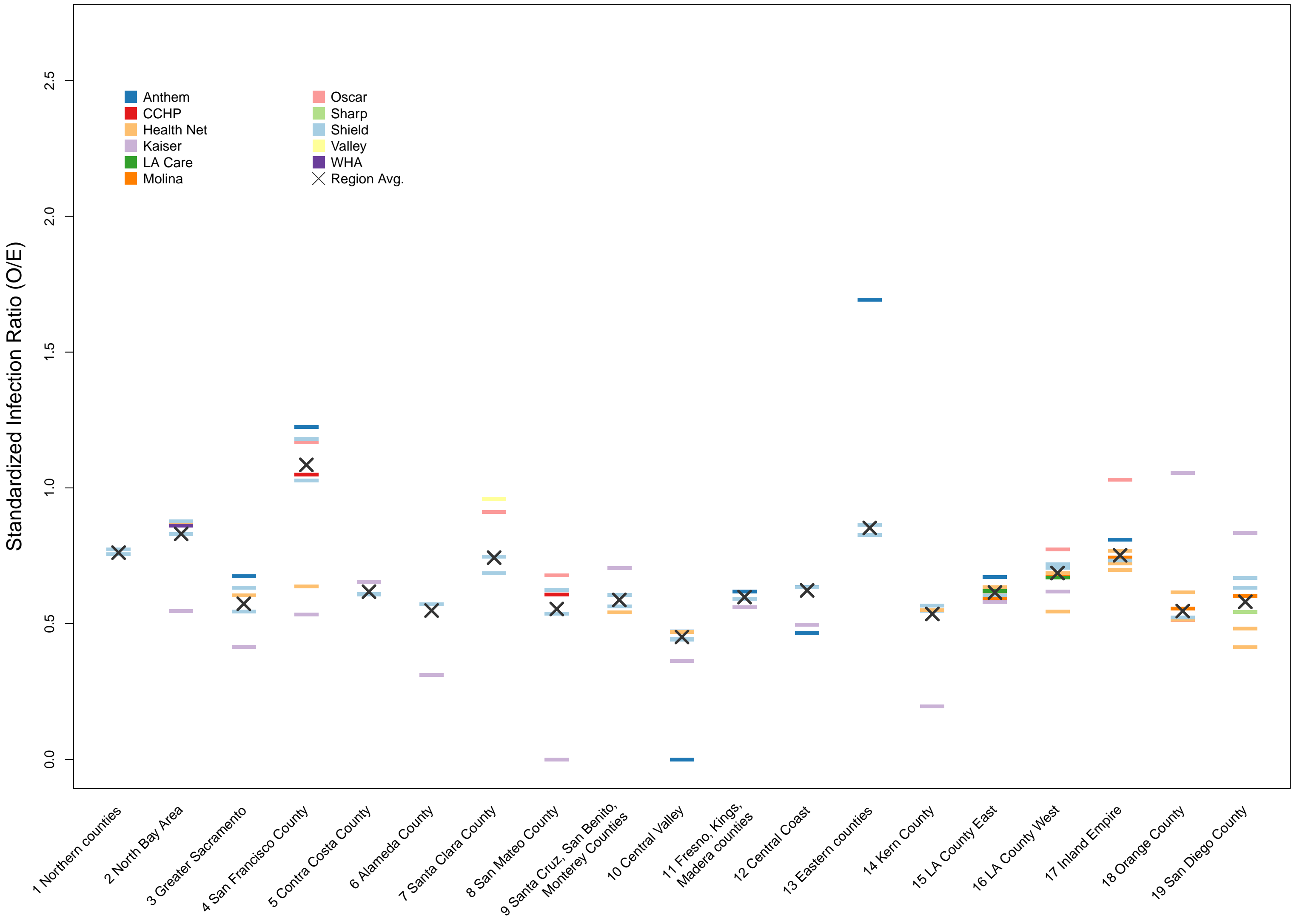
Network-Level Measure Scores (Weighted Average across In-Network Hospitals): SSI-Colon



Network-Level Measure Scores (Weighted Average across In-Network Hospitals): MRSA



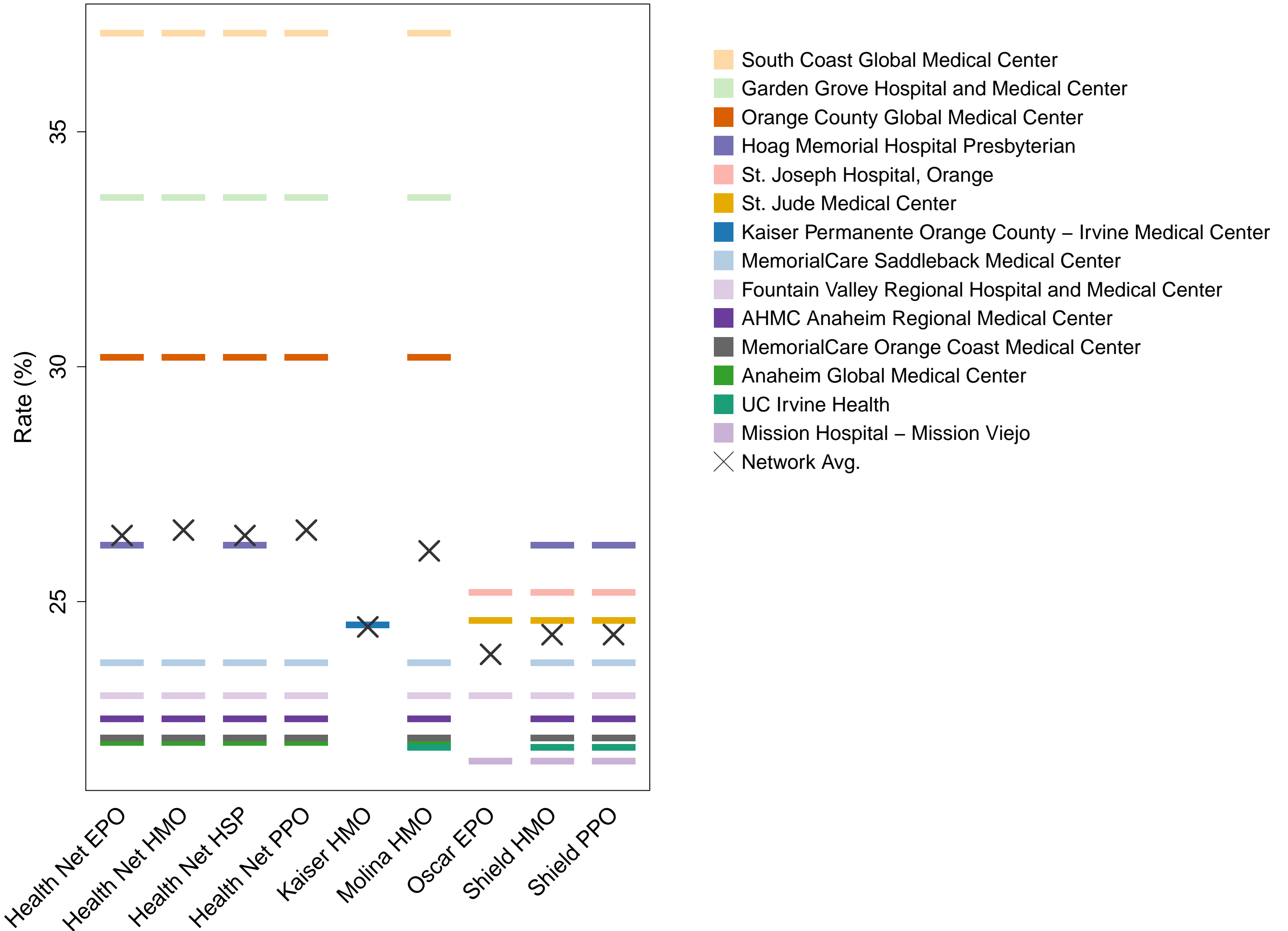
Network-Level Measure Scores (Weighted Average across In-Network Hospitals): C. Diff.



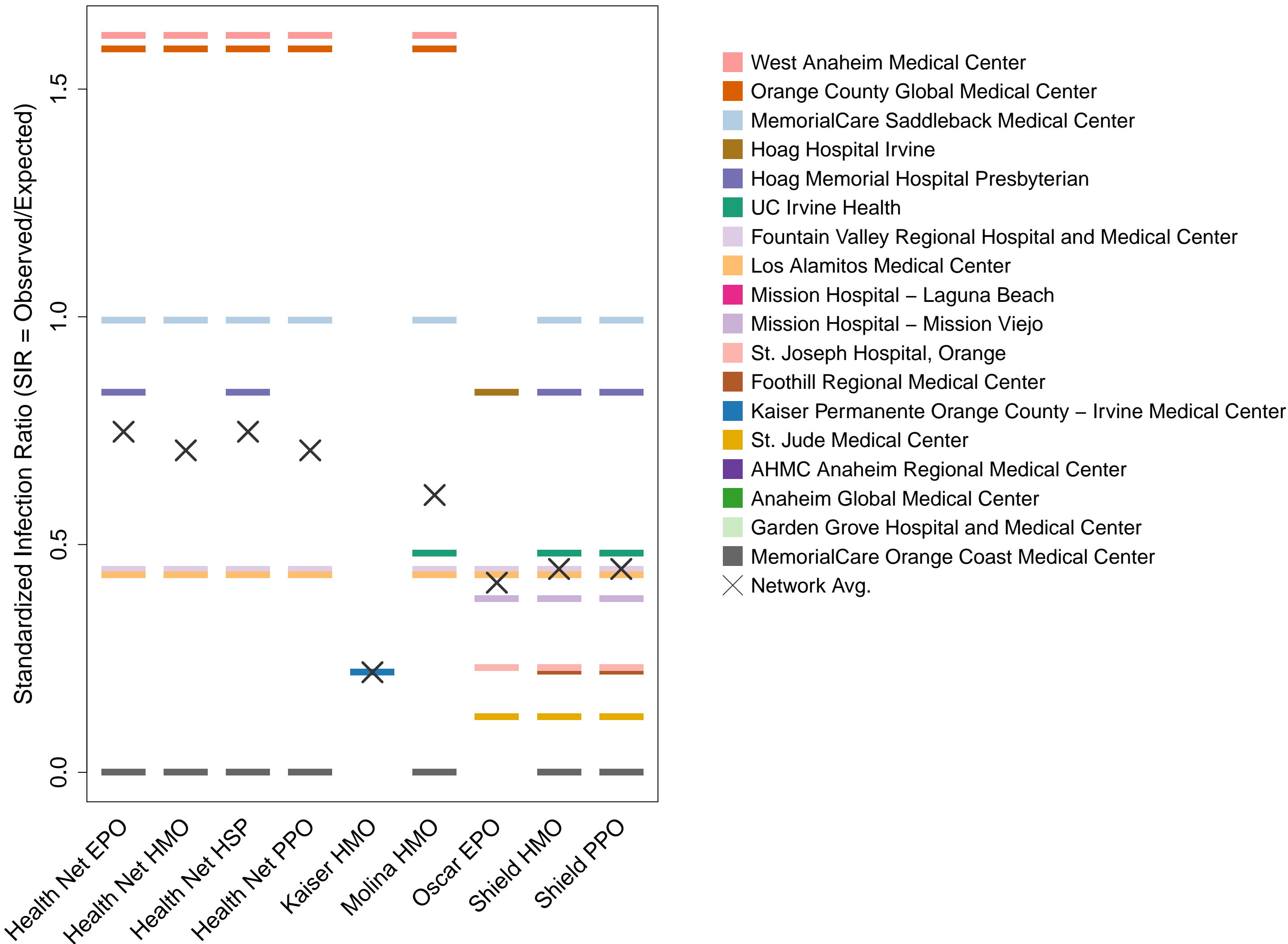
Within Region Variation

Example: Orange County

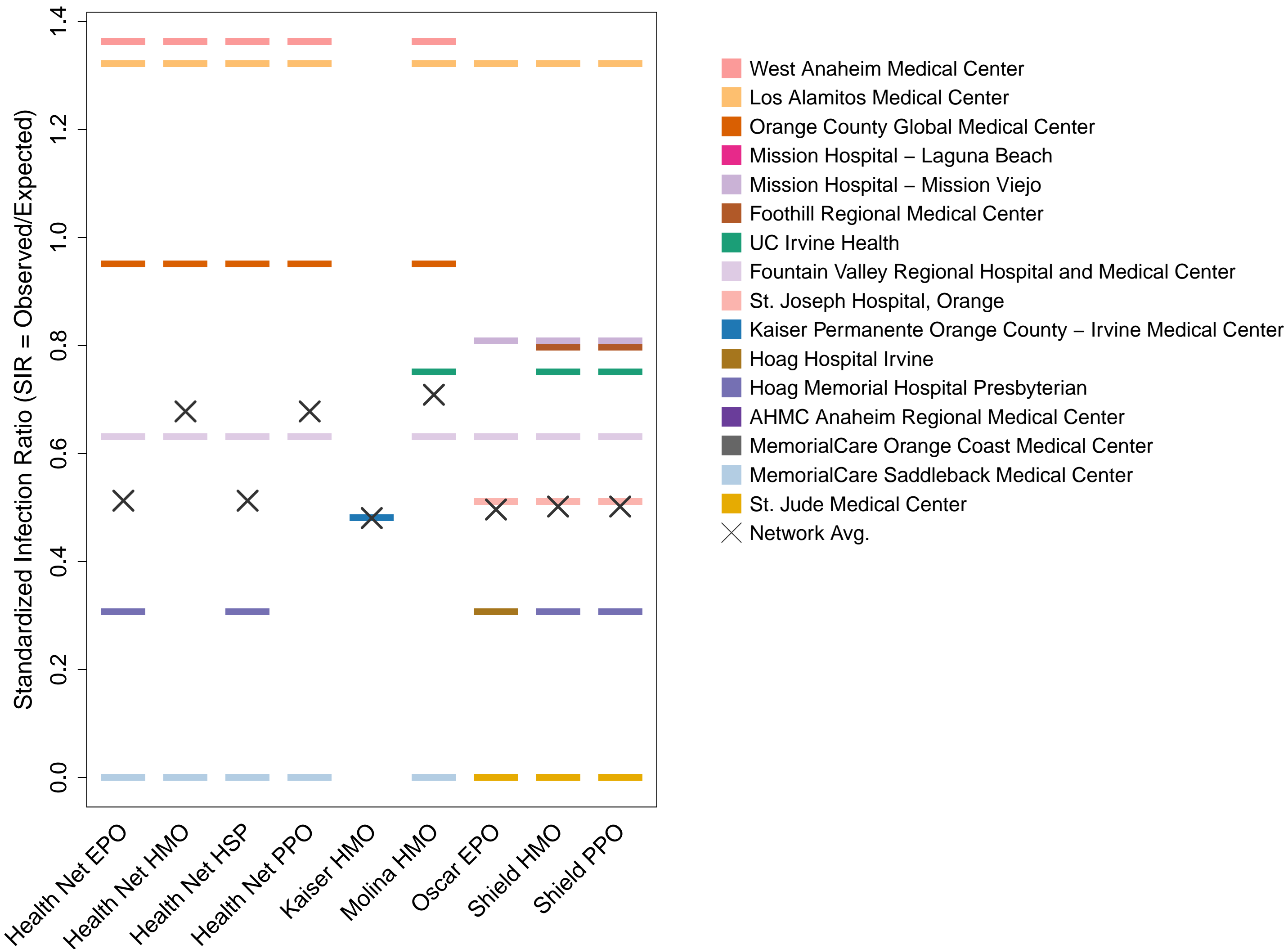
Hospital NTSV C-Section Rates by Networks Serving Orange County (Region 18)



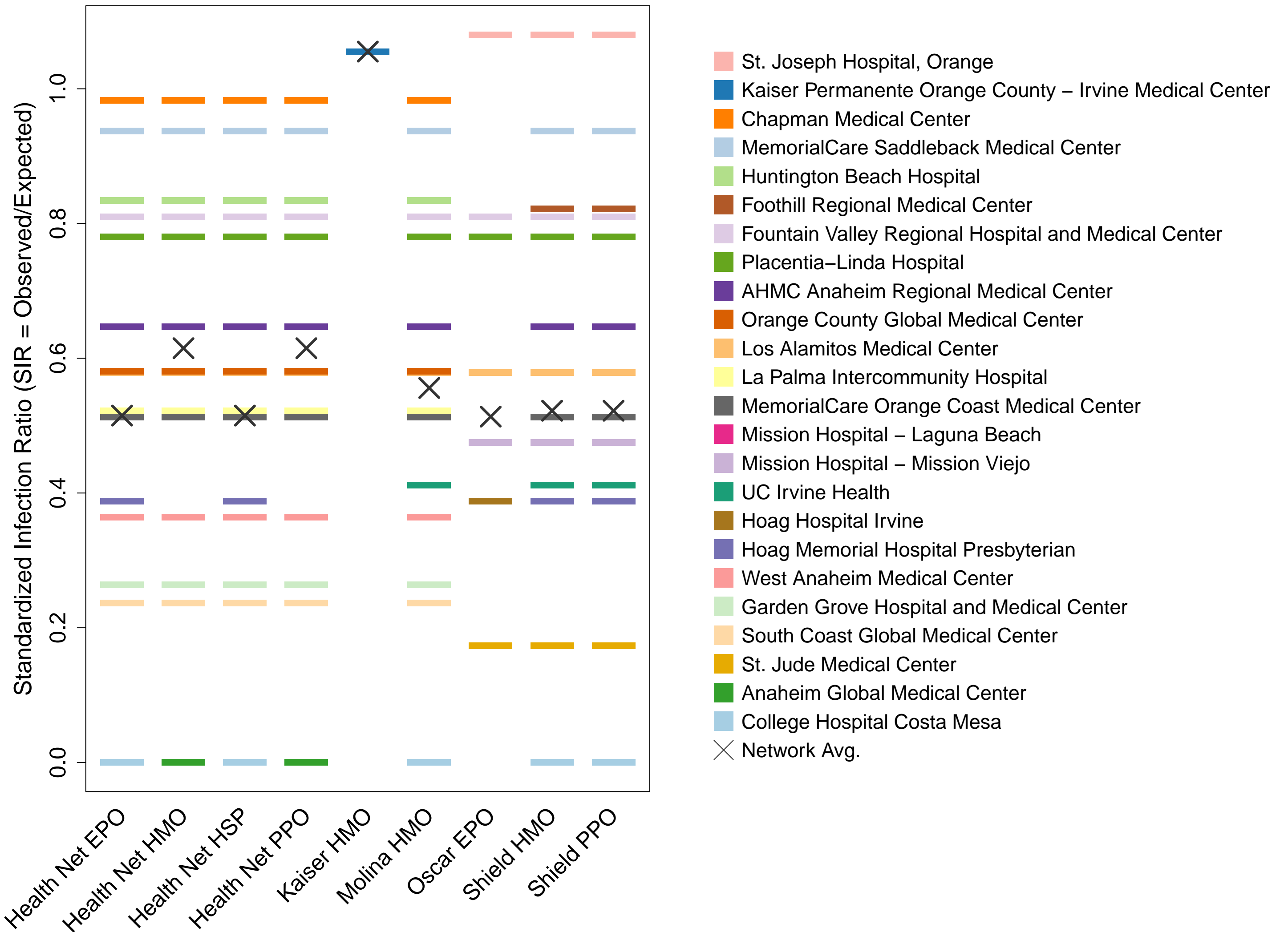
Hospital CLABSI SIRs by Networks Serving Orange County (Region 18)



Hospital MRSA SIRs by Networks Serving Orange County (Region 18)



Hospital C. Diff. SIRs by Networks Serving Orange County (Region 18)



Background: For more than a decade, Cal Hospital Compare (CHC) has been providing Californians with objective hospital performance ratings. CHC is a non-profit organization that is governed by a multi-stakeholder board, with representatives from hospitals, purchasers, consumer groups, and health plans. CHC uses an open and collaborative process to aggregate multiple sources of public data, and to establish relevant measures and scoring. In effort to accelerate improvement and recognize high performance by California hospitals, CHC publishes an annual Patient Safety, Maternity, and Opioid Care Honor Roll.

To address California's opioid epidemic and accelerate hospital progress to reduce opioid related deaths, CHC will publish an annual Opioid Care Honor Roll in 2020 and 2021 to support continued quality improvement and recognize hospitals for their contributions fighting the epidemic. Honor roll hospitals will be determined using a relevant threshold based on a combination of baseline data from the 2019 pilot year and current submission cycle. To measure opioid stewardship CHC received funding from California Health Care Foundation (CHCF) to collaboratively design the *Opioid Management Hospital Self-Assessment*. This self- assessment measures progress across 4 domains:

1. Safe & effective opioid use
2. Identifying and managing patients with Opioid Use Disorder
3. Preventing harm in high-risk patients
4. Applying cross-cutting organizational strategies

Instructions: For each measure please read through the measure description then select the level that best describes your hospital's work in that area. Please note that the levels build on each other e.g. to achieve a Level 3 score your hospital must have also implemented the strategies outlined in Levels 1 and 2. Similarly, if your hospital has addressed some of the components outlined in Level 4 but not Level 3 then your hospital may fall into the Level 3 or even the Level 2 category. CHC recommends each hospital convene a multi-stakeholder team to complete the *Opioid Management Hospital Self-Assessment* to ensure accuracy and completeness. To reduce variability in results year over year, CHC recommends hospitals follow a similar process each year.

For more information on the Opioid Care Honor Roll Program, results and learnings from the 2019 pilot year, and access tactical resources to support your quality improvement journey check out the Cal Hospital Compare website [here](#).

**Submit responses and any supporting documents via e-survey at calhospitalcompare.org
Assessment period: May 12 – Sept 30, 2020**

Questions? Contact Alex Stack, Director, Programs & Strategic Initiatives via email at astack@cynosurehealth.org

Safe & Effective Opioid Use						
Measure	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Measurable progress</i>	Level 4 (4 pts.) <i>Integration & innovation</i>	Score	Foundational Resources <i>(full resource library here)</i>
<p>Appropriate Opioid Discharge Prescribing Guidelines</p> <p>Develop and implement evidence-based discharge prescribing guidelines across multiple service lines to prevent new starts in opioid naïve patients and for patients on opioids to manage chronic pain. Possible exemptions: end of life, cancer care, sickle cell, and palliative care patients.</p> <p>Service line prescribing guidelines should address the following:</p> <ul style="list-style-type: none"> • Opioid use history (e.g. naïve versus tolerant) • Pain history • Behavioral health conditions • Current medications • Provider, patients & family set expectations regarding pain management • Limit benzodiazepine and opioid co-prescribing • For opioid naïve: <ul style="list-style-type: none"> ○ Limit initial prescription (e.g. <7 days) ○ Use immediate release vs. long acting • For patient on opioids for chronic pain: <ul style="list-style-type: none"> ○ Avoid providing opioid prescriptions for patients receiving medications from another provider ○ Consider initiating a gradual opioid tapering schedule 	<p>Developed and implemented evidence-based opioid discharge prescribing guidelines across 2 service lines, the Emergency Department and 1 Inpatient Unit (e.g. Burn Care, General Medicine, Behavioral Health, OB, Cardiology, etc.)</p>	<p>Developed and implemented enterprise wide opioid discharge prescribing guidelines</p>	<p>Your hospital is actively monitoring & improving opioid prescribing e.g. rate of e-prescribing, MME/patient, co-concurrent prescribing of benzos. & opioids, etc.</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Developed and implemented evidence-based opioid discharge prescribing guidelines for surgical patients as part of an Enhanced Recovery After Surgery (ERAS) program</p>		<p>Ensuring Emergency Department Patient Access to Appropriate Pain Treatment (ACEP)</p> <p>Optimizing the Treatment of Acute Pain, the Emergency Department (ACEP)</p> <p>Safe and Effective Pain Control After Surgery (ACS)</p> <p>Postpartum Pain Management (ACOG)</p> <p>Alternatives to Opioids Program (St. Joseph's Regional Medical Center)</p> <p>Non-Opioid Treatment (American Society of Anesthesiologist)</p> <p>Stem the Tide: Addressing the Opioid Epidemic (AHA)</p> <p>No Shortcuts to Safer Opioid Prescribing (NEJMP); article available upon request</p>
<p><i>Briefly describe the steps your hospital has taken to promote opioid sparing pain management at discharge.</i></p>						

<p>Alternatives to Opioids for Pain Management</p> <p>Use an evidence based, multi-modal, non-opioid approach to analgesia for patients with acute and chronic pain.</p> <p>Components of a multi-modal, non-opioid analgesic program should address the following:</p> <ul style="list-style-type: none"> • Program goal is to utilize non-opioid approaches as first line therapy for pain while recognizing it is not the solution to all pain • Care guidelines for common acute care diagnoses e.g. pain associated with headache, lumbar radiculopathy, musculoskeletal pain, renal colic, and fracture/dislocation. • Opioid use history (e.g. naïve versus tolerant) • Patient and family engagement (e.g. discuss realistic pain management goals, addiction potential, and other evidence-based pain management strategies that could be used in the hospital or at home) • Pharmacologic alternatives (e.g. NSAIDs, Tylenol, Toradol, Lidocaine patches, muscle relaxant medication, Ketamine, medications for neuropathic pain, nerve blocks, etc.) • Include available non-pharmacologic alternatives (e.g. TENS, comfort pack, heating pad, visit from spiritual care, physical therapy, virtual reality pain management, acupuncture, chiropractic medicine, guided relaxation, music therapy, aromatherapy, etc.) 	<p>Developed and implemented a non-opioid analgesic multi-modal pain management in the Emergency Department OR one Inpatient Unit (e.g. Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p>	<p>Developed and implemented a non-opioid analgesic multi-modal pain management program Emergency Department AND one Inpatient Unit (e.g. Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p> <p>Hospital offers at least at least 1 2 non-pharmacologic alternatives for pain management.</p>	<p>Your hospital is actively monitoring & improving use of alternatives to opioids for pain management e.g. adherence to guidelines, rate of use of alternatives to opioids by service line, etc.</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Developed supportive pathways that promote a team-based care approach to identifying opioid alternatives e.g. integrated pharmacy, physical therapy, family medicine, psychiatry, pain management, use of non-pharmacologic alternatives, etc.</p> <p>Aligned standard order sets with non-opioid analgesic, multi-modal pain management program</p>		
<p><i>Briefly describe the steps your hospital has taken to promote the use of alternatives to opioids for pain management.</i></p>						

Identification and Treatment						
Measure	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Measurable progress</i>	Level 4 (4 pts.) <i>Integration & innovation</i>	Score	Foundational Resources <i>(full resource library here)</i>
<p>Medication Assisted Treatment (MAT)</p> <p>Provide MAT for patients identified as having Opioid Use Disorder (OUD) or in withdrawal and continue MAT for patients in active treatment.</p> <p>Components of a MAT program should include:</p> <ul style="list-style-type: none"> Identifying patients eligible for MAT, on MAT, &/or in opioid withdrawal Treatment is accessible in the emergency department <i>and in all other hospital departments.</i> Treatment is provided rapidly (same day) & efficiently in response to patient needs. Human interactions that build trust are integral to how substance use disorder treatment is provided. <p>*Services lines may include: Emergency Department, Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.</p>	<p>MAT is offered in at least one service line*</p> <p>Hospital provides support to care teams in understanding risk, benefits, and evidence of buprenorphine in MAT</p>	<p>MAT is offered in at least 2 service lines*</p>	<p>Your hospital is actively monitoring & improving access to MAT e.g. number of patients identified with OUD and provided MAT</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>MAT is universally offered to all patients presenting to the hospital</p> <p>One or more hospital staff has the time and skills to engage with patients on a human level, motivating them to engage in treatment (e.g. a hospital employee embedded within either an emergency department or an inpatient setting to help patients begin and remain in addiction treatment – commonly known as a Substance Use Navigator, Case Manager, Patient Liaison, Spiritual Care, etc.)</p>		<p>Buprenorphine Hospital Quick Start Algorithm (CA BRIDGE)</p> <p>Complete Guide: Inpatient Management of Opioid Use Disorder: Buprenorphine (Project SHOUT)</p> <p>Complete Guide: Inpatient Management of Opioid Use Disorder: Methadone (Project SHOUT)</p> <p>Quick Guide: Acute Pain and Perioperative Management in Opioid Use Disorder (Project SHOUT)</p> <p>Buprenorphine Waiver Management (SAMHSA)</p> <p>How to Pay for It: MAT in the ED (CHCF)</p> <p>Substance Use Navigator (CA BRIDGE)</p>
	<p><i>Briefly describe the steps your hospital has taken to provide patients access to MAT.</i></p>					

<p>Timely follow up care</p> <p>Hospital coordinates follow up care for patients on MAT within 72 hours either in the hospital or outpatient setting. Hospital based providers and practitioners must have a X-waiver to prescribe or dispense buprenorphine under the Drug Addiction Treatment Act of 2000 (DATA 2000).</p> <p>If hospital <u>does not</u> have X-waivered providers:</p> <ul style="list-style-type: none"> • Providers provide a loading dose for long effect, provide follow up care in the ED that is in alignment with the DEA Three Day Rule or connect patient to X-waivered community provider for immediate follow care <p>If hospital <u>has</u> X-waivered providers:</p> <ul style="list-style-type: none"> • Prescribe sufficient buprenorphine until patient's follow up appointment with community provider within 24 to 72 hours <p>*Practitioners= MDs, physician extenders, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives (see SUPPORT Act for details)</p>	<p>Hospital identifies X-waivered providers within the hospital &/or within the community</p> <p>Provides list of community-based resources to patients, family, caregivers, and friends</p> <p>Hospital has an agreement in place with at least one community provider</p> <ul style="list-style-type: none"> • If <u>no X-waiver</u> community provider must accept referrals within 72 hours • If <u>X-waivered</u> community provider to provide timely follow up care 	<p>Actively refer MAT & OUD patients to a community provider for ongoing treatment e.g. primary care, outpatient clinic, outpatient treatment program, telehealth treatment provider, etc.</p>	<p>Your hospital is actively monitoring & improving care transitions for MAT patients in accordance with HIPAA e.g. number of patients referred to community provider for follow up care, number of patients presenting to community provider for follow up care, number of ED &/or IP shifts in 30 days with a provider on shift that is x-waivered, etc.</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Hospital provides support to select practitioners* in the ED and IP units to obtain X-waiver (grant funds to cover training cost, protected time, bonus opportunity, etc.)</p>		
<p><i>Briefly describe the steps your hospital has taken to ensure patients on MAT have access to timely follow up care.</i></p>						

Overdose prevention						
Measure	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Measurable progress</i>	Level 4 (4 pts.) <i>Integration & innovation</i>	Score	Foundational Resources <i>(full resource library here)</i>
<p>Naloxone education and distribution program</p> <p>Provide naloxone prescriptions and education to all patients, families, caregivers and friends discharged with an opioid prescription and/or at risk of overdose</p> <p>*Staff - MD, PA, NP, Pharmacist, RN, LVN, Health Coach, Substance Use Navigator, Clinical Social Worker, Research Staff, Emergency Department Technician, Clerk, Medical Assistant, Security Guard, etc. trained to distribute naloxone and provide education on how to use it</p>	<p>Identify overdose prevention resources within hospital, health system, and community (e.g. training programs, access points, low/no-cost options, community pharmacies with naloxone on hand, community coalitions, California Naloxone Distribution Program, etc.)</p>	<p>Standard workflow for MDs and physician extenders in place for providing naloxone prescription at discharge for patients with an opioid prescription and/or at risk of overdose; discharge prescriptions sent to patient's pharmacy of choice (e.g. naloxone incorporated into a standard order set for opioid prescriptions, &/or referral to low or no cost distribution centers, etc.)</p>	<p>Your hospital is actively monitoring & improving access to overdose prevention e.g. rate of naloxone prescription at discharge after opioid poisoning, overdose, and/or prescribed opioids at discharge rate of staff training to distribute naloxone kits, etc.</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Standing order in place allowing approved staff* to educate and provide naloxone in hand to all patients, caregivers, and visitors at low or no cost while in the hospital setting; this may occur independent of pharmacy</p> <p>Extra Credit (1 pt.) Your hospital is actively monitoring & improving overdose prevention strategies using social determinants of health data</p>		<p>Overdose Prevention and Take-Home Naloxone Projects (Harm Reduction Coalition)</p> <p>Naloxone Kit Materials (Harm Reduction Coalition)</p> <p>How to Develop a No-Cost Naloxone Distribution Program (Highland Hospital)</p>

Cross Cutting Opioid Management Best Practices						
Measure	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Measurable progress</i>	Level 4 (4 pts.) <i>Integration & innovation</i>	Score	Foundational Resources <i>(full resource library here)</i>
<p>Organizational Infrastructure</p> <p>Opioid stewardship is a strategic priority with multi-stakeholder buy in and programmatic support to drive continued/sustained improvements in appropriate opioid use (e.g. executive leadership, Pharmacy, Emergency Department, Inpatient Units, General Surgery Information Technology, etc.)</p>	<p>Multi-stakeholder team identified opioid stewardship as a strategic priority and set improvement goals in one or more of the following areas: prevent new opioid starts, identification and treatment, overdose prevention, cross cutting opioid management best practices. (e.g. opioid stewardship program, quality improvement team, etc.)</p> <p>Executive sponsor/project champion identified</p>	<p>Communicated program, purpose, goal, progress to goal to appropriate staff (e.g. a dashboard, all staff meeting, annual competencies, etc.)</p> <p>Opioid management is included in strategic plan</p> <p>Hospital/health system leadership plays an active role in reviewing data, advising and/or designing initiatives to address gaps</p>	<p>Your hospital is actively monitoring & improving its opioid management strategies e.g. hospital wide &/or county wide opioid prescribing rate, Morphine Milligram Equivalent (MME) /patient, rate of OUD related deaths, buprenorphine prescribing rate, etc.</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Hospital is actively building relationships & coordinating with post-acute services to support care transitions</p> <p>Extra Credit (1 pt.) Hospital is part of a learning network (e.g. community coalition, large scale learning collaborative, etc.)</p>		<p>Stem the Tide: Addressing the Opioid Epidemic (AHA)</p> <p>CA Opioid Overdose Surveillance Dashboard (CDPH)</p>
<p><i>Briefly describe the steps your hospital has taken to make opioid management a quality improvement priority.</i></p>						

<p>Address stigma with physicians and staff</p> <p>Hospital culture is welcoming and does not stigmatize substance use. Hospital actively addresses stigma through the education and promotion of the medical model of addiction across all departments to facilitate disease recognition and the use of non-stigmatizing language/behaviors.</p>	<p>Provides passive, general education on hospital opioid prescribing guidelines in at least two service lines, identification, and treatment, and overdose prevention to appropriate providers and staff (e.g. M&M, lunch and learns, flyers/brochures, CME requirements, RN competencies, etc.)</p>	<p>Provides point of care decision making support e.g. automatic pharmacy review for long-term opioid prescription, auto prescribe naloxone with any opioid prescription, reminder to check CURES, flag concurrent opioid and benzo prescribing, etc.</p> <p>Extra Credit (1 pt.) Regularly assess perceived & internalized opioid related stigma & knowledge of OUD treatment in providers and staff</p>	<p>Your hospital is actively monitoring & reducing provider/staff stigma toward opioid addiction e.g. provider prescribing patterns, number of patients identified with OUD, etc.</p> <p>Provides targeted follow up and support to providers and staff based on performance</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Trains appropriate providers and staff on how to provide Trauma Informed Care, motivational interviewing, & on the medical model of addiction to normalize opioid use disorder & treatment</p>	<p>Selection of relevant web-based trainings (Harm Reduction Coalition)</p> <p>Clinical Opioid Withdrawal Score (Project SHOUT)</p> <p>Trauma Informed Care: Overview (SAMHSA)</p> <p>A New Brief Opioid Stigma Scale to Assess Perceived Public Attitudes and Internalized Stigma: Evidence for Construct Validity (J Subst Abuse Treat)</p>
<p><i>Briefly describe the steps your hospital has taken to support appropriate providers & staff in providing evidence-based, compassionate care for patients with OUD or at risk.</i></p>					

<p>Patient and family engagement</p> <p>Actively engage patients, families, and friends in appropriately using opioids practices (opioid prescribing, treatment, and overdose prevention via Naloxone)</p>	<p>Provides general education to all patients, families and friends in at least two service lines (e.g. ED, Burn Care, General Medicine, Behavioral Health, OB, Cardiology, Surgery, etc.) regarding opioid risk, alternatives, and overdose prevention (e.g. posters about preventing or responding to an overdose, brochures/fact sheets on opioid risk and alternative pain management strategies, general information on hospital care strategies on website or portal, etc.)</p>	<p>Provides focused education to opioid naïve and opioid tolerant patients (e.g. MAT options, opioid risk and alternatives, Naloxone use, etc.) through verbal communication/conversations with care providers</p> <p>Patients are part of a shared decision-making process for acute and/or chronic pain management (e.g. develop a pain management plan pre-surgery, set pain expectations, risk associated with opioid use, etc.)</p>	<p>Your hospital is actively monitoring & improving patient & family engagement on opioid care e.g. number of patients or family members in the review and development of prescribing guidelines, number of patients identified with OUD and provided MAT, number of patients and family members receiving overdose prevention education, etc.</p> <p>Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, and date range.</p>	<p>Provides opportunities for patients and families to engage in hospital wide opioid management activities (Patient Family Advisory Council, peer navigator, program design, etc.)</p>	<p>Buprenorphine-Naloxone: What You Need to Know - Flyer (Project SHOUT)</p> <p>Know your options for successful treatment - Flyer (Project SHOUT)</p> <p>Advancing the Safety of Acute Pain Management (IHI)</p> <p>Safe and Effective Pain Control After Surgery (ACS)</p>
<p><i>Briefly describe the steps your hospital has taken to actively engage patients and families in how to appropriately use opioids and overdose prevention strategies.</i></p>					
<p>TOTAL (out of 43 points)</p>					

2020 Board of Directors Meeting Schedule

- ▶ **Thursday, May 14, 2020 - 11:00am to 1:00pm PST (Zoom Call)**
- ▶ Tuesday, July 9, 2020 - 10:00am to 2:00pm PST (Oakland)
- ▶ Thursday, September 3, 2020 - 11:00am to 1:00pm PST (Zoom Call)
- ▶ Thursday, October 29, 2020 - 10:00am to 2:00pm PST (Oakland)
- ▶ Wednesday, December 16, 2020 - 9:00am to 11:00am PST (Zoom call)

Thank you!